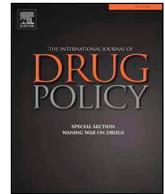




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Policy Analysis

The ever-changing narrative: Supervised injection site policy making in Ontario, Canada

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ABSTRACT

Background: We analyze the ongoing debate surrounding supervised injection sites in Ontario, Canada and changing policies that impact host communities. Despite a plethora of evidence proving the effectiveness of supervised injection sites on harm reduction strategy, the topic remains highly controversial with constantly changing rhetoric in the Ontario drug policy landscape.

Methods: We reviewed government reports, policies, and media sources spanning from prior to the establishment of the first Canadian supervised injection site in 2000 to early 2019, adopting an advocacy coalition framework approach to this policy analysis. Various advocacy coalitions emerge from this analysis, including all three levels of government, law enforcement, health practitioners, and community groups. We describe the narratives constructed by these coalitions, analyzing the supervised injection site model as a harm reduction strategy within a continually shifting socio-political landscape.

Results: Emerging from the analysis are competing narratives put forward by various stakeholders within the policy subsystem. We find policy-makers tend to leverage scientific uncertainty as a tool to defend the interests of the most powerful actor in the subsystem. Despite an increase in the number of deaths due to the opioid crisis and evidence highlighting the efficacy of supervised injection sites as a harm reduction tool, various stakeholders are locked in a battle of claims and counter-claims about the appropriate policy response to opioids.

Conclusions: These findings have broad implications for drug policy in other contexts. Our case study demonstrates the strength of stopgap measures, like supervised injection, to reduce harm from controlled substances.

Background

The past 20 years in Ontario, Canada have seen extensive debate regarding supervised injection sites (SISs) – also known as supervised consumption, safe consumption, harm reduction, and safe injection sites – in the provincial legislature, courts, city halls, civilian police boards, public health agencies, and the media. Numerous studies have demonstrated SISs as an effective response to the opioid crisis in Ontario as well as across Canada (Strike, Watson, Kolla, Penn, & Bayoumi, 2015). Insite, the first Canadian SIS opened in Vancouver in 2004, has undergone copious studies and an abundance of scrutiny. A systematic review conducted by Kennedy, Karamouzian and Kerr (2017), demonstrated that the opening of Insite led to a 35% reduction in overdose deaths around the site, the equivalent of 11.7 deaths averted per year. Additionally, SIS users in Vancouver were 70%

less likely to share and reuse syringes and were significantly more likely to enter into drug and addiction treatment. Another study by Potier, Laprévotte, Dubois-Arber, Cottencin and Rolland (2014) also examined Insite's impact on the Vancouver community and found positive results. In addition to those cited by Kennedy et al. (2017), Insite led to a decrease in public injection behaviours and discarded syringes. Moreover, 23% of SIS users who engaged in safe injection practices at Insite stopped injected drugs after receiving care and resources. Overall, these studies indicate numerous positive outcomes associated with Insite and SISs in general. It is estimated that Insite alone prevents from five to thirty-five new HIV infections, 300 deaths, and \$14 million in healthcare costs per year (Potier et al., 2014). However, with each change of government at the federal, provincial and local level, new narratives are constructed around the benefits and harms of the SIS model (Hyshka et al., 2017). SISs are one pillar of a

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broader harm reduction strategy that also includes prevention, addiction treatment, counselling, and criminal enforcement (Watson et al., 2012). SIS are one of many primary harm reduction methods proposed as a response to the opioid crisis in Canada, and in fact, many developed nations (Kerr, Mitra, Kennedy, & Mcneil, 2017; Watson et al., 2012).

The SIS approach aims to create an environment where people can safely consume substances while reducing their risk of overdose and contraction of disease. Sites also reduce community impact by sequestering consumption to a highly controlled setting, and properly managing the provision and disposal of drug-related paraphernalia (Christie, Wood, Schechter, & O'Shaughnessy, 2004; Watson et al., 2012). Although treatment is not usually mandatory, sites often provide access to counsellors and medical professionals who can direct users to appropriate recovery programs (Richmond, 2018). Currently, there are 46 SISs open across Canada, with eight in Alberta, nine in British Columbia, four in Quebec and more than half of the existing SISs located within Ontario. There are 25 SISs across Toronto, St. Catharines, Guelph, Hamilton, Kingston, London, Ottawa, and Thunder Bay. Despite the 46 existing sites, there remains unmet demand with Ontario having five open applications pending for additional SISs and four pending applications across Alberta, British Columbia, and Saskatchewan (Health Canada, 2019). The opioid crisis and SIS debate is not confined to the Canadian context, as of 2017 there were upwards of 90 SISs globally with sites located in Australia as well as across Europe including in the Netherlands, Switzerland, Germany, and Spain (Ng, Sutherland, & Kolber, 2017; Lingle, 2013). The rapid expansion of the SIS model in Canada and globally over the past decade demonstrates the need for place-specific research that can translate findings to an international scale.

This approach to harm reduction is imbued with particular values about addiction and drug use that often provoke conflict. The opioid crisis has not provoked policy argumentation about evidence, but rather a politics of the response to evidence. Unlike policy problems such as climate change, there is no outright denial that opioid use is a public health crisis. Hence, the policy debate has focused on how to respond to the opioid crisis. In Ontario, this debate has morphed into a value-laden exercise of crafting the appropriate, yet ever-changing, response to opioid addictions and overdoses. It appears municipalities, police boards, health practitioners, and community groups are in constant debate over the scientific and public narratives that are pushed forward to inform an 'evidence-based' response to the opioid crisis.

We shed light on this messy public policy problem in Ontario by analyzing the ever-changing narratives surrounding the SIS approach. Ontario provides an ideal frame of reference for this case study given its tiered governance structure, the presence of an opioid crisis, existing harm reduction responses, and shifts in the political landscape between 2003 and 2019. We first describe the application of the advocacy coalition framework (ACF) approach to our analysis. The use of the ACF allows for examination of each actor's evidence within the local context of Ontario's policy landscape. The ACF is a highly applicable method to drug policy and harm reduction studies, given the highly politicized nature of researching, understanding, and responding to controlled substance use (Kubler & Walti, 2001). Two hypotheses put forth by Sabatier and Jenkins-Smith (1999) about the behaviour of policy subsystems in an ACF context are tested in our analysis. The first suggests policy changes occur after major external events, and second suggests that the core features of a policy remain in place until the governing coalition is shifted in the subsystem.

We explore the first hypothesis by examining the real and perceived causes of Ontario's opioid crisis. We examine the second hypothesis by describing the justifications laid out by each coalition for, or against, the SIS model in Ontario. As well, we identify the different narratives constructed by the various coalitions of actors given their power in the subsystem. We close with insights from our case study to inform international drug control and harm reduction policies. The lessons drawn from our local analysis could be translated to understanding the

how actors within the harm reduction policy arena develop credible narratives and achieve power in dictating policy decisions.

The SIS approach in Canada

The Canadian experience with opioids has been defined by the relationship between federal, provincial, and local governance structures. The provincial level is primarily responsible for healthcare, regulation of health professions, adjudication of civil matters, policing, public health, and land use, of which many have delegated public health, land use regulation, and policing to the local (municipal) level. Municipalities are beholden to their provincial legislatures, and are only able to act within the confines established in upper-order government legislation or through Cabinet policy directives. The federal level is responsible for setting criminal standards, settling civil and criminal cases, providing direct monetary transfers to healthcare systems, and handing out limited envelope funding to issues that are of 'national importance' to the public. The opioid crisis has exposed this confusing network of interdependent relationships between the various levels of government in Canada with significant conflicts emerging around the various approaches taken to harm reduction at the local level.

Since the opioid crisis began nearly 20 years ago, an estimated 80 000 people have died due to an overdose or other health complications in Canada (Health Canada, 2019). From January to September of 2018 alone, 3286 deaths were attributed to opioid use (ibid). Of those deaths, 93% were preventable fatalities and 73% involved a synthetic opioid-fentanyl cocktail (ibid). Consequently, the opioid crisis has placed significant burden on Canada's healthcare system. The already over-extended public healthcare network has been overwhelmed by continual opioid overdoses, with emergency room visits skyrocketing in the past five years (Morin, Eibl, Franklyn, & Marsh, 2017). Along with acute overdose episodes, there has been an increase in patients who require publicly funded care for the long-term effects of opioid addiction. People who use opioids – among other potent intravenous-based drugs – often contract infections such as HIV, hepatitis B, and hepatitis C through high-risk transmission behaviours and needle sharing (Morin et al., 2017). These diseases place significant pressure on limited healthcare resources and harm the economy through reduced labour capacity. Invariably, in Canada, opioid addictions are not solely a problem of vulnerable low-income communities. High rates of prescription opioid use among upper-class populations, coupled with the economic recession of 2009, led to many gainfully employed people losing their livelihoods, and subsequently becoming trapped in a cycle of opioid addiction and poverty (Cicero, 2017).

Canada's first major encounter with harm reduction for opioid overdoses came in Vancouver, British Columbia. In 2003, after a year of over 800 overdoses in the Downtown East Side neighbourhood of the city, the local and provincial government established the first SIS. The site received an exemption under s56 of the federal *Controlled Drugs and Substances Act* to avoid being declared an illegal distributor of drug paraphernalia (Christie et al., 2004). The Liberal federal government at the time was supportive of the SIS model, and Ontario's Liberal provincial government was monitoring the site closely as a potential response to their own opioid addiction issues. However, in 2006, a minority Conservative federal government was elected bringing about a significant shift in policy towards illicit drug use. This new federal government sought to define itself as the harbinger of law and order in a country that had been ravaged by "abominations" like Vancouver's SIS (Kerr et al., 2017). Though limited by a minority position in the legislature, the federal Conservative cabinet withdrew funding for the Vancouver SIS, issued Cabinet directives that eliminated federal health transfer funding for any future SIS operations across the country, and appointed a Minister of Health that would refuse any request to grant an exemption under s56 of the federal *Controlled Drugs and Substances Act* (Christie et al., 2004). The addition of federally-supported SISs was

limited for the foreseeable future, but Vancouver's location would continue to operate in limbo over the next decade.

The Conservative government won majority control of the federal government in 2011, and in 2014 decided to introduce legislation that would effectively close the Vancouver SIS and prevent the model from being reproduced elsewhere in the country. Based on local level appeals, the Supreme Court of Canada eventually declared the legislation unconstitutional on grounds of harming “life, liberty, and security of the person” under the *Canadian Charter of Rights and Freedoms* (Strike et al., 2014). This legal decision in early 2015, coupled with the subsequent election of a majority Liberal federal government in late 2015, provided sufficient cover for other provinces to move forward on their own SIS proposals, including the Liberal provincial government of Ontario.

The Ontario experience

The Ontario experience with SISs can be traced to 2015, with the Liberal provincial government, and respective non-partisan local governments, providing limited funding to pilot the SIS model in major southern Ontario cities. In addition, the overdose recovery drug Naloxone was widely distributed through healthcare and protective service professions and made freely available in 2016 to the public (Ministry of Health and Long-Term Care, Ontario Public Drug Programs Division, 2017). The introduction of these ‘temporary’ SIS facilities caused significant public debate around issues of crime, child safety, land use conflicts, and homelessness (Bayoumi et al., 2012). This debate took place despite evidence that Vancouver's Insite and a SIS in Sydney, Australia did not increase crime, violence or drug trafficking in surrounding neighbourhoods (Potier et al., 2014). These sites would continue to operate in legal limbo for the next three years, being disallowed by either municipal or provincial regulations.

In 2018, a Progressive Conservative majority government – affiliated with the federal Conservative party – was elected in Ontario. The party had identified Ontario's temporary SIS approach as an election issue, and upon taking control of the legislature immediately proposed a withdrawal of funding. Public backlash resulted in the provincial government announcing a review of the opioid crisis and the SIS model (The Canadian Press, 2018). In early 2019, the Progressive Conservatives announced they would be changing the distribution of SIS locations and their role in supporting their operations (Ministry of Health and Long-Term Care, 2019). For many stakeholders, these changes are viewed as an attack on the SIS model. The new provincial Cabinet articulated a clear intent to refocus government priorities on policing and addiction treatment services as the appropriate policy response to the crisis over the SIS model. It is within this ever-changing policy subsystem that we examine the narratives used by the various coalitions to strengthen their policy positions. Underpinned by the advocacy coalition framework, we examine the claims and counter-claims used by the various coalitions to strengthen their policy stance.

Methods

We aim to provide a descriptive analysis of the policy arguments and actors in the context of Ontario's opioid crisis. Our approach is informed by Dunn's (1994) method for policy analysis, and Sabatier's (2007) advocacy coalition framework (Fig. 1).

We first structure the policy problem, then define the various actors that have emerged as key players in response to the opioid crisis. Following from this description, we transition to identifying the policy arguments, claims, and outcomes of each actor's behaviour in this policy system. Given the value-basis of any solution to the policy problem, we use a verbal model to ascertain reasoned judgments about the arguments, claims, and outcomes put forth by each coalition and its actors. In defining the state of the opioid epidemic and obtaining scientific evidence regarding SISs, peer-reviewed articles were obtained by

searching the ProQuest database using variations of the term “safe injection sites”. A media analysis was conducted by analyzing print and media sources to understand the various viewpoints being presented to and from the public regarding SISs. Newspaper articles were collected through the ProQuest Academic database using the following search strings: “safe injection sites”; “safe injection sites” AND Canada; “safe injection sites” and Ontario; “safe consumption sites” AND Ontario; “supervised consumption sites” AND Ontario; “supervised consumption sites” AND Canada; “supervised injection sites” AND Ontario; “supervised injection sites” AND Canada. Additionally, a Google search was conducted using the search string “safe injection sites” AND Ontario to identify any media sources that were not archived in ProQuest. Initially, 1673 sources were retrieved, and snowball methodology was used to supplement these results with 81 articles from Google (Fig. 2). Near-duplicates and irrelevant articles were removed based on the following inclusion and exclusion criteria. Inclusion criteria included being published between 2000 and 2019 and being written regarding a SIS in Ontario or in the application of a SIS elsewhere in Canada to the context of Ontario. Articles which discussed SISs in other provinces or countries were excluded as were articles on other harm reduction methods or which did not discuss SISs in sufficient detail as decided by the authors. Any disputes regarding inclusion and exclusion were reviewed by two of the authors and when unresolvable, a third author was consulted. After the application of inclusion and exclusion criteria, 265 relevant articles and responses to editorials published were analyzed.

Using concepts described by Neuman and Robson (2018), a discourse analysis was conducted using inductive coding to identify tonality and themes within articles. The discourse analysis focused on how SISs are discussed in the media and examined how knowledge and meaning are created by the media and communicated to the public regarding SISs (Neuman & Robson, 2018). Articles were read in full and coded using themes, themes were then used to classify articles as positive, neutral, or negative for tonality. Articles which had both a positive and negative emphasis or presented both sides of the argument were coded as neutral. Coding was conducted by the first author with spot checks performed by the second author to check for reliability and validity. Any disagreements were resolved through consensus or consultation with the third author. Three steps for coding, as presented by Neuman and Robson (2018), were used to thematically analyze the data. Open coding was conducted first; the author read the data and began to create codes. Secondly, axial coding was conducted in which codes were organized and relationally connected. Lastly, selective coding occurred where codes from axial coding were reviewed and selected for each article. These codes were used to create a tonality analysis as well as a general thematic analysis. Direct quotations from these media, broadcast, and print sources are also used throughout this article to illustrate the fundamental beliefs and values of each actor, as well as draw attention to the various policy claims and counter-claims by each advocacy coalition. These analyses and quotations identified patterns within the media regarding SISs and generated conclusions regarding the policy subsystems that exist in Ontario.

Theoretical framework

This paper's analysis of SISs is informed by the ACF approach, which ascertains that public policy changes to reflect the fluctuating dominant beliefs in a policy subsystem. Sabatier's policy framework (2007) is composed of stable parameters, external subsystem events, long term coalition opportunity structures, short-term constraints and resources, and the policy subsystem, all of which affect policy outputs and impacts. Policy is guided by stable parameters that include the problem itself, socio-cultural judgements about desirable behaviour, and legality. In addition, dynamic factors such as external events including changes to socio-economic context and public opinion, changes in government and subsystems, and the structuring of coalitions in the

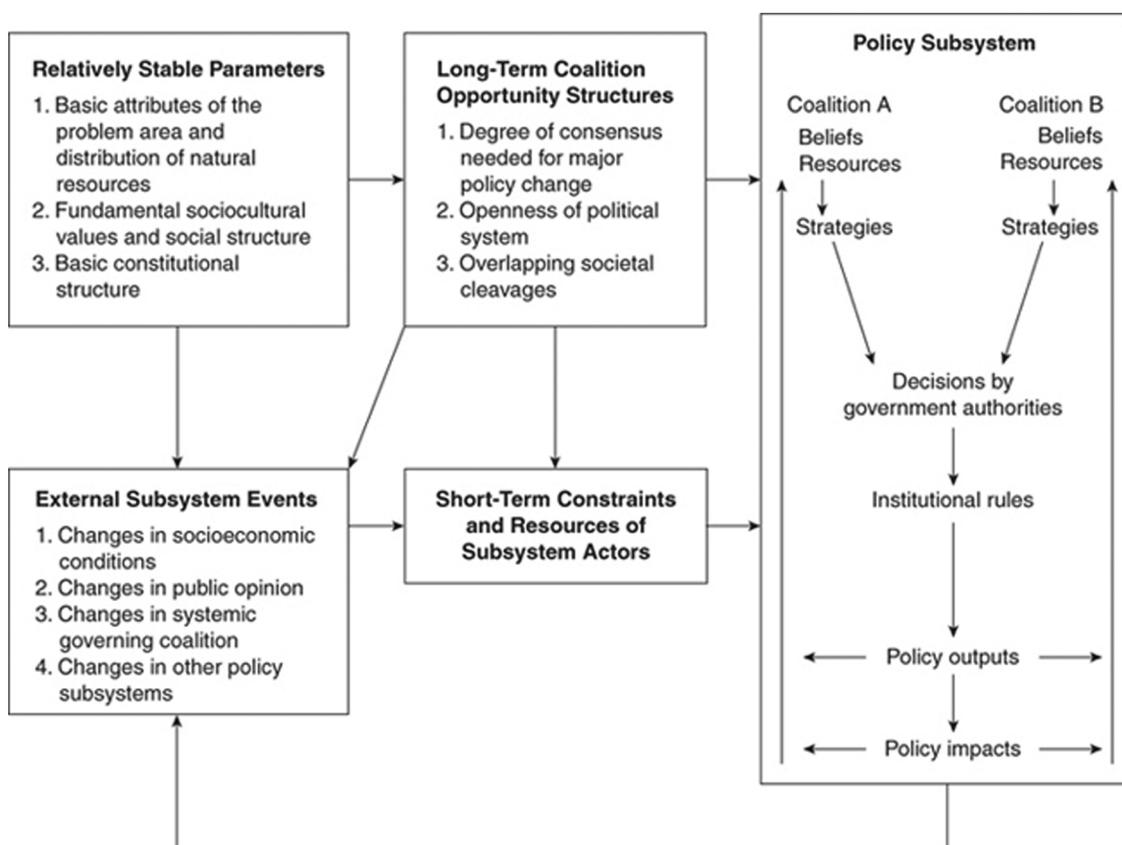


Fig. 1. Sabatier's advocacy coalition framework (2007) was used to structure and analyze the media analysis.

short and long-term also affect how narratives are constructed and framed to push political agendas forward. Lastly, each of the stakeholders has their own values and opinions and many engage in a battle between values and evidence to structure policy that serves their self-interests (Dunn, 1994; Sabatier, 2007). Policy stakeholders are grouped into coalitions based on their shared beliefs and the strategies used by these stakeholders to advance their narratives. These coalitions are used to analyze the policy sphere surrounding SISs (Sabatier, 2007). In the middle of any subsystem is the media, which frequently fails to report uncertainty, and instead focuses on making hard claims (Sabatier, 2007). For opioids, they tend to amplify the opinions of various actors in isolation, becoming a fundamental component of the claims-making and narrative formation process (Aronson, 1994). The more powerful and believable these narratives become, the more likely they will be taken on as fact when crafting policy (Roe, 1994). The conflicting claims made, and narratives constructed, by the various advocacy coalitions regarding SISs are explored within this theoretical context to elucidate the ever-changing narratives and contention surrounding the response to the opioid crisis in Ontario.

Advocacy coalition framework of the opioid policy system

An advocacy coalition framework is used to explore the actors, parameters, and events of a policy subsystem (Sabatier, 2007). The stable parameters of the subsystem provide the foundational attributes of the policy problem, the distribution of resources, the values of the actors, and the structure of the policy arena. We define the attributes of the policy problem, and its values in the following sections (Table 1). For context, we assume all stakeholders to hold equivalent resource strength in advocating a policy claim. Ontario is a unitary parliamentary democracy based in the Westminster system (Banting, 1987; Young & Leuprecht, 2004). The Ontario Legislative Assembly either supersedes

or co-shares power with the federal Parliament on matters of health, public safety, and land use control (Jackman, 2000; Palley, 1987; Smiley, 1971). However, the Supreme Court of Canada can overrule provincial and local-level actions (Jackman, 2010; Manfredi & Maioni, 2002). The policy problem in our case is how to respond to Ontario's opioid crisis within the limits of the policy subsystem. Fundamentally, any solution should significantly reduce the number of deaths from opioid-related overdoses. We view this problem as an ill-structured one (Dunn, 1994) given its many decision-makers, wide range of solutions, conflicts between the value systems of each actor, unknown outcomes, and incalculable probabilities of working or causing new policy problems to emerge.

Results

The Ontario opioid crisis policy subsystem provides the geographic and sociopolitical frame of reference for our analysis (Table 2). These values structure the subsequent claims-making by each actor about their preferred approach to the policy problem. The groups of actors described below may be a singular entity or a group of individual actors that generally hold similar coherent beliefs about the opioid crisis.

We propose that the Ontario opioid crisis policy subsystem is made up of three separate coalitions. The *SIS coalition* is composed of Liberal governments, medical professionals, and drug users. The *Law and Order coalition* is composed of the Progressive Conservative provincial government, and law enforcement. Local governments in Ontario can fall into either the *SIS* or *Law and Order* coalition depending on whether their elected municipal council supports or opposes SISs. The wide variety of local opinions regarding SISs prevents us from making a general classification. Local governments tend to align with, or directly oppose, the provincial government. For instance, the current mayor of London is a former cabinet minister of the Federal Conservative

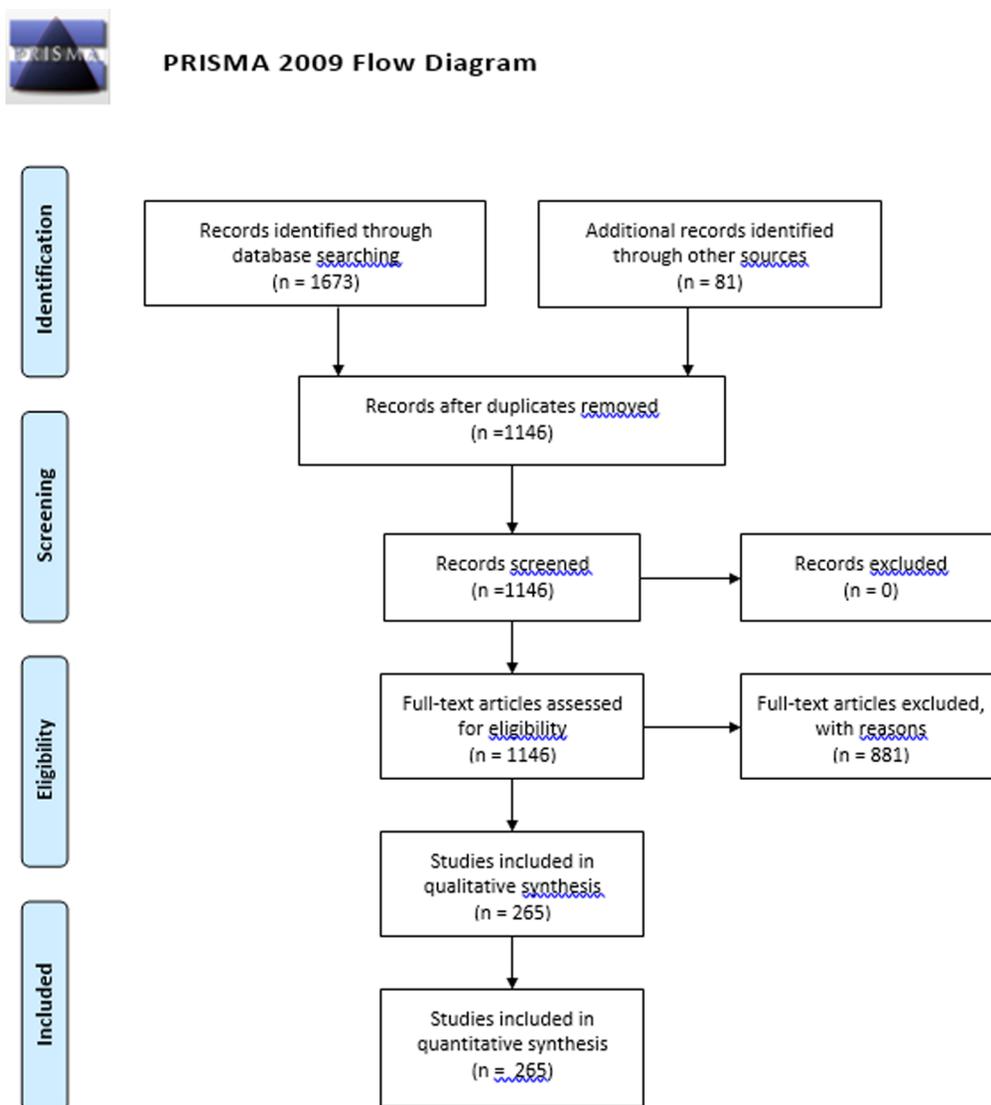


Fig. 2. PRISMA diagram outlines the search strategy used to undertake the media analysis.

government; thus tending towards opposition to the SIS model in his approach to local governance. The *Crisis coalition* is composed of the courts, media, and public.

We do not suggest that these coalitions act in a coordinated manner to achieve policy objectives, but rather hold similar values and make similar policy arguments. These coalitions are used to organize the policy arguments, providing an opportunity to draw implications for audiences about the politics of evidence, and subsequent resolutions of value-based conflicts, in crafting drug policy within multi-level democratic parliamentary systems of government.

SIS coalition

The SIS coalition broadly believes that the SIS model is an appropriate harm reduction response to the opioid crisis. Actors in this group use evidence that supports their desired approach, deploying compassionate and public appeals. Both the federal and provincial Liberal governments promote the use of SISs by playing to the politics of calamity. The former Liberal Premier when asked about SISs maintained her party's stance:

"I think that as a society we have to do everything we can to implement the policies like harm reduction that will save people's lives, will make communities safer and will allow people to be

functioning members of society" (Liberal Premier, [The Canadian Press, 2016](#)).

Although the Liberal party is no longer in power provincially, the federal Liberal government continues to advocate for SISs. Yet, the positioning of a federal Liberal government compared to a provincial Progressive Conservative government also naturally breeds a sense of dogmatic political gamesmanship between this coalition and the Law and Order coalition. For instance, in response to recent threats by the provincial Conservative government regarding closing Ontario's SISs, the Prime Minister directly questioned their ideological position:

"We know that the evidence is very clear: Safe-injection sites save lives. And the fact that the conservative government in Ontario and indeed conservative politicians across the country are putting vulnerable people at risk by shutting down consumption sites, really makes you wonder where their priorities are" (Prime Minister, [The Globe and Mail, 2019](#)).

Medical professionals who are entrenched in this public health crisis share the Liberal Government's view of SISs. While there is still some uncertainty regarding the safety of SISs for staff and users ([Christie et al., 2004](#); [Clarke, 2003](#)), the majority of the community assumes the precautionary principle ([Trinh, 2018](#)). A SIS employee described the sites as benefiting the entire community:

Table 1
Policy Sub-System's Beliefs, Values, and Actions

Actor	Political Entities	Responsibilities	Beliefs and Values	Actions	Coalition
Federal government	Liberal (Chretien) 1993-2003 Liberal (Martin) 2003-2006 Liberal (Trudeau) 2015- Present Progressive Conservative (Harper) 2006-2015	This level of government has exclusive authority over criminal matters and coordinating authority over health and public safety with the provinces. It also has the power to declare issues of "national interest" which usurps the traditional authority of the provinces.	The Liberal federal government believes those addicted must be helped and should have an opportunity to recover. This government believes that addiction is a disease which people should have the opportunity to recover from and is committed to helping people do so. The Conservative federal government believes that the drug epidemic is a moral failure.	SIS have been in the past, and are currently, wholeheartedly endorsed by the federal Liberal government. This branch of government has removed and/or reduced many barriers to SIS enactment to increase access. The Conservative federal government created as many barriers as possible to decrease support and funding for SIS. They cited a lack of evidence and endangerment of the community as reasons to withhold exemptions from the law needed to expand sites.	Liberal federal government - SIS Coalition
Provincial government	Progressive Conservative (Harris / Eves) 1995-2003 Progressive Conservative (Ford) 2018-Present	The provincial level of government has generally exclusive authority over education, health, and public safety. It is responsible for the enforcement of criminal laws set out by the federal level, often delegating this enforcement to the local level.	The Ontario Provincial PC government has publicly labelled SIS as abominations which enable people and increase drug use. They believe that addiction is a moral failing which should not be supported by the government. If SIS are enacted, treatment and rehabilitation should be mandatory for all drug users. The government has stated many times that further scientific evidence is needed to prove the efficacy and safety of SIS. The Ontario Provincial Liberal government believes that SIS prevent overdoses, decrease the spread of disease, and are a step forward in fighting the opioid epidemic. They believed that SIS prevent overdoses, decrease the spread of disease, and are a step forward in fighting the opioid epidemic.	The Ontario Provincial PC government has declined approval for new sites and capped the number of SIS in Ontario at 21, leaving cities in need without SIS. They also have implemented a new framework for sites with additional requirements such as foot wash stations and a push towards mandatory treatment for drug users.	Progressive Conservative provincial government-Law and Order Coalition
Medical Professionals	Ontario Public Health Association Ontario Medical Association College of Nurses of Ontario Ontario College of Social Workers and Social Services Ontario Paramedic Association Ontario Professional Fire Fighters Association	Medical professionals include doctors, nurses, public health practitioners, social workers, and non-police emergency first responders. These groups are all regulated and certified by provincial entities in Ontario.	Medical professionals view addiction as a disease not a criminal issue. As such, it should be managed with harm reduction and part of a continuum of care along with housing, access to food and healthcare. Medical professionals are of the opinion that drug use will continue with, or without, SIS. SIS are more conducive to over-all health than the measures that those who use drugs would resort to without a SIS to turn to.	The Ontario Provincial Liberal government was supportive of SIS and wished to expand the quantity of sites and their reach. Some medical professionals have set up pop-up sites in public areas in which drug users are frequently seen. Despite operating outside of the law, medical professionals continue to operate these sites.	Liberal provincial government - SIS Coalition

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Table 1 (continued)

Actor	Political Entities	Responsibilities	Beliefs and Values	Actions	Coalition
Drug Users		These are people who use opioids. They often received a legal prescription as part of a pain management regime, and then entered a cycle of addiction. They likely receive their opioids from private drug dealers or illegal prescription drug sources.	Drug users expressed the desire to overcome their addiction and seek help, however, they need SIS to keep them alive long enough to work towards recovery. Users worry about contracting blood-borne infections without a SIS to provide clean needles.	Many users have sought care and treatment in the past year and value SIS as a point of entry into recovery.	SIS Coalition
Law Enforcement	Ontario Provincial Police Ontario Association of Chiefs of Police	Law enforcement in Ontario is handled by the Ontario Provincial Police, or where established, a local police force. These entities are responsible for enforcing all federal, provincial, and local laws.	Law enforcement officers are generally opposed to SIS. They cite their experience in the field as contradicting with scientific evidence. Officers, in their experience, have not seen people who use drugs escape addiction and enter treatment and many officers believe it is not possible. SIS are seen as enabling illegal behaviour, sending mixed messages to youth, increasing criminal behaviour and being ineffective at decreasing suicide and addiction.	N/A	Law and Order Coalition
Local governments	Local governments in Ontario are officially non-partisan but have members that are affiliated with conservative, centrist, and progressive political parties at the provincial and federal levels.	Local governments in Ontario are made up of directly elected councillors. They have no powers beyond those provided for by the provincial legislature.	Local governments within Ontario vary in their beliefs regarding SIS. Some have seen at a local level the impacts of the opioid crisis and have come to support SIS. As an example, the current Mayor of Toronto, who was formerly skeptical of and firmly against SIS, is now a strong supporter. On the other hand, local Liberal governments such as in Ottawa, continue to stand against SIS and advocate that funding go towards other measures to help those struggling with addiction. The court unanimously believes that harm reduction is a principle of fundamental justice that must be upheld. They believe that SIS save lives and do not have a negative impact on the communities they are in.	Local governments in support of SIS have submitted proposals to set up SIS in their cities.	Law and Order Coalition or SIS Coalition (depending on which way the provincial government leans)
The Courts	Canadian Supreme Court Chief Justices: Lamar (Conservative), 1990-2000 McLachlin (Liberal), 2000-2017 Wagner (Liberal), 2017-Present Ontario Court of Appeal Chief Justices: Dubin (NDP), 1990-1996 McMurty (PC), 1996-2007 Winkler (Liberal), 2007-2013 Strathy (Liberal), 2014-Present	In Ontario, the court system is composed of the Ontario Court of Justice, the Superior Court of Justice, and the Ontario Court of Appeal. From the provincial court of Appeal, cases may be appealed to the Supreme Court of Canada. Decisions of the Supreme Court of Canada are final judgements. Of note, a decision of this Court pertaining to particular sections of the Charter may be overridden by a provincial or federal Act.		The Supreme Court of Canada ruled that SIS protect the life, liberty, and security of people who use drugs.	Crisis Coalition

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Table 1 (continued)

Actor	Political Entities	Responsibilities	Beliefs and Values	Actions	Coalition
The Media	Canadian media is privately owned and funded, except for the Canadian Broadcasting Corporation which is an arms-length crown corporation supported by the federal government.	The media in Ontario is composed of a wide-range of print and broadcast news services that span the political spectrum. These entities include the CBC, CTV, City, Global, The Globe and Mail, Newcap Broadcasting, Rogers Communications, Corus Entertainment, Bell Media, TorStar Media, and PostMedia. They interview and amplify the claims of governments, members of the public, and other actors.	The media often uses a rhetoric of loss, calamity and endangerment to create moral panic and opposition from the public. The media uses strong claims to influence the public. The media often uses a rhetoric of loss, calamity and endangerment to create moral panic and opposition from the public. The media uses strong claims to influence the public, often negatively in regard to SISs.	The media has published claims both supporting and condemning SIS. They use hard claims which are presented as widespread consensus, to advance their narrative and deliver inconsistent information. There have been numerous instances of articles which use the same themes to make conflicting claims. Inconsistent reports in the news create a discrepancy between scientific evidence and public opinion.	Crisis Coalition
The Public	Members of the public can incorporate non-profit and charitable organizations, but there is no official recognition of ratepayer or homeowner association groups by any level of government.	This group includes members of the public, including their neighbourhood associations and other interest groups that have been formed in response to the crisis.	Public opinion is influenced by many competing claims from various stakeholders. As a result, public opinion is mixed. Many community members worry that SIS promote drug use and increase crime by providing an area for drug trafficking. They are also concerned that SIS damage communities and businesses and as a community, they lack knowledge about, and control over, what is going on within these sites. Many members of the public view addiction as a self-inflicted disease resulting from poor decision making. Those who struggle with addiction should do so without public support and funding which could be directed to other community initiatives. There is a proportion of the public that supports SIS, however, they mostly subscribe to a NIMBY mentality and prefer that they be located away from their community.	N/A	Crisis Coalition

Table 1 – the responsibilities, beliefs and values, and actions of policy actors belonging to various coalitions are compared based on how they have spoken about SIS policy and the policy changes they have advocated for.

Table 2
Summary of Application of ACF to Ontario SIS Response (Based on Weible & Sabatier, 2006)

ACF Component	Ontario Supervised Injection Sites
Relatively Stable Parameters	Opioid and other narcotic use
Basic attributes of the problem	Disagreement on response to overdoses from use
Basic distribution of resources	Social values, public safety, and property values
Fundamental socio-cultural values	Westminster system with overlapping jurisdictions and funding from three-tiers of government (federal, provincial, and local)
Basic constitutional structure	
Policy Subsystem	Ontario
Geographic scope	Drug policy
Policy scope	Government of Canada, Supreme Court of Canada, Liberal Party of Canada, Conservative Party of Canada, Government of Ontario, Ontario Liberal Party, Progressive Conservative Party of Ontario, Ontario Courts of Justice, Medical professionals, Drug users, Local police agencies, Local and national media outlets, and Members of the public
Policy participants	Neoliberal government values
Belief Systems	Personal responsibility and social contract
Core Policy Values	Specific policy levers (police, courts, medical intervention, addiction treatment, supervised injection) that can be leveraged to address overdoses
Core Policy Beliefs	
Secondary Beliefs	SIS vs. Law and Order vs. Crisis
Advocacy Coalitions	Supreme Court of Canada 2015 decision has mandated a government-led policy and program response to the opioid crisis
Policy Broker	Technical information, Provincial legislative seats, Local government council seats
Resources	Federal and provincial courts, Provincial legislature, Local government decisions, Program delivery by emergency services
Venues	Recognition by medical professionals, law enforcement, courts, and media of opioid crisis
Mechanisms of Policy Change	Power shift from Liberal to Progressive Conservative provincial government
Accumulation of Evidence	Supreme Court of Canada 2015 decision
Policy Stalemate	
External Shocks	

“these sites are important because they save lives, and because we're not dealing with the lives of just a particular person, we're dealing with a particular person who has a mother, a father, siblings, friends, colleagues. It's the community that's benefitting. It's not just the one person” (Outreach Worker, [The Montreal Gazette, 2018](#)).

This issue for medical professionals is simple, further explained by another physician in Ontario as, “the opioid overdose crisis here in our city is the defining health crisis of our time. These [SISs] are life-saving services. There is clearly a need.” ([Flare, 2019](#)).

Local governments who support SISs are often those who face high rates of opioid overdose. The city of Toronto's mayor for instance used to be firmly against SISs. However, after seeing how the opioid crisis has impacted Toronto, when compared to the benefits of SISs, he reversed cause and now advocates for increasing the number of sites in Toronto ([National Post, 2018a](#)). The other members of this coalition are drug users themselves, the actors whom harm reduction approaches may benefit most. They expressed frustration that evidence-based studies are not able to change all of the minds involved in policy making. They are looking for a chance to be kept alive with the hope of turning their lives around (Drug User, [Shots, 2018](#)). In the comment below a drug user described dangers that could be avoided with a SIS:

“across the street, that alleyway there, a guy ODeD and was passed out in the snow and was run over by a dump truck, these stories occur all the time, over and over again... You are running around, hiding in corners. You don't want anyone to see you” (Drug User, [The Globe and Mail, 2016](#)).

For the various actors who make up this coalition, there is little contention - SISs save lives and are needed in many of Ontario's communities.

Law and order coalition

The Law and Order coalition has consistently reacted negatively towards the SIS model. Alternatives suggested by this coalition have included addressing drug-related crime and directing drug users towards intensive addiction treatment services. These actors tend to assume reactionary stances towards proposals of the SIS and Crisis coalitions, either making arguments of authority or playing into the politics of fear when convenient to their objectives.

The previous federal Conservative government strongly opposed SISs in Canada. The endorsement of SIS legislation by the federal Liberal government allowed the first SIS to open in 2003 and plans to expand the site to other provinces were in place. However, once the federal Conservative government took power in 2006, they increased barriers to opening any new sites. These barriers were imposed based on claims that SISs were a route for “the entire drug trade into that community” ([The Globe and Mail, 2015](#)). Hence, the government instituted Bill C-2 which stopped further sites from opening unless those sites met 26 difficult conditions ([Kerr et al., 2017](#)). Since assuming office in 2018, the provincial Conservative government has become a vocal member of this coalition. The Premier recently stated that he is “dead against the idea [of SISs]” ([The National Post, 2018b](#)). He further downplayed the services and benefits offered at a SIS by indicating that:

“I ask anyone out there: if your son, daughter or loved one ever had an addiction, would you want them to go in a little area and do more drugs?” (Conservative Premier, [The National Post, 2018a](#)).

The Provincial Conservative government has continued to cite the need for further evidence as reasons for not supporting the SIS model. However, a recently commissioned report by this Conservative government concluded:

“safe injection sites prevent fatal overdoses on their premises with roughly 100 per cent efficiency amidst a horrifying nationwide epidemic of overdose deaths; they work really, really well” (Ontario Minister of Health and Long-term Care, [The National Post, 2018b](#)).

Despite this finding, and numerous others, which conclude the utility and efficacy of SISs, this government continues to issue calls for more evidence to inform the policy process. Likewise, law enforcement considers harm reduction to be an ineffective approach. They view the SIS model as a catalyst for, and enabler of, other illegal activities. A study by [Watson et al. \(2012\)](#) captured the police chief of Ontario's largest city as saying:

“the ambiguous messaging that comes from a society that says you can't use these drugs, they're against the law, but if you do, we'll provide you a place to do it in. The ambiguity of that, it's a little bit problematic when you're trying to explain to young people about the consequences of illegal drug use. And we are interested in trying to discourage them from that”.

Other police leaders went as far as to ignore widespread evidence regarding SIS effectiveness and publicly claim that these establishments threaten public safety:

“no one has proved to me that safe injection sites have reduced criminal activity, prevented more addictions or suicides, I haven't seen such data, but may be wrong on that” (Police Chief, *Windsor Star*, 2018b).

Many local governments, such as the Ottawa Conservative-aligned municipal government, continue to oppose SISs despite the broad evidence. The mayor of Ottawa, along with many other local leaders in Ontario, are of the opinion that healthcare spending should go towards increased drug rehabilitation programs rather than harm reduction (Chianello, 2017). Their desired approach is of a reactive rather than proactive nature. Together, the actors in this coalition display hostility to SIS legislation, and routinely create real and perceived barriers to cementing the SIS model in Ontario.

Crisis coalition

The Crisis coalition has deployed the politics of fear and calamity to drive a response to the opioid crisis. This coalition tends to amplify the beliefs and claims of the SIS or Law and Order coalition depending on their proximity to an existing or proposed SIS operation. The ruling of the Supreme Court of Canada in 2015 that blocked the Conservative government from closing the Vancouver SIS essentially mandated a government-led response to the opioid crisis. This ruling also transformed the crisis into a national public health issue. The media and public subsequently entered into a feedback loop of commentary, playing into a politics of crisis. Despite the public's recognition of the need for a strong response to the opioid crisis, the predominant narrative from most actors is not in my backyard-ism (NIMBY). Among many other examples, one member of a local neighbourhood group succinctly evoked the core tenant of reactionary localism: “it's a good idea if it's not in my neighborhood” (Strike et al., 2015). Most did not feel responsible for, or do not want to assume the perceived or actual risks of, a SIS-based response in their local community.

The media has been an influential member of this coalition. The findings of our analysis show the polarization of arguments made in print sources. Rather than presenting multiple perspectives, most news outlets tend to report a singular perspective in isolation, making a claim about the beliefs of the subject community. For example, 68.7% of media published arguments solely in favour of SIS and 18.5% against them. Only 12.8% of the analyzed sources presented multiple claims and counter-claims (Fig. 3).

From the media analysis, common themes emerged and the same theme was found to be framed differently depending on the coalition being represented (Table 3). Articles in favour of the SIS model had common themes in line with the actors from the SIS coalition such as: the approach saves lives, can prevent overdoses, decreases harm, can benefit entire communities by removing used needles and drug users from the streets, and can connect people to treatment. In contrast, reports about SIS opposition were consistent with actors in the Law and Order coalition including: SISs lead drug users to harm themselves, are not as effective at preventing overdoses as addiction treatment, tend to increase crime in the surrounding community thereby endangering the public at large, and prevent people from seeking treatment by enabling habitual drug use. Paradoxically, the same scientific evidence base is used by media sources to illustrate diametrically opposed claims about the SIS model. Media sources coded as positive used scientific evidence as reason to support SISs, noting scientific certainty as a logical defence of the model. At the same time, a number of media sources that were coded as negative also cited the same evidence as being uncertain, incomplete, and hence having little expert support for the SIS approach. The tendency of Ontario media outlets to isolate claims and counter-claims about the efficacy of the SIS model produces diverging narratives

that further polarize the SIS and Law and Order coalitions.

Discussion

The policy approach to the opioid crisis in Ontario has been the deployment of SISs in major urban areas since 2015. However, the Law and Order coalition and Crisis coalition have recently gained decision-making power in the policy landscape. Through our analysis, three predominant narratives emerge about Ontario's opioid crisis. First, members of the SIS coalition put forth a narrative of evidence that proves the SIS model reduces harm and protects the public. This coalition uses a narrative of endangerment from externalities to garner support. On the other hand, the narrative told by the Law and Order commission capitalizes on fear about drug use. They claim the SIS model leads to increased crime and social disorder. This narrative is becoming the predominant justification for blocking the SIS model, while advocating for a rehabilitation and treatment framework that evokes the global trend of “law and order” politics. Despite the ruling from the Supreme Court that removal of a SIS without an alternative plan would constitute a breach of Canadian human rights, the SIS coalition remains powerless to legally challenge the Law and Order coalition in this new-old war on drugs. The narrative of the Law and Order coalition is further reinforced by the conflicting media narratives about evidence, harm, and social disorder in relation to the SIS model.

The debate surrounding the opioid crisis in Ontario illustrates a classic debate in the drug policy field. Consistent with other substance abuse issues, the response in Ontario has taken on two dimensions. Those who call for a precautionary approach tend to address health and welfare problems from drug use at an individual level, while those who advocate for reactionary approaches tend to respond to drug problems at a system-wide level. Both these approaches are often first informed by attitudes, and then by evidence. The global “War on Drugs” suggests the power of these policy attitudes; when in the face of a lack of evidence, governments tend towards reactionary policies as effective responses. Unfortunately, when drug policy is informed by attitudes instead of evidence, the results are often unintended and have severe consequences that only amplify the problem (Morin et al., 2017). The Law and Order coalition argues that the policy surrounding SISs should be postponed until there is more evidence suggesting an advantage over reactionary approaches. The SIS coalition in contrast has argued that the SIS model is a fundamental precautionary approach to the opioid crisis as it immediately reduces harm. Meanwhile, the Crisis coalition, predominantly led by the courts, has deeply polarized the other coalitions to the point of dogmatic approaches to the crisis. Actors in the Crisis coalition routinely adopt NIMBY-based responses to the SIS model in their community. While many express support for a response to the opioid crisis, once a physical manifestation is proposed in their local area, they adopt a negative stance towards the SIS approach. These actors make claims that SIS operations in their neighbourhood will lower property values, increase crime, endanger children, and attract drug users from other areas. These responses illustrate the fundamental conflict between compassionate desires to resolve the crisis, and an individualistic desire not to assume the perceived and actual risks associated with the SIS model.

The SIS model is challenging to support from the perspective of law enforcement and the court system. There are numerous federal, provincial, and local laws that forbid the use of, distribution of, and provision of supporting materials for illicit substances like opioids in Canada. The SIS model in Ontario is an authorized contravention of many existing drug laws by the Supreme Court of Canada's decision and federal Cabinet directives. This approach places SIS operations in a legal grey area, with a confusing patchwork of funding, infrastructure, and restrictions on location. The courts and federal government have created a situation where no replacement of the SIS model would be an act in contravention of the Charter's guarantee of life, liberty, and security of the person. However, the provincial government's move to

TONALITY OF MEDIA SOURCES

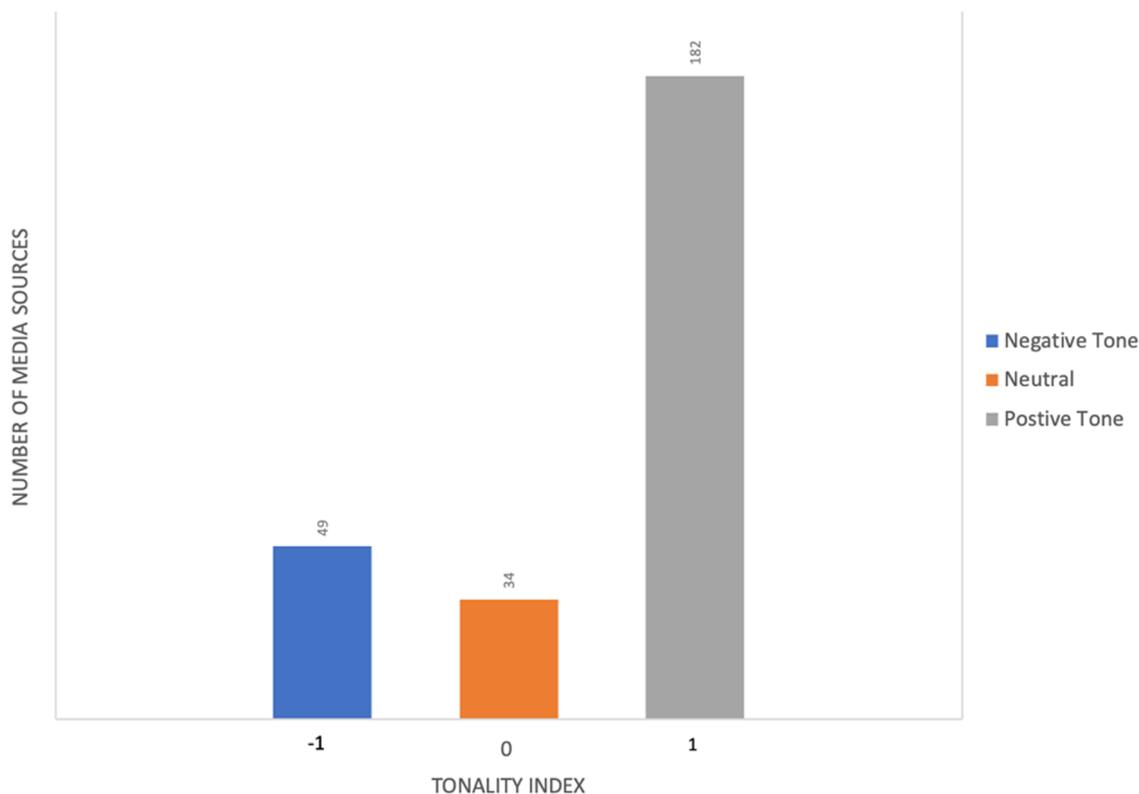


Fig. 3. Media sources on SIS are divided by negative (−1), neutral (0), and positive (1) tone. Each of the sources ($n = 265$) was coded based on the viewpoints represented in each article and the language used. Arguments made in favour of SIS were made in the majority of articles ($n = 182$), arguments made against SIS occurred far less ($n = 49$), and opinions from both the SIS and Law and Order coalition within the same article occurred in the minority of sources ($n = 34$).

withdraw funding and advocate for addiction treatment is a legally acceptable approach to the problem. As long as the Law and Order coalition can continue to provide an alternative to the SIS model, and not directly force their closure, they are not in contempt of the Court's ruling and Cabinet's directives. Should a legal conflict arise between the provincial and federal levels, the Charter contains a provision that would allow the Law and Order coalition to shut down SISs with no legal ramifications for five years. The province has already demonstrated that they could use s.33 to meet legal challenges head on, by modifying Toronto's City Council structure in late 2018 notwithstanding the basic rights and privileges contained in the Charter (Global News, 2018; Ministry of Municipal Affairs and Housing, 2018). This previous example leads us to conclude that the province, now led by the Progressive Conservatives, may be willing to use the notwithstanding clause as part of eliminating SIS operations, and negating any legal challenges by the SIS coalition.

Implications

There remain many opportunities for future research within the area of SISs and harm reduction. The long-term impacts of SISs on users and communities have yet to be fully studied due to the relatively recent implementation and spread of this harm reduction method. As the opioid crisis continues to cross borders and becomes as a global health issue, numerous countries worldwide have begun creating harm reduction policies and opening SISs (Ng, Sutherland, & Kolber, 2017; Lingle, 2013). Due to the impacts of local context and narratives surrounding policy making regarding SISs and harm reduction, similar studies to this one should be carried out in other provinces and

countries. These studies would elucidate the different advocacy coalitions which exist globally and how local contexts and policy subsystems affect SIS implementation. As well, women who are pregnant and people under the age of 18 who use drugs are barred from using SISs (Potier et al., 2014). The impact of SISs on vulnerable and underserved populations such as these require further investigation. Lastly, the Ontario Provincial government has begun instituting changes to SIS legislation in 2019, which should be measured and evaluated. The government has begun to rebrand SISs as Consumption and Treatment Sites and has changed their mandate to focus less on overdose prevention and more on connecting users to treatment and rehabilitation services (Toronto Sun, 2018). How this change in branding and mandate, produced by policy narratives, will affect users and the communities in which they are in and efficacy in fighting the opioid epidemic should be investigated.

Our examination of Ontario's approach to the SIS model as a response to the opioid crisis has three major implications for global drug policy research, policy, and practice. First, it appears evidence has become an ineffective tool for policy argumentation. Scientific evidence increasingly does not stand in the face of the political polarization, NIMBY-ism dogma, and socio-cultural values. Rather, evidence must now be molded into the attitudes that inform drug policy development. The external shock on the policy subsystem of the Supreme Court of Canada's 2015 decision about the Vancouver SIS has led to the current policy debates in Ontario. No response is not an option in this case, thus necessitating each coalition to constantly negotiate their secondary beliefs (the government policy and program response to the opioid crisis) rather than core policy beliefs about drug users and the presence of a crisis.

Table 3
 Reoccurring themes from the media analysis are compared based on how they are represented in negative, neutral, and positive media reports and newspaper articles. The same themes are represented in contradictory ways leading to public confusion. Neutral research and media reports which present themes from both points of view and unbiasedly are hard for the public to find.

Theme	Presentation in negative articles	Presentation in neutral articles	Presentation in positive articles	No. of negative articles	No. of neutral articles	No. of positive articles
Illegal drug use	SIS support illegal drug use and encourage people to participate in illegal activities without allow the police to exercise enforcement.	Both sides are represented.	While drugs are illegal, SIS should view drug use as a health problem not a criminal one. Decriminalization of drugs is also discussed.	11	7	11
Enabling drug users & increased use	Drug users will not stop using drugs if they are given a place and supplies to use them in. They will never enter treatment because they do not have a reason to. SIS allow drug users to use drugs more frequently.	Both sides are represented.	SIS do not enable drug users, people do not want to be addicted to drugs. SIS lead them to treatment which decreased drug use and reduces harm to drug users and communities.	18	6	9
Overdoses/deaths	SIS do not decrease deaths and overdoses as profoundly as researchers say, in some case they increase deaths because they prolong drug use.	Both sides are represented.	Widespread evidence has proven that SIS prevent overdoses, are able to reverse them when they occur, prevent deaths, and save lives.	3	16	81
Crime and drug trafficking	Evidence has shown that SIS draw drug users, criminals, and drug traffickers into neighbourhoods and create hotspots for them to congregate in as well as public disorder.	Both sides are represented.	Evidence has shown that SIS decrease crime and drug trafficking in neighbourhoods.	3	8	13
Endangerment of police officers	Police Officers are endangered when dealing with the users of SIS who are on drugs and they can do little in terms of enforcement within these facilities. Police officers do not support SIS and want to focus on enforcement.	Both sides are represented.	SIS protect Police Officers by helping to prevent them from being exposed to HIV in their work. Police officers believe SIS save lives and support their enactment.	2	3	9
Treatment/rehabilitation	SIS prolong drug use instead of making people to enter treatment and get help. Government funding should be used for increasing resources for rehabilitation.	Both sides are represented.	There is evidence that SIS lead people to treatment. They are part of a 4-pillar approach that bring people in the door and connect them to the resources they need to get clean.	3	7	45
Mixed messages about drug use acceptability	SIS condone drug use and illegal behaviour. SIS send mixed messages to society and youth about whether it is acceptable to use drugs.	N/A	SIS send a message of compassion and humanitarianism to those who struggle with addiction.	4	0	2
Scientific evidence	SIS scientific evidence is mixed, there is too little of it, and more is needed. SIS are not as effectiveness as is thought and creating SIS goes against evidence about their ineffectiveness.	Both sides are represented.	Scientific evidence is abundantly clear – SIS save lives, are cost-effective, and reduce harm to users and communities.	9	8	49
Politics	N/A	Both sides are represented.	Politicians are contradicting science. Politics should not play a role in SIS policy. This is a health issue not a political one.	3	10	37
Community safety, NIMBY, location	SIS increase the prevalence of needles found in communities as well as drug users and put community members at increased risk of being exposed to a blood-borne infection. Sites should be located away from schools, children, and public areas to protect the public. SIS destroy and endanger communities. SIS cannot be located in their neighbourhoods because of the people they bring in and the needles they leave throughout. Residents do not want SIS in their neighbourhoods.	Both sides are represented.	SIS decrease the prevalence of needles found in communities and give users a safe place off the streets to use drugs, therefore, decreasing public exposure. Sites should be located within walking distance of where users live so they will be able to access and use them.	14	14	36
Consultation	Communities are not consulted with before SIS are enacted in their communities, more consultation is needed.	Both sides are represented.	Community consultation is done in depth and these communities are supportive.	4	0	8
Economic concerns	Sites should be spaced out so there is not a duplication of services. Government funding should go to rehabilitation and treatment, not SIS. Taxpayers do not want their taxes to go towards enabling drug users.	Both sides are represented.	SIS reduce acute care and emergency room visits, relieving pressure off of an overextended financially healthcare system.	8	6	31
Harm reduction	Referred to as hard addition, there is no safe use of drugs. Doubts about whether or not harm reduction really works.	Both sides are represented.	Harm reduction prevents blood-borne illnesses from being contracted and overdoses from occurring. SIS keep people alive long enough to help them seek treatment.	5	17	97

(continued on next page)

Table 3 (continued)

Theme	Presentation in negative articles	Presentation in neutral articles	Presentation in positive articles	No. of negative articles	No. of neutral articles	No. of positive articles
Addiction	Addiction should be treated as a criminal issue.	Both views on addiction are represented.	Addiction should be treated as a public health issue.	1	3	3
Other countries & provinces	SIS in Vancouver and other countries around the world are not as successful as researchers say they are. Countries which have SIS are in the minority compared to those who do not.	Both sides are represented.	Harm reduction models and SIS of Vancouver and other provinces have been successful at battling the opioid crisis and should be replicated and expanded.	5	10	24
Government funding cuts and caps*	Funding cuts and caps are necessary to avoid duplicating services and conserve over-extended resources.	Both sides are represented.	Government funding cuts to SIS will result in deaths and illness, these cuts are wrong and based on ideology not evidence.	1	3	10

* As the government in power changed over time the media responses also changed.

Second, the Ontario case has demonstrated the value of situations where any response to a drug crisis becomes better than no response. While governing coalitions shift, all actors continue to identify a need to respond to the opioid crisis. The SIS model may not be the most appropriate for other jurisdictions, however, the formation of a political (and legal) reality by the courts that makes ignoring the crisis of substance abuse and addiction impossible is a powerful lesson for other legislators, policymakers and practitioners around the globe. Finally, Ontario's narratives around drug policy are ever-changing depending on the leanings of the actors in the policy subsystem and seemingly have no end in sight. While SISs may not last in Ontario, the process of a democratic policy debate with stopgap measures (such as the SIS model) is a historically improved approach to drug policy.

CRedit authorship contribution statement

Bianca R Ziegler: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Visualization, Writing - original draft, Writing - review & editing. **Alexander JD Wray:** Data curation, Formal analysis, Investigation, Methodology, Visualization, Writing - original draft, Writing - review & editing. **Isaac Luginaah:** Conceptualization, Formal analysis, Methodology, Project administration, Supervision, Validation, Writing - original draft, Writing - review & editing.

Declaration of Competing Interest

The authors have no real or perceived conflicts of interest to declare.

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