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Understanding the Policy Context and Conditions Necessary for the Establishment of Supervised Consumption Sites in Canada: A Comparative Analysis of Alberta and Manitoba

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Abstract

The establishment of supervised consumption sites (SCS) is one policy approach used to address Canada's growing, national opioid epidemic. Despite the abundance of evidence which demonstrates the numerous public health benefits gained from the existence of SCS, only five of ten Canadian provinces have established SCS. Using Alberta and Manitoba as comparators, the paper seeks to explain the difference in policy outcomes. The paper begins with a brief overview of the history of harm reduction policy in Canada and establishes what the goals of the Alberta and Manitoba governments were in their respective policy approaches to respond to the opioid epidemic. Using John Kingdon's Multiple Streams Framework, this paper compares the political and policy contexts of Alberta and Manitoba to determine what factors have contributed to the divergence in policy outcomes, whereby Alberta has established SCS while Manitoba has not. The comparative analysis reveals that the framing of the opioid epidemic as a public health matter, the alignment of the establishment of SCS with the provincial government's values, and political will are all necessary conditions for the establishment of SCS. This paper concludes by discussing the implications of these results for the establishment of SCS in other Canadian provinces.

Ouvrir des sites de consommation supervisée (SCS) est une approche utilisée pour affronter l'épidémie nationale croissante d'opioïdes au Canada. En dépit de l'abondance d'évidence démontrant les bénéfices pour la santé publique de ces SCS, seuls cinq des dix provinces canadiennes en ont établis. En utilisant l'Alberta et le Manitoba comme comparateurs, cet article cherche à expliquer les différences de politiques. L'article commence par présenter brièvement l'histoire de la politique de réduction des dommages au Canada et montre quels buts les gouvernements de l'Alberta et du Manitoba s'étaient assignés dans leurs approches politiques respectives pour répondre à l'épidémie des opioïdes. Suivant le schéma des courants multiples de John Kingdon, cet article compare les contextes politiques et les processus de prise de décision politique en Alberta et au Manitoba afin de déterminer quels facteurs ont contribué à la divergence des politiques mises en place, à savoir que l'Alberta a établi des SCS, mais pas le Manitoba. L'analyse comparative révèle que positionner l'épidémie d'opioïdes comme un problème de santé publique compte, et que l'alignement de la mise en place de SCS avec les valeurs du gouvernement provincial, ainsi que la volonté politique sont des conditions nécessaires pour la mise en place de SCS. Cet article conclue en discutant les conséquences de ces observations pour la mise en place de SCS dans les autres provinces canadiennes.

Key Messages

- Supervised consumption sites have been proven to have numerous public health benefits. Despite this, only five of ten Canadian provinces have chosen to establish supervised consumption sites as a means to address Canada's growing opioid epidemic.
- This comparative analysis finds that the framing of the opioid crisis as a public health issue helps to explain why Alberta has introduced supervised consumption sites, but Manitoba has not.

Messages-clés

- *Les sites de consommation supervisée ont fait leur preuve en bénéfices de santé publique. Malgré cela, seules cinq provinces canadiennes sur dix en ont établi aux fins de lutter contre l'épidémie d'opioïdes.*
- *Cette analyse comparative montre que le positionnement de l'épidémie en crise de santé publique aide à comprendre pourquoi l'Alberta a ouver des sites de consommation superviseé, mais pas le Manitoba.*

1 BRIEF DESCRIPTION OF THE HEALTH POLICY REFORMS

Canada has been facing a rapidly growing opioid epidemic (Health Canada 2017; Special Advisory Committee on the Epidemic of Opioid Overdose 2018). In 2018, an average of 12 Canadians per day died as a result of opioid overdoses, up from eight deaths per day in 2016, and opioid-related fatalities became the leading cause of death in males aged 30-39 in 2017 (Government of Canada 2019a). In response to this epidemic, the federal and provincial governments have introduced a range of policy programs, with some variation in approaches taken across the country. One such approach is the establishment of supervised consumption sites (SCS)[1], "locations where people can bring their own illicit substances to consume under hygienic conditions with the supervision of trained workers" (Government of Canada 2018). Extensive research has shown that SCS reduce the risk of overdose and spread of disease among people who use drugs (PWUD), and additionally provide site users with greater access to health and social services, thus improving the overall health and well-being of PWUD (Dolan *et al.* 2000; Eggertson 2013; Kaplan 2018; Kerr *et al.* 2006a; 2006b; Potier *et al.* 2014; Kennedy *et al.* 2017; Wood *et al.* 2004; 2007).

British Columbia was the first province to introduce a SCS in 2003. Shortly after its establishment, it was granted a legal exemption under the federal *Controlled Drugs and Substances Act*, which legally permitted it to operate. In 2017, the Government of Canada took a major step and amended existing legislation to make it easier for facilities to apply for permission to operate SCS (Tsang 2020; Davidson 2020). Despite the passing of this law, only five of ten provinces account for all SCS across Canada.[2]

Considering the nationwide opioid epidemic and the wealth of scientific evidence demonstrating that SCS are an effective harm reduction policy, this paper is concerned with understanding why some provinces have established SCS while others have not. Specifically, this paper seeks to answer the question, "What factors have contributed to the divergence in policy outcomes, whereby Alberta has introduced SCS and Manitoba has not?" The paper begins with a brief history of the establishment of SCS in Canada and an overview of the current policies in each province. We then offer a justification for the use of Alberta and Manitoba as comparators. Using John Kingdon's Multiple Streams Framework (MSF) (Kingdon and Thurber 2011), we find that the characterization of the opioid epidemic as a public health issue, political will, and the alignment of the establishment of SCS with

[1]Though the Government of Alberta uses the term "supervised consumption services," in this paper, we use the term "supervised consumption sites" as it is the term used by the Government of Canada. Moreover, supervised consumption services sometimes refer to a wider range of services including, but not limited to, overdose prevention sites, which must undergo a different federal process than supervised consumption sites in order to operate.

[2]The first SCS in each of the five provinces were opened on 21 September 2003 in Vancouver, British Columbia; 27 October 2017 in Calgary, Alberta; 18 August 2017 in Toronto, Ontario; 1 June 2018 in Montreal, Québec; and 31 July 2019 in Saskatoon, Saskatchewan (Government of Canada 2019b). These numbers are accurate as of 1 February 2020.

the provincial government's values appear to be necessary for the establishment of SCS to reach the provincial decision agenda.

2 HISTORY AND CONTEXT OF THE POLICY REFORMS AT THE FEDERAL AND PROVINCIAL LEVELS

In 2003, Insite, the first legally-sanctioned supervised injection facility in North America, opened its doors in Vancouver, British Columbia (Kerr *et al.* 2017). The site was permitted to operate after it was granted a federal exemption under section 56.1 of the *Controlled Drugs and Substances Act* (Dooling and Rachlis 2010). However, in 2006, the newly elected Conservative Party of Canada resolved not to extend Insite's federal exemption beyond its pre-set expiration date (Dooling and Rachlis 2010). Insite filed a legal challenge and the case was eventually appealed up to the Supreme Court of Canada (SCC). In an unanimous 9-0 ruling in 2011, the SCC found that barring the continued operation of Insite violated one's Charter right to security of the person (Small 2012; Tsang 2020). In its ruling, the SCC stated, "Where, as here, a supervised injection site will decrease the risk of death and disease, and there is little or no evidence that it will have a negative impact on public safety, the Minister should generally grant an exemption" (*Canada (Attorney General) v. PHS Community Services Society* 2011). The Court, however, did not agree with the argument that, based on the division of powers, SCS fall within the sole jurisdiction of the province (*Canada (Attorney General) v. PHS Community Services Society* 2011). Despite critiques that the Supreme Court ruling allowed for less permanence of SCS than the rulings of both the trial judge and the BC Supreme Court of Appeal (Roach 2012, 238), the ruling nonetheless guaranteed the continued operation of Insite and increased the ease with which other regions across the country could establish their own SCS. Medical anthropologist Dan Small notes, "[t]he decision clears the ground for other jurisdictions in Canada... to implement supervised injection and harm reduction where it is epidemiologically indicated" (2012, 1).

However, in 2015, in response to the Supreme Court ruling, the Conservative-led Government of Canada introduced Bill C-2, the *Respect for Communities Act* (Canadian Parliament 2013), which imposed 26 onerous criteria that sites were obligated to adhere to in order to be considered for federal exemption. Many harm reduction advocates decried the legislation for making it exceptionally difficult to open new SCS and for requiring existing sites to re-apply for the exemption annually (Woo 2015; Kerr *et al.* 2017). It was not until after the Liberal Party formed the government in 2015 that another SCS application was approved. The major reform that fueled an increase in the number of SCS across Canada was the introduction of Bill C-37, *An Act to amend the Controlled Drugs and Substances Act and to make related amendments to other Acts* (Bill C-37) in 2017. This Bill reduced the number of criteria that sites needed to meet in order to be granted a federal exemption from 26 to five, which decreased the administrative burden and significantly accelerated the

application timeline (Zimonjic 2016; Tsang 2020). Since this Bill was passed, 49 SCS have been granted federal exemptions to operate (Government of Canada 2019b).[3]

Although the process of applying for an exemption has been made easier through federal legislation, the decision context surrounding the establishment of SCS is nevertheless still complex. SCS require multi-jurisdictional cooperation in order to open and operate (Bernstein and Bennet 2013). Thus, the establishment and operation of SCS poses a substantial federalism challenge. Whereas the realm of criminal justice is controlled by the federal government, healthcare is administered by the provinces. Consequently, beyond needing to satisfy the criteria required to receive a federal exemption, support from the province in the form of funding is, in most cases, a decisive feature necessary for the establishment of SCS. Furthermore, through the use of zoning laws, municipal governments are also able to prevent SCS from being established within their city limits (Bernstein and Bennet 2013). Thus, in order for a SCS to be opened, whether by a non-profit or a health authority, all three levels of government must not oppose its operation. Despite all Canadian provinces facing similar challenges, just five of the ten Canadian provinces have filed SCS applications.

Alberta and Manitoba are suitable comparators because while Alberta now has six operating SCS, Manitoba has not demonstrated any policy or legislative efforts to establish a SCS (Keele 2018). Moreover, numerous media reports have focused on the unwillingness of Manitoban politicians to consider establishing one (Malone 2018a). The dependent variable of interest, the establishment of SCS, varies between the two jurisdictions. Thus, by contrasting Alberta with Manitoba, we are able to focus on potential distinctions that result in the diverging policy outcomes in the two provinces. Alberta and Manitoba make for suitable comparators because neither of the provinces had SCS prior to the passing of Bill C-37. If one of the provinces had a SCS prior to the passing of Bill C-37, it would be easier to attribute the difference in outcome to policy path dependency.

There are, however, some notable differences between the rates of opioid-related deaths and general context of illicit drug use in Alberta and Manitoba. In Alberta, the rate of opioid-related deaths increased at a much higher rate than in Manitoba. Additionally, the sharp rise in opioid-related deaths in Alberta predates the rise of opioid-related deaths in Manitoba. Opioid-related deaths began increasing sharply in 2014 in Alberta[4] (Government of Alberta 2020). By contrast, a surveillance system to track opioid misuse and overdose was first established in Manitoba in 2017 (Government of Manitoba 2018). Another notable difference between the contexts of illicit drug use in Alberta and Manitoba is that in addition to opioid-related harms, methamphetamine use has also been on the rise in Manitoba (Government of Manitoba 2020). The prevalence of problem methamphetamine use has garnered more public and media attention than problem opiate use in recent years. Though the rate of increase of opioid-related deaths has been higher in Alberta than in Manitoba and thus could be considered a confounding variable, both provinces have experienced a

[3]This number is accurate as of 1 February 2020. Six of the sites that were granted an exemption have had their exemption cancelled (Government of Canada 2019b).

[4]Fentanyl-related deaths in Alberta increased from 116 in 2014 to 673 in 2018.

significant increase in opioid use and opioid deaths over the last several years, resulting in a growing pressure to develop more substantial policy responses.[5] Moreover, in 2016 and 2017, Manitoba experienced comparable opioid-related death rates to Ontario and lower opioid-related death rates than Québec (Government of Canada 2019a). Of the three provinces, Manitoba was the only one not to establish SCS. Thus, while the increase in opioid-related deaths may be one contributing factor, it cannot alone explain a province's decision to establish SCS. Despite commonalities in the growing concern for problem opioid use, Alberta and Manitoba have adopted considerably different policy responses.

3 GOALS OF THE POLICY REFORMS IN ALBERTA AND MANITOBA

Though the introduction of Bill C-37 was intended to "remove undue barriers to the review and approval" process for SCS and thus improve accessibility to health services for PWUD, the federal policy achieved varying levels of success across the provinces (Health Canada 2017a). While the Albertan and Manitoban governments both publicly acknowledged the opioid epidemic as a major problem, the governments did not agree that the establishment of SCS was the most appropriate policy response. This section describes the different policy positions of the two governments and their intended objectives.

Government documents and media reports demonstrate Alberta's support for SCS (Zabjek 2016). In 2016, before Bill C-37 was introduced, Alberta had been investigating the feasibility of establishing SCS in Edmonton and Calgary (Zabjek 2016). The provincial government provided funding for advocacy groups to explore the feasibility of establishing sites, made several statements in support of establishing SCS, and eventually provided funding to Alberta Health Services to open and operate two of Alberta's six SCS (Government of Alberta 2018b). Then Associate Health Minister, Brandy Payne, said about their investment in SCS, "[t]he evidence is really clear that supervised consumption saves lives" (Zabjek 2016). She later stated, "[t]he ultimate goal is to help people beat their addictions, but in the meantime, addicts still struggle with drug use and could make poor—and potentially fatal—choices as they recover" (Bennett 2018). Moreover, in the 2018 Speech from the Throne in Alberta, the government stated, "[d]riven by the best advice, scientific research and evidence on how more lives can be saved, we will expand access to supervised consumption services" (Government of Alberta 2018a). These statements demonstrate that the government believed that establishing SCS was an appropriate and necessary response to the opioid epidemic.

In Manitoba, however, the provincial government's conception of the issue and its consequent responses differed from those in Alberta. Here, we offer some of the reasons provided by the Manitoba Government as to why the government did not intend to establish SCS

[5] In 2016 there were 602 deaths and a death rate of 14 per 100,000 population in Alberta compared to 88 deaths in and a death rate of 6.7 per 100,000 in Manitoba (Government of Canada 2019b).

within the province. Notably, in December 2018, Manitoba Premier Brian Pallister stated, "I don't think safe injection sites work and I don't think the experts agree on the issue" (Keele 2018). Pallister argues that unlike in other regions, drug use "isn't confined to a certain area" in Manitoba, which would make it difficult to choose and justify the location of a site (Froese 2019). Moreover, he added that the establishment of SCS "aids and abets the problem [of drug use]," rather than relieving it (Froese 2019). He explained that some of the government's efforts would instead be directed toward establishing a public awareness campaign about the dangers of opioids as well as creating a task force focused largely on enforcement (Howlett 2016). For example, the government announced $1 million in funding for "police and community agencies across Manitoba with a focus on enhancing front-line responses to the illicit drugs" (Legislative Assembly of Manitoba 2018a). The pursuit of these policies in lieu of the establishment of SCS as well as joint statements from the Justice and Health Ministers of Manitoba demonstrate that a primary objective of the government was to "curb the illicit drug trade" (Billeck 2018). The following section will analyze the provinces' unique policy contexts to delineate what key factors may have contributed to the diverging policy outcomes in Alberta and Manitoba.

4 FACTORS THAT INFLUENCED HOW AND WHY THE REFORMS REACHED THE GOVERNMENTS' AGENDAS

This paper is concerned with understanding the differences in policy outcomes between Alberta and Manitoba to understand which political and policy conditions are needed for the establishment of SCS in Canadian provinces. John Kingdon's Multiple Streams Framework (MSF) provides a useful structure with which this task can be approached. The MSF is a conceptual framework that helps to explain the process by which issues are acknowledged by governments and clarifies why certain issues make it onto the government's agenda while others do not (Kingdon and Thurber 2011). Kingdon explains that for every issue, there are three independently-operating streams: the problem stream, the policy stream, and the politics stream. The MSF specifies that in order for an issue to make its way onto the government's agenda, at least two of the three streams must be "coupled" together by actors called "policy entrepreneurs," during critical junctures in time, referred to as "policy windows" (2011, 194). The MSF provides a useful tool to separate and identify different factors that contribute to the adoption of a policy. Correspondingly, this framework is useful in discerning various features in the policy context which may affect how and why governments introduce SCS.

Kingdon differentiates between the governmental agenda and the decision agenda. He explains that "the governmental agenda is the list of subjects to which people in and around government are paying serious attention at any given point in time... Within that governmental agenda, there is a small set of items that is being decided upon, a decision agenda,"

where proposals are under review for legislative or program enactment (2011, 166). For the purposes of this analysis, we are interested in whether the establishment of SCS reached the provincial decision agendas. The national opioid epidemic has been on the forefront of governmental agendas across Canada for the past number of years as governments grapple with the consequences of an unprecedented crisis. Provinces have thus enacted several different, multi-pronged approaches, such as increasing access to treatment and enhancing law enforcement to respond to the problem. This paper attempts to understand why the establishment of SCS as a policy proposal reached the decision agenda in Alberta and not in Manitoba.

4.1 The problem stream

Kingdon's MSF emphasizes that changes in indicators, the occurrence of focusing events, and values in problem definition can help us to determine and understand why certain issues garner more attention than others (Kingdon and Thurber 2011). Kingdon explains, "Problems come to the attention of governmental decision makers... because some more or less systematic indicator simply shows that there is a problem out there" (2011, 90). This is certainly applicable to the opioid epidemic: in the last several years, both Alberta and Manitoba began facing an increase in the number of opioid-related deaths. Opioid-related deaths in Alberta increased from 348 in 2016 to 569 in 2017 (Government of Alberta 2018b) and opioid-related deaths in Manitoba increased from 88 in 2016 to 106 in 2017 (Government of Manitoba 2019). Though there was an increase in the number of opioid-related deaths in both provinces, MSF elucidates that "problems are not self-evident by the indicators" (Kingdon and Thurber 2011, 90).

In order for problems to make their way onto the government agenda, there must additionally be a focusing event which draws attention to the issue (Kingdon and Thurber 2011). In 2016, BC declared a public health emergency, signalling the severity of the epidemic (Government of British Columbia 2016; Davidson 2020). Media coverage of the rising overdose death rates, particularly in the western provinces, renewed national attention on the opioid crisis. During question period in the Senate, former federal Minister of Health Jane Philpott cited the growing crisis in western Canada when discussing the impetus for the introduction of Bill C-37 (Senate of Canada 2017). The declaration of a public health emergency in BC, growing national overdose mortality rates signifying the emergence of an epidemic, and much lobbying contributed to mounting pressure on governments to respond (Kerr *et al.* 2017). The federal government responded, in part, by introducing Bill C-37 later that year, which eased the ability of provinces to establish new SCS (Zimonjic 2016; Health Canada 2017). Bill C-37 additionally moved drug policy from the jurisdiction of the Justice department to the Ministry of Health, thus reframing the issue as a public health matter (Zimonjic and Kupfer 2016). This Bill additionally categorized the opioid epidemic as a public health issue, national in scope (*The Canadian Press* 2016).

Kingdon stipulates that whether a focusing event brings an issue onto the government's

agenda is dependent on government's definition and framing of a problem. There are some noteworthy distinctions in how Alberta and Manitoba framed and defined the opioid epidemic: government statements and media reports reveal that while the Government of Alberta defined the issue as a public health crisis, the Government of Manitoba regularly emphasized issues of public safety (Keele 2017; Zabjek 2016).

To understand how governments framed the issue, we searched media statements as well as government websites to look at language used to describe the opioid epidemic. The Government of Alberta website, on its page regarding SCS, stated, "[t]he opioid crisis in Alberta is a public health crisis... harm-reduction approaches are central to our work to support Albertans" (Government of Alberta 2018b). In media statements and news releases, representatives from Alberta's Ministry of Health often stressed the importance of harm reduction and SCS in their response to the epidemic and iterated the province's obligation to reduce harm and save lives (Government of Alberta 2016; Government of Alberta 2018b; Bennett 2018). In 2017, the Alberta government declared a public health crisis in response to the opioid epidemic, thus clearly framing the issue as a public health matter and coordinating and enhancing the power of the Minster of Health to respond to the issue (Bartko 2017). This action is particularly significant as the MSF underscores that the policy area in which the government situates an issue signals to the public how a problem should be perceived (Kingdon and Thurber 2011).

Conversely, in the Manitoba context, Premier Brian Pallister underscored his concerns about public safety and made several statements that were inconsistent with the goals of harm reduction strategies. In an interview with *CTV News*, he stated, "[t]here are as many dangers as positives out of having a so-called safe injection site. It draws drug dealers, it draws crime" (Keele 2018). Manitoba Health Minister Cameron Friesen characterized illicit drug use as having left a "swath of destruction" on communities in Manitoba (Hatherly 2018). Moreover, he stated that the government would be "prioritizing good investments that move the needle and make a difference and get people off of illicit drugs" (Botelho-Urbanski 2019). This framing is incongruent with a harm reduction approach, which "is grounded in the recognition that many people throughout the world are unable or unwilling to stop using illicit drugs" (Harm Reduction International 2017) as it focuses on reducing and/or eliminating substance use rather than reducing harm. Thus, the issue was framed by the government in such a way that establishing a SCS, an approach rooted firmly in harm reduction, was less likely. Furthermore, the government undermined health advocates' calls for the establishment of SCS within the province by questioning their effectiveness and viability in the Manitoba context, often drawing comparisons between BC and Manitoba and deemphasizing the severity of drug-related harms in the province (Keele 2018). This section illuminated how problems come to government's attention and identified the extent to which the definition of the same problem can vary. The next section will consider how the categorization and framing of a problem, among other aspects, affects what policy proposals "survive" in the policy arena.

4.2 The policy stream

MSF's policy stream helps to articulate the process by which proposed solutions to policy problems are developed, considered, and adopted by government (Kingdon and Thurber 2011). Kingdon suggests that policy solutions are conceived independently of policy problems (2011, 144). Rather than policy advocates developing solutions to address problems after they emerge, individuals "become advocates for solutions and look for current problems to which to attach their pet solution" (Kingdon and Thurber 2011, 123). "Policy communities" or "entrepreneurs" are groups comprising specialists and advocates who work actively to "soften up" policymakers to their ideas and wait for critical junctures in time to push forward their solutions (2011, 123). Kingdon specifies various aspects which may affect the likelihood that a policy solution prospers in the policy arena, such as the capacity of the specialist group and the proposal's alignment with the values of policymakers. This section identifies commonalities in the policy communities of Alberta and Manitoba and provides an explanation as to why the establishment of SCS was likely deemed a viable solution only in Alberta.

With respect to the policy stream, a similarity between Alberta and Manitoba is the existence of strong advocacy from health professionals, researchers, frontline service workers, legal experts, PWUD, and advocacy groups (Cole 2016; Hyshka *et al.* 2017; Cotter 2017). For example, with the announcement of the first SCS in Alberta in 2017, then Associate Minister of Health Brandy Payne acknowledged the dedicated work of community advocates, stating, "I'm grateful for the hard work of Alberta Health Services and community groups working to establish these life-saving public health services in facilities around the province" (Government of Alberta 2017). Despite the existence of strong community advocates in each province, the resources and organization of policy communities can also help determine their capacity to influence government. In Alberta, the province granted harm reduction advocacy groups $750,000 in 2016 to fund the initial preparatory work required for developing supervised consumption sites, thus increasing their resource capacity (Anderson-Baron *et al.* 2017; Hyshka *et al.* 2017; Cotter 2017). While Manitoba dedicated no specific funding to advocacy groups, "community activists, addictions-support workers and national health organizations" have been active and very vocal in their calls for the creation of SCS in Winnipeg (Hoye 2018). For example, the Safer Consumption Spaces Working Group in Manitoba, whose membership comprised various stakeholders undertook a study in an effort to "assess the special needs and preferences of people who use drugs in order to inform harm reduction intervention," and to "inform current and emerging harm reduction services in Winnipeg" (Marshall *et al.* 2019).

Important for the context of this analysis is Kingdon's assertion that in order for proposals to survive in the policy arena, they must align with the values of policymakers (2011). Kingdon notes, "Proposals that don't fit with specialists' values have less chance of survival than those that do" (2011, 132-133). An analysis of policy documents on harm reduction found that Alberta was just one of two provinces to have a provincial level stand-

alone harm reduction policy (Hyshka *et a*l. 2017, 5; Wild *et al.* 2017). Though the study identifies that the existence of a harm reduction policy does not necessarily translate into the provision of a robust array of services, it does indicate that the proposal to establish SCS in 2017 was already in alignment with the values of Alberta's existing harm reduction policies. It is thus likely that the Government of Alberta was already "softened up" to the idea of SCS by the time Bill C-37 was passed. Perhaps the most conclusive evidence that values played an important role in helping Manitoba determine how they should respond to the opioid epidemic involved the release and retraction of a commissioned report. One of the recommendations listed in the initial release of a report on the opioid epidemic was to establish a SCS (Legislative Assembly of Manitoba 2018b; Malone 2018b). The report was later retracted and re-released with the SCS recommendation deleted (Legislative Assembly of Manitoba 2018b; Malone 2018b). Though they claimed no political interference, the re-released report conveniently suited the Manitoba Government's anti-SCS stance (Malone 2018b).

This section has provided an overview of the ways in which policy proposals may be adopted or rejected by government based on a number of factors and has identified that a key difference between the Alberta and Manitoba contexts is that the establishment of SCS aligned with the values of policymakers only in Alberta. The following section articulates the ways in which political context can determine which policy proposals make it onto the decision agenda.

4.3 The political stream

The MSF emphasizes that the political stream, operating independently of the problem and policy streams, comprises a number of factors, including national mood, elections and changes in government, as well as the ideological leanings of government (Kingdon and Thurber 2011). In order for a policy to make its way onto the decision agenda, the political conditions must be conducive to the proposed policy change (Kingdon and Thurber 2011, 174). The following compares the political contexts of Alberta and Manitoba and identifies which conditions, present in Alberta and absent in Manitoba, may be necessary for the establishment of SCS.

An important component of the political stream is the national mood (changes in public opinion) (Kingdon and Thurber 2011, 146). Decades of advocacy as well as the emergence of the opioid crisis has shifted public opinion across Canada in favour of SCS. In 2008, an Ipsos survey found that only Ontarians were less likely to support the establishment of SCS than Manitobans (Ipsos 2008). Contrastingly, only Québecers were more likely than Albertans to support the establishment of SCS (Ipsos 2008). However, a survey conducted in 2017 demonstrates a shift in public opinion over the last decade: the survey showed similar levels of support for the establishment of SCS among citizens in Calgary, Edmonton, and Winnipeg (Duggan 2017). In fact, a more recent survey concluded that public support for SCS in Manitoba was 64% and 49% in Alberta (Macdonell 2019). Thus, public opinion

cannot be the most influential feature within the politics stream.

Kingdon explains that elections and changes in government are often accompanied by major changes in agendas (Kingdon and Thurben 2011). Though this analysis compares political contexts on a provincial level, it is important to consider the role that cooperative federalism can play in the establishment of SCS. The election of a Liberal majority government in 2015 appeared to play a crucial role in the establishment of SCS in Alberta, as well as in other provinces across Canada. The Conservative Party of Canada, which was in power prior to the 2015 election, implemented legislation which made it significantly more difficult to open SCS (Woo 2015). The combination of the increasing severity of the opioid epidemic and the introduction of a new, eased SCS application process provided a perfect opportunity for Alberta to finally push SCS establishment onto the decision agenda. By contrast, because of the political ideology of the Manitoba Government, the change in government at the federal level was insufficient to bring SCS onto Manitoba's provincial agenda.

The ideological leanings of governments play a decisive role in determining which policy solutions reach the decision agenda. An important distinction between Alberta and Manitoba is that, since, 2016, the Manitoba Government has been led by a majority Progressive Conservative government, while the Alberta Government has been led (until recently) by the New Democratic Party. Broadly speaking, conservative-leaning governments in Canada have been less supportive of SCS in contrast to left-leaning governments. For example, when the Conservative Party was elected in Ontario in 2018, the provincial government slowed progress on the expansion of the accessibility to SCS with the announcement of a new Consumption and Treatment Services (CTS) program (Government of Ontario 2018). Among other effects, under the CTS program, the province established a cap on the number of SCS within the province and defunded three existing sites, which did not meet the program's newly established requirements (Elliott 2018; Weeks and Stone 2018; Weeks and Gray 2019). The Office of the Chief Coroner recommended an assessment and re-evaluation of the potential barriers to access as a result of the CTS program. Some of the barriers to access included the requirement for public consultation as well as the decision to limit the number of sites for the province to 21 (Office of the Chief Coroner of Ontario 2018). Moreover, since the 2019 election in Alberta and the transition from a New Democratic Party-led government to a United Conservative Party-led government, provincial support for the establishment of SCS has also wavered. Premier of Alberta Jason Kenney recently announced in reference to the status of SCS in Alberta, "[i]t's never been our intention to shut all of the sites but we're taking a very close look based on the data" (*The Canadian Press* 2020). There are, of course, notable exceptions: for example, Insite, the first SCS in Canada, was established as a pilot project under a right-leaning Liberal provincial government in British Columbia.

Nevertheless, the change in government at the federal level in 2015 resulted in both the governments of Canada and Alberta sharing similar positions on SCS. Notwithstanding the change in position of the federal government, the Government of Manitoba's stance on

SCS prevented the policy proposal (establishing SCS) from reaching the provincial decision agenda. Many health professionals and advocates criticized the Manitoba Government for its ostensible lack of "political will" to establish SCS and accused the premier of refusing to consider the policy proposal "simply because of the premier's own personal beliefs" (Malone 2018a). The political ideology of a government influences their desire to implement certain proposals and is thus a significant factor in determining whether or not a policy will reach the government's agenda. This section has utilized the MSF to establish which of the different features of the political stream are relevant in the context of this analysis. It determines that multi-level government cooperation and demonstration of political will at each level of government may be a clear prerequisite for the establishment of SCS in Canadian provinces.

4.4 The coupling of the streams, the problem window, and the political window

Kingdon posits that for policies to reach a government's agenda, policy entrepreneurs must couple two of the three streams together. Policy entrepreneurs wait for considerable changes in the problem or political streams, which open a policy window. During this opening, entrepreneurs are able to push forward their already-developed solutions to a problem (Kingdon and Thurber 2011). The MSF distinguishes between "problem windows," whereby an issue "presses in on government," thus forcing it to respond, and "political windows," which arise as a result of changes in national mood or government and offer favourable timing for certain policies to be pushed through (Kingdon and Thurber 2011, 173-174). The following section discusses the results of the comparative analysis. It describes how key differences in the political and policy contexts of the two provinces resulted in the joining of the three streams in Alberta but no policy window opening in Manitoba.

5 ANALYTICAL COMPARISON

While the opioid epidemic and the issue of SCS certainly made its way onto the governmental agendas of both provinces, the issue only made it onto the decision agenda in Alberta. This is likely due to a combination of factors. First, problem definition plays a crucial role as it dictates what solutions (floating around the policy stream) will be considered viable. Alberta defined the opioid epidemic as a public health crisis, which necessitated the implementation of a public health intervention. Thus, the policy proposal to establish SCS was already developed and deemed suitable to address the problem. Policy entrepreneurs simply waited for an opportunity to push forward their proposal. Contrastingly, the Manitoba Government framed the opioid epidemic primarily as a public safety issue, which decreased the viability of the establishment of SCS (a clear public health intervention) as a suitable solution to the problem. This is underscored when considering the alternative policy proposals that Manitoba adopted in response to the opioid crisis. The government

committed to "better aligning police resources" (Billeck 2018) and establishing a task force, which among other objectives, would "look for ways to fight the rising distribution and use of illicit drugs" (Hatherly 2018), and "focus on enforcement, even exploring potential changes to the criminal code if necessary" (Keele 2018). It is evident that Manitoba adopted a policy solution which adequately addressed the safety concerns identified in their problem definition.

Though the advocacy for SCS was present and strong in both provinces, the capacity of policy communities to effectively advocate may have also been more constrained in Manitoba due to a lack of resources and attention from government officials (MacLean 2018). Regardless, it was clear from the Manitoba Government's framing of the problem that the proposal to establish SCS did not align itself with the government's values, which Kingdon classifies as an integral component to ensuring a policy proposal reaches the government's decision agenda (2011, 132).

Lastly, the change in the political stream, the election of a federal Liberal government and its subsequent policy decision to streamline the SCS application process, had dissimilar effects on Alberta and Manitoba. Because of the unique way in which federalism complicates the establishment of SCS, prior to 2017, the primary political barrier to the establishment of SCS faced by Alberta was not at the provincial level, but rather at the federal level. In Manitoba, however, until the passing of Bill C-37, political support for SCS was undermined at both the federal and provincial levels. Thus, the change in federal government does not seem to have been sufficient to open a political window in Manitoba. The change in the ideological leanings of the federal government did not have an effect on the position of the province. As made clear by several public statements, there was no point in time in which the Manitoba Government seriously considered establishing SCS (Dacey 2018).

Kingdon highlights that "the probability of an item rising on a decision agenda is dramatically increased if all three elements—problem, proposal, and political receptivity—are coupled in a single package" (2011, 195). The existence of the SCS proposal in the policy stream, combined with a growing opioid crisis, a public health-focused problem definition, an alignment of the proposal with the government's values, the political will of the provincial government, and a favourable change in the political stream at the federal level all but guaranteed that SCS would be brought to the forefront of Alberta's decision agenda. In contrast, neither a policy nor political window opened in Manitoba. The government's minimization of the scale of the opioid crisis in public statements and public safety-focused definition of the problem, combined with the proposal's lack of alignment with government values, and the government's lack of political will, ensured that the problem and political windows in Manitoba were essentially nailed shut. Through the use of Kingdon's MSF, this paper and discussion have revealed that, in the context of the establishment of SCS as a response to the opioid epidemic, three of the most significant factors contributing to the differences in policy outcomes in Alberta and Manitoba are related to the identification of the problem either as an issue primarily of public health or of public safety, the alignment of the proposed solution with the values of policymakers, and political will. SCS have been

proven to reduce the spread of disease, reduce incidences of overdose and death, and improve public order (Wood *et al.* 2007). Evidence of the need for SCS in Manitoba can be found in the recent outbreak of several blood-borne illnesses as a result of needle sharing (Kusch and Botelho-Urbanski 2018). Moreover, opioid-related deaths are also still rising in many regions across Canada, emphasizing the need for progressive harm reduction policies.

6 IMPLICATIONS

Though the policy and political contexts of Alberta and Manitoba may differ from other Canadian provinces, this analysis nonetheless provides important information regarding which conditions may be necessary for the establishment of SCS. In order for SCS to be considered a viable solution to the opioid epidemic, this analysis suggests that some of the enabling factors may be not only an increase in the problem (e.g., the number of opioid-related incidences or deaths) but also a framing of that problem as a public health issue versus a public safety issue. Moreover, in order to be considered a viable solution, it seems that SCS must in some way be linked to the values of policymakers in power. Lastly, considering the role of federalism in the establishment of SCS in the Canadian context, political support is needed on the parts of the federal, provincial, and municipal governments in order for the policy to reach the decision agenda. This feat may be easier to achieve in some regions of the country than in others.

This paper recognizes that SCS are but one tool which can be used to address the opioid epidemic in Canada and does not suggest that SCS are, nor should be, the only action taken to address the opioid epidemic. For example, drug checking services, the distribution of naloxone kits, and referral services can all play a role in addressing the opioid epidemic (King 2015; Canadian Mental Health Association 2018; BC Centre for Disease Control 2019). However, SCS do represent an integral part of a harm reduction approach that prioritizes the health, well-being, and safety of PWUDs. This analysis provides much needed insight regarding what policy and political conditions must be present in order for Manitoba as well as other Canadian provinces to establish SCS.

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