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# Unsilencing Stories: Creating a Counter-Memorial Podcast with Bereaved People Affected by Canada's Opioid Overdose Crisis

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## ABSTRACT

More than 32,000 people in Canada have experienced fatal opioid overdoses since a public health emergency was declared in 2016, according to Health Canada. Communities of less than 100,000 residents face disproportionately high rates of death from causes associated with illicit substance use. Many people in smaller cities and towns whose loved ones have died from opioid toxicity report feeling silenced by a lack of substantive reporting on the crisis in their communities and because of stigmatizing coverage of the issue by dominant media organizations. This paper explores an experimental community-centred journalism project conducted with 42 family members and friends of people who experienced fatal opioid overdoses in smaller centres in British Columbia and Alberta. Participants engaged in remote and reciprocal peer-to-peer interviews as a means of communicating with each other. The purpose of the study was to examine whether these methods could enable collaborators to publicly grieve, memorialize decedents in nuanced ways, and create counter-narratives about people who use drugs and experience fatal overdose. Participants' recorded interviews are disseminated on a podcast titled *Unsilencing Stories* ([www.unsilencingstories.com/](http://www.unsilencingstories.com/)).

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## Introduction

Across Canada, more than 32,000 people have died as a result of toxic drug poisoning since the federal government announced a public health crisis in 2016 (Government of Canada 2022a). Consumption of the synthetic opioid, fentanyl, resulted in 76% of fatal overdoses that took place between January and June 2022 (Government of Canada 2022a).

In the first six months of 2022, 90% of overdoses that occurred were in British Columbia (B.C.), Alberta (Alta.), and Ontario (Ont.) (Government of Canada 2022a). In B.C., drug-related poisoning is the "leading cause of unnatural death" (Government of British Columbia 2022). According to B.C.'s Chief Coroner, Lisa Lapointe, six people are dying every day

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in the province from causes associated with toxic substance use (Government of British Columbia 2022).

Many journalism organizations primarily focus on the situation in urban centres (Hswen et al. 2020). Meanwhile, communities of less than 100,000 residents are experiencing disproportionately high rates of death due to toxic drug poisoning (Canadian Institute for Health Information 2018; Hu et al. 2022; Russell et al. 2020). A lack of harm reduction services in rural parts of B.C. means local residents face a 30% higher chance of experiencing fatal overdose than people who live in cities (Hu et al. 2022). Stigma and ill-informed views of at-risk people who use illicit substances also contribute to high rates of overdose deaths in rural areas (Ezell et al. 2021).

Infrequent journalism coverage of the crisis outside of highly populated areas is partly because of the relatively small number of reporters in these communities (Lindgren 2021). The result is that many residents of smaller centres who lose loved ones to overdose report feeling overlooked and silenced by dominant media. Even in coverage of fatal drug poisonings in urban centres, journalism organizations tend to provide little space for bereaved people to describe their experiences and decedents in detail.

Routinely published images of parents holding photographs of their children who have died from accidental drug poisoning accompanied by short quotes or soundbites have become clichéd symbols that cannot adequately represent the grief that thousands of people in Canada experience. Major journalism organizations also prioritize the grief that white and middle-class families face, while paying less attention to the impacts of overdose deaths for members of economically disadvantaged and racialized communities (Johnston 2020) as well as individuals who live in smaller centres.

The paper explores an experimental community-centered journalism project conducted with 42 bereaved individuals in less populated areas of B.C. and Alta. The study was led by Aaron Goodman, Ph.D., faculty member in Journalism and Communication Studies at Kwantlen Polytechnic University (KPU) in Surrey, B.C. It was conducted with significant contributions from co-authors Jenna Keeble and Ashley Pocrnich, who were undergraduate students at KPU. The study examines how remote and reciprocal peer-to-peer interviews conducted by individuals who have lost loved ones to fatal overdose allowed collaborators to publicly grieve and memorialize decedents. The paper also explores how the study assisted participants in creating counter-narratives that challenge stigmatizing journalism coverage about PWUD and individuals who experience fatal overdoses.

### ***Opioid Overdose Deaths in Smaller Centres***

As early as 2018, the rate of fatal opioid overdoses in less populated communities in Canada and the U.S. surpassed the rate of urban deaths by percentage of population (CIHI 2018; Wagner et al. 2019). People who use substances in B.C.'s rural areas are 30% more at risk of experiencing a fatal overdose than those who live in larger cities, according to the B.C. Centre for Disease Control (Wyton 2022).

This study involved collaboration with bereaved people in Cranbrook and Prince George, communities in B.C.'s interior and northern regions, as well as a number of smaller centres in Alta. In recent years, these communities and many others have

experienced a surge in the number of fatal opioid overdoses and have reported alarmingly high per capita death rates (Wyton 2022).

In Cranbrook, a town of 20,499 (Statistics Canada 2021a), 16 fatal overdoses occurred in 2021, a significant rise from the previous year when 10 deaths were attributed to the consumption of toxic drugs (Crawley 2022). Prince George, a city of over 76,000 residents (Statistics Canada 2021b) in northern B.C., reported its second highest number of accidental overdoses in 2022 (Mansukhani 2023). A total of 81 deaths were attributed to opioid overdoses in the city, representing a 45% increase from the previous year. Medicine Hat, Alta. confirmed a record-breaking number of fatal overdoses in 2021 with 35 deaths (Government of Alberta 2022b; King 2021), up from 12 in 2020.

The rate of overdose deaths in many other smaller centres is also rising. Lethbridge, for instance, is a rural community of 101,799 residents in southern Alta (Government of Alberta 2022a). In 2018, the per-capita overdose rate associated with fentanyl in the city was 19 deaths per 100,000 people (Riley 2018). In 2019, Alta's provincial government withdrew funding for a supervised consumption site (SCS) in Lethbridge run by the AIDS Outreach Community Harm Reduction Education Support Society (ARCHES). It was the most-used SCS in the city (Labby 2020) and North America (Yousif 2019). Residents of Lethbridge and surrounding areas were left with a temporary replacement centre (Dryden 2021) and this led to a significant and rapid increase in the number of fatal overdoses in the region (Kamran and Fleming 2020). Meanwhile, by November 2022, the rate of death connected to toxic drug poisoning across Alta. had risen to 31.9 per 100,000 people (Government of Alberta 2022b).

According to B.C.-based physician Perry Tompkins, the increased rate of death is connected to high levels of unemployment in rural communities and because pain medication is frequently prescribed for people who work in labour-intensive jobs (2018, 36). First Nations people are also overrepresented in drug toxicity deaths, accounting for 15% of deaths in Canada in 2020, despite representing three percent of the country's population (First Nations Health Authority 2021). Other factors contributing to drug poisoning deaths include stigma that PWUD in smaller centres often face (McCormack 2023), challenges accessing harm reduction services, frequently because local authorities have restricted or shut these down, and privacy-related concerns when seeking support for substance use (Campbell 2022).

In Sechelt, B.C., which has a population of nearly 11,000 (Bartlett 2022), harm reduction worker Hawkfeather Peterson set up a SCS in a blue tent (Stewart 2021). It was situated near a shelter for people experiencing homelessness and close to where there were plans to build the community's first official SCS. Peterson offered naloxone, a drug that quickly and temporarily revives people who are experiencing opioid overdose (Government of Canada 2022b), and sterile syringes for vulnerable individuals who use injection drugs. After local residents complained to police about the presence of people using illicit substances, the harm reduction service was forced to close (Stewart 2021).

In Kamloops and Kelowna, cities of 97,902 (Statistics Canada 2021c) and 136,290 residents (Statistics Canada 2021d) in the south-central and Cariboo regions of B.C., there have been attempts to provide harm reduction services including mobile SCSs. However, negative views about PWUD held by community members and elected officials have meant many efforts to make harm reduction services more readily available have not materialized (Mema et al. 2019).

### *Journalism and the Overdose Crisis*

Fiona Webster, Kathleen Rice, and Abhimanyu Sud (2020) write that the amount of journalism coverage focused on the overdose crisis has increased since the 2000s. Yet they argue the media's focus has largely shifted from the over-prescription of opioid pain medication to criminal behaviour frequently associated with substance use. The authors insist the frequent use of derogatory language to describe people who use substances is pervasive in all types of media and contributes to an increase in stigma.

Harm reduction advocates, scholars, physicians, and journalists (BCCSU, Networking Researchers, Educators & Care Providers, personal communication, 5 December 2017; The Action Lab at the Centre for Health Policy and Law, n.d.), and some media organizations, including The Associated Press (Szalavitz 2017), have called on journalists to stop using stigmatizing language and images in coverage of the crisis. Many say words such as "addict," "substance abuser," and "clean" are denigrating and should be replaced with terms that are not harmful (Birak 2018; Canadian Centre on Substance Use and Addiction & CAPSA 2021). Primary care physician Dr. Laura MacKinnon works in Vancouver's Downtown Eastside and in northern B.C. She (MacKinnon 2020) says when journalists label people who use substances as "addicts," as opposed to people with substance use disorders, it can contribute to a loss of self-esteem for these individuals, exacerbate social isolation, and dissuade people from seeking care.

Several news organizations have responded positively to these requests. However, some influential media groups continue to use problematic language. Some of the most commonly used and stigmatizing expressions include "addict" and "clean" when referencing individuals who currently or previously used drugs. Two examples include "former cocaine addict" (Postmedia News 2021) and "recovering methamphetamine addict" (Lach-Aidelbaum 2022). Beyond not using denigrating language, some professional journalism organizations in Canada have called on journalists to be better informed about harm reduction (Zhu 2020).

Visual media has been particularly problematic when it comes to representation of PWUD. Many photojournalists and documentary photographers have produced sensational images of at-risk individuals who use substances (Goodman 2018; Goodman 2019). In much of this imagery, PWUD are portrayed as residents of "dark, seedy, secret worlds" (Fitzgerald 2002). Representation of this nature, referencing Stuart Hall (1997), can be viewed as a form of "symbolic violence" (259).

Moms Stop the Harm (MSTH), whose members have lost loved ones to fatal overdoses, acknowledges that journalists help create awareness about the crisis and views reporters as allies. However, the organization says journalists often encourage bereaved people to express heightened emotions in order to produce sensational stories (Morris et al. 2021).

When it comes to reporting on people who have lost loved ones to toxic drug poisoning, news media in Canada primarily focused on the experiences and grief of white and middle-class families (Johnston 2020). Young, white people who die from causes associated with drug consumption are often portrayed as innocent victims. Meanwhile, Indigenous individuals who experience fatal overdoses are widely ignored or labelled as "addicts" (Johnston 2020). This contributes to the silencing of members of racialized and economically disadvantaged groups, including First Nations people (Morris et al. 2021).

It is beyond the scope of this paper to provide an exhaustive list of journalism stories and projects in Canada about the overdose crisis that have been informative, well-researched, and non-stigmatizing. There are a few standout examples, however, which illustrate how many journalists make valuable contributions to knowledge about the situation.

Andrea Woo and fellow *Globe and Mail* reporter Marcus Gee (2021) created an innovative digital memorial focused on 100 people who died from overdoses across Canada. It is available on the news outlet's website and was published in print form in the newspaper. Memorial profiles consist of images of decedents and short write-ups the journalists produced after interviewing bereaved family members.

Moira Wyton, a former health reporter with *The Tyee*, an independent publication in Vancouver, who now works for The Canadian Broadcasting Corporation, has written dozens of articles about the overdose crisis. Reporting like Woo's and Wyton's increasingly acknowledges the important role of harm reduction and treatment in the context of the overdose crisis (Ferguson and Eliasson 2022). Credible, well-researched, and non-stigmatizing journalism of this nature is needed. However, Woo and Wyton (2022) say they are unable to cover the situation more frequently and comprehensively, because they are tasked with reporting on a wide range of issues, and many if not all journalists face similar pressures.

Community-based journalism organizations such as *Crackdown* (Mullins 2019–Present) use collaborative methods with individuals who use illicit substances to produce in-depth “narrative and nonfiction storytelling” about the crisis. *Crackdown* challenges dominant and stigmatizing narratives about PWUD and individuals who experience fatal overdoses. Its stories are disseminated via a podcast and the project is just one example of how other journalists could engage with participatory methods to report on the situation.

## Guiding Frameworks

In what follows, the paper examines four theoretical frameworks that influenced how the study was conceptualized and produced.

### *Community-Centered Journalism*

Community-centered journalism prioritizes reporting in partnership with local communities. Reporters who work in this way develop relationships with collaborators and communicate openly with them during the reporting process. Journalists ensure participants have agency to determine how they are represented (Wenzel 2020; Wenzel and Nelson 2020).

These approaches are rarely reflected in the ways in which dominant journalism organizations cover the overdose crisis. It is uncommon for reporters to communicate extensively with PWUD and bereaved people, including family members of individuals who die from toxic drug poisoning. The lack of in-depth communication between journalists and affected individuals is a significant factor contributing to stigmatizing coverage.

This study adhered to principles of community-centered journalism. Collaborators were informed about the study's goals and methods. Participants were invited to lead and direct the focus of remote and reciprocal peer-to-peer interviews. Collaborators

retained ownership of their recorded interviews and are free to use them however they wish. The study also reverted to collaborators after their interviews in order to obtain feedback about their experiences and value of the study.

### **Community-Based Participatory Research**

Paradiso de Sayu and Chanmugam (2016) define community-based participatory research (CBPR) as “a dynamic approach that promotes equitable sharing of knowledge and resources between academic and community partners, as well as the community at large” (1). It builds on community strengths to address challenges its members face, and researchers prioritize engagement with community-based collaborators rather than scholarly production (Paradiso de Sayu and Chanmugam 2016).

Collective decision-making, respectful interaction among researchers and collaborators, and supporting participants are critical elements of CBPR (Israel et al. 1998; Minkler and Wallerstein 2008; Paradiso de Sayu and Chanmugam 2016). For many scholars who engage in this type of research, the goal is to share power with collaborators in order to facilitate change in their communities (Paradiso de Sayu and Chanmugam 2016).

This study was intentional in sharing authority with participants and treating them as partners. Community-based coordinators with experience in harm reduction played key roles in recruiting participants. Bereaved collaborators took part in reciprocal interviews with fellow participants. In these conversations, they asked questions and listened deeply, expressing interest and compassion. Participants also shared feedback about the study.

### **Counter-Memorialization**

Creating memorials typically involve considering and communicating how decedents impacted others (Veale 2004). Memorialization can include recalling traits and significant moments in the lives of people who have died (McAllister 2011). Commemorating people also means stating publicly that these individuals mattered and typically expressing emotion.

Traditionally, newspaper obituaries have been a common space for public memorialization.

Many people have historically omitted the cause of death in obituaries for people who experienced fatal overdoses, largely because of taboos about communicating openly about substance use (Armstrong 2016). In recent years, however, a growing number of bereaved individuals have used obituaries to share the truth about loved ones' deaths (Warren, n.d.; Seelye 2015). This has allowed grieving people to “challenge, reflect, and reinscribe the stigma, silences, and public narratives of the current overdose epidemic” (Warren, n.d., 1). In doing so, bereaved individuals honour family members and friends, connect with others who experience similar circumstances, and point to systemic issues that contribute to overdose deaths, rather than faulting people who died (Adams and Buchbinder 2022). According to Cole and Carmon (2019), “families are utilizing these obituaries to raise awareness, educate the public, and combat stigma [and this] is evidence enough of their inventive resourcefulness due to their limited resources and desperation” (315).

In spite of the increasing level of openness about overdose deaths in obituaries, many of these commemorations in the US are created by white people (Revier 2020). This contributes to the marginalization and silencing of voices and experiences of Black and Indigenous people, as well as members of other minority communities impacted by the crisis.

A growing number of bereaved people impacted by drug poisoning, including street-involved youth (Selfridge and Mitchell 2021), are using social media in non-traditional and transparent ways to create digital memorials to honour loved ones who have experienced drug poisoning. According to Selfridge and Mitchell (2021), “marginalized youth experiment with expressing their grief, rage, and hope, with mourning and memorializing, navigating fractured and complicated relationships.” Honouring decedents using social media typically does not require people to have sophisticated online design skills and people around the world, provided they have access to the internet, can engage with these online memorials (Varga and Varga 2021).

This study disseminated collaborators’ audio-recorded narratives in a podcast, yet the study was influenced by a number of digital counter-memorials that engaged participants impacted by other critical issues. Many of these initiatives combine audio testimony, text, images, and graphics in order to make oral histories of marginalized communities available to the public. Like this study’s counter-memorial podcast, these online projects were produced in order to assist collaborators in expressing grief, honouring loved ones, challenging stigma, and calling on policy makers to take action.

In 1987, at the beginning of the HIV/AIDS epidemic in the US, people began creating a 54-ton memorial quilt that would ultimately honour more than 110,000 people who died from the illness (Blair and Michel 2007). The quilt, which came to be known as the NAMES Project AIDS Memorial Quilt, was laid out on the National Mall in Washington, D.C., other locations, and was later archived in digital form (The National AIDS Memorial). The purpose of the project was to enable bereaved people to pay tribute to loved ones and collectively signal that those who died from AIDS must always be remembered. Its goals were also to counter “fear, silence, discrimination, or stigma” (The National AIDS Memorial, n.d.).

A more recent memorial called *The AIDS Memorial*, published on a number of social media platforms archives and showcases “stories of love, loss and remembrance” from people who have lost loved ones to the disease (The AIDS Memorial, n.d.). The project has disseminated thousands of posts about people who died and tens of thousands of people follow the initiative online.

*The Quipu Project*, produced in 2015, gathered oral testimonies of Indigenous women in Peru who experienced forcible sterilization between 1996 and 2001 under the regime of former president Alberto Fujimori (Brown and Tucker 2017). It combines audio recordings of the women’s testimonies and an interactive interface that allows visitors to read contextual information. The project played a seminal role in informing people in Peru and around the world about this issue.

### **Oral History and Audio Storytelling**

The multimedia and interactive memorials outlined above and others amplify silenced voices and challenge stigma. As much as this study was inspired by these projects, as noted above, this study shared interlocutors’ testimonies in a podcast, mindful of the

long tradition of audio-recording oral history interviews. In the 1930s, for instance, pioneering oral historian and journalist Studs Terkel (1997) recorded audio interviews with people affected by the Great Depression and later World War II. Terkel has been criticized for failing to connect people's individual struggles with wider social issues. However, according to Frisch (2014), his contributions as a historian were significant and he helped popularize the method of audio recording interviews.

We also viewed StoryCorps as a model for engaging collaborators. Since 2003, the non-profit organization in the US has recorded audio interviews with "more than half a million" people (StoryCorps, n.d.a). Conversations generally involve family members and friends speaking with one another about themes including racism, family heritage, LGBTQ+ topics, grief, health, marriage, relationships, worklife, military service, justice, and immigration. Many of these recorded conversations are moving and life-affirming.

StoryCorps' online archive contains fewer recorded interviews about the overdose crisis than one might expect, given the wide-ranging impacts of the situation. However, we listened to conversations recorded by StoryCorps with family members of a person who died from drug poisoning (StoryCorps 2019) and a couple who adopted six children whose birth parents had substance use disorder (StoryCorps 2021). These interviews affirmed our belief that audio interviews can inform and move listeners in meaningful ways, particularly in our culture that prioritizes visual content.

Scholars such as Freund (2019) argue the way that StoryCorps edits people's interviews to two to four minutes amounts to harvesting marginalized people's stories without acknowledging systems of oppression. As researchers, we opted not to edit collaborators interviews. Doing so would have involved extensive dialogue with vulnerable and grieving participants after interviews were recorded, and in many cases, this would not have been practical or possible.

The decision to use audio as a medium in the study was also bolstered by listening to two particular episodes of *Crackdown* that memorialize individuals who experienced fatal overdose. These people were Cheerece Keewatin (Mullins 2019) and David Murray (Mullins 2020), both involved in harm reduction activism in Vancouver's Downtown Eastside for decades. The episodes feature audio interviews with individuals connected to the decedents. Their expressions of grief enable the listener to learn a lot about the two individuals who are memorialized and how their work impacted others.

## Methodology

In this section, the steps taken to recruit community-based collaborators, the methods used, and how risks of harming vulnerable and grieving participants were mitigated are outlined.

Using the principles of community-based participatory practice, our study treats participants as valued collaborators and partners. This approach disrupts power imbalances often present in traditional quantitative and qualitative research, hoping to foster an environment that feels safe, equitable, and inclusive.

Community-based coordinators were integral members of the research team and functioned as peer workers that helped with recruitment from personal and professional networks, distributed honoraria, and offered emotional support to participants. Three community-based coordinators, two in Cranbrook, B.C. and one in Prince George, B.C.,

were employed by the research team. One coordinator actively participated in the project and memorialized a loved one who experienced a fatal overdose.

### **Recruitment**

The study initially hoped to recruit participants by disseminating posters on social media. Not surprisingly, this was not effective, because we were asking people who did not know us to share intimate stories about loss and grief. We pivoted and contacted a number of harm reduction organizations in smaller centres in B.C. and Alta. and invited them to share the recruitment poster and script with people they engage with on a regular basis in their communities.

Between November 2021 and March 2022, we collaborated with AIDS Network Kootenay Outreach and Support Society (ANKORS), a harm reduction organization in southeast B.C. Two of its team members, Jacqueline Roth and James Kaufman, worked as part-time research coordinators and recruited participants in their part of the province. Juls Budau, an experienced harm reduction worker in Prince George also contributed as a research coordinator and recruited a number of people to join the study. Petra Schulz, a founding director of MSTH, and Kym Porter, an active member of the group who took part in the study, invited several individuals in Alta. to participate.

### **Reciprocal Peer-to-Peer Interviews**

In order to facilitate remote and reciprocal peer-to-peer interviews with collaborators, research coordinators mainly paired participants, scheduled interviews, and distributed \$100 honoraria to each individual who took part in the study.

Forty-two individuals who lost significant people in their lives to causes associated with illicit substance use participated in interviews. Rather than us leading these conversations, which is a typical way of conducting journalism and qualitative research interviews, we invited collaborators to take turns asking each other questions and listening to one another.

We used remote audio-video recording software known as Riverside.fm, which is frequently used by podcasters and researchers to record remote interviews. This technology was necessary because our collaborators were in a number of locations throughout B.C. and Alta. and our research team was based in B.C.'s Lower Mainland.

Collaborators recorded conversations at their homes using personal computers, at ANKORS with the organization's equipment, and Budau rented a space in Prince George where interviews took place. During each interview, a member of our research team was present online in order to provide clarity about the process. We also answered any questions participants had and provided technical support when needed. Most of the interviews were 20–40 min.

Before each interview, participants were offered a list of questions they were welcome to use. Many of the questions were created by StoryCorps and have been used in many of the conversations the organization has recorded that focus on grief (StoryCorps, [n.d.b](#)). By asking these questions, collaborators encouraged each other to describe the people they were memorializing, recall moments they shared with decedents, and speak about what these individuals valued in life. The interview questions were also partly informed by

continuing bonds theory from narrative psychology and participants were invited to speak to their loved ones as if they were alive (Hedtke 2012; Hedtke and Winslade 2016). This approach can assist bereaved people in communicating deeply, and we believed it could allow collaborators to create nuanced knowledge about the impacts of the overdose crisis.

The study also drew on Indigenous scholarship to support the choice of using reciprocal peer-to-peer interviews as a method. Studies conducted by Goodman et al. (2017) and Lavalley et al. (2020) brought Indigenous people together who took part in peer-facilitated talking circles. Participants in these projects shared insights about their experiences as Indigenous people in Vancouver's Downtown Eastside who use illicit substances and experience racism and other barriers while accessing healthcare and substance use treatment. A number of Indigenous people took part in this study, but we believed the method would be beneficial for all collaborators. It is known for reducing power imbalances between scholars and study participants (Lushey and Munro 2015). It can also help collaborators feel at ease and speak openly about sensitive issues with others who share similar lived experiences (Croft et al. 2016; Payne-Gifford et al. 2021).

We were aware that inviting community-based collaborators to lead peer-to-peer interviews could be challenging for them, because they did not have prior experience in this area (Devotta et al. 2016; Lushey and Munro 2015; Mockford et al. 2016). In order to make the interview process straight forward, accessible, and efficient, we shared with collaborators that they did not have to ask each other all of the questions that were provided. Some participants still had difficulty choosing which questions to pose. Instead of selecting questions that interested them or were the best match, some individuals elected to ask everything. Also, in some interviews, participants asked questions that they created which were less relevant to the study. This led some conversations to be drawn-out and perhaps less compelling and less informative than others. In spite of these issues, we chose not to intervene or moderate conversations in order to ensure collaborators had agency to speak freely about any topic and for as long as they wanted. Most of the interviews were 20–40 min.

### ***Disseminating the Podcast***

The study disseminated audio testimonies from 34 collaborators. Eighteen of these individuals live in Cranbrook and eight in Prince George. Six collaborators reside in smaller centres in Alta. and two in Chilliwack, B.C. Two collaborators retracted their consent to disseminate their testimonies because they felt some of the information they communicated was too personal. We also decided not to publish one participant's interview because it contained derogatory language about marginalized groups. Also, we opted to not share five participants' interviews because technical issues during the recording process impacted the listenability of these conversations.

The audio interviews are distributed on Buzzsprout, a podcast host that makes the recordings available on many different podcast platforms. The podcast is also available on a website, <https://www.unsilencingstories.com/>. As of November 2023, nearly 650 people have downloaded and listened to the podcast featuring recorded conversations with bereaved people in smaller centres who took part in the study.

Activist documentary makers affiliated with the National Film Board (NFB) of Canada have employed innovative strategies to ensure their media projects are widely viewed and generate discussion. For example, the NFB held a live screening at Toronto City Hall of an online multimedia project titled *HIGHRISE* (NFB 2011), which focused on life in residential towers in Toronto and cities around the world. The screening was timed with a panel discussion involving members of the public and elected officials.

In order to share information about this study, we reached out to media organizations in B.C. and it received a modest amount of coverage (KPU 2023; Petersen 2023; Welsh 2023). Disseminating more information on social media and organizing public forums could generate greater awareness about the study.

### ***Mitigating the Risks of Harm for Collaborators***

The study prioritized collaborators' well-being and it was imperative that we minimize the risk of causing additional harm. The research was approved by the Research Ethics Board at KPU (REB # 2021-21). Participants reviewed and signed a detailed informed consent form that outlined the study's goals and methods. It also provided information about risks participants could potentially face. These included possibly experiencing elevated levels of emotional distress as a result of speaking about grief and trauma and we provided contact information for a number of crisis support centres. Research coordinators provided emotional support in some instances after interviews.

Participants were informed in the consent form and at the start of interviews that they were not obliged to answer any questions that made them feel uncomfortable. They were assured they could stop interviews at their discretion and withdraw from the study at any time and that neither of these options would affect their ability to receive honoraria.

The consent form also noted that if collaborators shared in interviews that they have personal experience with substance use it could potentially impact their reputation, employment status, ability to access housing, and create additional economic, social or legal risks. Participants were informed they could be referred to by pseudonyms and did not have to share decedents' names. The consent form also stated that listeners could potentially identify participants and individuals they memorialized based on information collaborators communicated in interviews. A small number of participants chose to use pseudonyms and not name the people they memorialized. However, most collaborators opted to be named in the study and share the identities of those who had experienced fatal overdoses.

### **Evaluating Outcomes: Inductive Analysis of Collaborators' Interviews**

In this section, we provide highlights of collaborators' interviews in order to respond to the research questions that informed the study, namely whether the methods assisted participants in producing nuanced narratives about loss and grief as well as creating counter-narratives about PWUD.

A future study could potentially measure the impacts of the project and determine whether it succeeded in informing the public and elected officials about the impacts of the overdose crisis in smaller centres. Such a study could examine whether the study

helped listeners develop greater empathy for bereaved people who have lost loved ones to toxic drug poisoning, PWUD, and individuals who experienced fatal overdose.

In audio interviews, collaborators asked and responded to questions that invited them to reflect on and communicate information about loved ones who died, their unique traits, and significant moments they shared with decedents. Participants completed an online survey following their interviews and responded to questions about their experiences in the study. In their survey responses, collaborators shared insights about whether they thought the study allowed them to rupture silences imposed on bereaved people in the context of the overdose crisis and challenge stigmatizing narratives.

We used inductive analysis (Thomas 2006) to examine the audio recordings and identify emerging concepts and themes that were not previously determined by us or participants. In what follows, we share select quotes from the interviews that align with the two following areas: nuanced and substantive testimony about decedents that reflect close bonds and grief, and content that we consider to be counter-narratives about PWUD and individuals who experienced fatal overdose.

### ***Narratives Reflecting Close Bonds and Grief***

Tiffany Vaughan recalls a significant moment she shared with her brother Cory not long before he died from overdose. They were together in Medicine Hat, Alta. visiting their parents during a period of drought and prolonged heat. Vaughan states:

My brother got up and he walked down the driveway and he said, "Tiff, let's go dance. Let's go dance in the rain. And like when we were kids, and I had just dislocated my knee. One week prior to that where I literally couldn't hardly walk. I had a big knee brace on. It was a very bad injury. And so, I was like, "I can't go", and he went out into the middle of the street and was dancing in the rain, and I couldn't get up, but I heard something say, "Go dance with your brother, go and dance with your brother". So, I hobbled my way out to the street, and I danced in the rain with my brother and my mom got it on video. (Goodman, Keeble, & Pocrnich 2021a, 2:45)

Elizabeth Sawatzky in Chilliwack discusses the connection she felt with her partner Kevin Sawatzky who died from toxic drug poisoning. She says:

We would stay up all night and watch the stars because that was his favorite place for sure, was watching the stars. I would always sit and if I was awake when he comes from work, I would often go outside and meet him outside if it wasn't miserable out, and we will just sit in the car and watch the stars in the evening because he could watch the stars all night. That would be just the perfect day with him just hanging out. Because yeah, we wouldn't, didn't need to do anything special to have a good time. (Goodman, Keeble, & Pocrnich 2022a, 8:55)

Tamerel Richard in Lloydminster, Alta. shares a vivid memory of her younger brother Tyrone Hickey when they were children. Intimate moments such as this are rarely reported in dominant media, yet it reveals the nature of the bond they which compounded the grief Richard experienced following Hickey's fatal overdose.

Richard says:

[W]e were kids and we were camping in B.C., and we were playing at the park and or parents were at the campsite, like not very far from where the park was at the campground. And all of

a sudden, we were on the swings. He was like, “Ow, my finger,” and he looked at his finger and didn’t see anything. Then he’s like, “Ow, my leg,” and so he pulled his shirt back to look down. He just had his swimming shorts on, and a wasp flew out. It had stung him, and he ripped his shorts off, and he was screaming at the top of his lungs, “Get dad! Get dad! It stung me.” And I just thought it was hilarious. I couldn’t even move. I was just standing there laughing at him, because it was so funny, like he was running naked, and it was hilarious. (Goodman, Keeble, & Pocrnich 2022b, 1:45)

### **Audio Testimonies as Counter-narratives**

In dominant media, PWUD are often represented as dangerous social outcasts. Many of the testimonies recorded by collaborators in this study challenge these notions and point to underlying mental health and physical challenges that decedents experienced. For instance, Kym Porter spoke of her son Neil, who died from overdose at age 31, as someone who was connected to friends and family and experienced anxiety. Porter stated:

Neil’s personality on the outside, he was a fun loving, risk-taking, goofy fellow. He had a really good sense of humour. He had a big group of friends. Friends were very important to him. He was giving to people that were somewhat in vulnerable situations. If he had a pack of smokes, he’d give you half the pack of smokes. If he knew you needed 10 bucks, he’d give you 10 bucks.

As far as Neil’s character, he struggled with some mental health issues. He struggled with depression. I shouldn’t say that’s his character. That was some of the things that that he wrestled with, with some anxiety. (Goodman, Keeble, & Pocrnich 2021b, 1:50)

Journalists seldom represent individuals who die from drug poisoning as people with full lives. Juls Budau, who worked as a coordinator with the study in Prince George, also took part in a recorded interview and spoke of her friend Blair Lauren, who died from an opioid overdose at age 34. Budau remembers Lauren as a musician with significant talent and ambition.

Budau said:

Blair was my friend for a really long time, and they were a few years younger than me. They could play any instrument and just everything was self-taught with them. You know, they played every instrument, they recorded music. I just feel like they always had some insane project with some insane skill that they had learned. I always felt like they’d be like, “Oh, I’m like, depressed, not doing much.” But then it’d be like, “Oh, I’m in like five bands, and I’m recording this other band, and we’re organizing like a slow dance fundraiser, dance party.” And then also, “I’m a bike messenger”. You know what I mean? Like, there’s always like so many things going on with them. (Goodman, Keeble, & Pocrnich 2022c, 1:40)

As indicated above, journalism coverage about the toxic drug supply crisis rarely includes information about physical and mental health challenges that many people who experience overdose faced. Curtis Rajacich spoke about his friend Michael, who died from toxic drug poisoning. We learn from Rajacich that Michael was experiencing significant challenges at the time of his death.

Rajacich stated:

On Facebook. There was a posting saying, “I’m sorry to hear about Michael.” And I thought wait a second, that doesn’t sound good. So, I called my mother at the time, and I asked

her if Michael was still around because he had rheumatoid arthritis at the age of 11. It hit him really quick. I still have his last text message. I keep on texting that number, even though it's not his number, so I can keep that text going. His spine had depleted so much that he couldn't have surgery done on it anymore. So, I mean, he's going to lose his mobility. I remember him telling me that he wanted to, you know, if he ever got to that point and couldn't off himself, he wanted me to do it for him because there was no way of living, right? So, I think that's what happened. It was like a planned thing, a planned overdose. (Goodman, Keeble, & Pocrnich 2022d, 3:13)

## **Post-Interview Survey: Sharing Authority and Engaging Collaborators in Reflecting on Their Testimonies**

In many CBPR studies, community members do not play a role in analyzing research data (Flicker et al. 2008a, 2008b; Khodyakov et al. 2013). This study made a point of involving collaborators in assessing outcomes. As noted above, we invited all 42 individuals who took part in the study to complete an online survey after completing their interviews. The survey included a mix of quantitative likert scale prompts and open-ended qualitative questions. In the following section, we share highlights from their responses.

### ***Disrupting Silences Imposed by Media on Bereaved People***

We asked collaborators if they believed the study enabled them to rupture silences imposed by dominant journalism organizations and communicate information about the overdose crisis and the experiences of bereaved people. Eighteen participants strongly agreed, 17 agreed, and 31 somewhat agreed the methods they engaged with allowed them to share information that is rarely published by media.

Additionally, we sought collaborators' feedback about whether the project assisted them in communicating details about the personal impacts of overdose loss that are not well known in their communities because of a lack of journalism coverage in smaller centres and stigma about substance use. Eight individuals strongly agreed, 20 agreed and eight somewhat agreed that the project enabled them to provide this kind of information.

Some participants stated the lack of in-depth journalism focused on the overdose crisis in less populated communities can create the false impression that overdose deaths happen only in urban centres. Many collaborators indicated they felt the narratives they produced in the study challenge that misconception. Elizabeth Sawatzky in Chilliwack who is quoted above wrote in her survey response:

Often in small communities, we don't want to admit that we have problems like the 'big city.' There's much more behind closed door whispering and community judgment when we should be using our connections as a community to help these individuals. (Goodman, Pocrnich, & Keeble 2022e)

Stephanie Norton, a collaborator in Kelowna, B.C., said the recorded interviews could benefit other bereaved people who have lost loved ones to fatal overdoses by reminding them that many people have faced similar situations. She explained:

[U]sers generally feel alone, they feel unseen, especially in impoverished communities. If hearing stories from people all over the place telling about how much their friend or

family member impacted someone, maybe it will give some hope that there can be change, if not at least understanding. I've always felt isolated from society and programs and interviews like this definitely make me feel heard and seen. And that can create so much powerful change in one's outlook. (Goodman, Pocrnich, & Keeble 2022e)

### ***Challenge Stigmatizing Narratives About PWUD and Experience Fatal Overdoses***

Collaborators shared feedback about whether they thought the study provided them opportunities to resist stigmatizing narratives about people who use substances and die from causes associated with drug poisoning. Twenty participants strongly agreed the project assisted them in countering disrupting harmful reporting, 15 agreed, and three somewhat agreed.

Tiffany Vaughan in Turner Valley, Alta., wrote: "I believe it is in the telling of the story and being vulnerable that the shame evaporates and the healing begins" (Goodman, Pocrnich, & Keeble 2022e). Sawatzky stated the project allowed her to share information about her partner that helped her rupture stigma. She wrote: "Kevin was an amazing person who happened to have an issue with substances. But that was the least important thing about him" (Goodman, Pocrnich, & Keeble 2022e).

One collaborator who chose to remain anonymous in their post-interview survey said negative perceptions of PWUD affected their willingness to speak openly and challenge stigma in the study. They wrote that in their recorded interview they did not say things that could enable listeners to potentially identify the person they memorialized. They wrote: "In my community we have been facing a great deal of judgement and stigma. I am acutely aware of these beliefs that exist and was protective to ensure that I was not disclosing identifiable information" (Goodman, Pocrnich, & Keeble 2022e).

Some participants shared the project created opportunities for them to challenge negative views that have contributed to the closure of harm reduction services including overdose prevention sites in some smaller centres. Tajja McLuckie, who works as a mental health and harm reduction support worker in Courtenay, B.C., wrote:

I was able to share that the community I live in just shut the doors due to lack of funding of the warming centre [where] I had the honour of serving folks [who are] unhoused. Together as a team, we've revived upwards of 100 overdoses in a few short months. With no other service available to this community, I'm scared for the death toll to rise. (Goodman, Pocrnich, & Keeble 2022e)

### ***Disrupting Notions About Grievability***

In the post-interview survey, we asked participants if they thought the study allowed them to challenge notions that individuals who experience overdose are not grievable. Twenty collaborators indicated they felt strongly that it did, 13 participants agreed, and four somewhat agreed.

Norton spoke of why she wanted to participate in the study. She wrote:

I wanted to communicate that this person I lost held value, they held a special place in my soul. They cannot and will not ever be replaced and their death was more than preventable. I don't want anyone to have to feel as jaded as I do about death. I'm only 35 and I don't even

think I can cry anymore. I've lost 50 friends to this epidemic and someone needs to do something. (Goodman, Pocrnich, & Keeble 2022e)

Kari Ursulescu in Medicine Hat, Alta explained that every fatal overdose can have deep impacts on people connected to decedents. She wrote:

I wanted to make it known that overdose losses are incredibly challenging and life changing for those of us left behind. I wanted to make it known that my partner who passed was an AMAZING man with a horrible hand that was dealt to him. I also wanted to let people know that they are not alone in their grief. (Goodman, Pocrnich, & Keeble 2022e)

Monique Gonyou in Prince George, B.C. stated: "My brother wasn't a statistic: he was a brother, a friend, an uncle, and a great father" (Goodman, Pocrnich, & Keeble 2022e).

## Highlighting Challenges

In interviews, many collaborators spoke openly about their loved ones who died and their grief. These participants were clearly interested and invested in the process. In contrast, some collaborators were less able or willing to effectively communicate their experiences. A small number of participants used stigmatizing language in their interviews, including the word "addict" when referring to decedents and PWUD. This makes it difficult to view all of the conversations as counter-narratives.

Since interviews were conducted remotely with participants who live in smaller centres, there were occasional issues with internet connectivity and software, which affected the flow of some conversations and the listenability of audio recordings.

We acknowledge that there are limitations with identifying the shortcomings of the study using the quantitative likert scale. For instance, we do not know why some participants agreed and why some only somewhat agreed. However, in the post-interview survey, there was a text box available to participants to specify what they would have done differently if the project was conducted again. Some collaborators indicated they would have preferred receiving a shorter and more focused list of interview questions. Several suggested that having time before interviews to discuss their priorities for conversations and themes they did not want to discuss could have been helpful. There was no other specific feedback.

Despite these challenges, we are confident that the project was successful in its goal of enabling collaborators to publicly mourn and memorialize loved ones lost to fatal overdose in nuanced ways. Moreover, it has effectively worked towards countering stigmatizing perspectives on individuals who use illicit substances.

## Future Research and Journalism

As outlined above, future studies could assess the impacts of the study on attitudes of members of the public and policy makers about PWUD and individuals who experience overdose, including in smaller centres. Research could examine other community-centered journalism projects involving reciprocal peer-to-peer interviews.

It would be interesting to see more reporters experiment with this approach with people impacted by the overdose crisis as well as with members of other marginalized, stigmatized, and silenced communities. It may not be feasible for many journalists to

engage large numbers of collaborators in this type of work, because of the time and level of coordination this requires. However, work of this nature with smaller numbers of participants could be manageable and help generate knowledge about important issues.

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