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Constructing the 'Addict': A Discourse Analysis of National Newspapers Concerning North America's First Supervised Injection Site

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Constructing the 'Addict': A Discourse Analysis of National Newspapers Concerning North
America's First Supervised Injection Site

Katie Sills ©

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Community Engagement at Wilfrid Laurier University

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Abstract

Safe injection sites provide injection drug users with a safe space to inject drugs with clean supplies under the supervision of medical professionals. This study centres on a discursive analysis of newspaper representations of Insite, North America's first supervised injection site, located in the Downtown Eastside of Vancouver, British Columbia, Canada. Insite opened in 2003 under an exemption from the Controlled Drugs and Substances Act and has provided benefits to its clients through a reduction in public injections, decreased spread of infectious disease, and by providing clients with referrals to other community and social services. Despite these accomplishments the Canadian federal Conservative government, led by Stephen Harper, engaged in efforts to close the site in 2008. This resulted in legal battles which moved through the British Columbia Supreme Court, the British Columbia Court of Appeal, and the Supreme Court of Canada. This study focuses on how Canadian national newspapers represented the Supreme Court decision in 2011 that allowed Insite to remain open under an exemption. The sample included 25 articles in total from *The Globe and Mail* and the *National Post*. Through a discourse analysis situated in the Foucauldian tradition this paper seeks to answer the following research questions: how is Insite and the court case represented in newsprint media and how are Insite's stakeholders and clients represented in news media in 2011?

The results from the analysis revealed that Insite was represented in terms of the health benefits it provides to its clients and the benefits it provides to the broader community through an increase in public order. While not spoken about equally, the smaller space allocated to discuss public order still provides the reader with the indication that the benefits to the broader community are also important to recognize when implementing supervised injection sites. Further, discussions surrounding public order and new supervised injection sites within the sample revealed that the authors of the newspaper articles believed that the readers of the articles

must be provided with the benefits Insite provides to the broader community in order to justify the Insite decision. As well, the stakeholders within the sample that were relied upon were those who occupied an authoritative status, and the media also relied consistently on objective science to justify the case. The clients of Insite were represented in an overwhelmingly negative way, and consistently referred to as ‘addicts’. Further, the clients of Insite were not positioned as stakeholders in the Insite case and were not given the space to speak within the sample.

Based on these results, I argue that the reliance on the medical and criminal model and a misrepresentation of harm reduction within the sample leads to and increases the invisibility of the clients of Insite. As a result, the clients of Insite are represented in stereotypical ways where they are reduced only to their drug use, which enforces the assumption that drug use is a moral failing. I also argue that an implication of the media excluding drug users in discussion relevant to them is that drug policy will continue to present the opinions of those who are given space in the media. Further, I argue that significant attention must be paid to what is included and excluded within the media, as there is no interrogation into the systemic and structural barriers that the clients of Insite face. Finally, I argue that the representation of drug users in the media is influenced by neoliberalism and this results in drug use being understood as incompatible with everyday life. This in turn leads to drug users being exposed to efforts that encourages them to responsabilize and become rational human beings who engage in economic risk calculations in order to reduce risks to themselves and the state.

This study interrogates the ways in which the media represents supervised injection sites and concludes that the media must work to include drug users in discussions surrounding harm reduction initiatives that directly affect the lives of drug users, such as supervised injection sites.

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Introduction

Insite, North America's first supervised injection site, opened in September 2003 in Vancouver's Downtown Eastside. The Downtown Eastside is comprised of approximately 12 city blocks and has become a dwelling for injection drug users, who are often homeless and suffering from mental illness and/or HIV and Hepatitis C infection (Boyd, 2013, p.234). Insite operates under a constitutional exemption to the *Controlled Drugs and Substances Act* (CDSA). This exemption allows Insite to operate while providing users a place to safely inject their pre-obtained illicit drugs without the fear of arrest (Health Canada, 2008). Insite provides a drug-user-friendly space where users can inject with clean and sterile equipment in 12 injection booths under the supervision of nurses and health care staff who are trained in overdose intervention (Portland Hotel Society [PHS], 2017). Directly after injecting, users are moved to a post injection room where Insite staff are there to listen and chat with the users in an inclusive environment. It is here that Insite staff are able to refer clients to housing services, medical care, and withdrawal or detox management (PHS, 2017). According to PHS (2017) Insite operates as a safe place for individuals to inject and receive referrals to other community health, and social services, such as the ones described. Due to the amount of help and support that staff at Insite can give to users who are often "marginalized and dehumanized", Insite provides a "continuum of services for people with chronic drug addiction" (PHS, 2017; Vancouver Coastal Health [VCH], 2017).

Insite operates under a harm reduction model because it strives to decrease the health, social, and economic harms associated with drug use without requiring or advocating for the user to abstain from drug use (VCH, 2017). Through this harm reduction model, it has been shown that Insite acts as a preventative tool in overdose and disease prevention while also combating

instability and marginalization users may face. It is also claimed by British Columbia Centre for Excellence in HIV/AIDS that Insite increases public order by providing a clean place for users to inject, which is important because most of the clients who use Insite are homeless (British Columbia Centre for Excellence in HIV/AIDS, 2009; Urban Health Research Initiative of the British Columbia Centre for Excellence in HIV/AIDS, 2013).

While Insite has decreased some of the harms associated with drug use (Boyd, 2013, p.236), it has not received unanimous support from the public and has been subject to numerous controversies and legal battles. The fight to open a safe injection site in Vancouver's Downtown Eastside started in the 1990's when there was a dramatic increase in overdose deaths and there was a dramatic spread of HIV/AIDS and hepatitis C among drug users (Boyd, MacPherson & Osborn, 2009, p.37-38). A number of community groups within the Downtown Eastside came together to address the health emergency. The community activism in the area led to a movement which sought to address the harms associated with prohibition and fight for an official safe injection site (Boyd, MacPherson & Osborne, 2009, p.17). In 1998, Vancouver Area Network of Drug Users (VANDU) emerged, and became North America's first organization organized by former and current drug users (Boyd, MacPherson & Osborne, 2009, p.43). One of VANDU's main goals was to encourage drug users within the Downtown Eastside that their lives were important and meaningful. The group has inspired the creation of other drug user-organized and run groups around the globe, and have inspired drug users to organize (Boyd, MacPherson & Osborne, 2009, p.43-44). In this case, VANDU fought tirelessly for Insite and has "revealed to the rest of society how lives and institutions look from the bottom and the margins, instead of from the perspective of a privilege elite" (Boyd, MacPherson & Osborne, 2009, p.44).

Since opening officially in 2003, Insite researchers have published numerous articles detailing the benefits Insite has on reducing public injections, the spread of infectious disease, and providing clients with referrals to other community and social services.¹ Despite these accomplishments, the federal Conservative government led by Stephen Harper (in office from 2006 to 2015) engaged in multiple efforts to close the supervised injection facility and prevent others from opening. Insite's legal battles in provincial and federal courts continued until 2011 when the Supreme Court ruled in favour of Insite, effectively keeping the site open under an exemption from the CDSA (*Canada [Attorney General] v. PHS Community Social Services*, 2011).

The following paper will discuss the *Canada v. PHS Community Social Services* Supreme Court Case through a discourse analysis of national newsprint media. The data for this study comes from *The Globe and Mail* and the *National Post*, the only two national newspapers in Canada. Preceding this analysis, will be a literature review of studies, journal articles, books and government documents that have been deemed relevant. Following this, I will detail my theoretical approach, which is a Foucauldian inspired discourse analysis, and complement this discussion with the details regarding data collection, sources, and interpretation techniques. As well, there will be a brief overview of the Insite case in the British Columbia Supreme Court, the British Columbia Court of Appeal and the Supreme Court of Canada. This will be followed by the results from the two research questions framing the analysis: first, how is Insite and the court case represented in newsprint media? Second, how are Insite's stakeholders and clients represented in news media in 2011? Subsequently, I will analyze the results in a discussion section which will examine the representation of the clients of Insite in the media, the

¹ See Findings from the Evaluation of Vancouver's Pilot Medically Supervised Safer Injecting Facility – British Columbia Centre for Excellence in HIV/AIDS, 2009

consequences of the ways in which drug use, Insite and the Downtown Eastside are represented, and finally, how neoliberalism emerges within the texts.

Literature Review

The following section is separated into five parts and reviews the literature that will provide context and support to the analysis. These sections include: the history of drug prohibition in Canada, harm reduction, the rise of supervised injection in the Downtown Eastside, the role of media and representation, and the neoliberal state and subject.

Drug Prohibition in Canada

There are a number of scholars who have pointed out the failure of Canada's "low-level" war on drugs (Khenti, 2014, p.190). The following review will discuss government and scholarly literature pertaining to Canada's prohibitionist drug laws and strategies, and their adverse effects on public health and the lives of drug users.

Before the first drug law was passed in Canada, smoking opium and consumption of other drugs was practiced by many Canadians and was embedded in social practices which allowed anyone to purchase opium products without a prescription (Boyd, Carter & Macpherson, 2016, p.17). In 1907, there was an anti-Asiatic riot in British Columbia, where white labourers claimed that Chinese immigrants were providing cheap labour and taking jobs away from white workers (Senate Special Committee on Illegal Drugs, 2002, p.249). Unions and those involved in the temperance movement took advantage of the ongoing disputes at the time and constructed dangers associated with Chinese immigrants (Senate Special Committee on Illegal Drugs, 2002, p.249-250). These constructed dangers about Chinese immigrants led to concerns about opium smoking and ultimately created the societal assumption that using opium went against Anglo-centric values. According to the Senate Special Committee on Illegal Drugs (2002) Mackenzie

King's report was based on "primarily moral, ethical, political and ethnic considerations" and "shifted the problem to opium use by Asian foreigners" and not the labour disputes occurring at this time (p.251). This report led to the *Opium Act* being introduced and passed without debate in the legislature. The passing of the *1908 Opium Act* was the beginning of prohibitionist drug laws in Canada (Boyd, Carter & Macpherson, 2016, p.18; Senate Special Committee on Illegal Drugs, 2002, p.253). The *1908 Opium Act* was aimed directly at opium dealers, who were mostly of Chinese decent, and not users (Boyd, Carter & Macpherson, 2016, p.18; Senate Special Committee on Illegal Drugs, 2002, p.253).

The *1908 Act* did not stop the consumption of opiates and in 1911 a new law was passed, the *Opium and Narcotic Act* (Boyd, Carter & Macpherson, 2016, p.18; Carstairs, 2006, p.18). The police argued that there needed to be more enforcement and drastic measures taken against drug use overall (Carstairs, 2006, p.18; Senate Special Committee on Illegal Drugs, 2002, p.253). The *1911 Act* banned the possession of opium, morphine, cocaine or other drugs for non-medical purposes (Carstairs, 2006, p.17-18). As well, the *1911 Act* also provided an increase in police powers to search and seize property and placed a "reverse onus" on the accused to prove they were innocent (Boyd, Carter & MacPherson, 2016, p.18; Senate Special Committee on Illegal Drugs, 2002, p.261). Following the passing of the *1911 Opium and Narcotic Act*, anti-drug campaigns were initiated across the country, which created a moral panic concerning the use and possession of drugs in the 1920's (Carstairs, 2006, p.19). From the 1920's to the 1950's there were a number of amendments to the *1911 Act* inspired by the media which stated the dangers of drug use. The amendments to the *Act* included for example, increased penalties for drug possession and another increase in police powers (Boyd, Carter, & MacPherson, 2016, p.19; Senate Special Committee on Illegal Drugs, 2002, p.255-265). The discourse that emerged

around drug use at this early stage of drug prohibition was directly related to the construction of the “morally degenerate but highly intelligent and cunning Chinese” while white drug users were often regarded as “innocent victims” (Carstairs, 2006, p.14). However, the amendments to the 1911 *Act* did not stop the use of drugs among Canadians. Due to the continued deportation of Chinese immigrants and the resulting closing of opium dens post WWII, drug users in Canada began to increasingly use injection drugs such as heroin, morphine and cocaine more so than opium (Boyd, Carter & Macpherson, 2016, p.20). Thus, as this summary indicates, “the history of drug use in Canada is inextricably tied to Canada’s history of racism” (Carstairs, 2006, p.14). Drug policy, it can be argued, was implemented as a technology of discrimination towards minority groups in order to maintain the social order (Omori, 2013, p.519).

Several years later, drug laws and committees shifted their concerns about who was using drugs, from Chinese immigrants to ‘criminals’. ‘The criminal’ is often a racialized individual, which can be seen in the pattern of racialized mass incarceration in Canada (Khenti, 2014, p.190). As a result of these new concerns that emerged about who was using drugs, a *Special Committee of the Senate on the Traffic in Narcotics Drugs in Canada* was created in 1955. The report confirmed and supported the Royal Canadian Mounted Police’s (RCMP) claimed linkage between drug use and crime, and it stated that drug use was not a disease but rather that users were “criminal addicts” (Senate Special Committee on Illegal Drugs, 2002, p.265-266; Boyd, Carter & MacPherson, 2016, p.20). Moreover, the report clearly stated that substance abuse is a “symptom or manifestation of character weakness or personality defects in the individual” (Senate Special Committee on Illegal Drugs, 2002, p.265). Due to this conclusion, the committee advocated for an increased reliance on the criminal code and the *Opium and Narcotic Act*, stating that the severity of penalties would serve as a deterrent (Boyd, Carter, Macpherson, 2016, p.20;

Senate Special Committee on Illegal Drugs, 2002, p.266-267). The *Special Committee of the Senate on the Traffic in Narcotics Drugs in Canada* committee is important in Canada's history of drug prohibition, because the 1961 *Narcotic Control Act*, which replaced the *Opium and Narcotic Drug Act*, was based on the Special Committee's report (Senate Special Committee on Illegal Drugs, 2002, p.267).

There was a massive social shift in the 1960's, which saw an increase in recreational drug use despite extra funding devoted to enforcement (Cavalierrri & Riley, 2012, p.382). Boyd, Carter and MacPherson (2016) argue that the passing of the *Narcotic Control Act*, gave "Canada the distinction of enacting some of the harshest drug laws of any Western nation" (p.21). This distinction was due to the lengthy incarceration sentences for trafficking, importing and exporting, and sections granting the federal government control over those admitted to drug addiction treatment programs (Senate Special Committee on Illegal Drugs, 2002, p.269). Treatment policies, called "preventative detention and detention for treatment", for those using drugs were based on a penal approach and oriented towards controlling the "criminal user" (Senate Special Committee on Illegal Drugs, 2002, p.269).

At the end of this decade, in 1969, another committee was established: *The Commission of Inquiry into the Non-Medical Use of Drugs*, also known as the *LeDain Commission*. The *LeDain Commission* published four reports between 1970-1973 detailing Canada's drug policy and the government's position on cannabis (Senate Special Committee on Illegal Drugs, 2002, p.273). Broadly, the *LeDain commission* called for harm reduction initiatives to be implemented, the decriminalization of cannabis and simple possession of all drugs, and actively refuted the RCMP claims in the 1955 *Special Committee of the Senate on the Traffic in Narcotics Drugs in*

Canada that drug use, specifically cannabis, made people into criminals (Boyd, Carter & MacPherson, 2016, p.22; Boyd, MacPherson & Osborne, 2009, p.15).

The first major reform of Canada's drug legislation from the 1960's occurred over 30 years later, in 1996 when the *Food and Drug Act* and the *Narcotic Control Act* merged into the *Controlled Drugs and Substances Act* (CDSA). The CDSA continued with an emphasis on prohibition and the penalties associated with crimes under the CDSA remained extremely harsh (Boyd, Carter & MacPherson, 2016, p.23, 24, 47).

Along with prohibitionist drug laws, Canada has implemented various 'drug strategies'. For example, in 1987, Canada launched a 5-year action plan called, the *National Drug Strategy*, which was "undoubtedly influenced by the American war on drugs" (Giffen, Endicott and Lambert, 1991, as cited in Senate Special Committee on Illegal Drugs, 2002, p. 228). The *National Drug Strategy's* main goal at this point in time was to "reduce the harm to individuals, families, and communities from the abuse of alcohol and other drugs through a balanced approach" (Senate Special Committee on Illegal Drugs, 2002, p.228). The strategy argued that there was a need to address both the supply and demand side of substance abuse and components of the strategy included treatment, research, prevention and education (Boyd, Carter & MacPherson, 2016, p.23). In the 1990's, despite a documented decline in cannabis and cocaine use, there was an increase in resources directed towards drug control efforts. These efforts often focused on the demand side, for example, at this time there was an increase in search for "small scale traffickers" (Boyd, Carter & MacPherson, 2016, p.23; Boyd, MacPherson, & Osborn, 2009, p.96). In 1992 *The National Drug Strategy* was renamed *Canada's Drug Strategy* (CDS) after it merged with the *Driving While Impaired Strategy*. The CDS included a four pillar approach to drug control: education and prevention, treatment, harm reduction, and enforcement and control.

However, funds for prevention and education, public housing and treatment services were decreased in order to sustain an approach to drug use situated within the criminal justice system (Boyd, Carter & MacPherson, 2016, p.23; Khenti, 2014, p.192).

Eleven years later, in 2003, the CDS was renewed. The government invested \$245 million over five years in the drug strategy, with the similar four pillar approach used in the 1992 strategy. However, the new pillars in the 2003 strategy included: “prevention, treatment, harm reduction and enforcement” (Boyd, Carter & MacPherson, 2016, p.25; Senate Special Committee on Illegal Drugs, 2002, p.237-238). Boyd, Carter and MacPherson (2016) argue that as of 2004, Canada had moved toward a position more supportive of harm reduction and was engaged in efforts to decriminalize possession of cannabis (p.24-25). However, these initiatives came to a stop with the election of Stephen Harper’s Conservative government in 2006, whose approach to drug regulation remained strictly and firmly prohibitive (Boyd, Carter & MacPherson, 2016, p.26).

In 2007, the Conservative government implemented the *National Anti-Drug Strategy* (NADS). NADS was accompanied by other ‘tough-on-crime’ efforts that emphasized punitive approaches to crime and drug use without addressing the root causes of these phenomena such as poverty, mental illness, and lack of employment (Boyd, Carter & MacPherson, 2016, p.36). NADS emerged despite the *Senate Special Committee on Illegal Drugs* and other government reports detailing the lack of effectiveness associated with prohibition. Despite the NADS describing substance use “primarily as a health issue”, most funds and efforts of the government continue to support and use criminalization as a treatment despite stating that substance abuse is primarily a health issue (Boyd, MacPherson & Osborn, 2009, p.96, DeBeck, Wood, Montaner & Kerr, 2009, p.190). Most importantly, the Conservative government completely removed harm

reduction as a pillar in the NADS and funding for substance use initiatives continued to be invested in law enforcement efforts to control drug use (DeBeck et al., 2009, p.188; Dooling & Rachlis, 2010, p. 1440; Ti & Kerr, 2014, p.2).

Several scholars have argued that drug prohibition has been ineffective at curbing drug consumption and supply, and has spurred multiple negative consequences for individuals who use drugs (see Boyd, Carter & MacPherson, 2016; Boyd, MacPherson & Osborn, 2009; Khenti, 2014; DeBeck et al., 2009). Often drug policies within Canada have not been created and implemented for the safety of Canadians, “but as a tool of social control” through the use of the criminal justice system (Boyd, Carter & MacPherson, 2016, p.17). Drug policy in Canada has not “occurred in a vacuum”, and can be linked to fear of the racialized ‘other’ and efforts to control populations based on class and race (Carstairs, 2006, p.14-15; Gordon, 2006, p.60; Schack, 2011, p.152). Further, while the war on drugs and prohibitionist drug policies appear to target high-level drug dealers and traffickers, it is most often the marginalized users and ‘low-level users’ who are actually incarcerated (Boyd, Carter & MacPherson, 2016, p.47; Khenti, 2014, p.190).

Additionally, despite the increase in funding for drug enforcement, prohibition has failed to deliver the desired outcomes such as reducing the harms associated with drug use and eliminating drug use (Khenti, 2014, p.194). Instead, prohibition has led to an unregulated drug market, because when substances are prohibited rather than regulated, it becomes difficult to control the strength and purity of a substance. Lack of control over these aspects of substances increases the risk of overdoses and infection. As well, the prohibition of substances restricts the beneficial properties of certain substances. For example, the use of pharmaceutical grade heroin and medical cannabis programs have not worked, despite the continuing research that

demonstrates their health benefits, due to the prohibitive status of prescribed heroin and cannabis. Finally, prohibiting substances does not prevent individuals from using drugs. Prohibition criminalizes and stigmatizes individuals who use drugs and ultimately hinders their access to social and health services (Boyd, Carter & MacPherson, 2016, p.60-62).

According to Boyd, Carter & MacPherson (2016) drug use itself is not problematic, but rather the negative consequences associated with drug use often stem from harms created by prohibitionist policies (p.34; Khenti, 2014, p.194). As noted earlier, drug prohibition has little to do with drugs or the harms they cause. For example, other types of drugs such as alcohol and nicotine, which also have many harms associated with their use, are legal and users of licit drugs are not subject to the same stigmatization as those who engage in illicit drug use (Boyd, MacPherson & Osborn, 2009, p.96; Eversman, 2015, p.576). Illicit drug users are stigmatized and criminalized through the war on drugs, and these processes increases the number of harms individuals who use drugs may face (Khenti, 2014, p.194). Drug users are also criminalized through laws such as Bill C-10, implemented in 2012, which assigns mandatory minimum sentencing to certain drug possession charges (Khenti, 2014, p.192-193). Yet, the criminalization of drug use has not reduced the levels of drug supply, or the demand, but has instead stigmatized the user. This stigmatization may prevent the user from accessing health care services or treatment and may lead them to engage in high-risk behaviour such as syringe sharing (Boyd, Carter & MacPherson, 2016, p.57,63-64; Boyd, MacPherson & Osborn, 2009, p.143; Lee, Ti, Marshall, Dong, Wood & Kerr, 2015, p.1415).

Drug users are often placed within the margins of society due to the stigmatization they face. It is in the margins of society where drug users may engage in high-risk behaviour, such as syringe sharing, unsafe sex or injection practices, whereby viruses, diseases and problems such

as HIV, hepatitis and overdose deaths, among others, may occur (Boyd, Carter & MacPherson, 2016, p.31,57,63-64). Further, Boyd, MacPherson & Osborn (2009) also suggest that drug use is a symptom of broader problems such as child abuse, poverty, negative social attitudes towards drug use, unemployment, social isolation and marginalization, criminalization and discrimination (p.140-141). Thus, they argue that a number of social and economic issues, such as poverty and homelessness, must be addressed in order to decrease the harms associated with drug use (Boyd, Carter & MacPherson, 2016, p.40). The root causes suggested above are only a few factors that may lead to substance abuse. However, it must be noted that the suggestions above, and others, are not addressed in the NADS or in Canada's drug laws (Boyd, Carter & MacPherson, 2016, p.40).

Ignoring the root causes of drug use in drug policy is not only present within Canadian drug laws, it can also be seen in drug policy in the United States. In the 1980's, Ronald Reagan, the United States president at the time, officially launched the 'war on drugs'. At this time, Canada also experienced a significant shift in drug policy. It can be argued that the restructuring of Canadian drug policy was influenced by United States declaration of a 'war on drugs' (Khenti, 2014, p. 191; Senate Special Committee on Illegal Drugs, 2002, p.228, 284). The 'war on drugs' and the United States' 'law-and-order' agenda was adopted by the United Nations through the creation of the 1988 Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (Sudbury, 2002, p.65). Sudbury (2002) suggests that by signing the convention, "member states signed onto the logic of incarceration, pledging to use criminal justice sanctions in place of medical or social solutions and turning decisively away from legalization" (p.65). Canada, and a number of other countries, by signing the convention became partners in the United States' 'war on drugs' (Sudbury, 2002, p.65).

The global reach of the United States' drug policy is also directly connected to the prison industrial complex that emerged in the 1970's through neo-liberal restructuring, and was solidified as a part of the criminal justice system, especially in the United States, with the declaration of the 'war on drugs' (Cummings, 2012, p.422; Sudbury, 2002, p.60). Sudbury (2002) describes the prison-industrial complex as a "symbiotic and profitable relationship between politicians, corporations, the media and state correctional institutions that generates the racialized use of incarceration as a response to social problems rooted in the globalization of capital" (p.61). In the Canadian context, the 'war on drugs' that was waged by the federal Conservative government began to reflect their preference for funding law enforcement strategies and prisons, rather than addiction treatment and policies that address the root causes of drug use (Khenti, 2014, p.192). This can be seen in the increase in funding for law enforcement measures to address drug use, and the government's firm punitive and prohibitionist approach to drug use (Boyd, Carter & MacPherson, 2016, p.26; Khenti, 2014, p.192).

Concerns about prohibitionist approaches are highlighted on the international level as well, with the Global Commission on the War on Drugs (2011) arguing that prohibition ultimately forces drug users to "forfeit their human rights", due to the discrimination users face. Moreover, drug users are harmed through strict criminal justice approaches to drug use with no access to alternative models such as harm reduction. (The Global Commission on The War on Drugs, 2011, p.5). Further, The Global Commission on The War on Drugs (2011) asserts that prohibitionist policies discount the health and welfare that users need (p.5). This sentiment is echoed by Boyd, Carter & MacPherson (2016) that rather than furthering public health, prohibition prevents the ability to address drug-related harms and threatens drug user's human rights and public safety (p.60, 73). Similarly, Ti & Kerr (2014) state that the barriers to

implementing harm reduction initiatives are “social and political in nature” and “exacerbate preventable human suffering” (p.3).

Harm Reduction

Harm reduction has been practiced by communities since substances were first used, however it was not until 1973 that a public health approach to drug use was declared internationally with a focus on harm reduction (Ball, 2007, p.685). Public health refers to the efforts made to improve the health of the population, prevent disease and promote wellbeing (Ball 2007, p.685). In Canada, harm reduction was first applied to illicit drug use in the 1980’s with the rise in HIV/AIDS and overdose deaths due to injection drug use (Boyd, 2013, p.234). Yet, harm reduction lacks a clear, concise and agreed upon definition but has been used to describe various concepts, policies, strategies and movements (Ball, 2007, p.684-685). Many scholars, along with Canadian and global agencies, have presented different definitions as to what harm reduction entails. The International Harm Reduction Association, a global non-governmental organization that works to promote and expand support for harm reduction, offers this definition:

Harm reduction refers to policies, programs and practices that aim primarily to reduce adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption. Harm reduction benefits people who use drugs, their families, and their community (International Harm Reduction Association, 2017, para.6).

While this specific definition can be helpful in understanding the main goals and characteristics of harm reduction, a number of other scholars and government agencies offer a broader definition. For example, the Canadian Centre on Substance Abuse (CCSA), a

government agency, suggest that “harm reduction refers to any program, policy or intervention that seeks to reduce or minimize the adverse health and social consequences associated with drug use” (2008, p.2). Similarly, Eversman (2013) proposes that harm reduction “strategies prioritize reducing individual and societal consequences of drug use over eradicating or even reducing drug use per se” (p.3). Likewise, Ball (2007) suggests that the term harm reduction evokes a number of emotions. For example, “drug policy conservatives” see harm reduction as a threat to drug control, whereas “drug legalizers” see the term harm reduction as an opportunity for law reform, and service providers and advocates “hope for evidence based intervention” (p.684). While harm reduction practices can be applied to all drugs, harm reduction is primarily applied to injection drug use due to the direct harms associated with the act of injection (Riley, Pates, Monaghan, & O’Hare, 2012, p.10).

While there is no single agreed upon definition of harm reduction, there are a number of aspects and strategies that have become associated with harm reduction practices. In general, one common goal of harm reduction includes advocating for the normalization of drug use, as harm reduction activists accept drug use as an inevitable behaviour (Boyd, Carter & MacPherson, 2016, p.103; CCSA, 2008, p.3; Erickson, Riley, Cheung, & O’Hare, 1997, p.8-10; Eversman, 2013, p.3-4; Riley et al., 2012, p.10). As well, harm reduction provides health care services that recognize the dignity of individuals and respects their human rights as users (Boyd, Carter & MacPherson, 2016, p.103). More specifically, Erickson, Riley, Cheung & O’Hare (1997) suggest that “harm reduction seeks to avoid falling into the snares of moral, legal and medical reductionist biases like other approaches” (p.6) and provides care with no strings attached. Similarly, Eversman (2013) suggests that policies that treat drug use as a public health issue rather than a criminal issue are also harm reduction in nature (p.4). According to the CCSA

(2008) harm reduction can serve as a way for users to access treatment, rehabilitation and other social services should users express interest in those services (p.3; Boyd, Carter & MacPherson, 2016, p.104). Overall, harm reduction contrasts with the prohibition and medicalized models within North America, because the primary focus of harm reduction is on reducing the harms caused by drug use, as well as the harms caused by prohibition, rather than advocating for users to abstain from or receive treatment for their drug use (Erickson et al., 1997, p.6; Eversman, 2013, p.3; Sanderson, 2011, p.26-27).

There are a variety of programs that fall under the term harm reduction. Some examples of programs that promote harm reduction are: the distribution of clean supplies such as needles and crack pipes. education of safe drug use and safe sex, safe consumption sites or facilities such as Insite, programs for overdose prevention, and alternative drug therapies (Boyd, Carter & MacPherson, 2016, p.103). The CCSA (2008) provides a more detailed in depth look at harm reduction strategies aimed at injection drug users. For example, needle exchange programs provide clean needles and syringes to injection drug users. Needle exchange programs are used to prevent the spread of disease and reduce infection and other harms that are associated with using damaged or non-sterile needles. Needle exchange programs operate across Canada and in several formats. Various research indicates that needle exchange programs are beneficial because there are decreases in high risk injection practices (like syringe sharing, borrowing, lending and reuse) and in rates of disease and infection, and an increase in the uptake and continuation of treatment programs (CCSA, 2008, p.4).

Methadone maintenance programs, another example, are used to establish stability among the participant. This stability is important as it aids in sustaining social support that may be needed for an individual to live without the use of opiates. These programs provide users the

opportunity to connect to social services such as health care and treatment options services that they may not have access to previously. Methadone maintenance clinics operate across Canada (CCSA, 2008, p.5). Needle exchange programs and methadone maintenance are only two examples of a multitude of harm reduction services. The CCSA emphasizes that these programs are standalone and that each community should conduct an evaluation of what services are needed, as harm reduction programs should be adopted to meet the specific needs of the community (CCSA, 2008, p.6).

Despite the benefits harm reduction can provide, there are a number of individuals who are critical of this approach, as well as a number of obstacles that occur in the implementation of harm reduction initiatives. The CCSA (2008) suggests that there are two views of harm reduction, those who view it as a way to assist drug users in the minimization of harms associated with drug use for themselves and the community or the view that emphasizes a “zero-tolerance” perspective which views harm reduction as an “approach that encourages drug use and appears to provide a thinly-veiled support for the decriminalization or legalization of drugs” (CCSA, 2008, p.3). Boyd, Carter & MacPherson (2016) argue that the lack of support for harm reduction approaches by the Canadian federal government has undermined recent efforts to implement harm reduction programs across Canada (p.129). Further, they suggest that the media has played a significant role in the lack of support for harm reduction, as it is often misrepresented as a contradiction to the NADS and abstinence based programs and/or is conflated with medicalized approaches to drug use situated within public health (Boyd, Carter & MacPherson, 2016, p.127; Erickson et al., 1997, p.5-6; Eversman, 2013, p.3; Sanderson, 2011, p.26-27). Media reporting on common myths and stereotypes about harm reduction can reinforce and also contribute to new prohibitionist policies (Boyd, Carter & MacPherson, 2016, p.128).

Insite: The Introduction of Supervised Injection in Vancouver’s Downtown Eastside

Insite, North America’s first supervised injection site, was implemented in Vancouver’s Downtown Eastside under a very specific harm reduction framework. Vancouver adopted a four pillar approach to manage drug use and signifies a shift toward understanding drug problems as a health and social issue in the community (Haden, 2006, p.124). A document titled: *A Framework for Action: Four-pillar Approach to Drug Problems in Vancouver* was an appeal to all levels of government, law enforcement, health care, and communities to implement the four-pillar approach because it balances public order and public health (MacPherson, 2001, p.2). The four-pillars are: prevention, treatment, enforcement and harm reduction, with an overall goal to encourage provincial and federal responsibility, increase public order and public health and to coordinate, monitor and evaluate the framework. Prevention, the first pillar, consists of three main approaches: primary, where there is an attempt to prevent or delay substance use; secondary, which aims to intervene in the early stages of substance use before serious problems develop; and tertiary, wherein there is a focus on preventing any harms an individual may encounter when using drugs. The intervention and prevention strategies within the areas of secondary and tertiary prevention can be referred to as harm reduction. There is an emphasis in this pillar on preventing drug use before it even occurs, and using harm reduction strategies for those who have started using (p.34).

The second pillar, treatment, can be defined as a “series of interventions and supports that enable individuals to deal with their addiction problems, make healthier decision about their lives and eventually resume their places in the community” (p.40). There is an emphasis on the continuum of care because, as the document notes, various and continuous points of contact with services is required in order for treatment to be effective (p.40). For example, services that will

support individuals before treatment such as social, housing, and health care programs will be created as part of the continuum of care. Alongside these programs will be services that support individuals during and after they receive treatment such as needle exchange programs, drug treatment courts, methadone maintenance programs and other opiate replacement therapies (p.40-47). Moreover, within this continuum of care there is an emphasis on breaking down “not in my backyard (NIMBY)” attitudes. NIMBY attitudes have prevented the implementation of alcohol and drug services within some communities because neighbourhoods do not often advocate for these services to be located in their area. There is an agreement throughout Vancouver that drug and alcohol services should be decentralized, but the lack of commitment from communities makes it difficult for individuals to access these services as communities may not want them in their “backyard” (p.48).

The third pillar, enforcement, includes a variety of activities carried out by the criminal justice system. Coordinated enforcement, the document says, is a “key pillar in any drug strategy” explaining that police have a “difficult and critical role to undertake in minimizing the harm caused by substance misuse” (p.52). Furthermore, the *Framework for Action: Four-pillar Approach to Drug Problems in Vancouver* states that in “order to uphold public safety and create a climate of social responsibility”, drug laws preventing the sale and misuse must be enforced (p.52). More explicitly, the document states that the four pillar approach deals with individuals who “have an addiction and need treatment” while clearly stating that public disorder and the “open drug scene” must be stopped (p.52). The police have a major role in minimizing the impacts of drug dealing and substance use in the community and the report claims that enforcement has improved communities (p.52).

The final pillar in this approach is harm reduction. The document explicitly states that Vancouver “must acknowledge the need for harm reduction programs and realize that accepting harm reduction as a part of the strategy does not mean condoning the use of illicit drugs” (p.60). However, there is a mention of accepting drug use, realizing abstinence-based programs are often ineffective, and that there is a need to minimize harms within the “street-entrenched drug scene” (p.60). The overall goals of including harm reduction in the four pillar approach is to reduce harm to the community and to the individual (p.60). The programs under this pillar include the implementation of low threshold programs, which are accessible and do not place demands on the patient in order to access those services, such as abstinence. These programs include day centres and safe injection rooms or supervised consumption rooms (p.62-64).

Supervised injection sites, such as Insite, are a low-threshold service, which can be described as an accessible service that does not demand the individual abstain from drug use in order to access the service. Medical and public health staff can provide sterile injection equipment to clients, but do not provide drugs nor do the staff assist directly in the administration of drugs (CCSA, 2005, p.1,3). According to the CCSA (2005), the main goals of supervised injection sites are to: “reduce acute mortality risks among injection drug users; bring injection drug users into contact with social, health, and treatment services; and to reduce public order problems such as discarded needles and public injection” (CCSA, 2005, p.3). Supervised injection facilities are often implemented to complement other harm reduction programs and often provide injection drug users with referrals to health and social services, as users may not have access to these service (CCSA, 2005, p3). Supervised injection sites provide a “gateway” to treatment programs and social assistance along with the supply of sterile equipment, emergency medical care such as oxygen and naloxone for overdoses, needle exchange, counselling services,

referrals to other services, education and information about safer drug practices and safer sex. Supervised injection sites also provide injection drug users with a supportive community, as the variety of services that the site provides can create a social support network for individuals who are regular clients of the site and have consistent contacts with the staff (CCSA, 2005, p.3-4).

Insite emerged in Vancouver's Downtown Eastside in response to a number of events that occurred in the 1990's. Specifically, the rise in overdose deaths, HIV and hepatitis led to an increased effort by users and advocates for the opening of a safe injection site aimed at reducing the possible spread of disease and death (Boyd, 2013, p.235). Insite opened in 2003 in Vancouver's Downtown Eastside under an exemption from section 56 of the CDSA. Within section 56, there is a condition where an exemption to the CDSA can be made on the grounds of medical or scientific research (Sutton, 2014, p.41). Insite was granted the exemption for medical and scientific research under the condition that there had to be a construction of an extremely rigorous evaluation of the facility, specifically the impact of the site on decreasing overdoses, improving the health of the clients, and an assessment of the relative health, legal and correctional costs associated with drug use in the community (Boyd, 2013, p. 236). The first research published on Insite by the British Columbia Centre for Excellence in HIV/AIDS appeared in 2004. Reports detailing the effectiveness of Insite continued until 2013.²

A number of these studies on Insite were rigorously peer-reviewed, and published in top scientific journals including *The New England Journal of Medicine*, *The Lancet* and the *British Medical Journal* (British Columbia Centre for Excellence in HIV/AIDS, 2009, p.5,8). The scientific evaluations were designed to "stand up to the highest level of scientific scrutiny" and there were a number of safeguards put in place to ensure that the research published was credible

² See <http://www.cfenet.ubc.ca/research/seosi> for more details

and reliable (British Columbia Centre for Excellence in HIV/AIDS, 2009, p.8-9). These safeguards included the implementation of a supervised injection site committee consisting of stakeholder groups such as the police and medical personnel; a guarantee that the methodology used to evaluate Insite was subject to external peer-review in order to ensure scientific rigour and openness; and all findings would be subject to external scientific peer review and publication (British Columbia Centre for Excellence in HIV/AIDS, 2009, p.8-9).

Overall, the studies evaluating Insite³ found no evidence of negative impacts related to the site and instead revealed a number of positive outcomes since the site opened. Some of the key themes of the reports include: successfully integrating the site into the community that attracted a wide diversity of injection drug users (see Kerr, Small, Moore, & Wood, 2007; Tyndall, Kerr, Zhang, King, Montaner, & Wood, 2006; Tyndall, Wood, Zhang, Lai, Montaner & Kerr, 2006); an increase in connecting users to other social programs (see Small, Wood, Lloyd-Smith, Tyndall, & Kerr, 2008; Wood, Tyndall, Zhang, Stoltz, Lai, Montaner, & Kerr, 2006); a reduction in overdose deaths and high-risk behaviours such as syringe sharing; and an increase in safer sex and injecting practices (see Kerr, Tyndall, Lai, Montaner, & Wood, 2006; Kerr, Tyndall, Li, Montaner, & Wood, 2005; Marshall, Wood, Zhang, Tyndall, Montaner, & Kerr, 2009; Stoltz, Wood, Small, Li, Tyndall, Montaner, & Kerr, 2007; Wood, Kerr, Small, Li, Marsh, Montaner, & Tyndall, 2004). The goal of Insite, to reduce the harms associated with injection drug use, was being met (Fairbairn, Small, Shannon, Wood, & Kerr, 2008), as demonstrated through various publications and reports.

Despite the research demonstrating the extensive benefits of the supervised injection site, there continued to be opposition to Insite from the federal Conservative government under

³ For a comprehensive overview of Insite evaluations, see Urban Health Research Initiative of the British Columbia Centre in HIV/AIDS, 2009

Stephen Harper, which led to numerous legal battles (Boyd, 2013, p.236). In 2006, the federal Health Minister announced that the exemption would be extended for another 15 months, but without federal funding for further evaluations (Boyd, 2013, p.236). Following this announcement, the federal Health Minister created an expert advisory committee to supply the government with supplemental evidence about the impact of Insite. The Conservative government at this time, claimed that the research completed by the British Columbia Centre for Excellence in HIV/AIDS was biased and “ideologically driven by a harm reduction philosophy” and thus the call for additional research was enacted presumably with the hope of finding results that did not coincide with previous research (Elliott, 2014, p.17). The research produced from this expert committee was consistent with the research completed by the British Columbia Centre for Excellence in HIV/AIDS (Boyd, 2013, p.236). In 2007, there was another call for research, specifically pertaining to the impact of Insite on crime and public order. The results were published in February 2008 and were again consistent with previous research (Boyd, 2013, p. 236).

Around this time, the Conservative government and the RCMP also privately solicited Colin Mangham, the Director of Research for the Drug Prevention Network, to assess the research methodology used to evaluate Insite and the effectiveness of Insite itself (Boyd, 2013, p.236-237; Elliott, 2014, p.18). The single report produced by Mangham was published in an online non-peer-reviewed journal titled the *Journal of Global Drug Policy and Practice*, which was heavily used by the federal government as evidenced throughout the Supreme Court trials that took place between 2007 and 2011 (Boyd, 2013, p.237; Elliott, 2014, p.18). Canada’s federal Health Minister pointed to Mangham’s report to suggest that the previous research, published in academic, independently peer-reviewed journals, was not sufficient (Boyd, 2013,

p.237). However, critics of the *Journal of Global Drug Policy and Practice* suggest that the journal was established to undermine harm reduction initiatives and is driven more by political ideology than science, due to the funding it receives from the Office of Juvenile Justice and Delinquency Prevention – located within the United States Department of Justice (Collier, 2009, p.E83).

This external research conducted by the federal Conservative government on the effectiveness of Insite led the government and public to question the effectiveness of supervised injection sites. The federal Conservative government in October 2007 announced that Insite would receive a six-month extension, however, it was clear the federal Conservative “government wanted the site closed” (Boyd, 2013, p.237). Moreover, the federal Health Minister called Insite “an abomination” at the International AIDS conference in 2008 and openly challenged the lawsuit that the Portland Hotel Society had launched (Boyd, 2013, p.237). The lawsuit, launched in August of 2008 by the Portland Hotel Society (PHS) along with Dean Edward Wilson and Shelly Tomic, two clients of Insite, was filed in the British Columbia Supreme Court. The lawsuit indicated that the threat of “closure of the facility by the Conservative government would be a violation of *the Charter of Rights and Freedoms*, denying users the rights under section 7 to ‘security of the person’” (Boyd, 2013, p.237; Lessard, 2011, p.93). In the British Columbia Supreme Court, PHS also argued that the CDSA provision should not apply to Insite because of the provincial power over health care (known as the “division of powers” argument). Justice Pitfield ruled with PHS and extended the exemption from section 56 of the CDSA for one year under the fact that the closure of Insite would indeed impact section 7 of the charter for drug users (Sutton, 2014, p.41-42). Following this ruling, the Attorney General of Canada appealed “the finding that the CDSA provisions are unconstitutional and PHS cross-

appealed the finding on the division of powers” (Sutton, 2014, p.43). Huddart J.A, the judge presiding on the case in the British Supreme Court of Appeal, upheld the original decision that Insite should continue to operate (Sutton, 2014, p.43). The case was further appealed by the Attorney General to the Supreme Court of Canada wherein the favour was found on the side of Insite. Justice McLachlin stated that the CDSA as a whole does not violate the *Charter*. However, it was ruled that the decision of the federal Health Minister “was not made in accordance with the principles of fundamental justice because it is arbitrary: exempting Insite would further the CDSA’s objections of the promotion of health and public safety not undermine them” (Sutton, 2014, p.44). In a unanimous decision (September 2011), Justice McLachlin concluded that “there can only be one response: to grant the exemption” (Boyd, 2013, p.238; *Canada [Attorney General] v. PHS Community Service Society*, 2011, p.192). As a result, this ruling has allowed Insite to continue to operate under the exemption from the CDSA. The research completed by the British Columbia Centre for Excellence in HIV/AIDS documenting the benefits of Insite, combined with the Supreme Court of Canada decision ruling in favour of Insite, demonstrates that there is a recognition of the rights of drug users by the highest court in Canada and that empirical evidence shows the need for a supervised injection site in Vancouver’s Downtown Eastside.

The Role of Media

The media has been instrumental in describing and creating problems surrounding illicit drug use and in representing harm reduction programs in positive and negative ways. Ray Surette (2007), an established scholar in criminology, asserts that crime, justice and media should be studied together because they are inseparable (p.2). The various images, narratives and ideas that circulate in the media have the ability to influence how individuals may think about crime and

justice. As a result, the thoughts that emerge can have an impact on public opinion, perceptions and public policy (Surette, 2007, p.2-3).

The media has played a role in describing to the public who drug users are in general, the problems associated with Vancouver's Downtown Eastside, and specifically, the drug users who reside in the Downtown Eastside. The media depicts certain portraits of drug users, in which they are so dependent on drugs that they cannot act in their own best interest, thus the news media present the "worst possible effects of drug use" (Boyd & Carter, 2010, p.233). Moreover, the Downtown Eastside is constructed as a dangerous place, as the "center of criminality and vice", and as a "gloomy ghetto of misery, destitution and squalor" (Elliott, 2014, p.13; Hugill, 2010, p.27; Liu & Blomley, 2013, p.119). These representations of drug users and the Downtown Eastside leads to the legitimization of their stigmatization. Scholars argue that media has the ability to establish the "boundaries of public discourse and it is within these boundaries that priorities are set and public agendas are established" (Hugill, 2010, p.25). The media often reflects privileged opinion through the overrepresentation of political elites and other authoritative knowers. As a result, those who are represented in the media have the ability to influence the ways in which social issues are framed (Ericson, Baranek & Chan, 1987, p.17-18; Hall, Critcher, Jefferson, Clarke, & Roberts, 1978, p.58; Omori, 2013, p.519). The overrepresentation of elites in the media happens despite journalistic practices that try to ensure that the statements in the media are "grounded in objective and authoritative statements from accredited sources" (Hall et al., 1978, p.58).

Media representations of drug use can be understood through a social constructionist perspective, which holds that people construct their individual realities "based on their personal experience and from knowledge they have gained through social interactions" (Surette, 2007,

p.31). For this reason, social constructionists focus on how people's interactions and their relationships with others may impact their interpretation of reality (Surette, 2007, p.31-32).

Social constructionism brings to light the ways in which social dynamics can aid in creating and defining conditions and behaviours as problems (Fraser & Moore, 2011, p.3). Social problems often emerge out of distinctive socio-cultural and historical conditions and are influenced by particular social classes, individuals, and media outlets (Fraser & Moore, 2011, p.2). In this sense, social problems are created when a large number of individuals and/or certain groups, consider an action or behaviour to be wrong. Steps then, must be taken to fix or correct the behaviour or action that is seen as wrong (Goode & Ben-Yehuda, 2009, p.152). Goode and Ben-Yehuda (2009) explain that if the members of a community do not see a way to fix or correct an issue, or that nothing can be done about it, it is not considered social problem. Social problems are not defined only by harmful effects, but through individuals who make claims about certain behaviours and actions (p.152). Further, "a social problem is the degree of felt concern about that condition, whether it is objectively serious or not, and what is said and done to correct it" (Goode & Ben-Yehuda, 2009, p.152)

In regards to drug use, social constructionism draws attention to how drug problems and contradictory claims about drugs are often socially constructed (Boyd, Carter & MacPherson, 2016, p.6). Social constructionism is also useful as it draws awareness to how institutional claim makers such as the RCMP, municipal police, politicians and the media shape the public's understanding of drug use as a social problem (Boyd, Carter & MacPherson, 2016, p.6). Claim makers help to establish the boundaries of social problems, in this case the "drug problem," and offer solutions that often correspond with their individual priorities and concerns (Boyd, Carter & MacPherson, 2016, p.6). When claims makers speak their claims, or their specific account or

story, which is often designed to further a particular goal, they are promoting one version of the world and excluding others (Miller, 2000, p.317). Fraser and Moore (2011) state that many scholars from various fields have used the social constructionist approach to problematize the process of how social problems are created and the knowledge that informs those problems (p.3). Definitions of social problems, drugs and their effects do not exist objectively, but are created and sustained by discourse and politics (Fraser & Moore, 2011, p.2). Thus, ideas about drugs and the problems that are often associated with drug use are rooted within cultural and historical contexts. How the public perceives drugs and their effects is often through the production of cultural and social systems that help to shape an individual's reality and experience of drugs (Boyd, Carter & Macpherson, 2016, p.7). Thus, the terms which describe and label drugs as "problems" must also be understood as social, cultural and political categories (Fraser & Moore, 2011, p.11).

However, it must be noted that using a social constructionist approach to understanding the creation of drug problems within the media does not deny the material impacts substances may have on individuals (Good & Ben-Yehuda, 2009, p.153), but helps in understanding how socio-cultural and individual realities help in shaping multiple perspectives of drug use. Often conceptions of drugs as either "good" or "bad" are not necessarily based on the supposed health or harms of the substance; rather, they are usually related to the claims that have been made historically about a particular substance (Boyd, Carter & MacPherson, 2016, p.7).

Overall, media representations have a significant impact on the lives of drug users. Murji (1998) states that media is a "key force in the demonization and marginalization of drug users, as presenting lurid, hysterical images and as a provider of an un-critical platform from which politicians and other moral entrepreneurs are able to launch drug 'wars'" (as cited in Taylor,

2008, p.370). Moreover, Boyd, Carter & MacPherson (2016) explain that periods of concern about drugs have been fuelled by a combination of advocacy groups and newspaper articles and campaigns which have influenced changes in Canada's drug laws (p.17). Catherine Carstairs (2006) work demonstrates that in the 1920's, during the moral panic surrounding opioid use in Vancouver, newspapers were very influential in creating conversations and opinions about drug use (p.27). The *Vancouver Daily World*, according to Carstairs, "blamed Asians for the spread of the drug habit", depicted whites as victims and encouraged businesses and organizations in Vancouver to create resolutions that would "deport the drug traffickers" (p.26-27). The *Vancouver Daily World*, as this time, created an "effective rhetoric" for white Canadians who were alarmed about drug use and Chinese immigrants in Vancouver (Carstairs, 2006, p.29). As a result of the ways in which the media represented drug use and traffickers, a moral panic was created which led to a new drug law being passed in 1922 (Carstairs, 2006, p.30). Carstairs (2006) concludes that by the time the drug panic had ended in 1923, "the tropes that guided it had been firmly established" and were regularly relied upon in newspaper articles throughout the 1920's (p.32).

Other examples can be seen in Boyd, Carter & MacPherson's (2016) work that explains that a 1938 *Toronto Star* article entitled "Marijuana smokers seized with sudden craze to kill: Officer warns insidious weed is even supplied school children" spiked media interest in marijuana and the media suggested that the drug could send people to the "insane asylum" (p.19). As well, the media was used to promote NADS by claiming the dangers of drug use, the risk of criminalization and addiction and abstinence as the solution (Boyd, Carter & MacPherson, 2016, p.38). While the *Senate Special Committee on Illegal Drugs* asserts that newspaper articles cannot be the only reason why drugs were criminalized, committee members also recognized that

the “media played an important role in shaping Canadian drug legislation” (2002, p.212). Thus, it can be argued that media coverage may not only be misleading at times, but media “can also actually be harmful because it is implicated in the triggering of drug scares and moral panics which lead to ‘knee jerk’ drug crackdowns and punitive responses” (Murji, 1998 as cited in Taylor, 2008, p.370).

The Neoliberal State and Subject

The way the media chooses to represent drug use and the way the activity is stigmatized is directly related to the creation of the neoliberal state and subject. A broad definition of the neoliberal approach is: “as many costs as possible should be shifted from the state back on the individuals, and markets, particularly labour markets should be made as flexible as possible (Gamble, 2001 as cited in Chan, 2012, p.251). Neoliberalism, like liberalism more broadly, is often associated with the preference for a free market and minimal state intervention. The market is seen to be a favourable way of organizing activity because they are “associated with competition, economic efficacy and choice” (Larner, 2000, p.5). But within the neoliberal state, individual identities are derived from their role as service users, due to the emphasis placed on individualism and consumption with the neoliberal state, rather than as citizens or community members (Chan, 2012, p.250-251). Elliott (2014) suggests that the usefulness of “neoliberalization” in regards to drug use is derived from debates surrounding regulation, government, and the “management of citizens who are politically and economically marginal to the state” (p.10). Neoliberalism occurs in health care policy in Canada wherein public health programs and monitoring of patients are contracted out, to organizations such as those that are non-governmental or research institutions, rather than coming from the state as the needs of the society are addressed through the market in an effort to increase profit (Chan, 2012, p.251). The

rollback of the public sector is combined with an increase in an emphasis on self-care and the responsabilization of individuals to address their own problems through the free market (Elliott, 2014, p.10). The restructuring of the public health care system in Canada has unfolded unequally, but it specifically has reshaped the “delivery of care for the urban poor and drug-using communities” (Elliott, 2014, p.12).

Hugill (2010) asserts that the strategies of redistribution in the 1970’s and 1980’s of universal insurance have given way to modes of governance that place emphasis on personal responsibility and flexibility through a favouring of the rational actor (p.34). The neoliberal subject that emerges within the neoliberal state is understood as a rational, “actively responsible” agent who is” a “consumer of services” and has a personal commitment to enhancing “their quality of life” through decision making (Hugill, 2010, p.34-35). Individuals are provided with the freedom to make most decisions about themselves, but must make those choices in a manner that is responsible and align with neoliberal goals, which include reducing risk (Sanderson, 2011, p.17). Essentially, individuals are understood like the market and are expected to be “self-reliant and relatively autonomous from the state” (Hugill, 2010, p.34). Thus, responsabilization of individual conduct can be described as a process whereby “duties, obligations and passive rights are counter-posed to opportunities, choices, the engendering of the capacities and competencies for active citizenship in the subject of government, who is then to be a subject of self-government, individual choice and personal responsibility” (Rose, 1999 as cited in Sanderson, 2011, p.17). This results in an increased reliance on “individual solutions to public problems” and a state which approaches social issues from an economic perspective above other approaches (Hugill, 2010, p.35). Accompanying the responsabilization of the individual, there have been technologies, such as social norms, implemented in order to ensure individuals are making

choices consistent with that of neoliberalism. These technologies seek to regulate individual conduct and help to maintain public order by “binding individuals into shared moral norms and values: governing through the self-steering forces of honour and shame” (Rose, 2000, p.324).

Those who cannot responsabilize and who choose to violate the social norm face exclusion (Sanderson, 2011, p.17). Those who are excluded are not “cast out” but are subject to “strategies of control” (Rose, 2000, p.330). Rose (2000) explains that there are two strategies imposed on those who are excluded. There are strategies that seek to reconnect the excluded to the community through employment and interventions that inspire communities and individuals. The other strategy, deems reintegration impossible for certain individuals and seeks to manage these individuals through measures that defuse the dangers the individuals pose to society. This strategy is often inflicted through the criminal justice system (p.330). Neoliberal rationalities create a dichotomy of people where there are those in the majority who can responsabilize and those who cannot, for example, the marginalized and the criminals (Rose, 2000, p.331).

In regards to drug use, there is an installation of social norms stating that drug use is incompatible with a healthy life. This norm is emphasized and enforced through drug policy (Duff, 2015, p.85). Thus, within the criminal justice system, and for individuals who engage in drug use which is seen as contradictory to the social norm, there is a moral model of drug use implemented that views users as individuals who “willingly and irrationally choose to abuse drugs despite their illicit nature due to a lack of morality” (Sanderson, 2011, p.61). Individuals then, under the neoliberal state, are encouraged to engage in a cost benefit analysis wherein rational choices are made in accordance to economic market values which favours self-regulation and the management of risk (Brady, 2016, p.6; Hugill, 2010, p.35; Rose, 2000, p.324, 327-328). Within this calculation, it is assumed that drug use is a threat to the definition of normal health,

and thus those who engage in drug use are seen as resisting rationality, the social norm of maintaining a healthy life and the market principles described above (Duff, 2015, p.85).

Neoliberalism results in the limited intervention of the state through the preference for individual choice, but also results in a form of governance in which institutions and individuals are encouraged to conform to the principles that inform the free market (Larner, 2000, p.12).

Furthermore, individuals who breach the social norm by using drugs and defying the market principles of self-regulation and discipline “not only infringe on criminal law, their behaviours must also be stigmatized for its indifference to the normative principle, enshrined in drug policy, that illicit drug use as wrong” (Duff, 2015, p.85).

In regards to drug use and harm reduction, the neoliberal state and the resulting emphasis that is placed on individualization and responsabilization has a significant impact on the lives of drug users. Collins (2013) suggests that harm reduction within the neoliberal state constructs users as “rational, responsible individuals” and emphasizes the need to provide information and services which supports “responsible drug use” wherein the users calculate risk become “self-regulating citizens monitoring their own behaviour” (p.137). Thus, the neoliberal state responsabilizes users through the use of harm reduction in the sense “that they are required to choose the correct behaviour to regulate themselves” (Collins, 2013, p.137). Moreover, individuals are ‘free’ to make choices as long as they make their choices in a “responsible manner in accordance with the neoliberal ideal of reducing risk” (Sanderson, 2011, p.17).

The media has been used within the neoliberal state to promote social norms, and as a technology that can control criminality and conduct while encouraging individuals to responsabilize (Rose, 2000, p.324). The media depictions of drug users as irrational beings, or individuals who lack proper judgement becomes extremely crucial to the success of harm

reduction initiatives such as Insite. As mentioned, the media informs public opinion and policy, but the media also creates a discourse surrounding drug use and users which can define the ways in which drug use is understood (Hugill, 2010, p.28). Hugill (2010) asserts that when the media focuses on the marginality of individuals on the fringes of society, the media fails to interrogate why the fringe itself exists (p.29). Thus, when analyzing the media representations of drug users, it is important to keep in mind the neoliberal restructuring of the state that intensifies the marginalization already faced by users and how it informs the prevailing discourse, as discourse has the ability to articulate the boundaries of what can be said about drug use.

Theoretical Approach

There have been numerous studies articulating how harm reduction, drug users, drug use and drug prohibition have manifested themselves in news media (see Eversman, 2013; Eversman, 2015; Orsini, 2015; Pereira & Carrington, 2016; Sanderson, 2011, Taylor, 2008). However, there has been little written about Insite's representation in the media through a discourse analysis method. Thus, my research adds to the growing literature surrounding Insite and its history of legal battles, and covers the gap in the literature specifically pertaining to the Supreme Court of Canada case, which ruled in favour of Insite.

Discourse, Power, Knowledge and Governmentality

The following analysis will also be informed by Foucauldian notions of discourse, power, knowledge and governmentality. I will use this framework in order to analyze the discourses that emerge, the knowledge that informs the discourse, and how it is used to govern subjects.

A key Foucauldian concept that I will be employing in my analysis is discourse. Discourse refers to all aspects (for example, documents, policies, rules, speech, text, etc.) that can be used to distribute and produce truth claims. These truth claims, in essence, set the

standard for how the truths can be spoken and acted upon in a particular time in history, as discourses appear in certain time periods (Foucault, 1978, as cited in Godderis, 2009, p. 30; Miller, 2008, p.252). Discourse also refers to the broader social rhetoric (such as the rhetoric of drug use as immoral, Insite as a site that encourages drug use) that individuals may employ as resources in their everyday language (Miller, 2000, p.317). The ways in which we know and speak about the world is formed by discourse, a large scale system of knowledge (Miller, 2008, p.252). Discourses that inform truth claims are changeable, as they do not represent reality, but bring reality into existence (Godderis, 2009, p.31; Miller, 2008, p.252). In general, Foucault's concept of discourse defines the strategies associated with the construction of discourse as a form of discipline (McHoul & Grace, 2002, p.26). Discourse then, is the language that establishes reality, and a "system of meaning that constitutes institutions, practices and identities in contradictory and disjunctive ways" (Larner, 2000, p.12). The dominant discourse asserts a specific version of the world into being, which disqualifies other discourses. As a result, discourse is ultimately a form of power and creates acceptable and prohibited ways of speaking and acting (Hall, 2001, p.73; Miller, 2008, p.252).

Due to the ways in which discourse operates, disciplinary power is spread beyond the institutional and government setting into the "social landscape". The power associated with the creation of discourse cannot be confined to a single individual or social group, but operates in a "capillary style" (Miller, 2008, p.253-254). Miller (2008) states that Foucault's main concern was how different ways of knowing (discourses), in various historical settings "brought people into being" and what the consequences were of those discourses (p.253). Accordingly, two techniques of discipline emerge through discourses are surveillance, where there is detailed observation of individuals through statistics and secondly, through normalizing judgements

where individuals are subject to evaluation against a “standard of normalcy” and those who do not meet the standard are subject to exclusion or correction (Miller, 2008, p.253). It is within the discourse that standards are created and sustained through claims of truth. Thus, the standards set within the discourse enlist subjects in their own policing (Miller, 2008, p.254).

Discourses and knowledges ultimately sustain their power by classifying and excluding knowledge that is deemed illegitimate (Miller, 2008, p.257). The current discourse seeks to disqualify certain knowledges that come from those located at the bottom of the hierarchy. Excluding these knowledges reinforces a discourse based on scientific truth claims (McHoul & Grace, 2002, p.17). When power is administered on the body through discourse, the knowledge that informs it is based on previous knowledge, observations, statistics and aspects of control, which results in harms being perpetrated towards those who deviate from the norm (McHoul & Grace, 2002, p.21-22). Moreover, the discourse influences individuals to self-govern through conformation to the dominate discourse.

Foucault referred to the complex ways in which discourse and power are interwoven as governmentality (Foucault, 2003, p.244). Knowledge claims and truths created in the sciences are often used to design policies which regulated everyday conduct (Duff, 2015, p.83). Foucault described governmentality as the “conduct of conduct” through organizations, texts, people, and ourselves (Brock, 2012, p.23). In this sense, power no longer belongs to one individual over others but resides in everyone. This results in power being productive (i.e., it brings people into being), and a range of institutions, such as a health care, “facilitate the process of self-discipline and self-governance” (Murdocca, 2014, p.22). Governmental power, power that is not exercised by one individual or government over others but is everywhere often in the form of “moral regulation”, is most effective in neoliberal societies where individuals believe they are free

through the expectation that they will engage in self-regulation in order to produce the best version of themselves (Brock, 2012, p.23; Miller, 2008, p.262; Murdocca, 2014, p.23). Thus, through governing practices, people have a right to make their own free choices, but often conform to the norms of health and wellbeing through self-regulation (Brock, 2012, p.23; Souleymanov & Allman, 2016, p.1433). The responsabilized actor that emerges through the neoliberal discourse actively takes part in managing her/her own life through responsible actions which increase their wellbeing (Larner, 2000, p.13; Miller, 2008, p.262). The responsabilized actor is also a “risk manager”, where the individual manages all facets of their life in order to minimize any risk that may occur to oneself and the state (Miller, 2008, p.263). Those who cannot responsabilize or do not take action to minimize risk within their lives are ultimately excluded from the broader society through “naming, shaming and blaming”, criminalization and incarceration (Rose, 2000, p.336).

Drug use is often treated as a deviation from the social norms (Duff, 2015, p.82) that are established through discourse and drug policy and thus, the individuals who engage in drug use are subject to exclusion. The governance of drug use involves the installation of norms, informed by the sciences, media, and other dominant discourses, which emphasize that a healthy and productive life is not compatible with drug use (Duff, 2015, p.84). Within this larger discursive framing, policies concerning drug use are created. Undertaking this analysis within my project will help to develop an understanding of what discourses were produced in the media in 2011 surrounding Insite, how these discourses were framed and articulated within the news media, and how these discourses may link to broader discourses about drug use that are informed by social and political contexts.

Research Design

Research Questions

There are two main questions guiding my analysis. The first general question guiding my research is: How is Insite and the court case represented in newsprint media? Discussions about how Insite and the court case is represented will aid in clarifying the general discourse surrounding the physical site itself and the services Insite provides. More explicitly, this discussion will include the impact the case has on the opening of other supervised injection sites, and the perceived impact of the Insite case on other legislative matters.

A supplementary question I have guiding my analysis is: How are Insite's stakeholders and clients represented in news media in 2011? In 2011, Insite was the subject of news media coverage as it was being debated in the Supreme Court of Canada. Thus, the discourses that emerged in 2011 likely continues to influence how the general public perceives and speaks about supervised injection sites today. This discussion will include an analysis of who is allowed to speak in the media about the Insite case, who's voices are relied upon and who is left out of the articles.

Data Analysis

A discourse analysis informed by Foucault is an appropriate method for my project as I am seeking to discover how Insite was represented in the media in 2011. Discourse analysis itself, places emphasis how we talk in everyday, routine settings (Miller, 2000, p.315). However, situating my method within the Foucauldian tradition allows for an in-depth analysis of the knowledges contained and discussed within the discourses and how these knowledges are connected to power relations within society (Jäger & Maier, 2012, p.34-35). A critical discourse analysis based on Foucault's concepts of discourse consists of finding what knowledge is valid in a historical or current time, how the knowledge arose in the discourse and how it has traveled,

and what the consequences are of certain discourses in creating and governing subjects (Jäger & Maier, 2012, p.34).

I will be analyzing the data for language that produces and reinforces social inequalities through explicit and implicit meaning. Discourses often construct subjects through the creation of certain and specific knowledges about groups of people, in this case, drug users (Jäger & Maier, 2012, p.35-36, 38). The construction of subjects through the media is directly related to how power flows throughout the articles. This includes examining who is given considerable space in the articles to articulate their thoughts, whose quotes are relied upon and who is not given space to speak. The flow of power in the articles also includes the ways in which Insite is represented. Thus, I will also be looking for how the media describes Insite and harm reduction or how the media's representations may describe or leave out the lived experiences of Insite's clients.

Overall, I am employing a discourse analysis influenced by Foucault because I am seeking to discover the implications of the discourses that emerged in 2011. Discourses surrounding Insite at this time likely effect how we speak about Insite today because discourse informs the ways in which we know and speak about drug use and harm reduction initiatives like Insite. Thus, analyzing the discourses in the media at this time will help in understanding if social inequalities are reproduced, how the knowledge of drug users and other subjugated knowledges may be relied up or suppressed, and if there is an emphasis on 'true' knowledge. Further, utilizing this methodology will allow me to link the Supreme Court Case concerning Insite to larger social contexts to show the importance of this ruling in relation to the governance of drug users. In regards to Insite and its clients, discourses have the ability to regulate ways of knowing, speaking and thinking about drug use.

Data Sources

The article samples used in the analysis will be comprised of articles from *The Globe and Mail* and *National Post*. I have specifically chosen two national newspapers in order to situate my analysis of media representations of Insite and the discourses that surround the Supreme Court Case in 2011 on the national level. The period in which I draw the articles from is August 1, 2011 and October 31, 2011. This time frame has been decided due to the assumption that a majority of the articles directly pertaining to the Insite case will appear directly before and after the decision was released on September 30, 2011.

Choosing *The Globe and Mail* and the *National Post* for this analysis is extremely purposeful. These are the only two newspapers which are delivered across the country, and both are extremely popular. Moreover, because these newspapers are not situated within Vancouver, where Insite is located, I am also approaching this analysis with the assumption that the target audiences of the article may not be fully familiar with the case. Thus, this may encourage newspapers to give further context and clarity when writing about Insite to their audiences. The audiences of *The Globe and Mail* and *National Post* are extremely significant because they reach a considerable portion of the Canadian population. In 2011, *The Globe and Mail* had a weekly readership of approximately 1,939,380 and a daily average of 323,230 readers, whereas the *National Post* had a weekly readership of approximately 903,971 and a daily average of 155,162 (Newspapers Canada, 2011). Thus, these two newspapers reached almost 3 million readers per week. In addition, despite the increase in social media and accessibility of various news outlets online, readership of these two newspapers has not decreased. The latest report published by Newspapers Canada found that in 2015 *The Globe and Mail* had weekly readership of online and print sources of 2,018,923 with an average daily readership of 336,487, whereas the *National*

Post had a weekly readership of online and print sources of 1,116,647 with an average daily readership of 186,108. Thus, recently there has actually been a 4.1% increase in readers for *The Globe and Mail* and a 19.9% increase in readership for the *National Post*. This increase in readership clearly demonstrates that newspapers continue to be read, and the discourses that emerge within them are important.

Both newspapers also have a large presence on social media. As of April 2017, *The Globe and Mail* has approximately 1,569, 283 followers on Twitter, 650,223 likes on Facebook and 77,000 likes on Instagram. In comparison, as of April 2017, the *National Post* has approximately 11,880 followers on Twitter, 326,639 likes on Facebook, and 62,800 likes on Instagram.

Moreover, I have also chosen *The Globe and Mail* and the *National Post* because they are owned by separate parent companies. *The Globe and Mail* is owned by The Woodbridge Company, and the *National Post* is owned by Postmedia Network (Newspapers Canada, 2015). These papers produce the majority of their articles within their corporations and often the information produced through these newspapers is circulated through other outlets (Hugill, 2010, p.15). Thus, it can be assumed that because *The Globe and Mail* and the *National Post* are owned by separate companies there may be a difference between the articles produced. This may include, for example, a difference in the length and type of article or the content expressed by the authors. The weekly readership numbers and social media followers of each newspaper indicate that Canadians are now receiving their news in more than one form. News media is now accessible and readily available in various ways that do not require a newspaper subscription. Therefore, analyzing the discourses that emerge within the newspaper is extremely important as it is likely that the discourses that emerge influence public opinion and policy.

Sample

The article sample used for this analysis was discovered using the *ProQuest Historical Newspaper: The Globe and Mail* database for *The Globe and Mail* articles using the advanced search function. The articles from the *National Post* were found through the use of the search function on the *National Post* website. The articles used for this analysis were published between August 1, 2011 and October 31, 2011. This date range was selected in order to receive the most pertinent articles concerning the court case, as the case decision was handed down by the Supreme Court of Canada on September 30, 2011.

The search terms used were “supervised injection site” and “Insite”. The initial search using the terms “supervised injection site” and “Insite” in the *ProQuest Historical Newspaper: The Globe and Mail* database between August 1, 2011 and October 31, 2011 revealed a total of 23 results. The term “supervised injection sites” revealed eight results, and the term “Insite” revealed 15 results. However, 4 articles, consisting of letters to the editors and author descriptions, were excluded due to the length, as these articles were only a paragraph long. Seven additional articles were excluded because they were duplicated in both searches. In total, 12 articles from *The Globe and Mail* will be analyzed, eight from the “supervised injection site” search, and four from the “Insite” search.

The search terms “supervised injection site” and “Insite” were also used to search for *National Post* Articles. The *National Post* is not available via ProQuest database, thus the results came from searching the *National Post* website between the dates of August 1, 2011 and October 31, 2011. To do so, each search term was entered into the search bar of the database. For the term “supervised injection site” a total of 80 articles were found. Limiting the search to August 1, 2011 and October 31, 2011, resulted in seven articles. The search “Insite” revealed 116 results

on the *National Post* website. Limiting the search to August 1, 2011 to October 31, 2011 resulted in 17 articles. Articles that were excluded consisted of letters to the editors and author descriptions, and were excluded due to the length because these articles were only a paragraph in length. In addition, 11 articles were excluded from this search due to repetition and resulted in six articles being used from this specific search. This resulted in a total of 13 articles being used from the *National Post*.

After the exclusions had been made, the total article count from both newspapers is 25 (12 from *The Globe and Mail*; 13 from the *National Post*). A code was given to each article according to the date published in each newspaper. For example, the oldest article in *The Globe and Mail*, published closest to the beginning of the data set, August 1, 2011, was labelled GM-1 and the most recently published article, closest to the end of the data set, October 31, 2011, was labelled GM-12. This process was repeated with the articles from the *National Post*. Any reference to the data set will use this code, and the full bibliographic reference for each article is provided in the Appendix.

Interpretation

Each article was read over numerous times for analysis. The first read of every article was used to determine its inclusion in the research sample. Prior to the second reading, codes were established. These codes were identified prior to the second reading and were based on the research questions and the initial reading. Key codes were highlighted and included the term “addict”, “drug user” or “client”; descriptors of Insite such as “overdose deaths”, and “health benefits” and other adjectives; representatives of the government such as “Harper”, “The Supreme Court”, and “Health Minister”; and other individuals who were relied upon in the articles such as academics, professionals, and researchers. The second read of the articles was

used in order to sort the articles into their respected categories and themes using the codes identified. The major themes that were derived from the analysis was based on the initial research question. This resulted in the major themes including the representation of Insite, its stakeholders, and the clients. Many of the articles can be sorted into multiple thematic categories, and therefore the same article can be used in order to explain different themes and answer both research questions.

Ethical Considerations

There are no ethical considerations that need to be addressed with the university research ethics board. The texts I used are publicly available through the *ProQuest* database and through the *National Post* website. However, I must keep in mind that the discourses I discover may have detrimental effects on individuals who use drugs. The discourses that appear in the research sample and my analysis have the potential to be harmful because they may promote a certain way of speaking about drug use that stigmatizes the individual.

Due to the possible emergence of harmful discourses in this analysis, I have chosen to describe individuals who use drugs as ‘drug users’, ‘users’ or ‘clients of Insite’ (with the exception of quotations from the research sample). These descriptions were chosen purposefully as they are terms which I believe will inflict minimal harm towards individuals who use drugs, in comparison to descriptors such as ‘addict’ or ‘junkie’. Similarly, in Boyd, MacPherson, and Osborn’s (2009) work detailing the rise of collective activism in the Downtown Eastside, they have also chosen to use the term ‘drug user’ as oppose to other language. Perhaps most significantly, the Vancouver Area of Network of Drug Users (VANDU), which is an organization of current and former individuals who use drugs, also refer to themselves as ‘drug users’. Boyd, MacPherson and Osborn’s work and VANDU are speaking from the perspective of

drug users, and as a researcher who does not identify as an individual who uses drugs, it is of the utmost importance that my analysis use terms which originate from drug users themselves, and accurately represents individuals who use drugs. Overall, I must be conscious of what I, as a researcher, choose to publish and include in my analysis in order to not perpetrate harm to the drug user community.

Canada (Attorney General) v. PHS Community Services Society

Canada (A.G.) v. PHS Community Services Society, hereafter referred to as the Insite case or Insite decision, was heard by the Supreme Court on May 12, 2011 with the final decision being delivered on September 30, 2011. The case made it to the Supreme Court after the federal government appealed both decisions that occurred in the British Columbia Supreme Court and the British Columbia Court of Appeal.

The 2008 case filed in the British Columbia Supreme Court was between PHS Community Services Society, two clients of Insite (Dean Wilson and Shelly Tomic), VANDU, and the British Columbia Civil Liberties Association who protested the closure of Insite. On the other side was the Attorney General of Canada and the Minister of Health for Canada. This case was filed in regards to the threatened closure of Insite, due to the federal Health Minister's refusal to extend the site's exemption, which allowed it to operate under section 56 of the CDSA. PHS filed the case making two key arguments: one being that the CDSA does not apply in this circumstance because Insite is a health facility and jurisdiction of health resides with the province, known as the division of powers argument. Division of powers in regards to Insite refers to a question surrounding who is ultimately responsible for the site—the provincial government because it is a health care facility, or the federal government because it operates through an exemption from a federal drug law (Sutton, 2014, p.43). The other argument was

related to the provisions of the CDSA that prohibit possession, which was argued to violate the section 7 *Charter* rights of the clients of Insite (Lessard, 2011, p.93). Judge Pitfield examined the conditions in the Downtown Eastside and the origins of Insite, the nature of addiction, Dean Wilson's and Shelly Tomic's personal circumstances, the operations of Insite, and the assessment of outcomes, before deciding that sections of the CDSA are inconsistent with section 7 of the *Charter*, and granted Insite the exemption from section 4(1) and 5(1) of the CDSA (*PHS Community Services Society v. Attorney General of Canada*, 2008).

The Attorney General of Canada appealed the decision challenging the finding that the CDSA provisions were unconstitutional and then PHS cross-appealed the case on the basis of the division of powers argument. The three Judges presiding in the British Columbia Court of Appeal on the case were Justice Huddart, Justice Rowles, and Justice Smith. Two out of three judges upheld the previous decision. Judge Huddart and Justice Rowles upheld Justice Pitfield's decision that Insite should continue to operate under an exemption from the CDSA, while also noting that Insite provides health services and, as such, these services are under the jurisdiction of the province which should not be interfered with by the federal government (*PHS Community Services Society v. Canada [Attorney General]*, 2010; Sutton, 2014, p.43-44). The third judge, Justice Smith, presented the dissenting decision. Justice Smith dissented on both the interjurisdictional immunity argument, and the *Charter* grounds. Judge Smith ultimately found that federal laws must prevail over provincial responsibilities (*PHS Community Services Society v. Canada [Attorney General]*, 2010; Sutton, 2014, p.44).

Following this decision, an appeal was made by the Attorney General of Canada and a cross appeal was made by PHS to the Supreme Court of Canada. The Supreme Court weighed a number of factors, relevant court cases, and evidence in their decision. The Supreme Court's

decision details the various conditions that led to the implementation of Insite, the services the site provides as a “strictly regulated health facility”, and the CDSA exemption which allows Insite to operate (*Canada [Attorney General] v. PHS Community Social Services*, 2011, p.151). The Court summary proceeds to provide details of PHS, Dean Wilson, Shelly Tomic and VANDU before summarizing the findings from the British Columbia Supreme Court and the British Columbia Court of Appeal.

The Supreme Court considered whether sections of the CDSA are inapplicable to the activities of the clients and staff of Insite because of the division of powers legislation and whether the sections of the CDSA infringe on section 7 *Charter* rights. The Court decided, in accordance with the division of powers argument, that federal law must prevail and that the CDSA does not violate *Charter* rights (Sutton, 2014, p.44). The Court explains that the ‘safety valve’ feature of section 56 allows the Minister of Health discretion to grant exemptions from the CDSA “if, in the opinion of the Minister, the exemption is necessary for a medical or scientific purpose or is otherwise in the public interest” (*Canada [Attorney General] v. PHS Community Social Services*, 2011, p.180). The Court concludes that the CDSA does not violate *Charter* rights, and suggests that if there is a *Charter* problem “it lies not in the statute but in the Minister’s exercise of power the statute gives him to grant appropriate exemptions” (*Canada [Attorney General] v. PHS Community Social Services*, 2011, p.180). Thus, the Court denies the argument that the CDSA violates section 7 *Charter* rights, but goes on to consider whether the Minister’s decision to not grant the exemption violates the section 7 *Charter* rights of the claimants.

The Supreme Court asserts that it is within their discretion to examine the Minister’s decision to not grant the exemption because the claimants were adamant that their section 7

Charter rights were at stake. The Court states that the claimants should not be denied an explanation and solution to their dispute because it was the Minister's decision and not the CDSA that causes an infringement on the *Charter* rights of Insite's clients (*Canada [Attorney General] v. PHS Community Social Services*, 2011, p.181). The Court concludes that the "Minister's refusal to grant Insite a s.56 exemption was arbitrary and grossly disproportionate in its effects, and hence not in accordance with the principles of fundamental justice" (*Canada [Attorney General] v. PHS Community Social Services*, 2011, p.185). With the information available to Minister at the time of his decision, the refusal to grant the exemption is arbitrary because not granting the exemption undermined the purposes of the CDSA which is to promote public health and safety. It is "grossly disproportionate" because the health benefits Insite clients receive "outweigh any benefit that might be derived from maintaining an absolute prohibition on possession of illegal drugs on Insite's premises" (*Canada [Attorney General] v. PHS Community Social Services*, 2011, p.188).

The remedy the Court proposes is one of the reasons why Insite has occupied a significant space within news media. The Court concludes that the federal Health Minister's refusal to grant an exemption from section 56 of the CDSA violates section 7 of the *Charter of Rights and Freedoms*. The Court considers the option of sending the issue back to the Health Minister and allowing him to make a decision, but decides this remedy is inadequate because, in the Court's opinion, there is serious consequences for the claimants and drug users alike should the Minister decide again to not grant the exemption. Thus, the Court orders the Minister to grant the exemption, however noting that this does not stop the Minister from revoking the exemption should the operations of Insite change. The Court goes on to explain that decisions concerning exemptions from the CDSA must be made in accordance with the *Charter*. Therefore, the

Minister when granting exemptions must take into consideration the impacts of the exemption and whether denying the exemption would infringe on section 7 *Charter* rights. Moreover, the Minister should take into account any evidence on the impact a supervised injection site has on crime rates, any conditions that suggest the need for a facility, the regulator structure in place to support the site and its maintenance, and the communities support or opposition to the implementation of a supervised injection site. Thus, the decision of the Court in essence is that “there can be only one response: to grant the exemption. There is therefore nothing to be gained (and much to be risked) in sending the matter back to the Minister for reconsideration” (*Canada [Attorney General] v. PHS Community Social Services*, 2011, p.192).

Results

The Insite case, delivered on September 30, 2011, is the main focus of this analysis. The following section will provide a detailed report of the findings derived from an analysis of 25 articles which focused on the Insite case found in *The Globe and Mail* (12 articles) and the *National Post* (13 articles).

Representation of Insite and the Future of Supervised Injection

When referring to Insite, the research sample depicted the supervised injection site in a variety of ways, but one of the key themes that emerged from both newspapers was a reference to Insite as a site that improves the health of drug users through the reduction of disease and overdose. In general, Insite is described as a health initiative that has brought “seriously ill addicts off the streets” (GM-2), has provided “refuge from dirty alleys” (NP-11) and provides “intravenous drug users with clear health benefits” (GM-5). In regards to disease reduction, Insite was described as contributing to the reduction “of HIV infections caused by sharing contaminated needles” (GM-1) and reducing “the risks from drug addiction” (NP-8). Further,

article NP-13 states that “safe injection sites have been credited with reducing the spread of infectious diseases and overdose deaths”.

Another theme found in the newspaper sample was the framing of Insite as beneficial because it aided in a reduction of overdose deaths. For example, Insite was described as a site that “saves the lives of sick people who might otherwise die from overdoses” and was called a “lifesaving support” for the “desperately ill”. (GM-4). Article GM-2 emphasises that the supervised injection site “has saved numerous lives”, a sentiment echoed in Article NP-7 which states that “the evidence is clear, Insite saves lives”. Additionally, Julio Montaner, the director of the B.C. Centre for Excellence in HIV/AIDS is quoted as saying that “supervised injection can now be fully recognized as a legitimate, effective component of harm reduction, itself a ‘standard of care’ in the battle against drug addiction and the spread of infectious disease” (NP-3). Further, the Supreme Court is quoted as saying that the federal Health Minister should not “stand in the way where a clinic ‘will decrease the risk of death and disease” (GM-12) as the threatened closure of the site would be “threatening to their health and indeed their lives” (NP-3).

Along with Insite being referred to as a supervised injection site that provides health benefits, Insite was also described as a site that contributes to public order within the Downtown Eastside. The emphasis placed on public order may be due to the research conditions that allowed Insite to open. In order for Insite to operate under an exemption from the CDSA for medical and scientific purposes, the site had to be subject to rigorous evaluations, and the impact Insite had on public order in the surrounding neighbourhood was one of the main research questions. Within the newspaper sample, the benefits that Insite provides to the Downtown Eastside were mentioned through references to decreased crime rates, discarded needles and paraphernalia, and increased “public order.” For example, Insite is described as a supervised

injection site that provides “intravenous drug users with clear health benefits along with advantages for the community” as there are “significantly fewer drug users injecting in alleys and discarding used needles” (GM-5; NP-6). Further, it is also noted in article NP-6 that Insite has provided better “outcomes for drug addicts and improving public order”. Similarly, article NP-9 states that “Insite’s benefits include increased uptake in addiction services, reduced HIV risk behavior and improved public order”. More explicitly, article NP-3 explains that supporters of Insite state that the research has “proven” that the site “brings a measure of public order to a neighbourhood where open drug use and violent crime are all too common” and article NP-6 states that the Vancouver Police Department has “found a notable decline in public injections, discarded drug paraphernalia and most importantly, crime and public disorder”. Chief Justice McLachlin was also quoted as speaking to the benefits Insite has for the community by stating that “Insite has saved lives and improved health, and it did those things without increasing the incidence of drug use and crime in the surrounding area” (GM-2). Moreover, Insite is described creating “marked health benefits for its community of users ‘with no discernable negative impact on the public safety and health objectives of Canada” (NP-5).

Due to the research conducted on Insite regarding public health and public order, it is perhaps no surprise that the benefits that community gains from supervised injection sites were mentioned within the articles. The space which is allocated within the research sample to a discussion of the benefits Insite provides to the broader community, while not as often or as frequently as the benefits Insite provides to its clients, indicates to the reader that public order is also a priority of supervised injection sites. As an additional example, beyond a discussion of the broader benefits Insite provides to public order, there were also three times where there was a connection made between Insite “saving lives” and the saving of “tax dollars”. According to

article NP-9, “Insite saves lives and tax dollars,” and Article NP-1 quotes Walter Cavalieri of the Canadian Harm Reduction Network who states that “Harm reduction will save lives. It will save money”. In addition, article GM-5 suggests that in order to open a new supervised injection site, the individuals or groups advocating must “convince a skeptical public that you are not wasting tax dollars coddling ‘junkies’”. While the connection between tax dollars and Insite occurs only three times, it is a clear demonstration that the concerns of the public must be addressed alongside the needs of the clients of Insite. Sanderson (2011) explains that the research conducted about public order and supervised injection sites suggests that there is a need to provide a reason to the non-drug using public for the implementation of Insite, as they may not see why a supervised injection site is required unless there is a benefit to the wider community, and not just a benefit for injection drug users (p.87).

The third most common theme is the impact the Insite case will have on the creation of new supervised injection site. The possibility of new supervised injection sites being implemented was mentioned 13 times within the research sample. An emphasis was placed on new sites in Montreal and the addition of supervised injection into current harm reduction programs within Vancouver. Within in the context of Vancouver, health officials were discussing the implementation of a second site in the city and how to incorporate supervised injection into other treatment models “hours after the ruling” (GM-3), as well as the expansion of supervised injection into other harm reduction initiatives including the potential of a portable facility, because “harm reduction should not be limited to a physical space” (NP-3). Further, the decision is also seen as one that will “pave the way” for supervised injection sites to open “in other major cities with large populations of injection drug users such as Montreal, Toronto, and Ottawa” (GM-3; GM-5). Public health officials in Montreal said that plans are in place to open a

supervised injection site (NP-13). However, as noted in article GM-12, the court approved of Insite due to the specific conditions of the Downtown Eastside specifically, because it was a “skid-row neighbourhood”.

Descriptions of the Downtown Eastside such as the ones above were relied upon heavily by the authors of the articles in both newspapers, and also in the selected quotes from the Supreme Court and the government officials. As such, the specific conditions of the Downtown Eastside, and corresponding stereotypical construction of the neighbourhood, often became a central focus of the articles in the research sample.

For example, the specificity of the particular context of the Downtown Eastside in the Supreme Court decision was signalled in the articles by providing quotations from Chief Justice Beverly McLachlin, who stated that “at any given time, drug transactions can be witnessed in the open air on the very steps of the historic Carnegie Community Centre at Main and Hastings. In alleys steps away, addicts tie rubber bands around their arms to find begins in which to inject heroin and cocaine, or smoke crack from glass pipes” (GM-2). The Downtown Eastside was also referred to as a “notorious” (NP-3), “sad, tiny area” (NP-2), “Canada’s poster district for entrenched substance abuse and addiction” (NP-7), and “Canada’s most deprived urban area” (NP-8). Due to the specific conditions of the Downtown Eastside, how applicable the Insite case will be to other potential cases is of concern to health officials. This concern is due to the understanding that the implementation of Insite was directly related to the Downtown Eastside.

Elliot (2014) describes the Downtown Eastside as a community that is constructed as a dangerous place, and is perhaps best known for the open drug markets, disease epidemics and poverty (p. 13). In the original proposal for this new health initiative, the specificity of Downtown Eastside was used as a specific reason for the implementation of a supervised

injection site. These justifications were: “unsafe injection practices, including the sharing of used needles, the use of dirty water in drug preparation, and the use of non-sterile equipment; high overdose rates among injection drug users in British Columbia; and public disorder associated with public injection practice” (Elliott, 2014, p.15). The only construction and representation of the Downtown Eastside provided in the newspaper sample is one which highlights drug use and a lack of public order. Without presenting any alternative representations which may highlight other aspects of the Downtown Eastside such as the sense of community in the area, the media allows for the reinforcement of a stereotypical understanding of the Downtown Eastside as described above. The implications of this reinforcement will be discussed further in the discussion section.

In terms of extending supervised injection sites beyond the Downtown Eastside, the research sample relied on a number of various government officials in Quebec to reference the potential of new supervised injection sites in that province. For example, quotations from the Health and Social Services Minister in Quebec were used to explain that the provincial government will conduct research in order to understand the specific needs of the drug using community in Montreal. They hope to build a model that will be “socially acceptable”, which includes creating multiple injection sites in many areas rather than in one centralized location to “avoid the kind of concentration that would ‘stigmatize a neighbourhood’” (GM-10). A spokesperson for Jocelyn Ann Campbell, an executive committee member responsible for social and community development, stated that a supervised injection site in Montreal would have to respect “how a neighbourhood lives... the concept of social acceptability, all of it would have to be done with the respect for and in harmony with the concerns of a neighbourhood” (NP-13).

As these examples illustrate, discussions about implementing new supervised injection sites in Montreal still place considerable emphasis on the opinions of the non-drug using public. Further, what this indicates is that even though the Supreme Court ruled in favour of supervised injection sites, there is a considerable focus on addressing the concerns of the non-drug using public when it comes to the location of new supervised injection sites. As evident within the results discussing the health benefits of Insite and the effect the site has on public order, there is an assumption that both health and individual benefits along with the benefits Insite provides to the non-drug using public are important. However, considering the space allocated to discussions of public order and ‘social acceptability’, indicates that the concerns and needs of the non-drug using public are also a priority. Thus, the media is positioning the health benefits of the site with the benefits provided to the broader community in order to reassure the non-drug using reader that the benefits of Insite reach beyond the clients of the site. As a result, the discussion surrounding the benefits of Insite includes both the client and the non-drug using public. This indicates that the authors of the newspaper articles believe that the benefits provided to the client are not enough to justify Insite’s operation and that in order for the reader to accept the judgement in the Insite case benefits also have to be provided to broader community.

Stakeholder Representation

The secondary research question guiding the analysis seeks to understand the ways in which Insite’s stakeholders are represented. For this analysis, I will be using the following broad definition of a stakeholder: “a stakeholder is one who is involved in or affected by a course of action (Merriam-Webster Dictionary, 2017b). The majority of the stakeholders presented in the newspaper sample include: various government officials and politicians (mentioned 24 times), academics and researchers (mentioned 23 times), the judges in the Supreme Court (mentioned 15

times), and “other” stakeholders such as public health, lobby groups, police, and Insite clients. ‘Other’ stakeholders were included in the analysis because four articles listed a number of stakeholders together.

Federal and municipal government

Government officials at the time, including Prime Minister Stephen Harper, the federal Health Minister Tony Clement, Mayor of Vancouver Phillip Owen, along with other “politicians” were mentioned as stakeholders 24 times in the research sample. More specifically, federal and municipal stakeholders are the most frequently mentioned. This is most likely attributable to the federal Conservative government and the federal Health Minister’s position as the appellants in the Supreme Court case, and thus they were given ample space within the newspaper sample to discuss their position on the outcome. The federal Conservative government’s approach to drug policy had been firmly prohibitive and the decision of the case - to allow Insite to stay open - was in direct contrast to the Harper government’s position on drug use.

Along with being stakeholders in this decision through the judicial system, the media also positioned Stephen Harper and the Conservative government, along with the federal Health Minister Tony Clement, as stakeholders because of the impact the case was perceived to have on Harper’s “law and order agenda” (GM-2). Harper himself was quoted a total of four times within the newspaper sample. These quotes included Harper saying that the government was “disappointed” and that the government has a “different policy” (GM-2). More explicitly, Harper was quoted saying that “the preference of the government in dealing with drug crime is obviously to prosecute those who sell drugs and create drug addiction in our population and in our youth” (NP-3). Harper further explained that the government prefers to “treat drug addiction

through programs of prevention and treatment rather than through the issues that were in front of this court in terms of so-called harm-reduction” (NP-3). Finally, Harper was quoted in article NP-6 stating that Insite was a “failed experiment”.

Additionally, Harper was mentioned 13 more times as “Harper’s conservatives”, or the “Harper government”. For example, in regards to the decision to not extend the exemption, article GM-2 refers to “Harper’s government” whereas article GM-6 states that “Harper’s Conservatives” would not grant the exemption. After the decision, article GM-8 stated that there is a “confrontation brewing between the Harper government and the Canadian Courts”. When discussing Harper’s ideological stance on Insite and Harper’s position on the Supreme Court case, article NP-6 asks “why did Stephen Harper’s government have to lose all the way to the Supreme Court?”.

The Globe and Mail and the *National Post* position Stephen Harper in different ways. Overall, Harper and his government are represented in both newspapers as unsupportive of the decision and of drug use in general. However, *The Globe and Mail*, when quoting Harper, used quotations that described him as disappointed, but willing to cooperate with the ruling. Further, *The Globe and Mail* contrasts Harper’s distaste for the decision with the celebration that took place in the Downtown Eastside (GM-2). In contrast, the *National Post* when quoting Harper, used much more explicit quotations that clearly reflected his firmly prohibitive stance against drug use. For example, in article NP-3, Harper was described as being unsupportive when the decision was made to extend Insite’s exemption to 2008, and said that the federal government would not support “what it labelled a ‘failed experiment’”. Further, Harper is quoted as saying that “the preference of this government in dealing with drug crime is obviously to prosecute those who sell drugs and create drug addiction in our population and in our youth” (NP-3). By

contrasting Harper with the supportive nature of the Downtown Eastside, the newspapers are presumed to be detailing both sides of the argument - that of Harper as well as the supporters of Insite. Overall, *The Globe and Mail* positioned Harper as a Conservative Prime Minister who was disappointed with the Supreme Court decision but would comply. However, the *National Post* positioned Harper in a way which highlights only his disappointment in the case and preference for the criminalization of drug use.

Both newspapers reference the federal Health Minister's refusal to grant the exemption and his role in the Insite case. The *Globe and Mail* published two articles that featured the federal Health Minister at the time the Insite case was launched, Tony Clement, and the federal Health Minister at the time of the decision, Leona Aglukkaq, as stakeholders. Article GM-6 positioned Clement as a federal Health Minister who tried to "justify the unjustifiable in the face of overwhelming medical and scientific evidence" in regards to the Minister's explanation for not extending the exemption. This position is furthered in article GM-5 where Clement is quoted saying that "supervised injection sites offered no harm reduction but rather harm addiction". The federal Health Minister in 2011, Leona Aglukkaq expressed feelings similar to that of the Prime Minister, that the "government was disappointed but would reluctantly comply" (GM-5). Aglukkaq also stated that the federal government would prefer to spend money on "prevention of drug addiction rather than on harm reduction measures for addicts" (GM-5). Tony Clement's presence in the *National Post* is limited to his refusal to grant the exemption in articles NP-4 and NP-12. In general, both Ministers are represented as being unsupportive of the decision.

How the Prime Minister and the federal Health Minister are represented in the newspaper sample and what they are quoted for is significant because the Prime Minister and the federal Minister of Health hold powerful positions in society. The Prime Minister occupies a powerful

position because they are the leader of the Cabinet, who is the centre of the federal government. The Cabinet advises the federal government by prioritizing policies and ensures that laws and policies of importance are implemented (Library of Parliament, 2012). Similarly, the Minister of Health is also in a powerful position because they are responsible for the maintenance and improvement of the health of individuals in Canada supported by Health Canada, the Public Health Agency of Canada, the Canadian Institutes of Health Research, the Patented Medicine Prices Review Board and the Canadian Food Inspection Agency (Government of Canada, 2014). In terms of representation, the take away messages for readers of *The Globe and Mail* and the *National Post* is that the Prime Minister and the federal Health Minister are central stakeholders in the Insite case and firmly unsupportive of the decision.

Positioned in contrast to the federal Conservative government was Phillip Owen, the Mayor of Vancouver. The City of Vancouver's municipal government consists of the Mayor, who is the Chair of City Council, and 10 Councillors who are elected every four years. The government is responsible for passing bylaws, collecting taxes, and supporting arts and community services (City of Vancouver, 2017b). Phillip Owen was first elected in 1996 and remained Mayor until 2002 (City of Vancouver, 2017a).

With respect to the municipal government the only individual mentioned is Phillip Owen, whose presence in the research sample was quite small (mentioned 12 times in article GM-1 and once in article NP-3). However, he was favourably spoken about in the article sample. For example, the *Globe and Mail* featured an entire article about Owen's involvement in the creation of Insite. The article entitled "Insite's unlikely father paid a political price" details Owen's history as mayor and how he was an "unlikely champion of the hardened drug addict" (GM-1). The article describes Owen as a vocal proponent of the four pillar strategy, and it follows Insite.

Further, the article states that Owen was a “big reason that Insite happened” and that ultimately Insite cost “Owen his job” because he was an advocate for harm reduction initiatives in contrast to his “hard-right, Non-Partisan Association party colleagues on council”. While Owen was not mentioned as many times as the Prime Minister or the federal Health Minister, how he is represented is important because he became the focus of an entire article.

Owen’s contribution to the implementation of Insite cannot be denied because he was a key factor in the creation of the four-pillar approach (Boyd 2013, p.235). However, the article represents Mayor Owen’s support as the only reason that Insite opened. This is problematic because the article does not give credit to, and as a result silences, the voices of the drug users in Downtown Eastside that had been advocating for a safe injection site since the early 1990’s (Boyd, 2013, p.235). The issue of silencing the voices of drug users will be examined in more detail later in the discussion section titled “representing the clients of Insite”.

Evidence-based science, academics and researchers

Within the research sample the term ‘evidence’ is used 40 times; 27 times in eight articles in *The Globe and Mail* and 13 times in four articles in the *National Post*. The discourse that is constructed for the readers of *The Globe and Mail* is that science exists as a neutral, objective and impartial form of knowledge. This is accomplished by providing the perspective audience with information about the science referred to in the Insite Supreme Court decision. Thus, within *The Globe and Mail*, the discourse of objective science is reproduced and relied on quite heavily. However, the readers of the *National Post* are provided with a different representation of science, as science is discussed in terms of whether objective and impartial science was used correctly in the case.

Throughout both newspapers the word evidence is used in reference to the Supreme Court's reliance on scientific evidence in their decision-making, and in contrast to the federal government's use of "ideology" in their argument during the *Insite* case (GM-1; GM-2; GM-6; GM-8; NP-6). For example, Article GM-2 explains that the Court expressed a "strong affirmation of scientific evidence over political beliefs". Article GM-5 goes on to explain that in the case the "federal government not only chose to ignore the evidence" and "mounted a moralistic anti-science campaign against *Insite*". Article NP-8 explains that the *Insite* case "showed that the government could not ignore scientific evidence to push a legal agenda that opposes drug use or prostitution". However, article NP-7 is dedicated to a discussion surrounding the science that was used in the *Insite* case. The author of this article suggests that the science used in the decision was "flawed", and that the Supreme Court should annul its ruling unless it can "point to another source of credible evidence". Article NP-9 on the other hand, asserts that "the science is in, *Insite* saves lives". This article points to the research article NP-7 was discrediting, stating that the specific study article NP-7 referred to was not used in the decision. Articles NP-7 and NP-9 still rely on the discourse of science to explain their opinion, with one article calling for new science to be conducted in order to demonstrate *Insite*'s success and the other stating that the evidence used was enough. While the articles may seem to be contrasting each other due to the difference in opinion about whether the research was used in the case, the articles are still upholding the value and importance of science as central to being able to make an appropriate decision about *Insite* in the context of the court case. Outside of articles NP-7 and NP-9, the discourses of science and evidence are used sparingly and appear less explicitly in other *National Post* sample articles. Yet, ultimately, both newspapers rely on the science discourse to explain to the reader the justification for the decision. Thus, science, in

the Insite decision, is represented in the media as being an impartial and objective evaluator that can provide valid knowledge about the justification for the implementation of supervised injection sites.

Academics and researchers were mentioned a total of 23 times within the article sample. The majority of the academics and researchers who were interviewed mentioned the consequences this case may have for the Conservative federal government. For example, a University of Ottawa law professor states that the Supreme Court ruling is a “major strike against the Harper government using its hard right ideology to counter evidence” (GM-1). Bruce Ryder, a law Professor at Osgoode is quoted saying that the Insite ruling is a “warning to the government that if any of its laws or policies which restrict liberty or threaten lives or health are vulnerable to a *Charter* challenge” (GM-8).

Quotes and input from academics and researchers were often used to discuss the effect the case may have on the federal Conservative governments ‘tough on crime’ approach, the case’s impact on other legal matters, and for the implementation of other harm reduction initiatives. As a result, the statement in article NP-9 that “dozens of scientists from several Canadian universities and scientists from around the world have contributed to the evaluation of Insite” is very important as it has the ability to highlight the importance society places on rigorous objective science.

Supreme Court Judges

The Supreme Court, and specifically Chief Justice Beverly McLachlin, were mentioned as stakeholders a total of 15 times in the research sample. The Supreme Court was referenced in all articles except for NP-10. Overall, the Supreme Court and the decision were mentioned positively, with the exception of five articles that discuss the “judicial activism” of the court

unfavourably. The Supreme Court of Canada is Canada's final court of appeal, and "decides on legal issues of public importance". As well, "the independence of the Court, the quality of its work and the esteem in which it is held in both Canada and abroad" contributes to the foundations of a secure, strong and democratic country (Supreme Court of Canada, 2017). Moreover, the Supreme Court of Canada's website states that the Court's decisions for Canadian society are widely recognized, and that the Court assures "uniformity, consistency and correctness in the articulation, development and interpretation of legal principles" (Supreme Court of Canada, 2017).

The 62-page Supreme Court majority decision, delivered by Chief Justice Beverly McLachlin, was referenced frequently within the article sample. Primarily the article sample referenced the Court's understanding of addiction as a disease, and the negative consequences of closing the site. For example, the Court is quoted as saying that "addiction is a disease in which the central feature is impaired control over the use of the addictive substance" (GM-4) and that "addiction is a primary chronic disease" (GM-6). In regards to the threatened closure of Insite, "the Court determined that closing Insite would threaten their lives" (NP-3) and that refusing to grant the exemption would contravene "the principles of fundamental justice" (NP-4). Further, Chief Justice McLachlin is quoted in Article GM-5 as arguing that "the effect of denying the services of Insite to the population it serves and the correlative increase in the risk of death and disease to injection drug users is grossly inappropriate to any benefit Canada might derive from presenting a uniform stance on the possession of narcotics". Overall, a key finding in this analysis is that the Supreme Court buttressed the health-related argument through the assertion that addiction is a disease rather than a moral failing.

While the Supreme Court's decision on Insite hails on the side of harm reduction, it is in direct contrast to the federal Conservative government's position. What has resulted within the research sample are competing discourses, at least on the surface, about harm reduction, drug policy and Insite. However, it is also important to note that while the Supreme Court's decision may have been supportive of Insite, the decision still presents depictions of addiction as an illness. The consequences of describing addiction as an illness will be discussed later; there I will argue that a description of the client as an 'addict' produces a similar moral argument often relied upon within the prohibitionist approach to drug use.

In addition to the Supreme Court's decision, concerns about the application of the *Charter* also appeared in the newspaper sample. In the decision, the Supreme Court stated that the Minister's decision to deny Insite's exemption violated section 7 of the *Charter*. According to the decision, section 56 of the CDSA allows the Minister to grant exemptions and that such discretion should be done so in accordance with the *Charter*. Thus, the Minister must consider whether "denying an exemption would cause the deprivations of life and security of the person that are not in accordance with the principles of fundamental justice" (*Canada [Attorney General] v. PHS Community Social Services*, 2011, p.192). Combined with this, the Court also stated that an exemption must be granted if there is scientific evidence demonstrating the success of the site (*Canada [Attorney General] v. PHS Community Social Services*, 2011, p.192). Because the Court's decision to grant the exemption was rooted in the *Charter*, there is a considerable amount of space in the research sample explaining the Court's decision, the intersection of evidence and the *Charter*, and how the Insite case may apply in other legal cases.

For example, article GM-2 explains to the reader that the decision was grounded in the "*Charter* right to life, liberty and security of the person" and that the "government cannot simply

withdraw the exemption from prosecution, jeopardizing medical staff and users”. The article also quotes a law professor who states that this decision is “the first strike against the Harper majority government using its hard-right ideology to counter evidence based health and social initiatives when they impact on *Charter* rights” (GM-2). Article NP-3 echoes this by explaining how the closure of the facility would breach a client’s rights to “life, liberty and security of their person, prescribed in section 7 of the *Charter*”. The article also uses this quote from the decision: “The issue is not whether harm reduction or abstinence-based programs are the best approach to resolving illegal drug use, but whether Canada has limited the right of the claimants in a manner that does not comply with the *Charter*” (NP-3). Further, article NP-8 states that experts have concluded that the Insite decision has shown the government that they cannot “ignore scientific evidence to push a legal agenda that opposes drug use”.

While this explanation to the reader is brought up in both newspapers, *The Globe and Mail* and the *National Post* offer their reader differing positions on what this means for future cases that hinge on a section 7 argument. For example, *The Globe and Mail* dedicates two articles to a discussion about judicial activism. Article GM-8 states that the decision gives judges a “new tool for activism” which will cause a “surge across several important *Charter* of Rights cases already in the courts”. Moreover, it goes on to quote a law professor from York University who states that the “Insite ruling is a warning to the government that any of its laws or policies which restrict liberty or threaten lives of health are vulnerable to *Charter* challenge, if compelling evidence calls into question their effectiveness in achieving their stated goals”. In regards to future laws, article GM-9 quotes another law professor who states that “Courts will scrutinize what legislators were attempting to do when they drafted a law and whether their efforts precipitated an even worse situation for those affected by it”. Article GM- 4 further states that

“sometimes, it falls to the courts to use the *Charter of Rights and Freedoms* to shield a powerless group from arbitrary state action”.

However, the *National Post* provides a negative interpretation of the application of the *Charter* in future legal cases. For example, article NP-4 states that the application of the *Charter* in the Insite case “opens the doors to all sorts of dangerous usurpations of Parliamentary power by unelected Judges and is an excellent example of just the sort of overreach by the Courts”. Further, the article goes on to say that the *Charter* enables the courts with “unlimited authority to remake the world in accordance with their own ideology” (NP-4). As well, the article states that the question is “whether or not we can and should allow judges, who no one ever voted for and who are not even permitted to thoroughly scrutinize in advance of their appointment, to substitute their own judgement for that of people based upon randomly-asserted constitutional principles that are vague at best” (NP-4). Article NP-13 on the other hand, is focused on the appointments to the Supreme Court at that time. In regards to the application of the Insite case, the article states that the decision demonstrates that the Court is “plenty activist about telling government when it is wrong”. The author goes on to state that they agreed with the outcome of the case but that there “is no getting away from the bottom line that a group of unelected judges over-ruled the elected government and effectively legislated policy” (NP-13).

What this comparison shows are two different and opposing views of the application of the *Charter* in the Insite case and on future cases. The readers of *The Globe and Mail* are offered a discussion about how the Insite case has the potential to be applied in the future, and the reasoning from the Court as to why their decision was rooted in the *Charter*. Whereas the readers of the *National Post* are offered a generally negative viewpoint of the decision through the ample

space provided to a discussion of judicial activism and the role unelected judges should play in the legislature.

Other stakeholders

Within the research sample there are a number of other stakeholders that are only mentioned briefly, and often as part of a list with other stakeholders. These stakeholders include: public health, medical associations, community organizations, police and drug users. For example, in a discussion on the threatened closure of Insite, article GM-2 states that it led to an “immediate alliance of drug users, the medical community and a wide swath of the political spectrum”. In discussions of the outcome of the decision, article NP-3 states that the decision for Insite to remain open is the “desire of health-care professionals and politicians” and that “health-care workers, Insite supporters, staff members and clients” were celebrating the decision. Article GM-2 states that in Vancouver, “the decision was greeted with delight by a broad coalition of drug users, politicians, police and the medical establishment”. Further, article GM-6 explains that Insite is supported by “medical associations, nurses, public health experts and those learned in the cruel maladies of addiction”. As well, according to article NP-9, “the British Columbia government and Canada’s leading medical and public health bodies, including the Canadian Medical Association and the Canadian Public Health Association have endorsed Insite”.

Interestingly, rather than being a stakeholder on their own, public health officials were positioned alongside drug users within the newspaper sample. Positioning public health, and other stakeholders, alongside drug users discursively presents an alliance between drug users and other institutions such as public health. This positioning may act to undermine otherwise authoritative figures through an alliance with drug users, who are a stigmatized group. Overall,

both *The Globe and Mail* and the *National Post* discursively align, and possibly undermine, multiple stakeholders by listing them together in the articles.

Client Representation

No clients of Insite were ever interviewed for the newspaper articles, and thus there is not a single quotation from clients included in the sample of articles. However, clients are referred to regularly, and the most frequently used term to refer to the clients of Insite was ‘addicts’ (count: 69). This was followed by ‘drug users’ (39), ‘seriously ill’ (3), ‘junkies’ (4), and ‘clients’ (4). Addict, according to the Merriam-Webster Dictionary is some who devotes or surrenders oneself to something habitually or obsessively (2017a). The reason the term ‘addict’ is important within this analysis is because there are generally negative connotations associated with the term. As demonstrated by the definition of ‘addict’, being addicted entails “surrendering” oneself to a substance, which presumes the individual’s loss of control. Further, this approach also views drug users as individuals who uncontrollably act on impulses due to their disease (Sanderson, 2011, p.62). Thus, assumptions that drug users lack control and act on impulses are sustained within the research sample. As well, the frequency of the use of the term ‘addict’ in both newspapers clearly shows a pattern which results in the media is supporting broader discourses of drug use. Further, by relying on this term the newspapers are conveying stereotypical views of drug users by not supporting other descriptors of drug users. As a result, both *The Globe and Mail* and the *National Post* do not provide their readers information which challenges these constructions and does not create room within the media for new discourses that counter the term ‘addict’ and the negative connotations associated with the term.

Two clients of Insite, Dean Edward Wilson and Shelly Tomic, were the only clients mentioned by name, and only explicitly because they were claimants in the Supreme Court case.

However, there is only a single article that mentions Dean Edward Wilson and Shelly Tomic, which is article NP-2 that uses the biography of the claimants to supplement the author's own description of their family's trouble with alcohol. The article details the author's mother who was an alcoholic and refused to seek treatment; the author says "I hail from a long line of addicts, so it's probably unsurprising that in the Supreme Court of Canada's judgement about the controversial safe-injection clinic Insite, what grabbed me were the biographical bits about the case's two individual claimants" (NP-2). The author goes on to describe Dean Edward Wilson as one who has been addicted to various drug since the age of 13, and "despite repeated efforts to stop or reduce his drug use, he has never been able to get completely clean". Shelly Tomic is described as being "born addicted to speed" and has "turned to sex work from time to time to support her addiction". Both of these individuals, the author notes, use Insite when they relapse. It is important to note that in article NP-2, while it mentions Dean Edward Wilson and Shelly Tomic, they are not interviewed for the piece, and their lives are reduced to their drug use. Moreover, they appear only to be used within the article to allow the reader to see that the author has a connection between themselves and the clients of Insite. Ultimately, the author is representing these two clients of Insite negatively by choosing to only highlight specific aspects of their lives in order to further the authors larger point. Beyond this description, no other clients of Insite are mentioned within the research sample.

Along with the term 'addict', significant attention must be paid to the ways in which addiction and drug use were described in the articles. As mentioned, the Supreme Court decision about the case supported the understanding of addiction as a disease. In a *Globe and Mail* article, Chief Justice Beverly McLachlin was quoted as saying that "drug addiction is a grave disease, not a choice or sign of immorality" (GM-2), and that "addiction is a primary, chronic, disease in

which the central feature is impaired control over the use of the addictive substance” (GM-4; GM-6). Describing addiction as a disease presumes that those suffering from addiction need treatment which actually contrasts with the harm reduction model where the focus is on reducing individual harms rather than a cessation of drug use (Eversman, 2013, p.3; Sanderson, 2011, p.63). However, the use of “addiction as a disease” rhetoric was a clear pattern within *The Globe and Mail*. The *National Post* did not quote the Supreme Court’s opinion of addiction as a disease, but still presented the medical model alongside the criminal model in the articles.

Although the medical/disease model of addiction was primarily used to describe the clients of Insite, the traditional criminal model of drug use was also used as a descriptor for the clients of Insite in both newspapers. For example, drug users were described as being “the guy who stole their television set” and “the guy who keeps the drug dealers in business” (GM-7).

Article NP-4 stated that the author personally did not have an issue with drug use, but said that:

if [drug users] want to burglarize my car while taking public assistance so that you might blight [sic] come of the most valuable real estate in the world, making it effectively a no-go area for a large portion of the population and if your actions while under the influence of drugs create disorder altogether separate from the simple illegality of the drugs themselves, then we have a problem.

Similarly, article GM-6 tried to explain Insite’s exemption from the CDSA in this way:

Technically, drug users are criminals. But the Liberal government had granted an exemption from the criminal law to allow the injection site to operate, the theory being that controlled use under supervised injection would lead to less crime because addicts wouldn’t be desperately seeking money to feed their addiction.

While the association of crime and drug use within the article sample was explicit in the quotations mentioned above, this connection was implied in other ways as well. For example, the articles in the sample referred to the illegality of drug use 30 times. The conflation of drug use and crime and has been noted throughout the history of drug prohibition in Canada. The consistency of this conflation presents drug users as immoral individuals who choose to use drugs despite their illegal nature (Sanderson, 2011, p.61). Thus, what is being constructed in the research sample, both through the medical explanation being referenced mostly in *The Globe and Mail* and the criminal explanation mostly in the *National Post*, is a consistent reference to the illegal nature of drug use and that drug use is morally wrong. By consistently referring to drug use and addictions in a negative way, whether through medical or criminal explanations, there is a reinforcement of the stigma associated with drug use in the discourses presented to the readers of *The Globe and Mail* and the *National Post*.

Discussion

The following section will provide an in-depth discussion of the primary themes identified in the previous results sections. Three overlapping dominant themes derived from the results include representing the clients of Insite, the consequences of media representation, and the governing of the clients of Insite. I will discuss these themes in relation to my literature review and theoretical framework.

Representing the Clients of Insite

In this section, the ways in which the articles in the sample represent the clients of Insite will be discussed. Based on the results, which indicate that the medical and criminal model were relied upon, it will be argued that the reliance on these models leads to, and increases, the invisibility of the clients of Insite. Further, it is within these models that the clients of Insite are

reduced to stereotypical representations, which highlights their drug use and enforces the assumption of drug use as a disease and/or moral failing. This assumption is further reinforced through the reliance on science and other authority figures rather than the clients of Insite. The ways in which the clients of Insite are represented is problematic because it reduces their existence to either an addiction or moral failing, excludes drug users from the discussions surrounding Insite, a service they use, and deems their knowledge and opinions as illegitimate.

As noted in the history of drug prohibition in Canada, and the emergence of harm reduction as an alternative model, drug use has been classified as both a criminal justice issue and a public health concern. Drug users, as mentioned in the results section, are referred to primarily in the newspapers as addicts and their actions are explained through the medical model of addiction by the Supreme Court of Canada. The medical model of addiction sees addiction as a disease and illness, and this approach can be traced back to the beginnings of harm reduction and the public health approach to substance use (Ball, 2007, p.685). Medicalization, according to Conrad (2007), is a “process by which nonmedical problems become defined and treated as medical problems, usually in the terms of illness and disorders” (p.4). The medicalization of addiction began as part of a broader movement towards a ‘medicalization of deviance’, and within this framework the drug user is not seen as a criminal but as a “sick person” (Conrad and Schneider 1992 as cited in Erickson et al., 1997, p.5-6). Essentially, medicine has now redefined legal, social, and moral problems and issues through medical terms. Defining these issues through medical terms allows health care professionals the authority to interfere in the lives of drug users through medical interventions (Bell & Figert, 2015, p.22). Thus, behaviours that were previously considered immoral or criminal, have been given a different meaning through medicine, “moving them from badness to sickness” (Conrad, 2007, p.6). However, the adoption

of the medical model of addiction is double-edged as it may challenge the criminal and moral models of addiction, but it also increases the focus on individual medical solutions rather than collective or social based solutions, such as public initiatives to address homelessness and poverty which often exacerbate the harms associated with drug use (Ben-Ishai, 2012, p.41; Boyd, Carter & MacPherson, 2016, p.40; Conrad, 2007, p.8).

Conrad and Schneider (1992) assert that “the greatest social control power comes from the authority to define certain behaviours, persons, and things” (as cited in Conrad, 2007, p.8). Medicalization, thus, has the authority to define certain behaviours, such as drug use, as deviant or an activity that contradicts the social norms. This becomes problematic as drug use through “medical social control” becomes an activity which needs correction (Conrad, 2007, p.8). Within medicalization theory, the concept of control is used to explain “medical imperialism” which is the ability to control deviant behaviours through science and the use of treatment rather than punishment (Bell & Figert, 2015, p.22). Those who identify with an addiction are compelled to seek treatment immediately in order to recover (Erickson et al., 1997, p.6), and thus, there is a focus on medical treatments informed by the sciences rather than punishment through the criminal justice system. The Supreme Court’s decision to justify their ruling through the use of the medical model, and the media’s reliance on this justification, provides the opportunity to shift the prevailing discourse surrounding drug use. Thus, the presence of the medical model of addiction in the media allows the public to develop a different understanding of addiction, a view that is different than the criminal model promoted by the federal government.

The criminal model, which was promoted in the article sample less frequently than the medical model, has similar moral understandings of drug use. There are two implications that arise through the use of the criminal model. The first implication being a mistaken connection

between crime and drug use which has occurred in Canada since 1955. The RCMP was a vocal opponent of a medical approach to drug use and asserted the claim that drug use was not a disease but rather that drug users were “criminal addicts” (Special Committee on Illegal Drugs, 2002, p.265-266; Boyd, Carter & MacPherson. 2016, p.20). This claim was supported in the Special Committee of the Senate on the Traffic and Narcotic Drugs in Canada report, which later influenced the Narcotic Control Act and the NADS (Senate Special Committee on Illegal Drugs, 2002, p.267). The second implication of the criminal model is the illegal status of drugs that results due to the mistaken conflation of drug use and crime. Thus, what becomes embedded within drug policy is the understanding that drug use is morally wrong, and is a breach of the social contract due to the illegal status of the possession and use of certain substances, and thus needs to be treated accordingly with incarceration (Duff, 2015, p.85). The criminal model, which is put forward by the Harper government and the federal Health Ministers within the newspaper sample, is also reinforced by stereotypical connections between crime and drug use exhibited in articles GM-7 and NP-4. By circulating the stereotypical assumption that drug use leads to crime, the media reinforces the notion that drug use is wrong because it has been mistakenly connected to crime and because the possession and use of certain substances is illegal, which leads to the further stigmatization of drug users.

The marginalization of drug users by the media is exacerbated though the lack of information the media provides about the distinction between harm reduction and the federal government’s punitive approach to drug use. Within the context of the research sample (article GM-7 and NP-7 specifically), Insite and harm reduction are positioned in opposition to the federal government's firm prohibitionist stance on drug use noted within NADS (Boyd, Carter & MacPherson, 2016, p.128). Boyd, Carter & MacPherson (2016) explain that the lack of support

for harm reduction by the federal government and the misrepresentation of harm reduction within the media, such as positioning harm reduction in direct opposition to the federal government's approach to drug use and/or by describing harm reduction as an approach rooted within the medical model, has led to obstacles when implementing harm reduction initiatives and to more putative prohibitions policies (p.127-129; Erickson et al., 1997, p.5-6), as well as depictions of drug users as solely dependent on drugs leads to their stigmatization being sustained and reinforced.

The use of the medical and criminal model within the media was complemented by the use of the term 'addict' to describe drug users. Addict, as demonstrated by its definition, means to surrender oneself to a substance, which presumes the individual's loss of control. Therefore, this approach views drug users as individuals who act on impulses uncontrollably due to their disease (Sanderson, 2011, p.62). Through the reliance on the term addict to describe drug users, the media is promoting a singular, one-dimensional depiction of drug users. Moreover, the media is also sustaining a stereotypical assumption about drug users, in which drug users lack control and act impulsively leading to the stigmatization of drug users.

Overall, through the use of the medical and criminal model, and the use of the term addict, the media is promoting an understanding of drug use as a medical or moral concern in which either treatment or correction is required (O'Malley, 1999, p.192). Due to the space allocated to the Supreme Court's emphasis on addiction as a disease, as well as the quotes from Harper and the federal Health Minister concerning the prohibition of drugs, the appearance is of two competing discourses surrounding drug use. However, both of these explanations within the media actually hinge on the same expectation - that drug use still fundamentally requires treatment or control through medicine or incarceration - and reinforces the assumption that drug

use is incompatible with everyday life. In other words, there is an underlying assumption that drug users need to be controlled and provided with the choices to remedy their addiction.

Through the forwarding of these two models by the media, drug users become individuals who are not recognized as legitimate stakeholders within the Insite case due to the stigmatization associated with the medical and criminal model. As a result, the Supreme Court, the federal government, researchers, and activists become legitimate stakeholders whose quotes and opinions were chosen to be included within the articles. However, the clients of Insite are not interviewed and are referred to in passing as ‘addicts’, ‘junkies’ and ‘drug users’ (with the exception of article NP-2). Thus, the clients, who it can be argued are the most impacted by the Supreme Court decision, are not relied upon as experts to provide opinions about the case. By not including the knowledge held by drug users, the media is participating in the disqualification and exclusion of drug users. Miller (2008) argues that the maintenance of dominant discourses is sustained through the exclusion of ‘disqualified knowledges’ which can be described as the ways of knowing that are held by marginalized groups in society (p.257). The knowledge held by drug users who use Insite could consist of their thoughts on the site, if it has helped them access clean supplies, if they enjoy the atmosphere, and if there should be more supervised injection sites in Vancouver and elsewhere. It is important to rely on the knowledge held by drug users because they are the individuals who use the site and the services Insite provides, and therefore they are the population who are most directly affected by the Insite case. Thus, by not relying on drug users knowledge about the site, the media is not providing the reader with information from a key stakeholder. Moreover, the discourse in this research sample is bringing drug users “into being” (Miller, 2008, p.253) by actually deeming drug users as not legitimate enough human

beings to speak their own realities. Instead the media employs others, such as the government officials and researchers, to define the reality of drug users for them.

Directly related to the exclusion of the knowledge held by drug users is the invisibility of those who work directly with the clients of Insite. As noted in the previous results section, community groups, police, politicians, and public health are often mentioned as part of a list that includes drug users. Recall this example: the government “refused to extend the exemptions, a move that led to an immediate alliance of drug users, the medical community and a wide swath of the political spectrum” (GM-2). Members of these groups likely include those who work directly with the clients of Insite. For example, due to the illegality of drug use police are likely to come in contact with the clients of Insite; nurses and doctors who work in Insite would also work directly with the clients.

The invisibility of drug users and those who work directly with the clients of Insite can be contrasted with the media’s over-representation of the federal Government. As mentioned, the federal government and the federal Health Minister occupy a fairly high position within the social hierarchy, and in this sample of newspaper articles, that social hierarchy and power structure is reproduced and sustained through the exclusion of the knowledges possessed by drug users and those that work directly with them.

Looking at how power operates within the research sample is directly connected to who is allocated space and time to have their voices heard in the newspapers. This type of analysis is extremely important because as noted within the results, the majority of stakeholders who were given time and space within the articles were those who occupied authoritative positions. Becker (1972) called this the ‘hierarchy of credibility’ where there is a significant likelihood that individuals who occupy a powerful or high status position within society, and offer their

opinions, will have their opinions heard and more likely accepted (as cited in Hall et al. 1978, p.58). Hall et al. (1978), suggest that this is due to the belief that the media must be grounded in “impartiality” and “objectivity” (p.57). This has given rise to the journalistic practices of ensuring that “media statements are grounded in objective and authoritative statements from accredited sources” (Hall et al., 1978, p.58). Accredited sources refer to those who occupy institutional power or positions, such as those in government or academics as they are seen as representing large groups of people (Hall et al., 1978, p.58). In the research sample, this refers to the government, the Supreme Court, and researchers. Hall et al. (1978), further asserts that the journalistic pursuit of objectivity and impartiality leads to the “systematically structured over-accessing” of those in powerful positions which reproduces the “structure of power in society’s institutional order” (p.58).

Liu and Blomley (2013) conducted an analysis of media representation concerning the Downtown Eastside. The study noted that those with greater power were awarded greater space within the media and those on the lower end of the hierarchy were awarded the least amount of space. Liu and Blomley (2013) concluded that it is not because marginalized individuals do not have anything to say, but rather that the “insiders, society’s least powerful social group, and their frame are marginalized” (p.130). In regards to this study, the results indicated a similar finding to that of Liu and Blomley’s analysis. The lack of space provided to the clients of Insite is not because they do not have anything to say, but because they are marginalized and occupy one of the lowest positions on the social power hierarchy.

It is interesting to note that those who are directly impacted by the Insite case, drug users, were not given any space within the media to discuss their thoughts on the decision, yet the federal Government, which was also significantly impacted by the decision of this case (because

it is in direct contrast to their prohibitionist policies), was given significant space within the media to discuss their thoughts on the decision. Both of these parties could be seen as promoting “subjective viewpoints” about the case, yet the federal government was provided space within the media to share their views and drug users were not. This is likely due to the powerful position the federal government holds in society and that these individuals are assumed to be more objective and credible. In comparison, drug users within the media are described as addicts, which is reaffirmed through the medical and criminal model that depicts users as individuals who are not rational and are in need of treatment or correction for their drug use. By excluding the drug users, the media directly reaffirms Hall et al.’s (1978) argument that due to the media’s pursuit of impartiality and objectivity, those who occupy higher positions within society are overrepresented. In this case, the federal government is overrepresented which results in the invisibility of the individuals who use Insite and sustains the power hierarchy within society.

While the replication of the societal structure of power is emerging in the texts that were analyzed, there is also an significant reliance on scientific discourses to explain and justify Insite. The term ‘evidence’ was used in the article sample 40 times and in reference to the Supreme Court decision, which relied heavily on scientific research conducted about Insite to justify their decision. The Supreme Court’s reliance on evidence was explicit, as they stated that when the Minister is to make decisions about other supervised injection site, they must rely upon the evidence supplied in order to grant an exemption (*Canada [Attorney General] v. PHS Community Social Services*, 2011, p.192). The reliance on scientific evidence by the media and the Supreme Court in their decision demonstrates the importance the public and the judicial system place on “objectivity” rather than what is considered “subjective” knowledge. Moreover, the media also relies on the use of scientific knowledge and researchers within journalistic

practices due to the researchers' perceived objectivity and their "disinterested pursuit of knowledge" (Hall et al., 1978, p.58). Science commands its seat at the top of the hierarchy of knowledge as modern democracies privilege and rely on scientific knowledge (Martin, 2012, p.162). Scientific discourses and the institutions that produce truth claims are often those in the research or medical fields, as seen in the case of Insite (Martin, 2012, p.163). Knowledge and truth claims that are created within the sciences are often used to design policies which regulate everyday conduct (Duff, 2015, p.83) Thus, claims of truth within these scientific discourses tend to create and sustain societal norms rather than challenge them. Ultimately, the reliance on scientific truth claims reinforces a discourse that excludes what are deemed to illegitimate knowledges, such as the expertise of drug users (McHoul & Grace, 2002, p.17).

The Consequences of Media Representation

The ways in which the media presents drug use is important as the media is an institution that has the ability to shape and influence the direction of future drug policy (Special Senate Committee on Illegal Drugs, 2002, p.212). Newspapers, specifically, can be seen historically as having an influence on Canada's drug laws (Boyd, Carter & MacPherson, 2016, p.17). One of the discourses in which the issues and problems associated with drug use is the discourse of science, relied upon heavily in the research sample. Drug policy and approaches to drug use are developed through the use of "objective" and "unbiased research" (Fraser and Moore, 2011, p.2). Fraser and Moore (2011) point out that the scientific discourses tend to promote attributes such as rationality, that drug users are seen as lacking due to the presumed incompatibility between rationality and drug use (p.2). Moreover, through the exclusion of drug users and any discussions of the root causes of drug use within drug policy and the media, discourses that are based on science are maintained and discourses that support drug users and their knowledges are excluded

(Fraser & Moore, 2001, p.2). Due to the media's reliance only on knowledge that does not come from drug users, public policy has the potential to only be informed by the opinions of elites.

The ways in which drug users are framed is extremely important; additionally, an analysis of what the media leaves out is also important. Insite is represented in the article sample as being a health initiative that will end the *problems* associated with drug use. This can be seen within the discussion of the saving of tax dollars, the improvement of society, and the emphasis on the health it provides drug users. The media, by placing an emphasis on the health benefits Insite provides, misrepresents harm reduction. Harm reduction, while not having a single definition, broadly refers to programs and policies which aim to reduce the negative health, social and economic benefits associated with drug use but does not advocate for drug users to abstain or receive treatment for their drug use (Erickson et al., 1997, p.6; Eversman, 2013, p.3; International Harm Reduction Association, 2017, para.6). Thus, by referring to harm reduction in only medical terms and through the medical model, the media is providing the reader with an inaccurate description of harm reduction, and Insite.

However, through the implementation of Insite, there is no interrogation of the conditions of the Downtown Eastside, or the root causes of drug use. The newspaper sample mentions the Downtown Eastside, as examined in the results section, in an overwhelmingly negative way, referring the Downtown Eastside primarily as "Canada's poster district for entrenched substance abuse and addiction" (NP-7). This leaves out any description of the neighbourhood that includes how the area promotes community or how the area even became known for drug use, which further marginalizes the individuals who live there, and the area itself. Combined with this, there is no explanation of the root causes of drug use, such as mental illness, homelessness, poverty, unemployment and other socio-economic issues (Boyd, Carter & MacPherson, 2016, p.40). In

focusing on the Insite decision without providing context to the reader about the Downtown Eastside, nor giving information about the root causes of drug use, the media neglects to relay key information to the reader about Insite and its clients. Moreover, it does not provide the space to interrogate systemic and structural barriers that the clients of Insite face. This is exacerbated through the value Insite is prescribed because it “contains the problem” by moving drug use indoors, indicating that there is no ambition to examine the reasons why a service like Insite is needed. As Hugill (2010) explains, the media often focuses on individuals who occupy the fringes of society, such as drug users, but hardly ever investigates why the fringe exists (p.29). In this sense, Boyd and Carter’s (2010) suggestion that the media allows drug users to “operate as cultural scapegoats that divert public attention from social/structural issues such as poverty and homelessness” (p.220) can be seen in this case.

The implications of representing drug users within the medical and criminal model and by relying on objective science in the media is two-fold, as it serves to further subjugate the knowledge held by drug users while also maintaining the dominant discourses surrounding drug use informed by scientific and medical discourses. Moreover, without a discussion with drug users about the social and structural issues they face, drug policy will continue to present the opinions of those who are positioned in the media as authorized knowers (Surette, 2007, p.37-42, 52). Overall, future drug policy will be significantly impacted by the media if it continues to ignore the root causes, depict “the worst possible effects of drug use” and misrepresent harm reduction by describing it only through the medical model (Boyd and Carter, 2010, p.233). Without a change in media reporting, drug policy is unlikely to change because of inaccurate representations of harm reduction, and as a result, the conventional views of drug use and drug

users will go continue to go unchallenged, contributing to the further marginalization of individuals who use drugs.

Governing the Clients of Insite

The ways in which the media has chosen to represent the clients of Insite, drug use and the Downtown Eastside, described above, is directly related to the neoliberal state and subject. The representation of drug users within the media through the influence of neoliberalism leads to efforts to responsabilize and govern drug users through a continued lack of acceptance that drug use can be incorporated into a healthy life. Further, examining the ways in which neoliberalism has influenced the discourse surrounding drug use and drug users is important because discourse has the ability to articulate the boundaries of what can be said about drug use.

Drug use is seen as incompatible with a normal healthy life as it is not perceived as a choice that reduces risk. Under neoliberalism, individuals are provided with the opportunity to make decisions about their lives through a cost benefit analysis, but individuals must make these choices in accordance with the confines of neoliberal goals which centre on reducing certain types of risk (Sanderson, 2011, p.17). Within this calculation, it is assumed that drug use is a threat to the definition of normal health under the neoliberal state, and those who choose to engage in drug use are seen as resisting rationality and the social norm of maintaining a healthy life (Duff, 2015, p.85). Thus, the reduction of risk refers to the choices an individual makes to ensure that they are enhancing their life and reducing their chances of ill health or death.

One of the ways in which the neoliberal state has engaged in the responsabilization of drug users is through the uptake of harm reduction. Harm reduction within the neoliberal state places emphasis on responsabilization and the construction of drug users as “rational, responsible individuals” (Collins, 2013, p.137). Further, there is also an emphasis placed on the provision of

information and services which allow the user to make “responsible” choices that align with the values of neoliberalism and reduce the risk to oneself and the state (Collins, 2013, p.137; Miller, 2008, p.263). In the newspaper sample drug users were described through the medical and criminal model, as explained above, and as a result drug users are constructed as individuals who have not made the correct decisions that align with the reduction of risk.

Through these neoliberal ideals, drug users in the research sample are marginalized through the depiction of them as a “powerless group” (GM-4) and through the media constructing users in a way which highlights only their drug use (i.e., GM-1; NP-2). By referring to the clients of Insite in these ways, and in combination with the use of the term ‘addict’, the agency possessed by the clients is effectively taken away and the reader is left with an understanding that drug users are individuals who lack agency and the ability to facilitate their own wellbeing. As a result, the reader may understand the implementation of Insite as a facility which helps users decrease the risk of disease without any information from drug users that argues whether they think the site is necessary. This in turn reinforces the assumption that users simply need to be rehabilitated, and no space is given within the media where drug users are able to speak about their opinions on Insite. Moreover, without the inclusion of drug users within the discussion to discuss their drug use, the readers are provided with an understanding that drug use as incompatible within an everyday, healthy life. Overall, the media in the research sample does not provide the space for drug users to present a counter to the discourse the media is reinforcing.

The installation of social norms informed by the media, science and other dominant discourses enforces the governance of drug users (Duff, 2015, p.84). In the sample of articles, this can be noted through the emphasis placed on the medical and criminal models which rely on the assumption that drug use needs to be treated or corrected. Discourse, according to Foucault,

exerts discipline through observations of individuals and through normalizing judgements where individuals are subject to evaluation against a “standard of normalcy” and those who do not meet the standard are excluded (Miller, 2008, p.253). Social norms and the dominant discourse presented within the media influences individuals to self-govern through conformation to the dominate discourse and results in harms being perpetrated towards those who deviate from the norm (McHoul & Grace, 2002, p.21-22). This can be seen within neoliberal medicine where there is the application of value and moral judgements (Metzel, 2010, p.1-2). Individuals, under neoliberal medicine, are encouraged to make choices that enhance their health, as neoliberal subjects are expected to be responsible in their choices so that they prolong their life (Hugill, 2010, p.34-35). In this sense, drug users are subject to moral and value judgements because they have made a “choice” to engage in drug use. However, the ability to make the “choice” to use drugs within neoliberalism and drug policy does not take into account any of the root causes of drug use such as child abuse, violence, discrimination, mental illness, poverty, and homelessness (Boyd, MacPherson & Osborne, 2009, p.140-141). The requirements to make choices that align with neoliberalism are further emphasized through social norms, which make clear that drug use is not compatible with a healthy life. This norm is stated explicitly and enforced through drug policy (Duff, 2015, p.85). However, the norm within drug policy which governs drug users is based on a “narrow normative account of health, good conduct, wellbeing, and desire” (Duff, 2015, p.83). Thus, consumers of the media and drug users are exposed to social norms within the sample of articles that encourage the drug user to conform to a healthy life without any consideration given to the social and structural barriers drug users may face. These norms are also enforced through the medical model and through the criminal model, which are similarly relied on by the media.

Drug users are seen as individuals who “willingly and irrationally choose to abuse drugs despite their illicit nature due to a lack of morality” (Sanderson, 2011, p.61). Thus, the drug user is understood as an individual who cannot responsabilize due to their violation of the social norm. As a result, the drug user is excluded and is subject to “strategies of control” (Rose, 2000, p.330). Rose (2000) explains that there are two strategies of control: those that wish to reconnect the excluded with society and those deemed unsuitable for a reconnection with society and are incarcerated. Thus, there is a dichotomy of individuals created within society where there are those who can responsabilize and those who cannot (Rose, 2000, p.330-331). An example of this can be seen in the discussion in the newspaper articles about the benefits Insite provides to the broader public in the form of increasing public order around the site. In particular, when it comes to the implementation of new supervised injection sites, the rhetoric turns to the benefits the site may provide to “the public”. This discursive construction immediately excludes drug users from being understood as part of “the public” and, as a result, they are othered and excluded. The “strategy of control” which reconnects drug users with society in this instance, is Insite.

Insite as a strategy of control can be seen in the discussion of new supervised injection sites. The implementation of new supervised injection sites in Montreal was discussed in connection with the benefits the site has for public order, and that in particular the site would be implemented in “respect for and in harmony with the concerns of the neighbourhood” (NP-13). The drug user is still excluded due to the criminal nature of drugs and their resistance to conform to social norms. Thus, Insite is implemented as a strategy of control wherein the user is expected to use this site to responsabilize themselves through the use of harm reduction principles and initiatives (Collins, 2013, p.137). Harm reduction within the neoliberal state constructs the user as a rational, responsible individual and a range of medical institutions such as health care (i.e.

the medical model and Insite as a health care site) “facilitate the process of self-discipline and self-governance” (Murdocca, 2014, p.22). As a result, repressive and punitive control has been replaced with initiatives such as supervised injection sites where drug users are encouraged to responsibly govern themselves and increase their wellbeing (Fischer, Turnbull, Poland, & Haydon, 2004, p.362, 357; Collins, 2013, p.137). Thus, with the implementation of supervised injection sites elsewhere, the user who has access to the site is expected to make choices that are in accordance with the “neoliberal ideal of reducing risk” which primarily involves injecting drugs in the supervised injection site rather than, for example, on the street (Sanderson, 2011, p.17).

In the newspaper sample, the discourse is shifting to allow room for discussions surrounding harm reduction and supervised injection. This is due to the articles’ emphasis the Supreme Court has placed on the medical model and the positioning of the Insite as a direct on contrast to the federal governments prohibitionist stance by the media. However, the shift in the discourse amplified by the media still does not allow for drug use to be compatible with a “normal healthy life” as defined by neoliberalism. Instead, the discourse encompasses the neoliberal ideals of what responsible choices are supposed to be within the context of harm reduction which is to use the services of Insite in a particular way, and encourages individual solutions rather than structural changes that address social issues such as poverty, homelessness and mental health. As a result, drug users are still being governed through neoliberal strategies and logics.

Overall, within the three themes identified within the research sample, the clients of Insite continue to be constructed in the media in a way that makes them invisible. However, the ways in which this is done is not explicit. Everything within the sample of articles directly deals

with drug users. For example, the Insite case, the implementation of new sites, and the health benefits from Insite all concern drug users. Yet, drug users are never constructed as knowledgeable experts on the Insite case, nor is their knowledge understood as beneficial to furthering harm reduction initiatives. This construction is furthered through misrepresentation of harm reduction as the medical model of drug use and the lack of interrogation of the social, systemic and structural issues within the Downtown Eastside and in the lives of drug users. Without the integration of the knowledge drug users possess, there will continue to be a replication of the social hierarchy in the media and in society. This will result in the further neglect of drug users' voices within public policy. Drug users will continue to be excluded from the creation of public policy that directly affects them if they are not included in the media.

As well, the neoliberal ideals that sustain the understanding that drug use is incompatible with a healthy life also construct the drug user as invisible in the sense that there is not a consideration within the media as to why the clients of Insite are using drugs. Thus, the discourse surrounding drug use has not significantly changed over recent history, as the moral connotations associated with drug use still inform the discourse. The discourse represented in the research sample sustains the marginalization faced by drug users, which has serious implications as discourse has the ability to articulate the boundaries of what can be said about drug use. However, it must be noted that the discourse surrounding drug use has changed in Canada numerous times, and thus it can continue to do so in the future.

Conclusion

Insite, a harm reduction initiative that opened its doors in 2003, has received ample space within the media due to it being the first supervised injection site in Canada, but also due to the efforts of the federal Conservative government (under Stephen Harper) to close the site.

However, what can be noted within this analysis is that the discourse surrounding drug use and harm reduction has not changed significantly, even with a new reliance on the medical model and the Supreme Court ruling in favour of Insite.

I have previously distinguished relevant literature pertaining this study: the history of drug prohibition in Canada, the beginnings of harm reduction, the evolution of Insite, the media and representation, and neoliberalism and the neoliberal subject. The discourse analysis, situated within the Foucauldian traditions, consisted of analyzing the two national newspapers in Canada, *The Globe and Mail* and the *National Post*. The purpose of this study was to gain insight into the ways in which the national media in Canada represented the Supreme Court's decision to allow Insite to stay open under an exemption of the CDSA. Following the methodology, a brief summary of the legal history of the Insite court cases was provided before discussing the results of the discourse analysis.

The results from the analysis revealed that Insite was primarily represented in terms of the health benefits it provides to its clients and to the broader community through an increase in public order. As well, there was a consistent misrepresentation of Insite, as it was referred to and reduced to the medical model rather than through an accurate description of harm reduction, which does not necessarily advocate treatment or intervention. While not spoken about equally, the space allocated to discuss public order provides the reader with the indication that the benefits to the broader community are also important to recognize when implementing supervised injection sites. The stakeholders identified within the analysis were: The federal and municipal government, evidence-based science, academics and researchers, the Supreme Court Judges, and other stakeholders such as public health. However, the overarching theme of the stakeholder representation was that the clients of Insite were not constructed as legitimate

stakeholders in the media and were never directly quoted within the articles. Moreover, the ways in which the clients of Insite were represented were based in the medical and criminal model, which emphasized the problematic nature of drug use, and this negative view was highlighted through the use of the term 'addict' to describe drug users.

Based on the results, it is argued that the role of the media in representing the clients of Insite is problematic because it only highlights the drug using activity of the clients and, therefore does not take into account all other factors, such as poverty, homelessness and mental illness, which may lead to drug use. Further, the consequences of the ways in which the media represents drug use, Insite and the Downtown Eastside is also problematic because it suppresses the knowledge held by drug users and deems their knowledge as illegitimate. By disqualifying the knowledge held by drug users in the media and without a discussion with drug users about the social and structural issues they face, drug policy will continue to be informed and defined by those who are deemed credible by the media. Moreover, this study has also highlighted the ways in which neoliberal understandings of drug use are exhibited within the media. The media was seen promoting an understanding of drug use that has moral connotations and a view that drug use is incompatible with everyday life. Ultimately, this discussion highlights the major consequences of how the media chooses to represent drug use and finds that over time discourses surrounding drug use have not changed significantly. Moreover, without a change in the way the media and the public thinks and speaks about drug use, drug users will continue to be marginalized.

This analysis, while presenting negative findings in the fact that drug users are not accepted as knowledgeable experts in the Insite case and that drug use is still not seen as compatible with everyday life, does not wish to downplay the benefits supervised injection

provides to its clients. Insite, and other supervised injection sites provide material benefits to the users who access the site, through the reduction in disease and the creation of a community and a support system. What this analysis does seek to do is problematize the reasons why supervised injection sites are implemented, the construction of harm reduction initiatives and drug use in the media, and the implications for the general public and readers of the media. Moreover, this analysis has recently become even more important with the implementation of new supervised injection sites in Toronto and Ottawa (CBC News, 2017; The Canadian Press, 2017). The medias' construction of Insite, new supervised injection sites, and those who access supervised injection services must constantly be reviewed and analyzed in order to move towards a time where drug users will be seen as legitimate stakeholders in the discussions surrounding public policy and initiatives put in place to reduce the harms associated within injection drug use.

Over the course of this paper, it has become clear that ways in which the media constructs those who engage in stigmatizing activities can have significant implications. As noted throughout the history of drug prohibition in Canada, the discourses surrounding drug use have changed. Before the first drug law was passed in 1908, drug use was not seen as a problem within Canadian society. Following the 1908 *Opium Act* drug use was defined as problematic in relation to who was engaging in drug use. In 1955 the discourse surrounding drug use changed again, shifting the focus from Chinese immigrants to “criminals” because the RCMP promoted a mistaken connection between drug use and crime. The mistaken connection between drug use and crime is still evident within the discourse today, as shown in this analysis. However, what has also been shown is that the medical model and understanding of drug use is beginning to appear within the discourses surrounding drug use. What this paper demonstrates is that while this discourse is still problematic because it misrepresents harm reduction and emphasizes the

moral failings of drug users, discourses surrounding drugs do also have the potential to change. This is important to keep in mind because although the discourse surrounding drug use is currently harmful, there is still a potential that the discourse will promote a different, and more accurate, understanding of drug use in the future.

However, without the acceptance of drug user's lived experience and knowledge as legitimate, drug users will continue to be excluded from the media and public policy. This is exacerbated through the understanding of drug use as incompatible with everyday life that has been forwarded by the media. Further, the media also fails to interrogate the systemic and structural issues such as poverty, homelessness and mental illness which causes harm to drug users. Overall, without the inclusion of drug users in the discussions surrounding harm reduction initiatives and drug policy, drug users will continue to be marginalized.

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Appendix: Bibliographic Information for Newspaper Articles

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