From Harm Reduction to Forced Treatment: Neoliberal Governmental Discourse and the Decline of Alberta's Supervised Consumption Sites

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ABSTRACT: Canada's implementation of Supervised Consumption Sites remains controversial, despite a growing opioid overdose mortality crisis. In 2019, the Alberta United Conservative Government published in affiliation with Alberta Health, 'Impact: A Socio-Economic Review of Supervised Consumption Sites in Alberta'. Following publication, the review became an important referent document used by governments to prevent supervised consumption sites from operating; as Alberta's overdose deaths increased, the provincial government froze supervised consumption site funding, shutting down North America's busiest sites. These events indicate the need to analyze how supervised consumption sites and harm reduction is now communicated by the Alberta Government, with Alberta Health. This cross-sectional case study asks: what discourse is produced in Alberta Health's 'Socio-Economic Review of Supervised Consumption Sites in Alberta?' The methodology is informed by Van Dijk's Critical Discourse Analysis and Michel Foucault's concepts of knowledge and power. The two major themes identified, site inefficiency and risk to society, evidence a neoliberal governmental discourse on health services. Findings indicate that neoliberalism silences the voices of site users and social issues to emphasize the negative community impact of supervised consumption sites. Consequently, the review's neoliberal governmental discourse repositions the fundamental problem underlying drug addiction away from the silenced, systemic socio-economic marginality site users face to the salient, socio-economic challenges that harm reduction sites impart on the community. This discourse erodes health and social services like harm reduction to rationalize the Alberta Government's newest addiction treatment proposal, the forced treatment model, increasing disciplinary measures against society's most vulnerable.

Background

In 2023, Alberta and Calgary experienced record drug poisoning deaths, approaching British Columbia's highest national averages.[1] At the time, existing drug policy supported the implementation of supervised consumption sites (SCS) to prevent drug poisoning deaths by reducing the harm of substance use.[2] In 2019, Alberta's newly elected United Conservative Government published "Impact: A Socio-Economic Review of Supervised Consumption Sites in Alberta" through Alberta Health in response to the negative community feedback received from local residents and business owners regarding the social and economic impacts produced by SCS.[3] The Alberta Government's review contests scientific findings supporting SCS, focusing instead on socio-economic impacts and community well-being. Advocating for an alternative model to replace SCS, the report's SCS Review Committee concluded that Alberta's SCS increase crime, social disorder, and prevent the proper treatment and recovery of drug addiction.[4]

Following the review's publication, provincial funding for SCS was frozen, resulting in the closure of sites in Lethbridge and Edmonton, which operated as some of North America's busiest SCS.[5] Further, Alberta's opioid deaths rose by 72% in 2020, and continued to rise in 2021 and 2022.[6] As indicated by this timeline, the decline of SCS services that occurred in tandem with the rise in overdose deaths indicates tension in policy and prompts research that investigates how the Alberta Government, by extension of Alberta Health, discusses the drug toxicity crisis, substance use, harm reduction, and addiction in the context of SCS.

While two criminology and science-based reports debunk Alberta Health's Socio-Economic Review as low-quality and pseudo-science;[7] the aim of this study showcases that policy is not always shaped and leveraged by objective truths but is constituted by social reality and hegemonic power. As such, the following research proposes a study that asks, what discourse is produced in Alberta Health's 'Socio-Economic Review of Supervised Consumption Sites in Alberta?'. Using Van Dijk's Critical Discourse Analysis (CDA)

and Michel Foucault's concepts of knowledge and power, this study examines how social structures, power relations and ideologies shaped the Alberta Government's discussion of SCS to prop up dominant power structures. Understanding how this socio-economic addiction treatment review shapes policy, even when disputed by science, has life-saving implications.

Alberta's shift away from harm reduction is not an isolated event. By 2025, Ontario plans to shut down ten SCS[8] while Saskatchewan has stopped funding for SCS.[9] This trend extends to the United States, where Alberta Health's Socio-Economic Review was presented by the United States federal government as the only source citing the negative impacts of SCS, resulting in the Third Circuit Court of Appeals ruling against plans to implement a SCS in Philadelphia.[10] While harm reduction strategies like SCS originated in Europe,[11] Alberta now plays a leading role in opposing them, offering a new model for addiction treatment, nationally and internationally.

This study was completed in the summer of 2024, in response to the increase in opioid-related deaths that peaked in 2023, the province's deadliest year in overdose deaths.[12] Since then, early 2024 data shows a decline in Alberta's opioid-related overdoses.[13] However, health-care practitioners argue that this downwards trend is not a result of Alberta closing SCS.[14] Extraneous factors are primarily responsible for the decrease in opioid overdose deaths, including a reduction in the toxicity of the drug supply, the ensuing stability of the drug supply and the growth in opiate agonist treatment.[15] Furthermore, the opioid death statistics posted on the Alberta Government's Substance Use Surveillance System online dashboard are frequently revised due to delays in cause of death determinations, making claims of causality premature.[16] It is essential to remain critical of how the Alberta Government uses these numbers to garner support for its new forced treatment model, otherwise known as compassionate intervention. Arguably, these developments further underscore the need to examine the Alberta Government's evolving discourse on addiction, opioids, harm reduction and SCS.

Literature Review

Review of Communication and Media Studies

This study is grounded within communication and media studies, focusing on qualitative, discursive theory. Most studies within this field employ discourse analysis, which suggests that societal dynamics are negotiated through the construction of language, both at the micro-level of linguistics and at the macro-level of social context.[17] Examining the literature on discourse, existing studies analyze SCS implementation and policy discussions across Canada,[18] inter provincial SCS policy comparisons,[19] and governmental discourse on overdose mortality.[20] Alberta Health's Socio-Economic Review indicates a new trend in the reversal of SCS implementation, providing an opportunity to investigate the kind of discourse constructed.

This study attempts to fill knowledge gaps by analyzing the silences of people who have a large stake in the survival of SCS, but who have not been represented in Alberta Health's review. Whiteside and Dunn highlight the underrepresentation of PWUD in media discussions of SCS.[21] In addition, McNeil's CDA uniquely explores the perspectives of people experiencing addiction in rural Ontario from their lived experience.[22] Inspired by these practices, this study applies CDA to analyze both the content and omissions in Alberta Health's SCS report, using a range of academic, media and NGO-produced sources beyond Alberta Health's data to offer a more comprehensive understanding of SCS and the opioid crisis.

Canadian media studies on SCS highlight media reporting on opioids, opioid deaths, and the framing of SCS in Canada.[23] As a primary study of interest, Johnston's article explores the racial representation of opioid deaths in Canadian news media, using Van Dijk's CDA to highlight the silences that exist in media coverage.[24] Following the literature, there is no precedent for a case study investigating Alberta Health's Socio-Economic Review of Supervised Consumption Sites. Furthermore, the present study complements Lofaro and Miller's analysis on the public discourse of

SCS implementation in Philadelphia; the very site where Alberta Health's review was used as primary evidence to prevent the funding of the SCS, 'Safehouse'.[25]

Finally, the methods of this research apply Foucault's model of discourse to further investigate the social context of the sample. Bunton describes contemporary drug policy as a "set of discourses, norms, social practices and techniques that regulate the quality of the social life of a population, its health and security".[26] Addiction treatment policies are socially constructed. Studying discourse is necessary to identify what kind of knowledge is mobilized as truth to regulate a certain drug treatment policy. This study builds on existing theoretical traditions of employing Foucauldian analysis to examine how governmentality is socially constructed in addiction treatment discussions.[27] PWUD have been historically associated with social constructions of deviance.[28] Thus, governmentality is central to discourse, as governance attempts to mobilize knowledge frameworks that regulate citizens on the margins of society, such as PWUD, to conform their behaviour to the status quo or be cast out and silenced as non-deserving. By combining Van Dijk's CDA with Foucault's conception of knowledge and power, this study explores how the claims made by the report, 'Impact: A Socio-Economic Review of Supervised Consumption Sites in Alberta', operates to establish a certain 'truth' about SCS.

Methodology

Research Design and Sample

This purposive, cross-sectional case study analyzes the discourse articulated by the report from Alberta Health, 'Impact: A Socio-Economic Review of Supervised Consumption Sites in Alberta'. The current analysis covers the time between 2017–2023, starting with the opening of Alberta's first SCS, through March 2020, when the report was published, and thereafter till 2023, when counter-reports and media responded to the defunding of SCS during the height of Alberta's opioid-overdose crisis.

Method of Data Analysis

Van Dijk's Critical Discourse Analysis

This study applies CDA, drawing on Van Dijk's Socio-Cognitive Approach. Socially constructivist, this method focuses on the text of dominant groups, such as the government, to identify how the creation of knowledge through language normalizes a dominant truth regime. CDA brings awareness to the perspectives that have become marginalized and silenced within this process.[29] Thus, CDA is a critical tool to analyze the textual structures of communications and deconstruct what the government produces as social truth. There remains a constant need to question the dominant discursive structures of health policy as this can lead to understanding important misconstructions of harm reduction models that are elevated by silences.

The sample was first studied at the micro-level of language using Van Dijk's methodology, followed by a macro-level analysis incorporating media, NGO, and academic perspectives to identify the dominant themes underlying Alberta Health's discussion of SCS compared to alternative stakeholder communications. Thereafter, NVivo software was used to qualitatively organize the content of the sample. Combining the analysis of language and social context to the sample exposes the main themes and silences within its discourse. Importantly, this methodology reveals the reproduction of contemporary power relations,[30] thus requiring Foucault's understanding of discourse to examine how truth leverages language and power.

Foucault's Knowledge and Power

The second stage in the analysis is informed by the application of Foucault's concepts of knowledge and power to reveal the sample's discursive silences and their connection to contemporary social structures. The discourse that comes to dominate society as the most visible controls the production of a social regime of truth.[31] Truth

and power act together according to Foucault, where power structures shape social realities to be seen as truth, and where truth must always latch onto a certain type of power to be seen as legitimate.[32] Hence, power and truth are interdependent, with power structures shaping what is accepted as truth. Importantly, Foucault understands that truth is continuously challenged by contestations of power vying for the legitimation of social reality. Following Foucault's methodology, discourse remains in constant competition; it is not the aim of this research to claim a certain 'regime of truth' relating to the role of SCS in society, but to deconstruct the dominance of a current prevailing discourse and compare it to marginalized and competing truths.

History of Supervised Consumption Sites in Alberta

SCS are part of Canada's four-pillar drug strategy addressing the opioid crisis. Opioids are analgesics, a type of pain-relieving drug, that heighten endorphin production and block pain by manufacturing feel-good emotions.[33] Opioid use has caused a mortality crisis by slowing down user's biological functions, such as breathing.[34] Canada's first SCS opened in Vancouver (2003), followed by Alberta's Safeworks SCS (2017).[35] By 2020, Alberta had seven SCS sites operating throughout Lethbridge, Edmonton, Calgary, Grand Prairie, and Red Deer.[36] The purpose guiding SCS belies its name - to supervise the consumption of non-prescribed opioids in a monitored, hygienic setting to prevent opioid deaths from occurring.[37] SCS have been effective in achieving harm-reduction targets for their role in lowering overdose deaths and needle-borne infections among PWUD.[38] Recently, Alberta's SCS have come under criticism by the Alberta Government for being too focused on harm reduction.[39]

When discussing the opioid crisis, illicit drug use is heightened in specific demographics which links the drug problem to a greater discussion on social malaise and economic challenges. Over half the number of accidental opioid toxicity deaths (AAOTD) constitutes a demographic of 30–49-year-olds.[40] Half of these

AAOTDs are men.[41] It is important to focus attention on the over-represented demographic of Indigenous people who, during the first six months of 2020 when this report was published, experienced a drug mortality rate seven times that of non-Indigenous people.[42] For middle-aged men, the increased association with high-risk illicit drugs has been attributed to mental health issues, including "depression and anxiety because of economic pressures such as inflation".[43] Additionally, Tran notes that individuals do not easily choose to use drugs and risk the consequences of addiction; instead, opioids can be used for their capacity to provide pain relief.[44] Often, and in linkage to Indigenous users, this pain is intergenerational and institutionalized, spanning deep socio-economic issues such as the trauma associated with the legacies of residential schools and homelessness.[45] The opioid crisis is tied to social problems like poverty, crime, homelessness, mental health illness and economic instability, particularly affecting marginalized groups. To study the discourse of SCS is to acknowledge the dynamic, ever-changing and complex intersectionality of the opioid crisis which positions the operation of SCS at the junction of multiple social problems.

Thematic Analysis

Risk to Society

Two major themes emerged from the 'Socio-Economic Review of Supervised Consumption Sites in Alberta'; the risks SCS pose to surrounding communities and their inefficiency in alleviating the opioid crisis. The first theme, risk to society, expunges the idea that SCS have a primarily negative social and economic effect on the community.

SCS as a 'Honey-Pot' or 'Magnet' for Increased Crime

The Socio-Economic Review characterizes SCS as 'magnets' for increased crime and social disorder, attracting both PWUD and drug dealers like a 'honeypot'. Following site users like a 'magnet' are the "drug dealers who, in turn, attract more drug users".[46] Hence, SCS are

commonly characterized as an inherent risk to society because of their mission to provide consumption services; thereby attracting deviant populations, such as PWUD and drug dealers, to the site. Local crime, such as drug trafficking,[47] is exacerbated through this 'magnet' effect, where "the SCS sites act as a 'magnet' attracting persons who are addicted to substances".[48] The honeypot metaphor is constructed through economic dialect like "'signalling theory'",[49] likening SCS to profit opportunities that lure drug dealers to sites because of the potential demand created from "draw(ing) users into the area, thus creating an increased concentration of drug users in those neighbourhoods."[50] Data gathered by the Review Committee reveals SCS were built in communities of high crime,[51] although the 'magnet' and 'honeypot' metaphors postulate SCS as the cause of this increased crime. These metaphors align with findings in communication studies literature, where the magnet and honey-pot metaphor are used to indicate causation of crime rather than correlation.[52] Evidence of the link between SCS and increased crime remains disputed in the literature, as alternative findings claim that "there is no clear link between crime and the implementation of SCS".[53] As such, the operation of these metaphors position SCS as a societal risk through their operation and narrated inefficiency in eradicating the drug toxicity crisis.

Erratic/Out of Control Behaviour of Site Users

The review repeatedly describes site users as having deviant, unstable qualities due to the risky behaviour exhibited after drug consumption. Specifically, the "aggressive and erratic behaviour of substance users"[54] is attributed to methamphetamine consumption. Although methamphetamines are drugs, they are amphetamines,[55] which are not included within the opioid classification. Thus, Alberta Health's review claims that methamphetamine consumption misaligns with SCS' mission to reduce opioid overdoses because there are no overdose treatment medications available for methamphetamines, resulting in the inability of sites to prevent the adverse effects of methamphetamine usage that results in aggressive and bizarre

behaviour.[56] Accordingly, site users are characterized by the effects of a specific type of drug consumed which enhances the portrayal of SCS as a risk to the community.

Zone of Lawlessness

From the aggressive consumers that SCS produces to the drug dealers it attracts, SCS are also depicted to embody a 'zone of lawlessness' which risks spreading a disregard for law and order into the community. In Canada, the consumption of illicit drugs remains illegal. Authorized by Health Canada, SCS receive the Section 56.1 exemption from the *Controlled Drugs and Substances Act* which decriminalizes illicit substances administered and consumed when supervised in a site.[57] The review claims that this exemption creates the dangerous perception that police powers do not apply around SCS, resulting in "a lack of law enforcement in areas adjacent to the sites".[58] This undermines public respect for law enforcement through the *perceived* existence of a lawless area that represents "a no-go or 'safety zone' around the SCS sites where police were not allowed to enforce the law".[59] Consequently, the report correlates the increased crime in communities to the observation that "the community is losing confidence in the police and the justice system, and many people are no longer calling the police or reporting crime, even for serious and violent offences".[60] Thus, the Health Canada exemption of SCS is constructed as representing a 'safe zone' for illicit activities. The idea of the 'zone of lawlessness' that encircles SCS strengthens a fearful message where SCS are not only producing risk *to* the community, but *in* the community by undermining the respect for the rule of law.

Inefficiency

Methamphetamine Inhalation as the Primary Drug for On-Site Consumption

The second theme captures the report's attempt to portray the operation of SCS as inefficient to question SCS' role as a primary

addiction treatment method. Alberta Health constructs this theme by stating that methamphetamine use, which comprises up to 50% of the drugs consumed at a site, evidences inefficiency because SCS were designed to prevent opioid overdoses.[61] To address methamphetamine-related issues at SCS is inefficient as methamphetamine users "are generally at less risk of dying from an overdose"[62] and SCS were designed to prevent "deaths due to *opioid* abuse [emphasis added]".[63] Thus, this argument rhetorically questions the necessity of SCS in preventing opioid overdose deaths. In the following section, the sample uses opioid overdose statistics outside the reach of SCS to communicate continued inefficiency.

SCS and the Prevention of Overdose Mortality

The report challenges pro-SCS arguments in favour of keeping SCS operating within communities for its harm reduction efficiency by attempting to evidence the site's inability to fulfill its key mandate of preventing opioid overdose mortalities. This is achieved through employing statistics that are not only outside the facilities, but exist beyond 500 metres of their radius.[64] Alberta Health (2020) links the continued opioid mortality surrounding the vicinity of SCS as the fault of the sites, where "death rates in the immediate vicinity of the SCS locations increased".[65] This is despite there being no opioid overdose deaths to have occurred on-site.[66] Like the magnet metaphor and increased crime, the deaths outside SCS are presented as resulting from SCS, despite existing outside its range of influence.

SCS as Expensive

Chapter four assesses the operating costs of Alberta's SCS to fulfill the economic mandate of the review. These assessments differentiate the operating costs of the sites by calculating the number of visitors as the number of times a site is used in a day, regardless of how often the same person visits, and the number of

unique users as the number of individuals who visited a site within the day, eliminating repeat visits.[67] Importantly, both numbers apply only to drug consumption services, excluding other services offered at SCS such as social and health referrals and wound care.[68] Thus, the review concludes that SCS are economically inefficient; site benefits do not justify the operating costs of \$25.18 to \$262.60 per visit per day nor the \$49.28 to \$7,910.43 per unique client per day.[69] SCS are also represented as incurring additional costs towards the community for the extra security purchased in properties near the sites, the loss of local business traffic, and the increased opioid-related EMS responses within 500 metres of the sites.[70] This economic inefficiency pairs with the theme of risk to question the role of SCS in society as unjustified; not only are SCS presented as inefficient, operating SCS is not worth the risk to the community.

Discussion

Neoliberal Governmental Discourse Regarding Health Services

The two primary themes, inefficiency and a risk to the community, construct SCS as an inadequate solution to the opioid crisis. This shifts the focus from SCS as a health service for PWUD to a social and economic problem that offers a narrow way of seeing SCS through the elevation of a neoliberal governmental discourse. Neoliberal governmentality derives from neoliberalism, a philosophy of governance that prioritizes the features of a free market's individualism and economic prosperity. A neoliberal governmental discourse influences the discussion of health services by privileging individual responsibility, increasing profit and lessening the welfare state.[71] This philosophy permeates social policy, to reduce government spending towards services that are the responsibility of the government, including SCS.

Importantly, neoliberalism's focus on the individual means that the ideology defines proper, normal citizens as those who can maximize their potential by contributing to the economy.[72] This type of citizen is who the economy aims to serve and reward with its

services and policies, where neoliberalism disempowers those on the margins of society. A discourse which promotes an economically achieving citizen is evident throughout the report, including the suggested changes to SCS that "will offer the greatest chance to help lift these most vulnerable Albertans with addiction out of their current plight and launch them on their individual journeys of recovery".[73] The people who use SCS exist outside of the fold of neoliberalism, where the themes of SCS inefficiency and risk characterize PWUD as non-contributing members of society. There is an important power feature to the neoliberal governance of health services regarding drug consumption; while the individualism of neoliberal governance makes each user personally responsible for solving their drug problem, addiction to opioids renders PWUD as citizens unable to take charge of their 'plight', prompting governmental authority to 'launch' their recovery to normality. As such, PWUD are seen as exceptions to the autonomy of a self-governing citizen, blamed for their addiction while silenced in discussions that control addiction treatment methods.

Stakeholder Voices

Neoliberal governmental discourse elevates community perceptions of SCS which lack the perspective of first-hand lived experience. The report is structured to privilege voices who fall under neoliberal purview, favoring individuals who embody the main tenets of individualism, including autonomy over one's body and mind. Alberta Health claims to have included a diversity of stakeholders within its data, from businesses, community members, first responders, law enforcement, media and political officials, health and social service groups, SCS operators, clients and their families.[74] However, data primarily reflects responses generated from residents, businesses and first responders.[75] Neoliberalism, shaped by class motivations, provides visibility to certain stakeholder groups on the periphery of SCS and silences marginalized voices.

      Neoliberal discourse operates through a positivist, economically deterministic lens. By focusing on cost efficiency and

mortality statistics to justify SCS inefficiency, the Socio-Economic Review questions the necessity of SCS as "most opioid consumption does not result in death".[76] Life experiences of those who face addiction are erased by the review's focus on comparing operational expenses. Worrisome within this logic is that SCS are deemed necessary only to prevent death; if users are not at the risk of dying, such health services are not justified to recovery. SCS necessity is assessed by profitability. Yet even this data is skewed, neglecting the cost of emergency department visits, physician fees, and ambulance deployments diverted through the management of each overdose at a SCS.[77] As a result of the review's economic rationality, the experiences of SCS operators, clients and families are disregarded. Instead, the memories, experiences and attitudes that Van Dijk identifies as influential to social cognitive structures[78] are the experiences of residents' and police officer's privileged in the review to shape the representation of SCS. These perceptions include a police officer's statement that "'The SCS is a lawless wasteland'"[79] and a resident's statement that SCS are "little more than 'government-supported crack houses'".[80] When these views are included as the only first-person accounts of SCS, these collective perceptions become the social representations that Van Dijk deems the foundation of a discourse' persuasiveness and truth enablement.[81] The selective inclusion of dominant voices consolidates these opinions into evidence rebuking SCS, while silencing marginalized perspectives.

Discourse Silences

The Voiceless: Site Users

While the Socio-Economic Review claims to include stakeholders like harm reduction agencies and SCS clients,[82] their voices are notably absent. Rather, health and social organizations, such as the HIV Legal Network (2020), have opposed the findings of the review, stating "(t)he government did not allow the Review Committee to collect data or seek opinions on the benefits of SCS to people who use drugs themselves, and the Review Committee made

no efforts to obtain the views of representative samples of Albertans".[83] Determinative silences exist in the review to support a narrative of SCS inefficiency and costliness. Neoliberalism's focus on individualism and capital silences the discussion of social issues, such as homelessness, despite its link to the opioid crisis.

Homelessness and Limited Data

Neoliberal discourse functions to remove governmental responsibility from social and health problems by naturalizing the individual, personalized failure of addiction. Evading discussion of the social context connects to literature that critiques the report for supplying data which "misattribute SCS as the cause of perceived social disorder despite the complex and intersecting circumstances faced by SCS clients such as homelessness, poverty, and other markers of structural vulnerability.[84] By promoting the autonomy of each citizen in a free market society, neoliberal governmental discourse is not structured to include the socio-economic determinants of addiction because addiction is represented as a personal failing or "their [user's] current plight".[85] As such, "(o)ther social issues such as housing and homelessness"[86] were reported as "specifically out of scope of the Committee's mandate".[87] The economic focus of the report, a core tenet of neoliberalism, negates discussion of the social context of addiction.

Notably, the report concludes that although housing issues and homelessness is out of scope in the Review Committee's purview, it claims that "SCS and their clients are inextricably linked to the issue of homelessness and economic marginality. While it is likely that most drug users are not homeless, a significant portion of SCS clients fall within that demographic".[88] This link further reveals the existence of neoliberalism to exclude the report's discussion of homelessness and housing issues. Despite the claimed irrelevance of data on homelessness, socio-economic problems are clearly linked to the use of SCS. Problematically, silencing socio-economic problems obscures how issues like homelessness and addiction stem from systemic failings. Evidence shows that people facing drug

dependency are at a higher risk of experiencing social marginalization, where "health outcomes, drug use, and drug outcomes are influenced by social category".[89] Addiction is often a result of socio-economic challenges, not personal failure. It is not only addiction which causes problems towards the community, but addiction as the result of the problems that certain groups of people within a community face.

Through this silence, neoliberal discourse inverts the problem of the opioid crisis; turning site users into people who pose socio-economic problems towards the community, rather than people who face increased vulnerability to social problems like poverty, unemployment, low wages and structural legacies of intergenerational trauma amongst Indigenous people. Ning and Csiernik (2022) argue that addiction is "a form of social suffering, entailing structurally imposed distress driven by social factors beyond individual control".[90] Importantly, by understanding addiction and the opioid crisis as a social problem at the junction of intersectional issues involving race, gender, class and poverty, drug use can be understood to not always be the fault of the individual user, but a response to structures of domination which have created legacies of pain. Indigenous perspectives reveal SCS as a place for pain relief and support, complicating the review's portrayal of SCS as drug-enabling sites. Provost, a Piikani First Nations Council member, shared that "addiction is mostly about numbing the pain".[91] Provost's perspective highlights how socio-economic disparities push people to seek out pain relief. Furthermore, many SCS users associate SCS with feelings of safety, community and support, as "a safe place to use, feel comfortable and be looked after"[92] and where "'the staff is consistently respectful to me so that makes me want to respect myself.'"[93] These first-hand perspectives fill in the silences of neoliberalism, turning attention to social problems and placing responsibility on the government, rather than the individual, to create safe spaces to resolve opioid addiction. Vulnerable groups are often isolated from the social and health services that experience defunding under neoliberalism. How the harm of drug addiction is socially perceived is crucial; harm defined

through neoliberal discourse is inflicted on oneself when consuming opioids, whereas the socio-economic determinants of harm distinguish it to be socially induced. In the latter case, opioid consumption is a response to harm, where SCS exist as a safe place to numb pain and reconnect with people.

Moving beyond hegemonic discourse, it is evident that drug use is not always the fault of the individual user, but a response to structures of domination which have created legacies of pain and exclusion. However, the silencing of social problems in prominent reports such as this review enables the opioid crisis to be represented as a cause of personal failure. Not only does this over-emphasize individualism, but neoliberal discourse heightens personal blame to foment a lack of empathy for PWUD who are unable to reach sobriety. In consequence, PWUD and the corresponding SCS visited are represented as the socio-economic problem when an understanding of the pre-existing socio-economic problems are silenced. Recognizing the social problems of drug addiction shifts responsibility from individuals to the government to provide harm reduction services. As it is, neoliberal discourse legitimizes the Alberta Government's new proposed forced treatment model.

Foucault's Knowledge and Power: Alberta's Forced Treatment Model

The silences created through neoliberal discourse legitimizes governmental action by marginalizing and criminalizing vulnerable populations, as revealed through Foucault's lens of power and knowledge. Discourse is a site of knowledge production to mobilize action and enables Alberta's United Conservative Party to propose a new forced treatment model in response to the opioid crisis. Alberta's premier, United Conservative Party leader Danielle Smith, states that drug users must be helped to "'restore the ability for them to be able to make decisions in their own interests to preserve their life'".[94] Canada's first proposed involuntary addiction treatment law follows a neoliberal governmental discourse to frame sobriety as an addict's responsibility to fix their drug addiction by making the

'right' choice. Smith's explanation of forced treatment sobriety as the 'right' decision fast-tracks recovery to turn users into productive citizens. This silences the reality that reaching the independence and normality forced sobriety requires users to maintain is not as simple as taking one's drugs away; the socio-economic vulnerabilities and risks that vulnerable groups face still prevail.

Unfortunately, the autonomy of PWUD is erased both by the substance's hijacking of their autonomy to make the 'right' decision, and by a lack of empathy towards understanding their lived experience. Instead, users are blamed and othered, and lose their autonomy to make decisions for themselves, where forced treatment turns into common-sense, "'actual compassion'".[95] For vulnerable groups, neoliberal discourse erases health services and promotes new addiction models that increase social control. Using Foucault's concepts of power and knowledge, the following section reveals how neoliberal governmental discourse on SCS discreetly operate as truth, continuing to disadvantage vulnerable groups who are spoken for.

Applying Foucault's concepts, the review's 'regime of truth' socially constructs the knowledge that SCS are ineffective to pave way for the knowledge that PWUD need to be managed through forceful treatment. Although alternative findings from Alberta Health state that people experiencing substance addiction cannot realistically recover through forced sobriety,[96] it is the prominence of neoliberalism that disseminates the Alberta Government's Socio-Economic Review of SCS as the most legitimate, or society's regime of truth. This is extended throughout institutions of power like Alberta Health to shape social policy. Power and truth operate together because a discourse comes to power through its ability to represent what is desired as truth, or most in-demand.[97] The truth most in-demand for society is that which promotes economic and social prosperity for the greater population and current power structures. Thus, neoliberalism's focus on efficiency results in the legitimized rationality of forced treatment models that prop up disciplinary measures against society's most vulnerable. Studies completed on involuntary

treatment show adverse effects; forced institutionalization leads to a greater risk of dying via longer hospital stays and readmission rates, as well as the increased risk of suicide once users end their treatment.[98] Thus, these proposed disciplinary measures take on a form of criminalization. Essentially, discourse and power co-exist to constitute the knowledge which facilitates the proposed laws that imply life or death for PWUD.

Conclusion

This research initiates a communications inquiry into governmental discourse on SCS, analyzing how dominant socio-economic representations influence future addiction treatment policies. Such research is needed to trace how the constructed discourses prop up the authoritative knowledge influencing the role of SCS as a solution to the opioid crisis. The charged political debate surrounding SCS and addiction treatment models is important and ever-growing as the discussion of SCS leaves spheres of scientific and health rhetoric.

CDA, a methodology commonly used in communication studies, acknowledges the potential of reflexivity throughout the analysis. Utilizing a social constructivist orientation could be seen by other disciplines as a limitation of this study. However, this research aimed to expose the invisible workings, thereby the social construction, of the Alberta Government's discussion of SCS. In addition, the following study recognizes that analysis has been completed within a Western scholarship tradition. Inherently, alternative perspectives to discourse and knowledge production are not represented. The opioid toxicity crisis is complex and subjective to each user, and addiction treatment policies should recognize this limitation exists throughout scholarship, media reporting, government and NGO studies. This study did not aim to refute or lessen the experiences of the stakeholders included within the report, but to question the effects of moving life-saving health services, such as SCS, into the realm of community and economic perception. Identifying and analyzing these silences is the first step

to implementing high-quality reports. As it is, the prominence of neoliberal governmental discourse on health services silences the social and structural conditions that heighten the problems vulnerable groups with a drug-using background may experience while promoting policies that create the conditions supporting economic priorities for the status quo. The neoliberal language that Alberta Health employs in its pseudo-medical, Socio-Economic Review legitimizes institutional power, where harm reduction is cast aside for forced treatment and addiction strategies become less about recovery and more about control. This phenomenon continues the cycle of disproportionate criminalization for marginalized groups and indicates the dissolution of an equitable health infrastructure.

Notes

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