A Critical Discourse Analysis of Supervised Consumption Site Advocacy in Mainstream Media

by

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AUTHOR'S DECLARATION

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

I understand that my thesis may be made electronically available to the public.

ABSTRACT

The issue of supervised consumption site closures has been thrust into the news since Doug Ford's government called for the closures of ten supervised consumption sites across Ontario. In response to the supervised consumption site closures, harm reduction workers have taken their place in news media to advocate against the closures through use of discursive strategies. In previous research regarding harm reduction workers, studies have looked at harm reduction and supervised consumption sites in the media, but less is known about how harm reduction workers take up space in the media. This research seeks to understand the discourse produced by harm reduction workers as an act of advocacy against the closures. Furthermore, the objectives of this study are to (1) understand how the voices of harm reduction workers are portrayed; (2) to illustrate how news media represent the work of harm reduction worker; and (3) to broaden the understanding of the everyday work of harm reduction workers. To understand harm reduction workers' production of discourse, this study is guided by Teun A. van Dijk's conceptualization of counter-discourse. Strategies such as the headlines, organization, quotations, lexical choice, and rhetorical devices are explored to understand harm reduction workers' production of counter-discourse. The findings of the study imply that part of the advocacy work is responding conversationally to the government's production of discourse; that news media representation goes beyond a binary of good versus bad, but to also be cognizant of the wider political and health landscape; and that harm reduction workers advocacy work consists of a consistent public relations role, both with their presence in the news and their production of counter-discourse.

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1. Introduction

Ontario's government called for the closure of supervised consumption sites across the province in December 4, 2024 (McSwain, 2024). Despite numerous studies and evidence supporting harm reduction programs as an effective public health measure, the programs are often challenged in public discourse. Consequently, the mainstream press is a terrain of struggle for the harm reduction movement. Due to the contentiousness of public discourse, frontline harm reduction work also requires workers to act as spokespeople to campaign for the preservation of supervised consumption sites. There have been numerous sociological studies denoting the experiences and lives of harm reduction workers, including in relation to staff perceptions, mental well-being and stress, client experiences and effectiveness of harm reduction programming (O Leary et al., 2018; Bigras et al., 2021; Kolla et al., 2024; Fraimow-Wong et al., 2024). Additionally, sociological research has considered how harm reduction users and programs are constructed in the news (Atkinson et al., 2019; Wild et al., 2019; Ziegler et al., 2019; Whiteside & Dunn, 2023; Carlon et al., 2025). However, less is known about how harm reduction workers take on the work of media spokespeople in the press. Most of the news media surrounding harm reduction is centered around policymakers, government officials, and public perceptions. To address the gap in literature, my research aims to understand how harm reduction workers advocate for supervised consumption sites in mainstream media.

1.1 Background

Broadly speaking, harm reduction refers to "policies, programmes and practices that aim to minimize the negative health, social and legal impacts associated with drug use, drug policies and drug laws" (Harm Reduction International, n.d.). Harm reduction, then, also includes a

multitude of health and social services such as supervised consumption sites (SCSs), needle and syringe programs, overdose sites, housing, and access to opioid agonist therapy. Common goals of harm reduction implementation include positive changes in health and reducing the risk of overdose and death for people who use drugs (PWUD). Additionally, harm reduction activists also share goals of improving drug laws and policies to reduce detrimental effects to health and well-being, such as criminalization, denial of healthcare, and abusive policing practices (Harm Reduction International, n.d.). Canada's first legally sanctioned SCS opened in Canada in 2003 in response to rising rates of HIV transmissions and drug overdoses in Vancouver (Kerr et al., 2017). SCSs are a form of harm reduction that focuses on saving the lives of PWUD through reducing the risk of overdose and providing connections to social services and healthcare. Over time, there was an increase of fatal overdoses, deaths, emergency service and department visits regarding opioid usage throughout Canada, and municipalities of Montreal, Toronto, Ottawa, and Victoria established more SCSs (Kerr et al., 2017; Government of Canada, 2026). It was only due to a diverse group of actors, such as activists, researchers, and health care professionals, that the implementation and increased prevalence of SCS were achieved.

1.2 A Timeline of Supervised Consumption Site Closure in Ontario

Despite the ongoing support from harm reduction advocates for harm reduction implementation in Canada, Ontario's government introduced the *Community Care and Recovery Act (CCRA)* under Bill-223, calling for the closure of ten out of the 23 SCSs in Ontario, which include SCSs in Ottawa, Kitchener, Thunder Bay, Hamilton, Guelph, and Toronto (Jabakhanji, 2024). More broadly, according to the Government of Ontario, Bill-223 acts to keep communities safe, tackling addictions, auto theft and careless driving, and sex offenders.

(Legislative Assembly of Ontario, 2024). The *CCRA* was first announced in August 2024 with the proposal to ban facilities that are within 200-metres of schools and child-care centres due to concerns about increased crime (Government of Ontario, n.d.). However, harm reduction workers and experts have expressed disapproval of the *CCRA*, claiming that closures of SCS would be dangerous, contribute to more deaths, and increase strain on emergency responders (Jabakhanji, 2024). The bill passed in early December 2024, and ten SCSs were ordered to close by March 31, 2025 (Loriggio, 2024).

However, in response to Bill-223's passing, the organization The Neighbourhood Group (TNG), and two harm reduction advocates, Katharine Resendes and Jean-Pierre Aubry Forgues, filed a Charter challenge to revoke the passing of Bill-223 and to keep SCSs open (*The Neighbourhood Group et al. v. HMKR*, 2025). The Neighbourhood Group operates the Kensington Market Overdose Prevention Sites (KMOPS), a SCS located in downtown Toronto. Alongside TNG, individuals Resendes and Forgues had previously used SCSs. Within their application advocates contend that Bill-223 violated section 7 and section 15 of the Canadian Charter of Rights and Freedoms. In sum, they argued that Bill-223 violates the "right to life, liberty and security of the person" who may use SCS services, and that Bill-223 is discriminatory (*The Neighbourhood Group et al. v. HMKR*, 2025). The case was heard before Justice John Callaghan in the Ontario Superior Court of Justice in Toronto. The outcome of the case resulted in Callaghan granting a temporary injunction, wherein SCSs that were at risk of closing were allowed to remain open for an additional 30 days while the court awaits a final decision. Despite the injunction, nine out of ten SCSs unfortunately were shut down due to previously accepting provincial funding to transition into Homelessness and Addiction Recovery Treatment (HART) Hubs. Since the closures, harm reduction workers have continued to raise concerns that closures

would result in increased overdose, overdose deaths, and more drug use in public spaces.

The announcement, passing of the bill, the injunction, and transitions of SCSs to HART hubs thrusted the issue of SCSs into the mainstream press. Over the past year, news reporting has focused on harm reduction workers' advocacy efforts.

1.3 Research Question

To address the gaps in literature about the interplay of harm reduction work and news media, my thesis responds to a central research question: How do harm reduction workers advocate for supervised consumption sites in the mainstream news media? The primary question aims to uncover how discourse is produced by harm reduction workers, which include statements and advocacy strategies present in the news, such as how harm reduction workers describe SCSs and their uses and benefits in the news. The research question addresses the gap in literature regarding the lack of understanding as to how harm reduction workers advocate and describe their work in the media.

Overall, the main argument of my thesis is that harm reduction workers use a variety of discursive strategies to produce a counter-discourse in opposition to the closure of safe consumption sites. This thesis illustrates the specific discursive strategies that harm reduction workers employ in news media.

1.4 Research Objectives

To answer the aforementioned research question, the research focuses on three

objectives: 1) to understand how the voices of harm reduction workers are portrayed; 2) to illustrate how news media represent the work of harm reduction worker; 3) to broaden the understanding of the everyday work of harm reduction workers.

In this thesis, I describe my research project that seeks to uncover the role that media advocacy plays in the shifting contexts of SCSs in Ontario. The thesis is organized into six sections. First, the literature review describes the current realm of research surrounding harm reduction and harm reduction workers, highlighting three main themes of harm reduction research that my study builds upon. I expand on these themes in the literature to demonstrate how the voices of harm reduction workers are portrayed in mainstream news. Recognizing the significant work that harm reduction workers do as spokespeople helps to broaden understandings of the nature of harm reduction work. Third, I detail the theoretical framework I used to guide my research and analysis. In the proceeding sections, I discuss the methodology, including the research design, data collection, and analytical tools, and the findings and discussion of my research. Lastly, in the conclusion, I outline the contributions to sociological research surrounding harm reduction and media.

2. Literature Review

2.1 Introduction

This section provides the literature review to explore the current realm of sociological research regarding harm reduction workers' beliefs regarding harm reduction, and media content of harm reduction and harm reduction workers as spokespeople. To understand the media presence of harm reduction workers, I build a trajectory of research that broadly examines the work of harm reduction. Situating spokesperson advocacy work as a key part of harm reduction work helps to provide a fuller description of what harm reduction work entails. I also looked for articles that contain content analyses of harm reduction to understand the current research trajectory for media reporting regarding harm reduction. Each section clarifies the overall themes identified in the research, its relevancy to my research, limitations and analysis of the studies, and implications that will be discussed in the conclusion of this section.

2.2 Frontline Workers' Perspectives on Harm Reduction Programming

2.2.1 Frustration with Government Inaction

In my search of articles regarding harm reduction workers' beliefs towards harm reduction, one theme that occurred was workers' experiences of burnout and frustrations towards governments' response to the toxic drug crisis, or lack thereof. Studies by Bigras et al. (2021) and Kolla et al. (2024) examined harm reduction workers' experiences and stressors as frontline workers responding to the drug overdose crisis.

Bigras et al. (2021) aimed to understand stressors related to opioid overdoses, examine

perceptions of support for frontline staff, and identify strategies to mitigate stress. The research participants in these studies were staff from housing agencies, treatment centres, and addictions counselling services to highlight the understudied voices of frontline workers (Bigras et al., 2021). A total of 14 frontline workers from British Columbia were interviewed. The authors uncovered three main themes from the participants: 1) that there were stressors from overdose events, 2) there was a lack of support in the workplace, and 3) providing strategies to mitigate effects of the opioid crisis. The general finding from this study was that frontline social service workers experienced copious levels of stress due to the opioid epidemic. Workers' stress resulted from new or increased job duties, hypervigilance, fear and trauma from overdose related events, removal of personal support, exhaustion and burnout, lack of staff, and hopes for better access to support (Bigras et al., 2021).

Bigras et al. (2021) provide strong findings regarding complex work experiences and stressors that arise from working in harm reduction sites. The authors' findings are especially important to broaden the knowledge of harm reduction worker experiences of stress and burnout in the workplace, especially highlighting the need for increased support for workers. However, the authors also found that participants advocated for greater investments that would benefit their clients. Alongside the study's findings on workplace stress and burnout, the authors revealed what perspectives are held by workers regarding their frustration about the lack of systemic change. For instance, the participants stressed the need for decriminalizing drug use, expressed frustration at the lack of progress to address the drug crisis, and underscored the need to increase public awareness about opioid use (Bigras et al., 2021). Overall, the research highlights how the workers are severely impacted by the opioid crisis in two major ways: 1) the workers experienced elevated stress levels and heavier workloads that would otherwise be mitigated by

direct investment in training, staffing and support, and 2) the lack of long-term systemic change requires urgent attention.

I found the research participants' perspectives in Bigras et al.'s (2021) study regarding larger systemic issues interesting, especially for enhancing my understanding of the overlapping challenges that harm reduction workers face. The study was conducted within a Canadian context; thus, the participants' frustration insinuates similar perspectives that may be reflected by harm reduction workers in my search and analysis of news articles. Although this article addresses harm reduction workers' firsthand experiences and perspectives on systemic issues, it does not address harm reduction workers' role as media spokespeople; thus, it is unknown how their perspectives would take space in the media as a form of advocacy. Based on Bigras et al.'s (2021) findings, my thesis builds on the research about harm reduction workers take up space in the news to identify how they assume the advocate role in the media.

To build on my understanding of harm reduction workers' advocacy role, I looked at a study conducted by Kolla et al. (2024), where the researchers examined harm reduction workers' experiences of and reactions to witnessing and responding to overdose. The researchers chose to study this topic due to the lack of research regarding the emotional impacts of witnessing and responding to overdose and overdose-related deaths. The researchers interviewed 11 harm reduction workers working at SCSs in Toronto (Kolla et al., 2024). They found three emerging themes based on their analysis where harm reduction workers had: 1) experienced physical, emotional and social effects from overdose-related grief; 2) experienced overdose and overdose-related losses in both professional and personal lives; and 3) a lack of appropriate workplace support for overdose response and loss. However, the researchers also examined a lack of political action on the overdose crisis, which impacted the other three factors (Kolla et al., 2024).

The researchers concluded that the overdose crisis has had a substantial impact on physical and emotional well-being, and on experiences of grief and trauma. Like the previous study (Bigras et al., 2021), Kolla et al. (2024) focuses on harm reduction workers' experiences with stressors in the workplace and identifies larger socio-political issues. The findings show that the toxic drug crisis leaves harm reduction workers to experience stress, trauma, and decreased well-being and how they are further exacerbated by the lack of political action. In response to their negative experiences, the participants issued two calls to action: 1) increase support for workers, and 2) hold the government accountable for their inaction to properly respond to overdoses.

The findings from Kolla et al.'s (2024) study echoes similar sentiment from Bigras et al.'s (2021), in which harm reduction workers had experienced significant stress that impacted both physical and emotional health and highlight political inaction towards the opioid and overdose crisis. The research conducted by Kolla et al. (2024) strengthens what perspectives are held by harm reduction workers, specifically the frustration towards the lack of action towards the crisis. Furthermore, the study was conducted in Ontario, and the findings significantly shaped my understanding of harm reduction workers' beliefs and my search for articles. To reiterate, my research focuses on SCS closures within Ontario, and the interviewees being in Toronto enriches my understanding of what perspectives may be held by harm reduction workers in my collection of news articles. Even though Kolla et al.'s study reveals the beliefs harm reduction workers hold about the workplace and broader socio-political issues, the interviews do not display how these beliefs are reported and displayed as advocacy in news media. Nevertheless, what I take from these findings is the frustration that harm reduction workers hold about the government and the need to further explore their role as advocates in news media.

2.2.2 The Support for Harm Reduction and Desire for Improvement

Another theme that emerged from my goal to understand harm reduction workers' beliefs was their overall support and desire for improved SCS programming. Previous studies have investigated harm reduction workers' overall perspectives on harm reduction programming and longing for improved programming (O'Leary et al., 2018; Fraimow-Wong et al., 2024). For example, a study conducted by O'Leary et al. (2018) aimed to examine frontline healthcare workers' experiences and perspectives on harm reduction programming and care to HIV-positive clients. O'Leary et al. (2018) gathered a total sample of 64 healthcare workers from two different sites in Ontario and in Vancouver. The researchers observed two main trends: 1) healthcare workers placed significant importance on harm reduction services and programming to engage substance using clients in the healthcare system**;** and 2) that there is a negative impact on the well-being of healthcare workers when participating in harm reduction as a form of care. These findings suggest that the participants view harm reduction practices as essential for improved physical and mental health, claiming that developing and maintaining relationships with clients were necessary for harm reduction to occur. Moreover, strain and stress were also identified by the staff participants, including the finding that unclear harm reduction guidelines increase negative outcomes for staff and require further training—echoing the findings of Bigras et al. (2021) and Kolla et al. (2024).

O'Leary et al.'s (2018) study implies that harm reduction programming needs to consider the experiences of frontline workers in addition to advocating for client use. The participants in this study strongly supported harm reduction programming as a form of healthcare, a finding that can be used to inform and evaluate future harm reduction research and programming (O'Leary et al., 2018). More specifically, the participants encouraged clearer procedures on harm reduction

programming to better maintain well-being and proper care for harm reduction clients (O'Leary et al., 2018). While staff presented the importance of developing and maintaining relationships, improving harm reduction programming can further enrich experiences for both staff and patients. The authors highlight the support frontline workers have for harm reduction services, showing that advocacy is an ongoing issue for harm reduction workers. While the focus on the perspectives and support of healthcare workers provides valuable information surrounding harm reduction work, it does not explore how advocacy is executed by the workers. The study shows that support exists in frontline work and beliefs that highlight support for harm reduction, but it does not explore how harm reduction workers actively engage with advocacy, and what advocacy strategies are being used (O'Leary et al., 2018). Overall, more research is necessary to broaden knowledge on how harm reduction workers take part in the role of advocates for harm reduction, especially on how their beliefs are utilized to advocate for SCSs.

To build on research regarding perspectives held by harm reduction workers, I considered Fraimow-Wong et al.'s (2024) study in which they evaluated patient and staff perspectives of a hospital-based harm reduction program in California. Qualitative interviews were conducted with the 20 patients and 20 staff members, focusing on experiences with delivering and receiving harm reduction services, impact of care quality and stigma, and recommendations for improvement (Fraimow-Wong et al., 2024). The researchers uncovered three leadings themes in harm reduction programming: 1) expanded access to harm reduction supplies and programming; 2) harm reduction programming builds trust for patients and increases engagement; 3) harm reduction catalyzes culture change, such as destigmatization and increased staff fulfilment, counters burnout, and increases educational components of harm reduction programming (Fraimow-Wong et al., 2024). Despite the successes of harm reduction programming, the

researchers identified challenges regarding staff hesitancy about harm reduction principles and enabling substance use, and a few patients in the program reported experiencing stigma (Fraimow-Wong et al., 2024).

Overall, the common themes found to signify that harm reduction programming is held with positive attitudes in consideration of health perspectives and destigmatization. However, the few patients and staff that reported concerns and negative experiences also highlight that harm reduction programming is highly complex. Nonetheless, the result of this study indicates the general support held for harm reduction programming and strengthens the findings from previous studies that were observed by the researchers (Kolla et al., 2017; Fraimow-Wong et al., 2024). For instance, harm reduction workers had showcased support for harm reduction programming, echoing O'Leary et al.'s (2018) findings on harm reduction workers with similar support, especially regarding how harm reduction programming is beneficial for the health and well-being of clients, and that it builds trust with the clients. Accordingly, Fraimow-Wong et al.'s (2024) findings are essential to build on the beliefs that frontline workers hold about harm reduction programming, and by extension to SCSs. Moreover, the challenges that both staff and patients faced regarding programing underscores the desire for increased harm reduction and substance use disorder education (Fraimow-Wong et al., 2024). Support for harm reduction programming and the need for improved programming is present within both Kolla et al., (2017) and Fraimow-Wong et al (2024), corroborating the idea that advocacy for harm reduction programming is a reoccurring function as a harm reduction worker. However, the advocacy and desire for harm reduction programming and improvement found in both studies does not solely focus on how this advocacy is performed by the harm reduction workers. Expanding on Fraimow-Wong et al.'s (2024) findings, my research focuses on the events of Ontario's SCS closures to seek how harm

reduction worker advocacy takes space in news media.

2.3 Media Reporting on Harm Reduction

My research builds on sociological studies that investigate news media framing of harm reduction. The existing research primarily relies on content analyses that describe a dichotomy of groups who are in support of harm reduction against those who oppose harm reduction (Atkinson et al., 2019; Wild et al., 2019; Ziegler et al., 2019; Whiteside & Dunn, 2023; Carlon et al., 2025). These studies align with my research to understand the advocacy role of harm reduction workers, by laying out a framework of potential discourse that may be featured in my search of news articles.

To begin, Atkinson et al. (2019) examined how drug consumption room (DCR) proposals were represented in media reporting in the United Kingdom (UK). The implementation of DCRs in the UK has faced contention in the media, and so the study aimed to examine how the proposal was represented in media reporting and the effects of reporting. A total of 174 UK news media were collected and analyzed, and the researchers used an analytical and interpretative framework for assessing how news media and actors construct drug use and harm, DCR promotion and rejection (Atkinson et al., 2019). They found that there was a distinct argument to incorporate harm reduction programming, or to maintain abstinence and recovery-based programs. The researchers found that discourse regarding public health, abstinence, and decriminalization were utilized to both promote and reject DCRs (Atkinson et al., 2019). Moreover, they also found that only a few actors rejected the DCR proposals, and that discourse surrounding public health perspectives was more common, which further moves the topic of drug use away from criminality and towards health.

Atkinson et al. (2019) observe that reporting on harm reduction in the media is constantly challenged due to the historical and political context of the UK's drug policy. Common themes surrounding the discourse of DCRs included abstinence, recovery, and decriminalization (Atkinson et al., 2019). Given the context that this thesis focuses on, I expect that these perspectives may be present in my analysis of articles covering the SCS closures in Ontario too. While the authors do not touch on who is producing the specific discourse, the main findings do imply that these perspectives are propelled by proponents of DCRs. Thus, I am informed that similar perspectives may be reflected by harm reduction workers' quotations within my collected articles.

Correspondingly, the setting that the researchers cover similarly reflects what my research intends to cover. For example, Atkinson et al. (2019) aimed to discover how proposals put forth by advocates were represented in the press, in which case, came with understanding how positive narratives were pushed by proponents of DCRs. Thus, drawing from Atkinson et al. (2019), I aim to build on this study by further narrowing and uncovering how harm reduction workers are displaying support for SCSs amidst closures, and how they shape media discourse surrounding SCSs. Since Atkinson et al.'s (2019) research was conducted in Glasgow, UK, I also intend to expand the context of media discourse and SCSs in a Canadian context.

To further build on Atkinson et al.'s (2019) study, I also examined Wild et al.'s (2019) study, which aimed to uncover and analyze Canadian newspaper coverage of harm reduction from 2000-2016. The purpose of the study was to determine if the volume and content of media texts on harm reduction were systematically related to changes over time in policies and health issues, and heterogeneous among regions affected by Canada's opioid emergency. A total of 5,681 articles were coded for positive, negative, and neutral reporting. The findings suggest that

media reporting on harm reduction is proportional to harm reduction events, such as closures of SCS, or growing concerns of opioid usage. The researchers found the Canadian news coverage over the 16-year period often discussed harm reduction in a positive light and through a health perspective (Wild et al., 2019). However, the researchers also observed how negative perspectives on harm reduction were commonly found in opinion pieces in comparison to news reports. Alongside harm reduction being discussed positively and through a health perspective, the researchers discovered that Canadian newspapers independently shaped public discourse toward harm reduction. More specifically, they had found less coverage regarding criminal justice perspectives and found how discourse on health perspectives was most common in the media.

I draw from this research in two distinct ways. First, this study builds on Atkinson et al. (2019) by expanding the relationship between increased media coverage of harm reduction within a Canadian context. While this study primarily covers reporting from B.C. and Alberta on harm reduction and the increase in frequency of harm reduction related events, both Atkinson et al. (2019) and Wild et al. (2019) show that similar patterns of increased reporting due to closures will be reflected in Ontario. Second, the researchers' findings on health perspectives being commonly published further informs me that such perspectives may occur in my analysis of news articles. However, Wild et al.'s (2019) study does not explore who specifically is producing the discourse towards harm reduction, much less how it is being used to advocate for harm reduction programming. Thus, there is more to learn about how discourse about harm reduction circulates in the press. Nonetheless, Wild et al.'s (2019) research implies that Canadian news outlets shape public discourse, and my research builds upon the findings to uncover specific discourse that is being produced by harm reduction workers for SCSs in Ontario.

Ziegler et al. (2019) also aimed to study the controversy of SCSs in Ontario. The authors screened and analyzed 265 articles spanning from the years 2000 to early 2019. The documents typically include government reports, policies, and media sources. The researchers conducted discourse analysis to identify patterns between the documents with the primary variable to focus on how SCSs were discussed in the media and how knowledge of SCSs is reproduced and communicated to the public (Ziegler et al., 2019). The authors found three major media narratives of the opioid crisis in Ontario. The first narrative reflected evidence that SCS models reduce harm, with the narrative centering around endangerment from external harm. The group mobilizing this discourse consisted of Liberal governments, medical professionals, and people who use drugs (PWUD). More specifically, the safe injection site (SIS) coalition contributed to narratives and evidence that frame the SIS model as reducing harm and protecting the public. The second narrative contended that SCS models can lead to increased crime and decreased social order, which consists of a Conservative government and law enforcement perspective. The researchers categorize this narrative as the law and order coalition. The third narrative is reflected by what they call the Crisis coalition and is typically led by the courts. Ziegler et al. (2019) found that this coalition tends to amplify the beliefs held by either the SIS coalition or the law and order coalition, and consists of the courts, media, and the public. For example, people categorized in this coalition would express support towards SCSs, but once discussions regarding a physical site are proposed, they lean towards a negative stance that reflects the law and order coalition.

The findings of Ziegler et al.'s (2019) work has three implications. First, scientific evidence is not the only effective tool for policy argumentation but must also reflect attitudes that inform drug policy development. Second, responses to the opioid crisis are necessary; that

is, any response is much more beneficial than no response. Lastly, the narratives underpinning Ontario's drug policy are constantly shifting. Overall, the findings from this article substantiates the findings from the previous articles (Atkinson et al., 2019; Wild et al., 2019), most importantly confirming how proponents of SCSs tend to frame SCS through a health perspective narrative and further explores the narrative that frequently claims SCSs as saving lives and making communities safer. Furthermore, the previous studies were focused on different geographical settings, meanwhile Ziegler et al.'s (2019) study is situated in Ontario. Because my study primarily explores harm reduction workers' responses to Ontario's closure of SCSs, the findings strongly align with my research. Particularly, the setting of this study further confirms the notion that the harm reduction workers I examine will hold similar perspectives to the SIS coalition explored by Ziegler et al. (2019).

Another major contribution of Ziegler et al.'s (2019) study is that debates surrounding harm reduction services persist in the media, and how the media contribute to varying narratives on harm reduction. The authors claim that the media are influential, especially reporting perspectives held by a group or people producing discourse. More specifically, Ziegler et al. (2019) found that most media articles published were in favour of SCSs, with themes often circling around saving lives, preventing overdoses, benefitting the community, and connecting people to treatment. However, the authors studied a wider range of actors who are proponents for SCSs, which to reiterate includes Liberal government officials, medical professionals, and PWUD. Thus, my study builds on this research by narrowing the focus towards harm reduction workers' perspectives and how they act as advocates in the news media. This finding implies that the media still play a relevant role in influencing narratives that are supportive of, or against, harm reduction services. Thus, more exploration is needed to uncover how harm reduction

workers are portrayed in the news and how they voice their support of SCSs.

Whiteside and Dunn (2023) aimed to study the voices that are represented or silenced in print news media regarding the implementation of SCSs. The focus of this study is the contention surrounding Victoria, Australia's first SCS, and identifying whose voices are being highlighted in print media. The researchers gathered and analyzed a total of 645 articles, which all focused on one SCS in North Richmond Community Health Centre. Within their findings, the three predominant actors contributing to discourse were politicians, the public, and residents. The authors discovered four differing themes when analyzing their collection of articles. First, that politicians, PWUD, and the public who are proponents of SCS illustrated the rhetoric on "saving lives." Second, concerns about injection equipment were frequently brought up to advocate for a safer environment. Third, residents' voices were ignored in favour of predominant actors. And lastly, the framing of PWUD varied between distinct groups--for instance, politicians in support of harm reduction programming, while the public and residents utilized stigmatizing terms in opposition to harm reduction programming.

Like the previous studies, Whiteside and Dunn (2023) reflect similar findings regarding common rhetoric found in news coverage of SCSs. For instance, the politicians relied on claiming SCSs "save lives" to support the facility, which further confirms that actors who signal support towards SCSs commonly utilize the "saving lives" rhetoric (Atkinson et al., 2019; Wild et al., 2019; Ziegler et al., 2019). Although lifesaving rhetoric has been commonly observed throughout the aforementioned and Whiteside and Dunn's (2023) studies, the broad focus of actors conveying such rhetoric limits the understanding on how a specific group of actors, such as harm reduction workers, are portrayed in the production of discourse. Moreover, most of the attention in Whiteside and Dunn's (2023) research focused on the voices of experts, politicians,

and professionals. And so, within the scope of my research, I opted to explore harm reduction workers as the primary actor and to deepen understanding of how they advocate against the SCS closures in Ontario.

Researchers Whiteside and Dunn (2023) concur that PWUD are heavily silenced and overshadowed by political actors. Specifically, their voices and lived experiences were denied when discussing SCSs, which highlights social power structures, and obstructs social change. While the articles in my research do not primarily cover PWUD as the actors, this claim informs me that immediate actors for harm reduction, such as staff's voices, may be obstructed by those in higher power. This finding coincides with the previous research, as the research focuses on a wider array of actors like politicians and medical professionals (Atkinson et al., 2019; Wild et al., 2019; Ziegler et al., 2019), thus there is limited information to understand purely what the voices of harm reduction workers are advocating about SCSs.

In June 2025, Carlon et al. (2025) collected and conducted a critical discourse analysis of opinion articles covering harm reduction across the United States. The researchers collected 39 opinion articles about harm reduction to analyze the attitudes and stigmatizing language about harm reduction, and to critically analyze discourses about stigma and harm reduction support. They found that most articles held positive perspectives on harm reduction (Carlon et al., 2025). More precisely, their analysis revealed that supporters claim that harm reduction saves lives, does not increase crime, decreases stigma and systemic oppression, and that policy change is required to improve harm reduction implementation. Meanwhile, discourse produced by opponents of harm reduction included discriminatory stereotypes, equated opioid use with crime that was enabled by harm reduction, and dismissed systemic injustices (Carlon et al., 2025).

The researchers claim the news media gravitates towards discourse in support of harm

reduction (Carlon et al., 2025). The findings from this article are similar to those from previous articles: that support for harm reduction typically involves arguments surrounding lifesaving rhetoric, and to benefit the lives of people of who use harm reduction services and community members (Atkinson et al., 2019; Wild et al., 2019; Ziegler et al., 2019; Whiteside & Dunn, 2023; Carlon et al., 2025). The researchers also suggest that shifts in discourse mirror the evolving sociopolitical context regarding harm reduction (Carlon et al., 2025). For instance, the authors claim editorial authors may present discourses in favour of harm reduction given the one-year timespan of their articles. To put simply, production of discourse follows relatively with current events surrounding harm reduction, resembling Wild et al.'s (2019) findings on proportional news publications of harm reduction. The implications of both studies (Carlon et al., 2025; Wild et al., 2019) coincide with the increase in coverage surrounding Ontario's SCSs. Based on the findings of common rhetoric found in support of harm reduction, coverage surrounding Ontario's SCS closures may feature similar rhetoric. Nonetheless, research that spotlights harm reduction workers enacting their roles as spokespeople is still largely unexplored, and there is limited understanding about their production of discourse. While the literature has presented comparable findings in discourse that display support for harm reduction overall, harm reduction workers as the primary focus requires more attention.

2.4 Conclusion

While there is a growing area of research examining harm reduction and harm reduction workers, most of the research focuses on the experiences of individuals in the workplace. While important, these studies exclude detailed consideration of harm reduction workers' belief systems and advocacy roles, and how harm reduction workers and their beliefs are represented in

the news media. The current project builds on the understanding of the advocacy role of harm reduction workers in the media by conducting a critical discourse analysis outlined in the Methodology chapter.

3. Theoretical Framework

In this section, I expand on the theoretical framework that guides my research. More specifically, I discuss critical discourse analysis (CDA) as conceptualized by Michel Foucault. Next, I build on Foucauldian discourse analysis by drawing from Teun A. van Dijk's studies of CDA, and Moussa and Scapp's (1996) discussion on bell hooks' 'talk back' to identify how it serves as a guide for the analysis of my data. Lastly, this section expands on van Dijk's concept of CDA, where I further illustrate how my research utilizes CDA to gain a deeper understanding of how harm reduction workers as spokespeople draw on discursive strategies to advocate against SCS closures.

3.1 Critical Discourse Analysis

Foucauldian discourse analysis examine how knowledge and meaning are shaped throughout history, reflecting the claim that discourse is material in effect. Specifically, discourse is a way of organizing knowledge, in which that knowledge contributes to social relations (Foucault, 1969). The approach recognizes how knowledge structures relationships through shared understandings of discourses that are accepted as true (Foucault, 1969). Discourse reflects power in society, and that same power prescribes rules and categories which define the criteria for legitimating knowledge and truth within a discursive order. Discourse gives text a specific meaning and rejects other interpretations. Different forms of text and talk reinforce meanings and are finalized as a 'truth' as Foucault explains:

In every society the production of discourse is at once controlled, selected, organized and

> redistributed by a certain number of procedures whose is to ward off its powers and dangers, to gain mastery over its chance events, to evade its ponderous, formidable materiality (Foucault, 1971, pp.53).

As a certain discourse is refined with a specific interpretation, other meanings that would otherwise challenge the dominant meanings are rejected. A reiterative and defining force for discourse is achieved through ongoing discussion, which constantly reaffirms the meaning inscribed by the discourse. Not only can discourse appear through verbal communication, but also through material production and distribution such as the news (van Dijk, 1989). This reiterative process begins to normalize preconceptions of the subject of the discourse, and as a result, certain meanings are fixed and accepted as knowledge, while others are rejected. When certain ideas in discourse are repeated over time, they begin to shape how people see themselves and how they are portrayed. As a result, socially constructed portrayals begin to be accepted as the "truth" and act as a form of control.

Discourse analysis attends to who is speaking, the position from which the speaker speaks, what it prompts people to think about, and how it circulates in society (Foucault, 1981). The main concern is to highlight discourse's effects and identify how it reproduces dominant power relations. Power can be enacted through discourse, and that discourse reproduces power relations—as explained through a reiterative process of discourse such as commentary. Power is linked with and manifested through language in varying forms of communication and accepted as "true" by dominant actors in society (van Dijk, 1989). Discourse analysis can then reveal how language contributes to power dynamics and shaping beliefs, and who gets to produce dominant narratives. Thus, dominant narratives arise as control over discourse determines who is represented and how they are represented in the media. In media specifically, news reports could

represent events in a particular way that readers form biased mental models and infer general knowledge against their best interests and in the best interests of the elite (van Dijk, 2010). In sum, a certain topic covered within the news could shift the readers' beliefs, often through ideas that benefit the elite. By analyzing power dynamics in language, discourse analysis can also reveal which dominant discourse excludes, marginalizes, and oppresses certain realities.

Foucault conceptualizes that knowledge is produced, reiterated, and transformed by discourse but lacked vested interest in a detailed method to understand how it is produced, reiterated, and transformed (Fadyl et al., 2012) in news media. In this case, van Dijk (2010) bridges and mobilizes the interconnection of knowledge, discourse, and power, particularly through the sociocognitive component of discourse analysis. More specifically, he wanted to bridge the role of knowledge in discourse, social and cultural dimensions of knowledge, and detailed discourse analysis of the ways knowledge is displayed in text and talk (van Dijk, 2010). For instance, studying the distribution of knowledge lies in both the social and cognitive component, specifically through examining mental representations or the ways knowledge can influence the knowledge of recipients (van Dijk, 2010). In understanding the social component of his inquiry, van Dijk posits that groups, such as institutions, organizations, and general structures of power, are related to knowledge representation, such as by emphasizing knowledge or marginalizing knowledge. In essence, van Dijk goes beyond the Foucauldian approach to discourse analysis and integrates the role of knowledge in discourse distribution and processing by looking at the social and cognitive dimensions of the relationships. Thus, discourses are the object of critical inquiry, observing direct or indirect contribution to the reproduction of knowledge in society (van Dijk, 2010).

However, van Dijk (2015) makes clear that CDA is not to be mistaken as a particular

method of doing a discourse analysis, and that it is an analytical practice. There is no singular method of CDA but instead constitutes many methods and approaches towards a critical study of text and talk. More specifically, that CDA is not a specific direction of research, but a critical perspective found in all areas of discourse studies (van Dijk, 2015). Meaning that my study in analyzing harm reduction worker advocacy in the news will be approached with a critical perspective laid out by van Dijk's analytical practice of CDA.

Nonetheless, van Dijk still holds similar concerns that Foucault does regarding CDA: discourse is involved with the reproduction of dominating power, its consequences, and struggles against domination (van Dijk, 2010). It is merely that van Dijk invites CDA researchers to acknowledge CDA beyond Foucault's theoretical conception, and how knowledge is used to control discourse, or how knowledge of recipients can be manipulated by powerful groups. Concisely, van Dijk brings forward the cognitive attributes of Foucault's philosophy, focusing on how discourse can contribute to reproduction of domination in society through text and talk (van Dijk, 2010). Conversely, understanding how power operates through discourse reveals how counter-discourse and narratives are created to resist dominant oppressive narratives.

3.2 Counter-Discourse

Sociologists are interested in the notion of counter-discourse. When challenging fixed meanings and perceptions about harm reduction and SCSs, a study of counter-discourse can be conducted as a branch of discourse analysis. Foucauldian discourse analysis, and van Dijk's conceptualization of CDA focus on the way knowledge, power and domination are reproduced through commentary, but counter-discourse moves beyond simply analyzing how discourse is

oppressive (Moussa & Scapp, 1996). Rather, counter-discourse proposes that discourse can be used to intervene in mainstream discourse that oppresses individuals. More specifically, Moussa and Scapp (1996) refer to bell hooks' conceptualization of counter-discourse as a framework to understand how discourse can be disrupted by those oppressed by mainstream discourse. According to hooks, the act of "talking back" expresses the transition of being the subject of domination, to being the liberated voice (Moussa & Scapp, 1996). Aside from recognizing oppressive discourses, hooks call on academics to recognize the political importance of oppressed people speaking up for themselves (Moussa & Scapp, 1996). Those who have been previously silenced in discourse are able to form counter-discourse to resist the power that continually oppressed them. hooks also argues that in recognition of the oppressed voices producing counter-discourse, they should not be reduced by a "bourgeois desire" to be noticed (Moussa & Scapp, 1996). She claims that speaking is not just an act of power, but an act of resistance that challenges domination. Simply put, the genuine act of "talking back" as a production of counter-discourse challenges the dominating and oppressive discourses that have been reiterated.

In his writing about CDA, van Dijk is concerned with the dominating power found within discourse and the insistence of bridging knowledge, power, and discourse together to better understand the domination of marginalized and oppressed groups. However, van Dijk's approach of CDA can apply to bell hooks' proposal to recognize the oppressed voices' production of counter-discourse. In this case, researchers and critics should be as interested in the resistance found in counter-discourse just as they are interested in the dominating power found in CDA. If van Dijk can investigate and integrate the role of knowledge in discourse distribution, then the same can be applied to hooks' understanding of "talk back." More specifically, if CDA can

reveal how language contributes to power dynamics, shaping beliefs, and who get to produce dominant narratives, then a CDA of counter-discourse can reveal how language can also disrupt and resist dominant power. If that is the case, then the language produced through counter-discourse may then also be accepted as "true" by recipients. Just as power and knowledge are manifested through discourse, so too can discursive transformation and resistance emerge through counter-discourse.

Earlier literature exploring harm reduction and media has established context surrounding dominant discourse, and how actors in SCSs are severely overshadowed by dominant discourse produced by other actors—often actors in favour of harm reduction programming were coupled together with government officials, medical professionals, and harm reduction actors (Ziegler et al., 2019; Whiteside & Dunn., 2020). While the researchers do not specifically focus on the counter-discourse produced by workers, their findings imply that there is more research required to understand the relationship between counter-discourse and harm reduction. Thus, my project examines and broadens the understanding in which harm reduction workers "talk-back" against SCS closures. Conducting discourse analysis is necessary for my project to reveal what harm reduction workers are communicating about SCS closures and how they are represented in the media. In doing so, my analysis draws heavily from the works of van Dijk (1985, 1988, 1991, 2015), including organizing the analysis based on what van Dijk considers essential when analyzing news discourse. For my research, I drew from van Dijk's approach to studying headlines, organization, quotations, lexical choices, and rhetorical devices, to progress towards insightful analysis of the text and talk of harm reduction workers in the media.

3.3 Headlines

Text is comprised of a hierarchical structure, which van Dijk refers to as macrostructure, consisting of the most relevant information within a text. The macrostructure consists of conceptual summaries of the text and is expressed through headlines and summaries (van Dijk, 2013). van Dijk (2015) argues that headlines express the major topic of an article. Not only do headlines summarize the major topic, but they also play a significant role when readers process information (van Dijk, 1988). Headlines are prominent and contain a summary of an event, hence they are best understood and memorized by the readers. What the audience consider "important" information is relative and subjective—meaning that the audience is still able to form alternative interpretations, which are influenced by prior knowledge and opinions accessed through varying sources (van Dijk, 1988). However, van Dijk presumes that the majority of news readers have insufficient time and opportunities to access such diverse sources, and consequently, readers tend to accept the interpretation presented by the headline and text (van Dijk, 1988). In sum, the most readily available article becomes the most readily accepted interpretation of the covered event. For van Dijk (1988), headlines also serve to deliver preferred macrostructures for a reader's interpretation of the actual event. Headlines contain attractive identifiers, or symbols, to sell the news to a larger audience. As such, news reports are expected to "satisfy both the prevailing news values" and "attitudes of the majority of the readers" (van Dijk, 1988, p. 229). For instance, negative coverage of a certain event incurs negative consequences within the reader's mind. Using van Dijk's study on news racism, a headline labeled immigration as "an invasion of aliens" defines immigration as a violent threat, hence readers would view immigration negatively. As such, my analysis of headlines identifies what

aspects of the SCS closures would be most memorable to the readers, and what interpretations the headline promotes to readers.

3.4 Organization

Alongside headlines, the overall organization of the article is also important when conducting critical discourse analysis. News articles are typically written as a top-down structure: a general summary found in the headline and lead, then followed by specific details within the rest of the article. Additionally, van Dijk (1985) claims that the purpose of reading a news article is to frame a model of the current event to update the reader's own framing of the topic (van Dijk, 1985). That is, the latest information found in the article can be used for readers to recall and transform their own ideas about the current event. In compliance with van Dijk's (1985) cognitive approach to CDA, this perspective in understanding the organization of news texts accounts for the complex interaction between the information established in the news articles.

Specifically, the news is categorized into "events" followed by optional information such as context, verbal reactions, consequences, and comments (van Dijk, 1988). The "main event" dictates how the news event is described and often is accompanied by prior events (the background). However, van Dijk (1985) offers an important distinction between two different forms of background information in which *history* organizes and offers indirect past events related to the current event, and the *previous event* is a specific event the precedes the main event. In combination, the main event and the background form the context of the current event displayed in a news article. Thus, an article may cover various forms of context connected to the

main topic. Following the background section, the "consequences" acts as general category that describes an event caused by the "main event." "Verbal reactions" as a category is a section of the text particularly for quotations, such as those derived from people being interviewed by the news reporter. However, separate from "verbal reactions" is the "comment" section. The comment section should not be mistaken as another set of quotations; rather, the comments come from the journalist, often a conclusion, expectation, or speculation about an event. However, van Dijk claims this is optional to add in an article (van Dijk, 1985)

While there are numerous categories that compose an article, one category should not be considered more important than another. In fact, what is considered the most essential information can be found within each category (van Dijk, 1985). Rather than deeming the main event of an article being more important than the verbal reactions, each category has its own piece of information that is the most important. For instance, I would have to consider what the most essential information is in the main event, then the next important information in previous events, then moving forward to the most valuable information in verbal reactions, and so on for applicable categories. According to van Dijk, this model allows readers to recall the most important pieces of information (van Dijk & Kintsch, 1983). With this model, the readers can recall the general information that is displayed by the headline and lead, but also essential information found throughout the other categories.

For this thesis, these categories can be found in my analysis of the organization of the news articles. For example, since my research focuses on harm reduction workers' production of discourse, I expected verbal reactions to be present in my collection of articles. I paid close attention to the different organizational categories of news articles according to van Dijk, such as how information is portrayed as highly significant for readers to remember. I also accounted for

the situational context the articles were written in to guide my analysis, especially since my corpus of articles spans throughout one year. For instance, elements such as time, place, and participant roles are crucial factors as they fundamentally shape discourse around certain events. Overall, my analysis of the organization expands on how important ideas of harm reduction workers' advocacy circulate in the news.

3.5 Local Meanings

Alongside the macrostructure, text also contains local meanings. According to van Dijk (1993), the local meaning of the text is necessary to analyze in writing to supplement the analysis of the macrostructural features of an article. For instance, the macrostructure covers the overall message displayed by the headlines and organizational structure, but the local meanings cover how language choices are shaped by the current context. By understanding and analyzing language, the ideology held by who is producing the discourse can be revealed. van Dijk states that:

> Few levels of analysis are as revealing and relevant for a critical analysis as the semantic study of local 'meanings,' including the propositional structures of clauses and sentences, relations between propositions, implications, presuppositions, vagueness, indirectness, levels of description, and so on. We have seen that, in general, dominance is semantically signaled by positive self-presentation and negative other-presentation or derogation. We may expect, therefore, that the various semantic modes of meaning also reflect such an overall strategy, e.g. by concealing negative properties of the own group (racism), and

> emphasizing or inventing those of the Others (the ‘intolerance’ of anti racism) (1993, p. 275).

Based on the above excerpt, van Dijk implores researchers to critically analyze the way language is structured through various means. Through analyzing local meanings, van Dijk claims we will find positive self-presentation and negative other-presentation within the text, which reveals a group's ideology on the topic.

When identifying and analyzing local patterns, there is heavy consideration of how dominant members can influence control over text and talk. The influence over discourse control and access to discourse are linked to social power. For example, ordinary people have active access to discourse through friends, family, and colleagues but become more passive when accessing institutional discourse. Institutional discourse is mainly accessed by the elite and can actively control the discourse when compared to ordinary people. In this case, my research focuses on news discourse, so journalists as gatekeepers, more-so than ordinary people, have greater control over media discourse (van Dijk, 1993). But to reiterate, CDA does indeed focus on abuse of power and would seek how journalists would prevent others from forming text or talk (van Dijk, 1993). Therefore, since my research sought to identify how harm reduction workers are portrayed in media discourse, it was necessary to look at how discursive control was applied to the quotations, lexicon, and rhetorical devices in news articles featuring harm reduction workers. This would seek to understand the space that harm reduction workers' speech and text hold within the news article.

3.6 Quotations

Within my analysis, quotations as part of the local meanings were a significant point of analysis. According to van Dijk (1993), part of the discursive control can be found when observing quotation patterns. Journalists as gatekeepers hold the power to control the information provided by harm reduction workers, how it is distributed in the news**,** and how it is presented toward the audience (Vos & Thomas, 2019). Firstly, biases can occur from news actors when covering a significant event (van Dijk, 1991). There is a consideration of which news actors are present, the way they are presented in the news, and their interpretation and opinions about the events (van Dijk, 1991, 2015). In a 1994 study of news racism, van Dijk explains the following regarding quotation patterns:

> If black groups and anti-racists have less access to the press, we may assume that they will be less quoted. As expected, detailed study of quotation patterns reveals that minority groups and their institutions or members are less quoted about ethnic affairs than majority institutions or elites. If quoted at all, they are seldom quoted alone: A white person will be present to balance the quote. Also, they will seldom be quoted on major topics, but mostly on less prominent topics such as culture and the arts. On race relations, on which minorities may be assumed to be experts, if only by their experiences of discrimination, prejudice and racism, minorities are also seldom quoted, let alone quoted alone. For instance, for a topic such as prejudice, minority groups are quoted alone just once, and majority group persons or institutions nearly 100 times! In general, thus, quotes do not reflect who says what, but what sources the newspaper deems to be most consistent with its own ideology (1994, p. 30).

This explanation illustrates how an ordinary person compared to an elite, such as a government official, will seldom be quoted in the article. Thus, I sought the quotations provided by harm

reduction workers in news articles—observing what they are saying regarding the closures, and what prominent topic is displayed when being quoted. Depending on the actor, the chosen quotes can confirm certain attitudes regarding the topic, thereby offering understanding of how harm reduction workers frame SCS closures. However, to observe and interpret certain attitudes also requires further analysis of lexical choices and rhetorical devices.

3.7 Lexical Choice

Dissecting the structure and organization of the discourse is important because it reflects and influences opinions and attitudes of the event (van Dijk, 2015). Similar to quotations, discursive control is also found when studying lexicon and rhetorical devices (van Dijk, 1993). van Dijk (1993, pp. 264) defines lexicon in a CDA context as "lexical style": a "choice of words that imply negative (or positive) evaluations." Whilst a brief definition, it displays how certain word choices affect the readers' perceptions of the topic as negative or positive. In the context of van Dijk's work covering news racism, derogatory words would be avoided but replaced by negative words or code-words to describe minorities. Articles covering undocumented immigrants were described as "illegal" or "unlawful," inciting that they are breaking the law and associated with crime (van Dijk, 2015, p. 30). Considering lexical meaning is less about identifying frequently used words found in articles but aims to reveal varying ideologies present in an article. In view of my research, I expect that certain lexical choices in articles are employed by harm reduction workers as a form of producing counter-discourse to oppose the closures of SCSs.

3.8 Rhetorical Devices

In addition to lexical choices, I also examined the rhetorical devices present in my collection of articles. In the same work, van Dijk (1993, pp. 264) claims that "[r]hetorical figures" are "hyperbolic enhancement of 'their' negative actions and 'our' positive actions; euphemisms, denials, understatements of 'our' negative actions[.]" Here, van Dijk is suggesting that rhetorical devices are used to describe an inner group as a positive action, while the outer groups action is viewed negatively. As such, rhetorical devices, such as metaphors and hyperbolic use, emphasize the portrayal of the event in either a negative or positive perspective (van Dijk, 1993). Using the same example of news racism, metaphors referring to immigration as an "invasion of aliens" solidify the abstract notion of immigration as threatening (van Dijk, 2015). In tandem with metaphors, hyperbolic use of a metaphor such as identifying immigrants an "army" or "aliens" implies that they are a massive, violent threat (van Dijk, 2000, p. 43; 2015, p. 473). Based on the example, immigrants are displayed as an outer group, showing the action of immigration and being an immigrant as negative. Thus, a reader who decides to read that article may be influenced to believe that immigrants are a massive, violent threat. In short, detailed analysis of local mechanics in collection of articles is key to understanding text relating to the context of SCS closures. Analyzing the text and talk of harm reduction workers provides insight as to how their production of discourse surrounding SCSs may affect reader's conceptualization of the SCS closures. In similar fashion to lexical choices, identifying rhetorical devices used by harm reduction workers would reveal their opinions regarding the closures. More specifically, how harm reduction workers describe their actions in a positive matter while also describing the outer groups' actions as negative. For instance, I paid attention to any metaphors or hyperboles in the articles expressed by harm reduction workers when discussing

SCS closures.

4. Methodology

In this section, I discuss my position as a researcher, lay out my decision to investigate this topic, and consider my formal and informal knowledge about harm reduction and how it led to further pursuing this field of research. Furthermore, I acknowledge and discuss researcher bias, and how I aimed to validate my analysis. I will then continue to thoroughly explain the step-by-step process of my article collection procedure, and my analytical approach of the articles using the guidance of van Dijk's (2000, 2015) conceptualization of CDA.

4.1 Positioning the Researcher

My decision to investigate harm reduction workers' advocacy for SCSs stems from both educational and non-educational experiences. As a student and researcher, I have formal education in sociology, psychology, and criminology which brings an academic foundation into the present research. I have studied both clinical and sociological academic discussions of addictions and mental health, trauma, and everyday experiences of such things. Alongside formal education, my own experiences outside of academia had led me to partaking in this research topic. The city I am from, Edmonton, also hosts SCSs that have been both criticized and praised in news media, and in a larger scope, harm reduction is also a strong point of contention within the city. In fact, Alberta's government is currently also facing SCS closures in favour of a recovery-centered approach (Patterson, 2026). Currently, SCSs have been shut down in both Calgary and Lethbridge, while Edmonton's remaining two SCSs are at risk for closures (Patterson, 2026). Responses to Alberta's events on SCSs has created both advocacy against the closures and support for the closures, often presenting a dichotomy between SCSs being a

necessary good for PWUD or claims that SCSs are creating a worse environment to support PWUD. Within my social circle, there have also been discussions regarding SCSs in Edmonton, ranging from confusion about SCSs, frustrations toward the government and treatment towards PWUD, and pushback against SCS closures. Thus, I have witnessed both academic and non-academic discussions about SCSs, which have pushed me to engage in harm reduction research to better understand this complex and evolving phenomenon.

To reiterate, the motivation to conduct this research stems from both an academic and non-academic understanding of SCSs—reading academic studies of harm reduction worker work-life experiences and the experience of PWUD but also witnessing the functions of SCS on the PWUD from Edmonton. Despite the on-going talk of SCSs in online spaces, there have been limited studies conducted that focus on harm reduction workers as sole actors and the role of SCS advocates in media space. Due to previously limited research, I conducted this research to understand the role of harm reduction worker advocacy in the news, and how it shapes discourse surrounding SCSs amidst the closures in Ontario. However, since my background stems from my academic studies and non-academic experiences, I lack the experience that would otherwise be present if I were to work at an SCS. To ensure that the harm reduction workers were accurately represented during the research, I thoroughly practiced reflexivity and followed van Dijk's framework on analyzing news media.

4.2 Article Collection Procedure

Since my research focuses on harm reduction workers' production of discourse in news media, I collected articles using purposive sampling of news media between August 2024 to

August 2025 from the Factiva and ProQuest databases. News media were selected to reflect local representations of harm reduction workers that are speaking about the SCS closures. The range of dates for the articles published was decided by pre-determined milestones, beginning with the announcement of Bill-223, the passing of Bill-223, the determined closures, the injunction of Bill-223, and the aftermath of Bill-233.

To search for relevant articles that are eligible for the analytical stage, two rounds of search terms were assigned for the article collection. The first search included the terms “harm reduction workers” or “advocates” AND “supervised consumption sites” OR “safe consumption sites” OR “drug consumption sites” AND “Ontario.” This initial search produced 82 articles. To produce a broader collection of media content on this topic, I expanded the search with the terms “supervised consumption site(s)” OR “safe consumption site” OR “drug consumption site(s)” AND “closures” AND “Ontario,” which had produced 14 articles. Together, these two rounds of searching yielded 96 articles. Each article that I had encountered in the database was reviewed to identify if the article was eligible for my analysis. I applied inclusion and exclusion criteria to that collection of 96 articles. Articles were included in the corpus if they included these key aspects: harm reduction workers being featured and quoted, and the articles were published by Ontario news outlets and featured the SCS closures in Ontario cities. Articles were excluded from the collection if they were opinion pieces on the SCS closures, analysis of the closures without quotations, and articles published outside of Ontario. After applying these criteria, I was left with 56 articles in total upon which to base my analysis.

4.3 Analytical Approach

To analyze the articles, I organized the articles using a table in Microsoft Word with sections based on what van Dijk considers important to understand about the production of discourse. A total of six columns were included to cover the features of the article: the date, headlines, organization, quotations, lexical choice, and rhetorical device. Each row of the table corresponds to an article, meaning I read each article and placed relevant details into 56 separate rows on the table. The purpose of the table was to provide a basis for analysis, and efficient identification of trends and patterns of harm reduction workers' discourse in the news.

I carefully applied the features from the table when reading each article, and each article was read with a minimum of three times to capture the distinctive features based on the table. To illustrate, I first input the descriptive details, such as the date and headline of the articles. In the next step, I read and identified the local meanings found in the article, which corresponds to the quotations provided by harm reduction workers. I then identified the finer details of specific lexical choice, and rhetorical devices featured from the quotes of harm reduction workers. In this round of reading, I was able to discern any linguistic evidence that would serve to shape narrative and advocacy surrounding SCSs. Following the completion of the first reading, I then advanced to a second round of reading to identify the organization of the article. During this round of reading, I identified the top-down writing of the article to understand how the text was structured. By analyzing the structure and organization of the articles, I was able to observe and analyze the overarching information and meanings produced by the articles. According to van Dijk (2015), analyzing the structure and organization is necessary, as the information displayed serves to produce dominance; that is, how information produced by harm reduction workers reshaped and took control of the context surrounding SCSs. Afterwards, I conducted a third round of reading to ensure my table was comprised of all necessary information gathered from

the news articles.

Following the three rounds of reading each news article and cataloging information into the relevant features, I then began my analysis by utilizing the completed table. My analysis derives from van Dijk's analytical practice to observe the properties typically found in analyzing discourse, which is that discourse often signals preference to emphasizing "Their bad actions and Our good ones" (van Dijk, 2015, p. 39). In this area of research, what would typically be found is harm reduction workers emphasizing the positive actions and beliefs held towards SCSs and conveying a negative opinion and events surrounding Bill-223. In the result of my analysis of the articles, I wrote a summary of what I had found throughout each article, noting the positive self-representation and negative other-presentation, how it was enacted through various means, and how harm reduction workers employed the strategies in their acts of advocacy.

This section discussed my positionality as a researcher, where I reviewed my formal and informal background that led to my decision to pursue this research, and discussed how I acknowledged bias. I then discussed the methodology behind my research, going into detail of my article collection and analytical approach based on van Dijk's CDA conceptualization. Upon completion of my analysis, I now move on to discuss the greater implications of the analysis in the findings and discussion.

5. Findings

In this section, I present the findings from my analysis of news media covering the events of the SCS closures in Ontario. The findings are presented and discussed based on my observations from the six key features of my table. Under the guidance of van Dijk's (2000, 2015) work on CDA, I utilize the approach to show how harm reduction workers' advocacy discourse contributes to shaping the narrative and context of discourse surrounding SCSs. For instance, van Dijk (1988) claims that readers typically have insufficient time to access a multitude of resources on a certain topic, thus the speakers shift the readers' conceptualization of the topic. Upon analysis of the six key features—date, headlines, quotations, organization, lexical choice, and rhetorical devices—I identified the particular strategies that harm reduction workers employ when discussing SCSs and what these suggest about harm reduction. Following my observation of the key features, I discuss the overall implications of this study and its contributions to the understanding of harm reduction workers' initiatives as spokespeople. In the following sections, I describe what I observed in harm reduction workers' production of discourse through the six key features of my table.

5.1 Headlines and Organization

As noted in my earlier discussion of his analytical approach, van Dijk (1985) asserts that the headline and organization of an article forcefully thrusts the main idea of the text. The overarching goal of analyzing the organizational structure of the news is to understand what major topic is being projected onto the readers. In this case, analyzing the organization is based on the meaning behind the larger stretch of talk or text featured in the article (van Dijk, 1985).

The larger stretch allows a “picture” to update the reader’s ideas on the topic that is being covered (van Dijk, 1985). When the audience reads an article, the overall organization, the important sections of a text, become topics for readers to take up (van Dijk. 1985).

In my observation of the articles, a common pattern in articles begins with background information like Bill-223 shutting down SCSs 200 meters within schools and care centers with the notion that they are unsafe, and that they will be replaced with HART hubs as an alternative for housing and abstinence-based addiction care. The articles then move onto feature reactions from harm reduction workers denouncing Bill-223, claiming SCS closures will only bring more overdose and deaths. The topics that are most central in the news texts are the opposition directed towards Bill-223 and Ford’s government, and advocacy by harm reduction workers to maintain SCSs. Take, for example, this article (Image 1) published in August 2024 (White-Crummey, 2024), when the bans were first announced. Around this time, there was increased reporting of the event, focusing on first discussing the Bill-223's goals as an improved alternative, and potential services and effects on communities with SCSs. Following the summary of Bill-223, the article reports on the frontline workers' opposition towards the bill,

especially on criticizing its move to replace SCSs.

CBC Radio-Canada

As Ontario restricts supervised consumption, can 'HART Hubs' fill the gap?

Arthur White-Crummey
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Ontario's decision to ban supervised drug consumption sites near schools and child-care centres came with a commitment to fund a different approach.

The province is calling them Homelessness and Addiction Recovery Treatment (HART) Hubs, a new acronym that's nonetheless modelled on examples that already exist in Ontario.

Last week, when Health Minister Sylvia Jones announced $378 million to support 19 of the hubs across the province, she singled out London, Ont. On Monday, Premier Doug Ford commended that city's Mayor Josh Morgan as a pioneer for bringing the idea to reality.

In an interview with CBC News, Morgan said London has been building out the model for more than a year and now has two hubs.

"What we've designed is an integrated approach that brings different models of care together under the same roof," he said.

Morgan said the hubs have a "more intense" level of service and lower staff ratios than homeless shelters, with the ultimate goal of getting people into stable housing.

Though they do not provide residential addictions treatment on site, he said the hubs offer "pathways" to recovery through counselling and referrals.

He said the lack of provincial operating funds has always been a "limiting factor" with the model — until now.

"We have access to some capital here, but without health-care-related provincial operating dollars it is very difficult to bring these things to fruition," Morgan said.

View image.

Ontario Health Minister Sylvia Jones unveiled her government's plan last week at an Association of Municipalities of Ontario conference in Ottawa. (Kate Porter/CBC)

Model could work anywhere, says hub operator

The Ministry of Health said the hubs will reflect community needs and could offer shelter beds, addiction care, primary care, supportive housing, employment support and more. It said more detail will come through a request for proposals, expected later this month.

In addition to London, the ministry provided four examples of existing hubs: the House of Friendship in Kitchener-Waterloo, Kingston's Integrated Care Hub, Mission United in Oshawa and Youth Wellness Hubs located across the province.

Nathan Gardner is executive director of Oshawa's Back Door Mission, which runs Mission United along with Durham's chapter of the Canadian Mental Health Association. He said the fundamentals of the model — low-barrier access based on partnerships and a continuum of care — can work just about anywhere.

He called Mission United an "integrated care hub" that offers everything from housing outreach to crisis intervention. It also caters to such basic needs as meals and showers.

Its addiction services include withdrawal management plans and almost daily access to addictions physicians, though not on-site residential treatment. Mission United also offers a needle supply program.

In her announcement, Jones said HART Hubs won't offer those programs, nor will they provide supervised consumption services or safer drug supply.

Gardner explained the decision to offer harm reduction services in simple terms: "It's a better health outcome for our clients."

View image.

Ottawa's Somerset West Community Health Centre will have to either close its supervised consumption program or apply to become a HART Hub. (Sam Konnert/CBC)

Investment in residential treatment would fill vital need

The province says HART Hubs will add 375 supportive housing units, but also addiction recovery and treatment beds that many say are in desperately short supply.

Gardner said it can sometimes take months to get clients into addictions treatment. Addiction experts who spoke to CBC agreed: wait lists for addiction treatment programs in Ontario are unacceptably long.

Mike Souilliere, director of patient care services for the substance use and concurrent disorders program at the Royal Ottawa Mental Health Centre, said it can take days or weeks to get someone into a short-term treatment bed. It can take weeks or months to find longer-term residential treatment.

"It's very difficult, because when someone gets that motivation to make those changes, if there's not a space for them to go, that motivation wanes," he said.

"If this hub creates more space... I think that's great," he added. "How that rolls out, I'll wait to see."

Soulliere questioned why the money has to come with a restriction against supervised consumption services or needle supply. In his view, harm reduction programs can support patients until they're ready for treatment, and then help them take that step.

"What you're doing when you put those constraints, you eliminate people that aren't at that point," he said.

View image.

Mike Souilliere is director of patient care services for the substance use and concurrent disorders program at the Royal Ottawa Mental Health Centre in Ottawa. (Patrick Louiseize/CBC)

Province creating 'false dichotomy,' say experts

Dan Werb, chair in mental health and substance use disorders at Saint Michael's Hospital and the University of Toronto, said the provincial investment in HART Hubs is positive in itself, though late in coming. In his view, though, it makes little sense to close 10 supervised injection sites at the same time.

He said the kind of patients HART Hubs aim to help are exceptionally difficult to reach. The best way to connect with them, he said, is through harm reduction.

"On the one hand you're making this massive investment, and then on the other hand you're shutting down the best gateway that you have to get people connected with that system," Werb said. "It's like investing in a brand new, state-of-the-art hospital and then not putting in doors."

Carole Sinclair, interim executive director of Ottawa's Rideauwood Addiction and Family Services, said the province is creating a false dichotomy between treatment and harm reduction.

"It gives the impression that these two types of care are mutually exclusive, or that it's one against the other," she said. "And that couldn't be further from the truth."

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Before the main story is presented, the readers first encounter the headline: “As Ontario restricts supervised consumption, can ‘HART hubs’ fill the gap?” which is then followed by the summary

of HART hubs being a new replacement and its future implementation across Ontario. The headline summarizes what is to come in the article: an explanation of the SCS closures, an explanation of HART hubs as a replacement to SCS services, and a question about the potential of HART hubs to fill the gaps of closed SCSs. The headline plays a significant role for the readers: in this case the headline helps readers to understand that SCSs are shutting down, will be replaced by HART hubs, and identifies the concern for potential gaps because of the closures. In short, the headline lays out what readers expect in the article, thus the article should reflect the headline. In this case specifically, readers would expect to leave knowing that HART hubs are support services that offer housing, abstinence-based addiction and recovery services to replace SCSS that are deemed unsafe to the community.

The article begins with the government's decision to shutter SCSs that are near school and child-care centres and replaced by the newly announced 19 HART hubs. Mayor Josh Morgan of London claims the model provides a “more intense level” of care and lower staff ratios, with the goal of stable housing. Moreover, the HART hub will not offer addictions treatment on site, instead opting for recovery pathways through counselling and referrals. Ontario health minister Sylvia Jones presented the HART hubs, claiming that the hubs reflect community needs, especially for the numerous services they provide to aid clients. The claim is also further back by Nathan Gardner, the executive director of Oshawa’s Back Door Mission, claiming that hubs can work anywhere. However, while running a hub, Back Door Mission does offer needle exchange services. In this first half of the article, the journalist introduces the main event and provides background knowledge for readers, such as providing information on what the HART hubs have to offer (e.g., stable housing, counselling, how many are set to open, etc.) and the differences between SCSs. The most essential information being portrayed is what the

HART hubs entail and how government actors claim it would be beneficial for the community and addictions treatment.

Following the description of HART hubs, readers are provided with information about SCSs that are affected by the soon-to-come closures. For example, Ottawa's SCSs is set to close and potentially may apply to become a HART hub. Part of the article also features actors responding to the newly introduced bill, such as Mike Souilliere questioning why funding for addictions treatment comes along with SCS closures, especially since harm reduction programming helps clients take steps for treatment. Dan Werb, chair for Saint Michael's, also questions the closures, claiming that the massive investment and replacement is redundant, similarly echoing Soulliere's statement on how harm reduction programming is the "best way" to connect with people. The article then ends with Carole Sinclair, an interim executive director of an addiction and family service, being quoted, who also claims that the closures and HART hub replacement is a "false dichotomy." The latter half of the article presents harm reduction workers' response towards the closures, with Soulliere, Werb and Sinclair questioning the decision, alongside them commonly framing the decision of the SCS closures and HART hub replacement as a fallacy. Interestingly, since the three harm reduction workers' claims are coupled together in the latter half, it frames their statements as a verbal reaction towards the HART hubs as a replacement for SCSs. This conversational-like organization of the article, especially featuring the harm reduction workers with similar reactions, presents readers with the perception that HART hubs may not be a sufficient form of health and social services to replace SCS.

Following van Dijk's work (1985), the most important topics, such as information about HART hubs and harm reduction workers' pushback against the ban, become important added

information for readers to adopt. Through reading this article (Image 1), readers are left with the knowledge of what HART hubs are; they are now made aware of HART hubs being a replacement that offers housing and recovery services, but do not provide needle supply programming in comparison to SCSs. Readers are then also made aware of what harm reduction workers' sentiments are regarding announcement of the SCS closures and unveiling of HART hubs; that is, HART hubs may not be to connect clients with systems, making them harder to reach and process their care, and that the SCS closures and HART hub replacements are redundant since they practically offer the same services. In opposition to the newly announced bill and the SCS closures, the harm reduction workers are taking space in the news to question and criticize the effectiveness of the HART hubs, especially since HART hubs seem to operate similarly to SCSs in caring for individuals facing addictions and substance use disorder. The harm reduction workers' occupancy in the news has established their opposition towards Bill-223, especially criticizing the government's actions to ban SCSs, and actively frame SCSs as already achieving the lifesaving services that HART hubs claim to do. This text particularly exemplifies as a counter-discourse because the harm reduction workers are directly countering the government's discourse on establishing HART hubs as a better alternative to SCSs. For instance, the government is producing ideas that the HART hubs are going to be a more intense level of service to tackle addictions and homelessness; however, harm reduction workers are disrupting this narrative by criticizing such ideas. Specifically, they are criticizing HART hubs because SCS services already address homelessness, pathways to care, and that the lack of SCS services limits quality of care for PWUD. Thus, shutting down SCS services for HART hubs to only offer the same service is redundant and makes it more difficult to connect with current and future clients. Overall, the harm reduction workers help readers recognize that SCSs already play

a role in providing lifesaving care for PWUD, address homelessness, pathways to connections, and overall does need a HART hub replacement that fundamentally offers similar services.

This similar pattern of offering a summary followed by in-depth detail and verbal reactions from harm reduction workers is also featured in later events surrounding the bans. For instance, in an article (Image 2) published in December 2024 (McSwain, 2024) features similar organizational patterns surrounding the event. Soon after Bill-223 was passed in early December, a lawsuit was filed by an SCS agency with claims that the ban will only limit lifesaving care and dehumanize the individuals who benefit from SCS services. The organization similarly follows the previous article, where a summary of lawsuit is presented first, followed by a brief background on previous events such as the *Community Care and Recovery Act* passing and its implementation, before then moving on to the main event at hand with the agency pushing for a Charter challenge.

TORONTO STAR

News
Charter challenge for Ford government; Agency sues over law limiting 'lifesaving care'

Reagan McSwain Toronto Star
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CORRECTION: The Community Care and Recovery Act was passed by the Ontario legislature last week, not last December as stated in a Dec. 11 story. (Dec 12, 2024. Page A2)

A Toronto social service agency is suing the Ontario government, claiming its new legislation restricting overdose prevention sites violates the Canadian Charter of Rights and Freedoms.

"We are challenging the act," said Bill Sinclair, CEO of the Neighbourhood Group Community Services, which initiated the lawsuit, during a press conference Tuesday afternoon at 91 Bellevue Ave. in Kensington Market. He added that removing the sites will "deprive people of lifesaving care."

The Community Care and Recovery Act, passed by the Ontario Legislature last December, is set to come into effect on March 31, 2025. The legislation introduces new zoning restrictions that require existing consumption treatment service sites - commonly known as supervised injection sites - to be located at least 200 metres from schools and daycare centres. As a result, 10 of the province's current sites will be forced to close, including five in Toronto. The NGCS's Kensington Market overdose prevention site, which is the only self-funded site affected by the new regulations, will be among those shut down.

The agency argues that the legislation unlawfully limits access to critical harm reduction services, jeopardizing public health and violating the Charter-protected rights to life, liberty, and security. The lawsuit contends that the legislation exposes vulnerable Ontarians to increased risks of death and disease.

The lawsuit, filed to the Superior Court of Justice on Monday, further claims that the act unlawfully limits access to these critical services that have proven to save lives and reduce the spread of infectious diseases. According to the lawsuit, between 2020 and 2024, Ontario's supervised consumption sites served 178,253 people, reversed 21,979 overdoses, and made more than 500,000 referrals for substance use treatment.

The legal challenge also argues that the Community Care and Recovery Act violates the Charter by denying access to services that save lives. The lawsuit further contends that the act imposes cruel and unusual punishment under Section 12 of the Charter, as it exposes people who use drugs to an increased risk of harm in a manner "degrading, dehumanizing, and incompatible with basic conceptions of human dignity."

"We know we need more sites to save lives and the governments legislature does the opposite," said Sandra Ka Hon Chu, co-executive director of the HIV Legal Network, an organization backing the legal challenge against the Ontario government. The group, who spoke at the afternoon press conference, supports supervised consumption services and released a 2024 report, Scaling Up Supervised Consumption Services: What Has Changed in Canada?

The lawsuit also claims the legislation is discriminatory, denying people with substance use disorders - many of whom are marginalized and disadvantaged - access to proven medical treatment. The agency is asking the court to either exempt the Kensington Market site from the new regulations or declare the relevant sections of the Community Care and Recovery Act invalid.

In response, a spokesperson for Health Minister Sylvia Jones did not comment directly on the lawsuit but provided an emailed statement to the Star, saying, "Our government is taking action to protect children and their families while taking the next step to create a system of care that prioritizes community safety, treatment, and recovery by investing $378 million to create HART (homelessness and addiction recovery treatment) Hubs. Each drug consumption site closing will have the opportunity to turn into a HART Hub."

Sinclair of the Neighbourhood Group Community Services warned that closing the supervised consumption sites will harm many people in the city. "These sites make a positive impact on individuals and the communities."

(Image 2)

The headline of this article (Image 2) introduces what will be laid out for the readers: "Charter challenge for Ford government, Agency sues over law limiting 'lifesaving care'." This headline provides readers an outline of what is present in the article: that there is a Charter challenge evoked by an SCS agency to combat the government's decision to close SCSs in favour of HART hubs. By the end of the article, readers are expected to understand why the SCS agency is suing the government for limiting lifesaving care in greater detail, detailing their defense based on SCSs successful services, and claims that the act is further harming the community and individuals who benefit from SCSs.

The article begins by presenting the main event, explaining that a social service agency, Neighbourhood Group Community Services, is suing the Ontario government for violating the Charter of Rights and Freedoms. The agency specifically challenges the provincial government for violating the rights to life, liberty, and security, particularly because the closures increase the risk of death and disease. Bill Sinclair, the CEO of The Neighbourhood Group, provides information about what they are suing for, specifically that the closures deny people lifesaving care. Background information about the *CCRA* is also provided for readers and may act as a piece of information to help readers remember previous events about the closures. This article was released four months after the first announcement of the closure; hence the summary and background encourage readers to recall prior information that was presented before.

After recalling the background information, the article moves forward to describe the lawsuit in much greater detail. Readers are presented with the argument formed by the agency who initiated the lawsuit, claiming that the new legislation limits access to harm reduction and exposes greater health risks for people who use the service. The health risks that people who be at risk of includes: greater risk of death, exposure and spread of infectious disease. Furthermore,

the agency challenges the Ontario government by contending that the act incites cruel and unusual punishment, as the closures expose people to degrading and dehumanizing experiences. The article further expands that the act is discriminatory towards people with substance use disorders, who are often marginalized and disadvantaged people. Much of the article is focused on the Charter challenge as the main event and thus should be the most important piece of information for readers to remember.

Together with the agency, Sandra Ka Hon Chu, a co-executive director of the HIV Legal Network, backs the legal challenge by claiming that the SCSs are needed to save lives and that the government is only enacting the opposite of their claims on HART hubs being an improved replacement, implying that they further incite harm for the community. Alongside the harm reduction workers and actors of harm reduction featured in the charter challenge, Sylvia Jones, again, is present in this article. The Ontario health minister does not directly respond to the lawsuit but reinforces the government's ideals on implementing SCSs; that the new HART hubs prioritize care and treatment for the community. The article then ends with a quote from Sinclair, presenting both a warning about what the closures will entail and a final statement on the impact of SCSs on people and communities. The verbal reactions of the harm reduction workers are left at the end, displaying disapproval for the closures by asserting that the bill increases risk of harm and SCSs being a positive impact for the community, and health minister, Sylvia Jones, firmly backs the closures by reiterating the rhetoric that HART hubs are much more beneficial for community safety and prioritizing improved care. Like the previous article, there is indirect, conversational back and forth between the harm reduction workers and government officials in support for SCSs. This conversational-like style of organization shows contrasting perspectives on SCSs held by frontline workers and government actors. On the one side, the harm reduction

workers are actively disrupting the provincial government's rhetoric about the dangers of SCSs by pushing the notion that the decision to close SCSs will further incite harm and death and dehumanizes individuals who use SCS services. By engaging in this conversational style of news reporting, the harm reduction workers are engaging in a talk back to disrupt the governments' discourse. Coverage of HART hubs is characterized by depicting them as an improved alternative to SCSs; however, the harm reduction workers are directly countering those beliefs by stating that the closures increase the risk of death and dehumanizing experiences. Overall, the harm reduction workers let the audience be aware that SCSs play a role in lifesaving services and that the government's decision to shut down SCSs will contribute to increased risks of overdose, death, and the dehumanization of PWUD.

Prior reporting on this topic pre-establishes patterns that organize these ideas on SCS reporting. The ideas presented by the harm reduction workers in the article, being the forefront of the article, update the reader's representation of the SCS closures. In previous reporting, there were typical reports on the summary of Bill-223, specifically on featuring HART hubs as safer replacement for SCSs, and in response to Bill-223 there was pushback against the bill held by harm reduction workers, claiming that there would be worsening conditions for the community and PWUD. This issue has since become a major political topic in Ontario, considering the health and lives of people, especially at the level of a Charter challenge. Similar negative connotations, such as increased deaths and reductions to lifesaving care, abound, along with the perspective that SCSs prevent such consequences. As such, the article shows readers what is important to interpret.

The pattern is seen again later in an article published in March 2025 (Image 3; Poncana, 2025A). At this time, Bill-223 passed in December 2024 and affected SCSs are now set to close,

including those located in Brampton. Here, the current event is outlined for readers: where Brampton's SCS closures have taken place and the two opposing responses from the municipal government's elation and harm reduction workers' displeasure, especially in relation to the growing concern of increased overdoses and deaths. For instance, in regard to Peel Region's closure of its SCS, the organization of the article draws focus on the SCS and its accomplishments in creating a safe space and community.

THE CANADIAN PRESS

Brampton supervised drug consumption site's scheduled closure pleases mayor, but concerns support workers and health officials

Mzwandile Poncana
Local Journalism Initiative Reporter
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The impending closure of a supervised drug consumption site in Brampton is worrisome for service providers at the facility, but welcomed by Mayor Patrick Brown and other city council members.

At a Feb. 27 meeting, Peel Region Council heard from regional officials and community members concerned about closure of the Peel Urgent Public Health Need Site (UPHNS), located at 10 Peel Centre Dr.

It is slated to close on March 31 due to provincial legislation under Bill 223 — the Safer Streets, Stronger Communities Act, 2024.

In 2019, regional council approved The Peel Opioid Strategy, which identified a need for a supervised consumption site to address the growing opioid crisis.

In July 2022, council unanimously endorsed establishing an interim site to provide supervised consumption and harm reduction services. Moyo Health & Community Services (MHCS) was selected as the operator, with WellFort Community Health Services as the clinical lead.

Eliza Chappel — a peer support worker with Moyo Health and Community Services — shared her personal experience with substance use and recovery at the recent council meeting, warning that closing the region's only supervised consumption site will put lives at risk.

Chappel, who first used fentanyl at 17, credited services like the UPHNS for helping her survive and remain four years free of the drug.

"That wouldn't have been possible without the support of Moyo and WellFort, and the ever-evolving services that are built to fit the needs of those they are serving," she said.

"They are the ones who work closely with those of us who have lived experience. They know the needs of my community because they have taken the time to ask what my community needs."

She described the stigma and isolation that many drug users face, saying the UPHNS provided a rare space where people felt safe.

"For so long, my community has been told to hide, to use in private and been told we're less than others because of our drug use," she said.

"Finally, people in Peel Region had a place where they felt seen, heard and cared for — and most of all, a safe place to use substances without fear of judgment or prosecution."

The site was operated under a federal exemption from Health Canada, which allowed it to legally provide supervised consumption and drug checking services. However, due to recent provincial legislation, this exemption will not be renewed past March 31.

Bill 223 prohibits municipalities from funding, applying for or supporting supervised consumption sites without explicit provincial approval.

According to a staff report, the Ontario Ministry of Health informed Peel Region staff Jan. 24 that any municipal funding or hosting of a site would be considered municipal support under Bill 223. Since 10 Peel Centre Dr. is owned by the region, it fits under this criteria.

The province informed Peel that supervised consumption and drug-checking services at the site must cease by March 31. On Feb. 10, MHCS also received official notice from Health Canada that its exemption would not be renewed past that date.

Peel staff believe Bill 223 appears to only prohibit municipalities from applying for exemptions or funding without ministerial approval, which Peel did not. MHCS applied instead. Despite questioning the province's legislation interpretation, regional staff feel that Peel must respond in accordance with the province's position to minimize risk.

"An evaluation for year one of the site is underway, and preliminary findings suggest that there is a declining trend of opioid toxicity deaths since implementation of the service for the period of March to June 2024," said Natalie Lapos, the region's acting director of chronic disease and injury prevention.

"Supervised consumption services are shown to reduce overdose deaths and other drug-related harms. They improve and save lives."

According to Peel Public Health statistics, there were 705 recorded opioid-related deaths in the region between 2019 and 2023. The number of deaths increased by 34 per cent between 2019 and 2023, with 70 fatalities reported between January and September 2024.

Many opioid-related deaths occur in isolation, limiting the chance of intervention. Nearly 49 per cent of fatalities happened when no one was present to help, a rate higher than the provincial average of 42 per cent. Additionally, only 17 per cent of deaths involved naloxone use, and 31 per cent involved a resuscitation attempt.

"Each of these statistics represent people and members of our community who we have lost due to opioid toxicity. The data can never fully capture the impact of these losses on individuals and families," Lapos said.

Lapos said, to date, no incidents have been reported in proximity to the UPHNS. Staff conduct three or more daily needle sweeps, and no discarded needles or drug equipment have been found around the site.

She said there have been no reports of loitering and no complaints or concerns raised by the Community Advisory Committee, which includes neighbouring businesses, police, social service agencies, community residents and service users.

Additionally, no police or paramedics have been called to the site since it began operating.

Lapos explained there will be a 60-day wind down of operations to support service users after the closure of supervised consumption and drug checking services.

Mayor Patrick Brown disputed "no complaints" have been made in regards to the site.

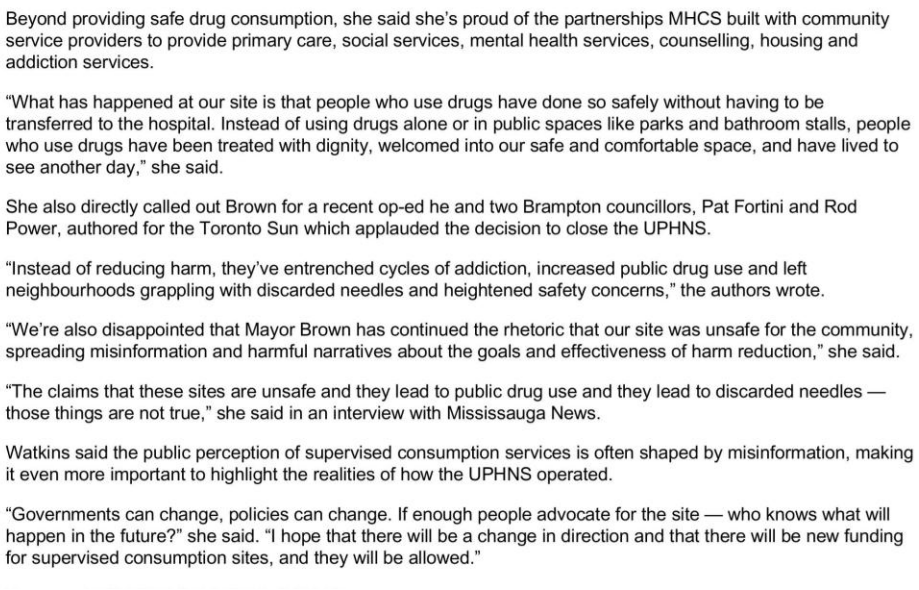
"There actually have been complaints in Brampton wards 7 and 8," he said.

Coun. Pat Fortini — who represents those wards — concurred and said "there have been many, many complaints."

Peel Region Chair Nando Iannicca, however, sought clarification between complaints about the site itself and complaints about the idea of supervised drug consumption. He requested Peel Public Health clarify that in a future council meeting presentation.

"Because I must tell you, and I just reached out to the (chief administrative officer), and we've tried to monitor it and I get briefings — we really haven't had many problems or incidents on the site," Iannicca said.

Jillian Watkins, MHCS executive director, said that as of January 2025, the site had served 210 unique individuals.



Beyond providing safe drug consumption, she said she's proud of the partnerships MHCS built with community service providers to provide primary care, social services, mental health services, counselling, housing and addiction services.

"What has happened at our site is that people who use drugs have done so safely without having to be transferred to the hospital. Instead of using drugs alone or in public spaces like parks and bathroom stalls, people who use drugs have been treated with dignity, welcomed into our safe and comfortable space, and have lived to see another day," she said.

She also directly called out Brown for a recent op-ed he and two Brampton councillors, Pat Fortini and Rod Power, authored for the Toronto Sun which applauded the decision to close the UPHNS.

"Instead of reducing harm, they've entrenched cycles of addiction, increased public drug use and left neighbourhoods grappling with discarded needles and heightened safety concerns," the authors wrote.

"We're also disappointed that Mayor Brown has continued the rhetoric that our site was unsafe for the community, spreading misinformation and harmful narratives about the goals and effectiveness of harm reduction," she said.

"The claims that these sites are unsafe and they lead to public drug use and they lead to discarded needles — those things are not true," she said in an interview with Mississauga News.

Watkins said the public perception of supervised consumption services is often shaped by misinformation, making it even more important to highlight the realities of how the UPHNS operated.

"Governments can change, policies can change. If enough people advocate for the site — who knows what will happen in the future?" she said. "I hope that there will be a change in direction and that there will be new funding for supervised consumption sites, and they will be allowed."

(Image 3)

As with the previous articles, the headline of this article (Image 3) prepares readers' expectations of what is included. The article expresses that Brampton's SCSs are the focal point of this article, and it shows two conflicting reactions to the closures: that the mayor is delighted with the closures due to the belief that closures increase public safety, while conversely, harm reduction workers and other health officials express concern, claiming that the closures will increase drug use, publicly discarded needles, and only heighten safety concerns. The headline sets up the expectation that the two opposing responses to the closures will be expanded upon, and that the readers should expect to leave with understanding the representation both the mayor and health workers hold on the SCS closure.

The article's (Image 3) lead is similar to the headline and briefly reinstates the two opposing responses to Brampton's SCS closures. Following the summary, the article offers a brief timeline to provide readers with the previous events of Brampton's SCSs. We see that in 2019, there was an expressed need for a SCS in the community due to the opioid crisis, followed

by the opening of a SCS operated by Moyo Health & Community Services (MHCS). One of the workers, Eliza Chappel, was interviewed for the article, where she shares her own personal experience with substance use and recovery and what Brampton's SCS has done for her. Chappel first used drugs at 17 and is quoted describing how harm reduction services have helped in her recovery and thus saving her life. Alongside her personal experience, she also praises the SCSs, discussing how SCSs provide people with a safe space where they can use substances without facing stigma or criminalization. One of the key takeaways from Chappel's reaction to the closure heavily focuses on her positive experiences with SCSs. Being both a peer support worker and someone who used drugs, her framing of the SCSs as a safe space allows readers to picture SCSs in the perspective of a former PWUD and encourages consideration of what harm reduction work and treatment consists of. Now that Bill-223 has passed, Peel Region's SCS is now slated to close after March 31, 2025, and it will not get any funding or support without provincial approval.

In response to the closures, Natalie Lapos, regional director for chronic disease and injury prevention, is quoted. She is against the closures and provides evidence to suggest that Peel Region's SCSs played a part in the decline of opioid toxicity deaths. The article (Image 3) also provides in-depth detail of the sites statistics, showing the number of deaths that occurred prior to Peel Region's SCSs being established in 2024. Lapos then restates her position on the closures, using statistics to back her belief of how SCSs prevent overdose and overdose-related death. She further claims that no incidents nor complaints have been reported, since the staff routinely conduct needle sweeps. Her section in the article informs readers of what Peel Region's SCSs have done for the community; with the statistics and everyday functions proposed in the

article, readers are better able to understand SCS operations aside from the government's rhetoric on SCSs.

The article (Image 3) then presents Mayor Patrick Brown and Councillor Pat Fortini responding to the Lapos' statements, claiming that indeed there have been complaints about the site. However, Peel Region Chair Nando Iannicca calls for clarification about the complaints, posing confusion on the complaints and how there have not truly been any problems. This section featuring government officials was kept short, before then moving forward to Jillian Watkins, MHCS's executive director, who provides greater detail of what the site has achieved. Again, there are similar beliefs that echo sentiments expressed by Chappel and Lapos. Watkins is quoted talking about how MHCS has been building partnerships with numerous health and social services and how PWUD have been able to use drugs and be treated with dignity. Through her quotations, she reinforces perspectives such as SCSs prevent death, provide connections to other services, and treat people with dignity. Along her description of MHCS's services, Watkins also challenges Mayor Brown and Councillors Fortini and Power for their misinformed rhetoric, declaring that their claims only perpetuate harmful narratives. The article features what the mayor and councillors wrote in an opinion editorial published by the *Toronto Sun*, claiming that the SCSs have only perpetuated more harm. However, Watkins challenges Brown, Fortini, and Power's rhetoric by providing a new perspective for the readers. She actively contests their rhetoric in a conversational approach to resist the rhetoric asserted by the mayor and councillors. The article ends with a quote by Watkins pushing for advocacy to keep Brampton's SCSs running and the hope for a future where SCSs will continue to run and be provided with funding.

This article (Image 3) was published six months after the first major event, the announcement of Bill-223, and new and updated representation about the SCS closures and harm

reduction workers. Throughout the reporting of the major events surrounding SCSs, there is a consistent pattern of harm reduction workers' verbal reactions towards HART hubs and SCS closures. Firstly, the article opens with a brief description of the current event, in this case, stating that the municipal government's actors are pleased with closures, alongside harm reduction workers' responses to Bill-223 as well as to the government's sentiments about SCSs. The article (Image 3) goes into further detail about the event, featuring numerous harm reduction workers who consistently point to SCS services providing a safe space for the community and preventing overdose and death. Harm reduction workers' production of discourse is not without merit, but in direct response to countering the government's representation of SCSs. For instance, the Mayor of Brampton, Patrick Brown, was delighted with their SCS closures and claims there have been complaints about the sites, but we also see MHCS director Jillian Watkins directly contest these claims by stating that their rhetoric only spreads misinformation on SCSs effectiveness and that the municipal government is further fortifying cycles of addictions and unsafe conditions by closing SCSs.

Overall, with harm reduction workers' involvement in the news during the events of Bill-223, their presence involves speaking out against actors—primarily government officials—who are proponents of the closures and of the bill. Harm reduction workers produce counter-discourse by taking space in the news to reframe and discredit government actors' claims about SCSs. Take together, headlines and the organization of text convey to readers the most important aspects of the article, meaning that the articles reporting on SCSs are relaying important representations of SCSs to readers. For instance, the headlines and how the texts are organized help readers recognize that these are important interpretations of the event that ought to be readily accepted (van Dijk, 1988). As such, the discourse produced by harm reduction workers and portrayed in

the news becomes important interpretations that are presented in the headline and throughout the organization of the articles. The headlines, especially those criticizing and questioning the Ontario government's HART hubs, and harm reduction workers' beliefs about the closures signal to readers to also be attentive to concerns about limits to lifesaving care and criticisms that HART hubs are leaving gaps in health and social care. Correspondingly, headlines and the organization of text help readers recognize the important beliefs held by harm reduction workers such as the risks that come with the closures and the essentiality of SCSs as health and social services.

5.2 Lexical Choice

In news media, harm reduction workers often used certain lexicon to counter SCS closures. Through my analysis of lexicon employed by harm reduction workers, I found that lexical choice surrounds discussions of lifesaving care, interconnectedness, the necessity of supervised consumption sites, humanizing language, death, displacement, and increased burdens. Often, the lexicon used by harm reduction workers was important in producing a counter-discourse in opposition to SCS closures.

5.2.1 Lifesaving Care

In my observation of harm reduction workers' discourse, they used the strategy of claiming SCSs provide lifesaving care in their advocacy for SCSs. For example, in an article published in August 2024 (Austin, 2024), the CEO of Guelph's SCS Centre, Melissa Kwiatkowski released a statement on Facebook in response to the announcement of the closures. During this time, the announcement of the closures indicated that by March 31, 2025, any SCSs operating within 200-meters of schools and child-centres must close. In this case, the

Consumption and Treatment Site (CTS) in Guelph was officially shut down on March 31 due to its 200-meter proximity. Guelph's CTS operated under the Guelph Community Health Centre, located in the downtown area. In response to the announcement of Bill-223, Kwiatkowski advocated by directly framing their service as essential lifesaving care: "We know that the CTS Guelph saves lives and connects people to vital addictions treatment services, mental health services and primary care services" (Austin, 2024). Kwiatkowski directly claims that CTS "saves lives." The choice to state that SCSs "saves lives" implies a positive action and thus would affect the reader's perception of SCSs. Additionally, since the claim is backed by a list that emphasizes how "vital addictions treatment services, mental health services and primary care services" act as services that "saves lives" (Austin, 2024). Kwiatkowski's portrayal reflects the idea that SCSs are lifesaving services and the claim, coupled with the list of reasons, may then further push readers to perceive SCSs as lifesaving care.

Later in March 2025, another article was published that covered advocacy against the SCS closure (Mosleh, 2025a). During this month, all SCSs that were set to close had an injunction and were able to continue operations until the final decision. The organization that runs Kensington Market launched a Charter challenge claiming the closures were unconstitutional and Ontario Superior Court Judge John Callaghan ruled that sites could stay open past April 1, 2025. However, Toronto Public Health's (TPH) SCS was set to close due to the building being sold. In response, TPH's acting medical officer Na-Koshie Lamptey released a statement framing SCSs as lifesaving services:

> 'These facilities save lives, connect people to social services and are pathways to treatment,' said Dr. Na-Koshie Lamptey, acting medical officer of health at TPH, in a statement. (Mosleh, 2025a)

Like Kwiatkowski's statement on the closures, Dr. Lamptey framed SCSs as lifesaving care. Again, the lexical choice of "save lives" creates a representation of SCSs services as focused on saving lives. While SCSs offer varying services for drug use and access to equipment, it is with the purpose that their services save lives. With SCSs providing access to equipment, on-site health workers, peer support, and social services, they are then providing lifesaving services.

During my analysis, there were other notable quotes provided by harm reduction workers that also framed SCSs as lifesaving care. For instance, in an article published in November 2024, there was outcry when Doug Ford's government fast-tracked Bill-223 and skipped public hearings. In response, harm reduction workers advocated against the fast-tracking, and Lorraine Lam, a harm reduction worker, rebutted the closures by framing SCSs as lifesaving care:

> Lam said Ford's framing of the issue as moving from supervised consumption to a rehabilitation focus is a 'false binary,' saying those services can exist alongside consumption sites that save drug users' lives (Jones, 2024).

I also observed how article headlines featured the same lexical choice to call SCSs lifesaving care. According to van Dijk (1988), headlines are important when readers process the information of the title, by giving the most memorable information to readers. For example, in an article published on October 22, 2024, the headline is entitled "Protest targets Ford's plan to close safe injection sites; Supporters say facilities save lives and provide pathways to recovery" (Mosleh, 2024).

The title expresses the major topic of the article and acts as the reader's first impression on the topic (van Dijk, 1988). The headline text "facilities save lives and provide pathways to recovery" features lexical choices to imply SCSs are a vital form of health care: "save lives" and

“pathways to recovery.” For readers, the title signals that the most important aspect of SCSs is that they are lifesaving and thus a necessary service for people who use drugs. As such, readers may take-away from the article the idea that SCSs are vital health services. In sum, harm reduction workers' choice to employ the lexicon surrounding lifesaving services is a strategy used to take space in the news and oppose the SCS closures. The harm reduction workers are framing SCSs in a way that challenges the government's representation of SCSs as an unsafe service that encourages drug use and causes unsafe communities (Lim, 2026) to implore people to recognize that their services are purposely there to save lives.

5.2.2 Interconnectedness

Aside from portraying SCSs as lifesaving, harm reduction workers’ portrayal of SCS is also accompanied by other lexicon to describe their services and further perpetuates the idea that SCSs are a form of life saving care. One of the key strategies that workers use to accomplish this is by highlighting the ways that harm reduction services are intertwined with other lifesaving social services. For example, in an article featured in December 2024, Talia Storm, a director of Niagara’s only Consumption and Treatment Service (CTS), framed SCSs as a service that acts to connect people to other services outside of SCSs (Barker, 2024). She had posted a statement on Facebook in response to Niagara’s CTS being set to close in which she framed SCSs as a lifesaving service, claiming as well that it is a service that connects people:

> ‘If we look at the mountains of evidence, of research, these sites are very well backed in what they do in terms of not only saving lives but connecting folks to appropriate services right for them and supporting the neighbourhood as a whole,’ [Talia Storm] said (Barker, 2024).

To back SCSs amidst closures, Storm urges people to also view SCSs as a lifesaving service while acknowledging the wider scope of services that SCSs provide to connect people to different services. SCSs offer a variety of services both in-house as well as connects individuals to external services that best fit their needs. Storm is thus utilizing the framing of SCSs as a "connecting" service to provide a wider description of what SCSs carry out, which becomes an important representation of SCSs for readers to acknowledge. Not only do SCSs conduct lifesaving services, but they operate as one system interconnected with other services to fit individual needs.

Such lexical choice is also employed by Dan Werb in response to the announcement of the closures on August 27, 2024 (White-Crumney, 2024). He alludes to how the closures are preventing "gateways" and people being "connected" to systems:

> ‘On the one hand you're making this massive investment, and then on the other hand you're shutting down the best gateway that you have to get people connected with that system,’ Werb said. (White-Crumney, 2024)

In this quote specifically, he uses the lexical choice of "gateway" and "connected" to depict SCSs as a service that offers more than the immediate services provided by SCSs; that is, SCSs enable individuals to connect with other services such as housing or social services. More specifically, Dan Werb is framing the government's decision to close SCSs as severing the opportunity for people to connect with other valuable services. The lexicon choice associated with criticizing the government's decision in closing SCSs emphasizes the importance of SCSs operating between expanded networks that aim to help PWUD with matters outside of substance use.

In sum, words such as “connects,” “gateway,” “pathways,” and “supporting” represent that aside from medical services, harm reduction workers are using such lexicon to bring forward an understanding that SCSs also exist within and connect to other social services. The choice to discuss connections or pathways implies that lifesaving care is not only limited to harm reduction services but extends to other appropriate services based on an individual's needs and removing SCSs as a bridge to other services makes it more difficult to link people with the services they need. In this case, harm reduction workers are using the lexicon encompassing connections to advocate against the closures—especially to oppose representations of SCSs as an unproductive service. Most coverage of harm reduction is characterized by depicting harm reduction, particularly SCSs, as a service that encourages drug use and fear mongers the unsafe effects of SCSs; however, harm reduction workers transform this representation by challenging this discourse through describing harm reduction services as an essential link to a range of social services. By doing so, they help readers recognize that harm reduction plays an essential role through the dimensions of community public health, responses to housing issues, and social services.

5.2.3 Medical Necessity of Supervised Consumption Sites

Harm reduction workers adopt the lexicon of “lifesaving” to describe the work that is conducted within SCSs but is backed by other lexical choices to supplement that claim. Rather than explicitly stating that SCSs are indeed lifesaving, supplemental lexicon focused on the necessity of SCSs was employed by harm reduction workers to enhance the importance of SCSs as a form of health care.

Take, for example, this article published in August 2024 (Weller, 2024). At the time of publication, Bill-223 had passed and caused outcry by harm reduction workers. One harm

reduction worker, Rob Boyd, the CEO of Ottawa Inner City Health's SCSs, spoke up against the closures. He claimed that his organization was devastated and to combat the closures, he had framed SCSs as an essential service: "We know that these sites are essential in terms of any strategy to combat the toxic drug crisis" (Weller, 2024). Boyd portrays SCSs as a vital service and accordingly pairs up the statements by mentioning the toxic drug crisis. According to van Dijk (2000), such word choice signals reliability that the use of a formal term often used in a public health field or medical field would entail some form of objectivity. In van Dijk's conceptualization of CDA, he exemplifies how in news media coverage of immigrants, the articles describe raids as "cases," framing the raids as a scholarly or clinical report (van Dijk, 2000). In my research, the toxic drug crisis refers to the alarming rise in deaths from opioid-related overdoses, such as fentanyl (Canadian Public Health Association, n.d.). The term "toxic drug crisis" is present in varying medical and political fields (Government of Canada, n.d.), and because of the terminology's usage in formal fields, the term creates a sense of credible urgency that reinforces Boyd's claims about the essential nature of SCSs. Hence, Boyd's framing of SCSs being "essential" and being paired with "toxic drug crisis" implies that SCSs are both vital for the local community in Ontario cities but also acts to combat a larger crisis affecting the rest of Canada**.** Both the lexical choice of "essential" and jargon like "toxic drug crisis" strongly encourages readers to side with the perspective of SCSs being a vital form of healthcare.

In another article published in August 2024, Sandy Ezepue was featured in an article reporting on the closures (Fung, 2024). Ezepue is the executive director of Hamilton's SCS, one of the SCSs that was set to close at the time. Within the article, Ezepue also frames SCSs as necessary when acknowledging the ban, claiming that they are "crucial": "These services are crucial in reducing the risk of overdose, preventing the spread of infectious diseases, and

ultimately saving lives" (Fung, 2024). Like Boyd's thoughts on the closures, Ezepue's framing of SCSs as vital is paired with a further description of why they are "crucial." Aside from SCSs being a form of lifesaving care, they also act to prevent other forms of harm that may occur for people who visit their services. The use of the word "crucial" describes SCSs as a necessity and Ezepue highlights how the prevention of overdose and the spread of infectious disease, along with saving lives, are immensely vital for both people who use the services and as a preventative measure of spreading harm.

The framing of SCSs as vital is also present within separate articles. For instance:

> "Dr. Chris Steingart, calls the site a 'lifeline' and a 'crucial step toward recovery' for the people who use it" (Bueckert, 2024).
>
> "CTS sites offer a range of vital services, including supervised consumption, overdose prevention, harm reduction supply distribution, naloxone kit distribution, wound care, sharps disposal, and access to mental health supports, addiction services, primary care, and social services," Julie Kalbfleisch, director of communications, said in the release (McGinty, 2025).

Harm reduction workers use of words such as "lifeline," "essential," "crucial, "ultimately," and "vital" highlights the necessity of the service for clients. In a similar observation, the choice of words reflects harm reduction workers' belief of SCSs being an essential form of care for people who use its services. The choice of words not only highlights that SCSs are vital but stresses that SCSs are much more necessary than one would believe. For instance, Boyd and Ezepue's (Weller, 2024; Fung, 2024) statements framing SCSs as crucial are coupled with the reasoning

that SCSs exist to respond to the “toxic drug crisis,” preventing overdose and spread of infectious disease.

Thus, reflecting van Dijk’s perspective on lexical choice, harm reduction workers are framing SCSs as a vital form of care, especially to target a larger scope of health and social justice issues. Corresponding with harm reduction workers' use of lexicon such as lifesaving and interconnectedness, the lexicon surrounding necessity of SCSs are also employed to oppose the SCS closures. In this framing, the harm reduction workers are not only framing SCSs as a form of lifesaving medical care, but one that is of utmost importance for the people it serves in order to dispute dominant representations provided by provincial government. The lexical choice that envelopes necessity is an important strategy for harm reduction workers to produce a counter-discourse to oppose SCS closures. The harm reduction workers are framing SCSs as a vital resource to combat substance use and the toxic drug crisis. By framing SCSs as part of a larger interconnected system, harm reduction workers are directly responding against the governments' portrayal of SCSs as an ineffective service.

5.2.4 Humanizing Language

In media representations of harm reduction, PWUD are typically presented through stigmatizing stereotypes such as addicts, however, harm reduction workers counter those representations by framing PWUD through a humanizing lens outside of drug use. Beyond harm reduction workers explaining medical and support services, they used language that focuses on the people using their services rather than the services they provide for the people. The lexical choice shifts the framing of SCSs as a form of medical care and aims to focus on what the

services can do for the people who use them. In this way, harm reduction workers push that part of the lifesaving care they provide is based on humanizing the people who use their services.

One way harm reduction workers utilize humanizing language was illustrated by an article published in January 2025 covering the closure of a SCS located in Thunder Bay (Law, 2025). Within the article, the CEO of the SCS Path 252, Juanita Lawson, was featured discussing the SCS transition into a HART hub. In her statement, she discusses the difficulties that may occur when transitioning from an SCS to a HART hub—focusing on building trust with the clients and prioritizing their safety:

> 'Bringing people into something new often requires time, relationship building and trust building...We are really hoping to continue to look at our clients that are currently accessing the safe supply program or Path 525 — prioritizing them for care and making sure they don't get lost,' she said. (Law, 2025)

Within this quotation, Lawson describes the humanizing aspects behind SCS work, which is completed by describing the rapport that lies behind the worker-client relationship. Her description is also supplemented by lexicon: "safe," "care" and ensuring that the clients "don't get lost." What differs between this humanizing lexical choice and previous sections on lexical choice (i.e., lifesaving care, interconnected, and necessity) is that there is more discussion of the medical and wider intersectional aspects behind SCSs. The language exemplifies the person-centered approach prioritized within SCSs; that alongside connecting patients to medical and social services, the care and dignity of the patient is highly prioritized. The lexicon to describe humanizing experiences broadens the representation of SCSs offering a diverse range of work.

The description of SCSs as a refuge is also reflected in the following article published by Poncana (2025A). The article features Jillian Watkins, director of Moyo Health Community Services, talking about how their SCS cares for people in a non-medical aspect, as a person-focused space:

> Instead of using drugs alone or in public spaces like parks and bathroom stalls, people who use drugs have been treated with dignity, welcomed into our safe and comfortable space, and have lived to see another day. (Poncana, 2025).

Watkins directly uses the words "dignity," "safe," and "comfortable" to frame the environment that encompasses SCSs. While SCSs offer a multitude of services surrounding health and social services, Watkins expands SCS services by bringing attention to their person-centered approach and its effect on the humanizing experiences for PWUD. Within SCSs, PWUD are met with services that destigmatize their substance use, creating a safe space that treats them with dignity. While SCSs offer lifesaving services and connections to other services, it also should be known primarily as a service that treats people with dignity to best match their needs.

The same humanizing language appears throughout different articles. For instance, Jamie Graham, a support worker at a SCS, discusses the impacts of closing SCS services (Rider et al., 2024). In the article, Graham speaks about how the closures will affect the individuals who use SCSs, highlighting how they are overlooked and undervalued amidst Bill-223's goal to close SCSs:

> ‘People who use these sites are human beings with community, people who love them - closing sites is going to cause a massive amount of preventable death and tragedy,’ said Graham. ‘Their safety, their lives are not being considered when we talk about

community safety. They are not being thought of as valuable people they are' (Rider et al., 2024).

In this quotation, Graham discusses the relations between staff and PWUD. He uses words such as "human beings" to frame PWUD outside of their substance use, showing that most importantly they are people first before their substance use. Before they are PWUD, they are human beings who should be valued and not objectified for their use of substances. The terms "community" and "love" highlight how supervised consumption sites are more than their medical and social services. While the primary basis for why supervised consumption sites exist is to provide a clean space to use drugs, SCSs also act places for people to have a sense of community away from substance use and stigmatizing experiences. To further back his presentation of humanizing PWUD, he also criticizes the Ontario government's lack of consideration for the dignity and humanity of PWUD. Graham specifically claims that the government is overlooking the safety and lives of PWUD by only considering the community's safety. This part of the quote specifically implies that PWUD are simply being ignored in favour of the community's safety, thus further undervaluing the lives of PWUD. While the government claims that the closures and HART hubs are in good faith for the safety of the community and PWUD, Graham challenges this notion by describing how the removal of supervised consumption sites was done without consideration for the valuable lives of PWUD. Overall, this quote provides context for readers to recognize that SCSs are not just about medical services and substance use, but it also about the lives of PWUD, a sense of community, and dignity, which much also be considered.

Discussions of safety are also echoed by street nurse Hannah Stahl when protesting the closures (Mosleh, 2024). Her statement particularly speaks on how among the toxic drug crisis, a safe place is necessary for people to access: "It's really pertinent when we have a toxic drug

supply as dangerous as it is right now that people have a safe place to go...” (Mosleh, 2024). Words such as “dignity,” “safe,” “comfortable,” and “care” imply that aside from medical care and support services, SCSs also act as a place of comfort for people. Alongside SCSs providing specific medical and support services, harm reduction workers are also framing SCSs as a humanizing space. Part of the work that exists in SCSs is not limited to their healthcare services and connection to a diverse range of social services but extends to fostering security and social acceptance. Again, the lexical choice such as, but not limited to, “dignity,” “valuable,” and “care,” broadens the non-medical and non-social service aspects that are also beneficial for people. The act of humanization provides autonomy and engagement for people to tackle their addiction(s) and take the initiative to obtain various forms of support.

Like my prior discussion on other lexical choices, harm reduction workers are yet again framing SCSs to counteract the government's actions and rhetoric regarding the SCS closures, especially by extending the discussion towards humanizing individuals who use SCS services. The framing of SCSs by using words to describe relief, comfort, and a safe space incites the idea that SCSs act as a sanctuary for people; both as an immediate source of medical and social care and to relieve people from wider systemic issues. Harm reduction workers are mobilizing a broader understanding of what SCSs accomplish beyond the government's rhetoric on SCSs being an ineffective health service and unsafe for the community. Rather, harm reduction workers are putting forward the humanizing work present in their line of work to refute the notions of SCSs being dangerous and ineffective in care. In the same way governments are representing SCSs as unsafe and ineffective, harm reduction workers can interrupt their language by promoting the belief of SCSs provide a space for humanizing people who use their services.

5.2.5 Death

Like my prior discussion on harm reduction workers framing SCSs with positive connotations such as lifesaving work, harm reduction workers also exemplified lexical choice regarding death to frame the consequences behind the government's decision to shutter SCSs. Regarding lexical choice to discuss the government's decision on the closures, harm reduction workers' discussions of death were featured. Of the 53 articles I had gathered, 21 featured discussions of death. Within these articles, the harm reduction workers articulated how the closures of SCSs would result in higher death tolls. For instance, in an article published in August 2024 (Stone & Bailey, 2024), Amber Fritz, an outreach coordinator at Reseau Access Network, responded to the decision of SCS closures, claiming the idea of the closures is horrifying. She is quoted in the article stating that: "We know that the closure of lifesaving services in the midst of an unprecedented drug-poisoning crisis is going to result in more deaths" (Stone & Bailey, 2024).

Similar to the previous section's discussion of framing SCSs as lifesaving care, there is a direct claim of more deaths to portray the consequences of the closures. Previously, harm reduction workers framed SCSs as "lifesaving" and in its opposite end harm reduction workers framed the closures as eliciting death. Fritz's choice to state "deaths" signifies a particular negative connotation for readers, especially since the mention of death is associated with the closures. The perspective behind Fritz's statement frames the closures as a grave consequence, which is achieved by associating death with the closures of SCSs. The word "death" frames for readers that the government's decision to close SCSs is highly dangerous. Interestingly, Fritz also utilizes jargon to further highlight the consequences of the closures. The term "drug-poisoning crisis" echoes Boyd's sentiment on SCSs "combat[ting] the toxic drug crisis." The use

of jargon such as “drug-poisoning crisis” signals reliability for readers that there is a larger objective for the existence of SCSs. Furthermore, this dialogue illustrates the viewpoint behind the reduction of SCSs: that the government's decision is a reductive decision that will result in death.

Equally important, in a later article published in November 2024, author Emily Gwun-Shun Lennon (2024) features various harm reduction workers sharing their responses amidst the closures of SCSs. Chris Hells was amongst one of the harm reduction workers featured in this article, in which he delves into his personal experience with the use of drugs and SCSs, claiming that Moss Park’s SCS saved his life. Apart from his personal experience with using SCS services, he also featured his work as a harm reduction worker at a needle exchange service called The Works. Within his piece, he also claimed that the closures of SCSs will result in more death:

> ‘If people think that it's bad now, it's going to be a hell of a lot worse. (If) these places aren't going to exist, (people) are going to be dying in the street corners. They're going to be dying in front of people. They're going to be dying in little rooms or apartments and no one's going to find them.’ (Lennon, 2024)

Corresponding with Amber Fritz’s response to the SCS closures, Hells echoes the same sentiment: that SCS closures will consequently lead to increased death. Within Hells’ remarks, he repetitively mentioned the word “dying” beside scenarios where death is possible. As per van Dijk’s work (2000), repetition further emphasizes the point made by the speaker. Thus, Hells’ use of repetition emphasizes that death is highly likely to occur when SCSs close, especially across different circumstances.

The discussion of death by harm reduction workers extends to other articles, including an article published in August 2024 in which Angela Robertson, the CEO of Parkdale's SCS, warns of the possible death if SCSs close: "If these services are defunded and are closed, then what we know will happen is that people will die. That's just a stark reality (Stone, 2024)."

Equally important, in an article published in October 2024, author Omar Mosleh covered a protest that occurred in Queen's Park, Toronto. Amongst the protestors, a street nurse named Hannah Stahl expressed her sentiments against the SCS closures, claiming that people are going to die regardless of providing more detox beds: "Because there's no point in offering more detox beds if people are dying" (Mosleh, 2024b). The same lexicon is also seen in an article published in March 2025 (Petz, 2025), where harm reduction worker Sandra Ka Hon Chu speaks on the ban causing deaths:

> 'I do think ... it's very persuasive to a government or to the public if a judge recognizes that the 200-metre rule, which will close the sites, will cause people to die. The fact that you defund them and cause them to die, it's the same outcome,' she said. (Petz, 2025)

In the opposite spectrum of describing SCSs as lifesaving care, harm reduction workers frame the closure of SCSs instigating more deaths of PWUD. The harm reduction workers are inserting this representation of SCS closures leading to death into mainstream media to oppose the Ford government's framing of SCSs and why they should be shut down. Overall, the harm reduction workers hold and present readers with the high stakes of the closures, especially claiming permanent consequences such a death. Simply put, this portrayal is relayed onto readers (van Dijk, 2000). The term "death" heavily emphasizes how dire the consequences will be should Ford's government shutter SCSs. Overall, lexicon such as death is an important example of a

discursive strategy that workers use to produce a powerful counter-discourse to government's decision to close SCSs.

The government establishing Bill-223 contends that the SCS closures in favour of HART hubs will improve services for PWUD, especially through an abstinence-based approach. However, harm reduction workers argue that shutting down SCS services will contribute to higher risks of death. Without access to harm reduction supplies and resources, such as needle exchange programs and on-site staff for immediate response, there is risk of increased death in the public because the government is restricting those services. While the government discusses how great HART hubs will be in providing services to tackle substance use and homelessness, harm reduction workers are countering this notion—specifically, that regardless of how good HART hub services are presented, it does not matter because the closures of services, such as supervised consumption of substances and needle exchange programs, are going to result in undetectable deaths. Overall, the harm reduction workers are communicating to readers that harm reduction services are an essential countermeasure for deaths and the risks that may contribute to death.

5.2.6 Displacement

Coinciding with discussions surrounding death, discussions regarding the displacement of people were also mentioned. Harm reduction workers warn that increased death is pertinent but further warn that use of drugs and overdose will occur in spaces elsewhere when SCSs close. The lexical choice surrounding displacement expresses that SCS closures and HART hub replacements may further push use of drugs in public.

To demonstrate, outreach worker Lorraine Lam forewarns of the displacement of people who benefit from SCSs. The article featuring Lam was published in November 2024, a month before Bill-223 passed. In November, Bill-223 was fast-tracked and exempt from public hearings, garnering disapproval from advocates. In Lam's disapproval, she claimed that closures will only lead to people who use drugs (PWUD), into public spaces: "If anything, now he's going to displace drug users into places that are public spaces like bus shelters, libraries and parks (Jones, 2024)." Lam claims displacement of PWUD because of SCS closures and HART hub replacements. Rather than people consuming drugs at an SCS where onsite workers such as nurses are readily available to respond to potential overdoses, drug use will happen in public spaces. Lam argues against Ford's framing of SCSs wherein Ford raises concerns about drug use in public spaces, hence necessitating the closures, but Lam argues that the closures are what will push people to use drugs in public (Jones, 2024). The term "displacement" offers readers the perspective that SCS closures will push PWUD into public spaces rather than discouraging drug use.

In a similar construction, Angela Robertson describes a migration occurring in public spaces in August 2025, seven months since the closures of neighbouring SCSs. Robertson's declaration on the displacement of PWUD resembles what Lam had predicted, the drug use transferred to another location: "We are seeing a migration from the closed sites and cleared encampments to now occupying public space in the parkette space adjacent to us and that has created a great deal of upheaval (Casey, 2025)." However, another lexical choice to describe displacement is also featured by framing PWUD as likely to consume drugs alone in varying spaces. Aside from highlighting drug use in public spaces, harm reduction workers have also highlighted the risk of drug consumption in hidden spaces. SCSs typically have readily available

staff and resources to respond to emergencies like overdoses. Thus, some harm reduction workers argue that closures will lead to undesirable scenarios where individuals may overdose in areas where help may not be readily available.

Most notably, Violet Umanetz, the director of Kitchener's SCS, responded to the closures by expressing her concerns on where people would consume drugs when SCS shut down. Kitchener's SCS was run by Sanguen Health Centre and was one of the SCS slated to close upon the passing of Bill-223. In response, Umanetz cautions readers about drug use happening elsewhere where trained staff will be unable to reach PWUD: "Many will use their drugs in washrooms, alleys and private apartments instead, with no one around to help if they collapse from an overdose (Gee, 2025)." Here, Umanetz speaks directly to the situations individuals will be in due to the SCS closures. She offers different scenarios wherein individuals are likely to use drugs in hidden placements and especially highlights how harm reduction workers are unable to respond to potential overdoses in unseen places.

A similar sentiment was echoed by Jillian Watkins in July 2025. Jillian Watkins is the executive director of Moyo Health and Community Services, which operates a SCS in Brampton. In regard to the SCS closures, Watkins forewarns about the risk of individuals using drugs alone without immediate aide: "They are therefore more likely to use drugs alone or in high risk situations where they are at increased risk of overdose. (Poncana, 2025B)" The same representation of SCS closures causing displacement is also echoed by an article featuring Dr. Tim O'Shea. O'Shea worked as a physician with the Hamilton Shelter Health Network and the Hamilton Social Medicine Response Team. In his work, Dr. O'Shea works directly with people struggling with homelessness, substance abuse, and mental health: "The evidence would say that

when you take away places for people to use drugs safely, they're going to use drugs in unsafe places and in unsafe ways. (Moro, 2025)”

Highlighting the use of drugs alone—away from SCSs—reveals to readers the risks behind SCS closures. Simply put, the harm reduction workers highlight the heightened risk of using drugs alone due increased risk of overdose and without quick response. The terms “no one” and “alone” create the idea that there are no immediate medical help and resources to respond to overdoses due to the closures. The harm reduction workers using lexicon to describe drug use “elsewhere” and “alone” are key ideas they want to convey to readers. This strategy of harm reduction workers claiming displacement is also important in producing counter-discourse to oppose the closures of SCSs. Like harm reduction workers' choice to frame the closures as deadly, the choice to represent the closures as causing displacement also destabilizes the government's ideas and decision behind shutting down SCSs and replacing them with HART hubs. In arguing against the closures, the harm reduction workers are particularly framing the closures as causing an increase in displacement, which then ultimately creates difficulties in responding to overdoses that would otherwise be immediately responded to in SCSs. In countering the government's claims that SCS closures are essential for safety, harm reduction workers are directly challenging those ideas by reframing the closures as generating more harm for hard-to-reach individuals and the negative effects on communities.

5.2.7 Increased Burdens

Harm reduction workers negatively frame the closures by describing the effects the closures will cause for other medical services and community services. Aside from discussing

how the closures will directly impact PWUD, harm reduction workers also describe how the closures will impact a wider array of systems. Within both SCSs and external services, the closures will lead to an increased burden of work.

To illustrate, in an article published August 2024 (Rider, 2024), a community health worker for South Riverdale Community Health responded to Bill-223's passing. With regards to the passing of Bill-223, South Riverdale Community Health was set to end services, as it was one of the five Toronto SCSs that were ordered to close. Thus, Heather Mackay-Lams had responded to their sites' closure by highlighting the consequences in doing so:

> People will die, there will be more opioid consumption everywhere, the police will be overburdened, paramedics will be overburdened. We're the buffer that helps keep street-involved people out of police cruisers, ambulances and emergency rooms by giving them a safe place to inject and get many other services. (Rider, 2024)

In addition to stating the increased number of deaths, Mackay-Lams further moves the discussion into how closures will increase the burden on other services. By associating the closures with burdening other services such as police and emergency services, she is framing the closures as having a much bigger impact. For instance, the SCS closures will not only impact sites that are closed, such as applying and transitioning to HART hubs, but will have a larger effect on overwhelming varying services. Additionally, she also repeats the term "overburdened" while discussing how it will affect external services. The use of repetition intends to further emphasize that "overburden[ing]" other services are a negative consequence (van Dijk, 2000) that would otherwise not be burdened should SCSs remain open.

Kelly White, a manager of harm reduction agency Street Health in Toronto, also discusses the increase in work in an article published in July (Mosleh, 2025B). During the time of this publication, four SCSs in Toronto had been shut down, while one SCS remained open due to an injunction granted because of a court challenge. White had claimed that since the closures and transition to HART hubs of four other SCSs, Street Health has seen an increase in workload and patients:

> 'It feels constant that folks are running to the front desk and saying we need help,' White said. 'As soon as those sites closed, the overdoses in public have shot up.... Our existing services are really burdened. The nurses are seeing a huge increase in volume of patients (Mosleh, 2025B).'

White explicitly states that Street Health is facing issues regarding the high influx of patients. Stating their site is "really burdened" amidst the closures of neighbourhing SCSs reinforces a negative framing of the closures. Like Mackay-Lams' statement, White's use of the term "burdened" also signals the high influx of work due to the closures. In addition to the term burdened, she highlights how nurses are seeing the "huge increase" of patients using their agency. The term "burdened," alongside the context of nurses witnessing an increased number of patients, provides the reader with a larger perspective of the outcomes behind SCS closures. Additionally, the context regarding nurses further pushes the negative connotation behind SCS closures and burdened work. For instance, nurses have long been identified to experience burnout based on higher workload, staffing problems, and long shift work (Dall'Ora et al., 2020). White then offers readers a negative framing behind the decision to shutter SCSs: the lexical choice "burden" and association with nurses cautioning readers to understand the stakes of SCSs closures.

Harm reduction workers' framing of the SCSs or other services expecting or seeing increased burdens are also present in other news articles. Likewise, Robertson had warned of the potential effects SCS closures will cause toward numerous services when Bill-223 was announced (Benzie & Spurr, 2024). She describes both the economic impact and increased workload in accompanying health services, warning readers of the consequences of SCS closures:

> "Then you have the cascading cost to the health system with the EMS response calls, with the hospital emergency department intakes," she said, adding the government had not briefed any of the sites about the changes ahead of the announcement. (Benzie & Spurr, 2024)

The effects of SCS closures were also expressed by Kaela Pelland, who had responded to the closure of Sudbury's SCS, The Spot. Pelland was the manager of The Spot, which had closed on March 31, 2025. She claims that the outcomes of increased hospital visits and worsening drug interactions were caused by The Spot's closure:

> 'I think the loss of the supervised consumption services in Sudbury may also be playing a role with the increase in hospital visits in regards to toxic drugs,' she said. 'I think it really shows how the drugs are getting more and more toxic and how all the drug interactions and changes in the drug supply, it seems it's expanding and getting worse. (Dillman, 2025)'

Here, Lennox describes the increased burden on the community months after the closure of neighbouring SCSs in Toronto. This article was published August 29, 2025 (Bron, 2025) and describes a high record of overdoses and higher outreach to respond to overdoses. In Lennox's

statement, a year had passed since the closures, and it describes the high increase in drop-ins at their services, and the increased workload on community services and emergency services:

> ‘These were anticipated risks that we didn't do anything to mitigate, and now we're seeing an increased burden on community services,’ Lennox said, adding the closures also lead to increased public drug use - a concern for many Hamilton residents. (Bron, 2025)

In this display of lexical choice, harm reduction workers oppose the closures of SCSs due to potential consequences onto remaining SCSs and alternative services. The discussion surrounding burdens similarly reflects the discussion of SCSs being composed of an interconnected system. The use of the term “burden” and descriptions of increased visits and workload calls attention to the different systems affected by the SCS closures. While SCSs offer direct service to clients, they also act to mitigate potential burdens toward different social and medical services. Thus, the warnings from harm reduction workers prior to SCS closures and descriptions of first-hand experiences post-SCS closures highlight how the decision to shutter SCSs contributed to increased burdens. To produce a counter-discourse against the closures, the harm reduction workers are framing the SCS closures as an event that will result in consequences for larger systems. That is, the harm reduction workers emphasize how the SCS closures will have direct consequences for surrounding communities, but also indirectly to a wide scope of health services, social services, and the toxic drug crisis. Thus, the harm reduction workers' production of counter-discourse utilizes the argument of increased burdens to act against the closures of SCSs.

The harm reduction workers using such lexicon provides the reader with greater understanding of SCSs. The harm reduction workers are presenting their work as “lifesaving” care for readers and the idea being a core principle of harm reduction overall becomes a common

illustration of what goes behind harm reduction work. The harm reduction workers engage in counter-discourse by reframing and producing narratives about SCSs in the news. Another common discourse that was presented by harm reduction workers was framing harm reduction was a broader system at work. SCSs are not just a medical facility focused on substance use and addiction care, but also a collaborative and interdisciplinary approach to wider systemic issues. In describing the interconnectedness behind harm reduction work, the harm reduction workers advocate for SCSs through addressing broader systemic issues that they tackle, reinforce, and transform what ideas the reader may have on SCSs. This discourse is thrust into the public realm and educates readers about SCSs and informs them of the stakes of SCS closures towards other services. Like the discourse describing and exemplifying "lifesaving" care, discussions of death was a highly common discourse produced by harm reduction workers. The potential deaths were reiterated throughout the timespan of my study, and the varying strategies observed stress that the decision to close SCSs will produce unfavourable outcomes. Aside from advocacy that focuses on the positive achievements and implications SCSs have, harm reduction workers also advocate through talking back against the government's rhetoric on SCSs. The Ford government initially enacted Bill-223 to increase safety and help PWUD; however, harm reduction workers strongly argue against such rhetoric using different strategies to reinforce their beliefs in the news. This act of talking back contributes to discourse then interrupts the dominant discourse produced by the government to subvert the issue of SCS closures being a necessary change.

Overall, through the varying lexicon displayed by the harm reduction workers, they are producing counter-discourse through broadening the knowledge of harm reduction principles. Not only are harm reduction workers producing discourse against the closures, but they are doing

so in a way that they are shaping and reshaping representations about SCSs, and broadly speaking, harm reduction.

5.3 Rhetorical Devices

When harm reduction workers offer counter-discourse in discussions of the SCS closures, they employ two different uses of rhetorical devices: metaphors and metaphorical use of hyperboles to exemplify the consequences of the closures. Metaphors and hyperbolic use of metaphors are also used to negatively describe the topic at hand (van Dijk, 2000), in my case, how harm reduction workers negatively describe the closures. Understanding this level of text and talk provides a wider context of what harm reduction workers believe about SCSs and their closures. For instance, van Dijk (2000) asserts that this local structure relates to the roles harm reduction workers take in news, their goals, knowledge, and opinions.

5.3.1 Metaphors

One of the strategies that van Dijk (2015) claims is present in critical discourse is the use of metaphors. Metaphors are particularly powerful, as they make abstract concepts more concrete for readers. In van Dijk's (2015) research on news racism against immigrants, he illustrates this through immigrants being framed negatively, as immigrants come in "waves" and implies a threating idea of "drowning" in immigrants. To put it differently, metaphors as a discursive strategy create a specific frame of the spoken topic for readers to grasp what is being conceptualized. In relation to my research, harm reduction workers employ the use of metaphors

to make abstract concepts of the SCS closures more concrete for readers and are using that strategy as counter-discourse against the SCS closures.

On August 20, 2024, CBC Toronto featured an interview with Zoe Dodd, a harm reduction worker, regarding the announcement of SCS closures (Jabakhanji, 2024). In her interview, Dodd's prominent quote underscores the seriousness of the closures and claims that decision plays with people's lives:

> 'This announcement, it's really serious,' she said in an interview with CBC Toronto ahead of the announcement Tuesday. 'We're playing politics with people's lives and the result of that will be death.' (Jabakhanji, 2024)

The metaphor featured, "playing politics," implies that the decision to shutter SCSs is akin to playing with the lives of people who use these services. In the context of her quote, playing with the lives of people leads to more death. In consideration of van Dijk's (2000, 2015) conceptualization of metaphors, Dodd's use of metaphors encourages readers that the closure decision is equal to treating SCSs as though it is a game that is not taken seriously. This metaphor thrusts the perspective that the politics surrounding SCSs are taken lightly. Engaging in games is typically a past time, a hobby, and a way of relaxation for people, and this metaphor to compare SCS closures as though it is a game, presents the government's decision to minimize the health and political significance of SCSs.

After the decision to shutter SCSs in December 2024, Robin Lennox offered his impressions upon the closures. Dr. Lennox is a family physician and the medical director of the YWCA safer-use program in Hamilton. Upon the SCS closure in Hamilton, the YWCA had aimed to continue supporting the women who use their services. However, despite the YWCA's goal to continue its services, Dr. Lennox claimed that the closures of SCSs and the transition to

HART hubs are superfluous and offered the following metaphor: “It's like installing airbags in your car and removing the seatbelts. It doesn't make sense. We need more of both, not less of either. (Moro, 2025)” Dr. Lennox provides an analogy by comparing the SCS closures and transitioning to HART hubs with the likes of a car safety measure. He suggests that the government's decision is akin to adding one useful safety measure while removing another safety measure, using a car’s system: an airbag acts as a preventative measure for accidents and installing them are favorable especially if a car accident occurs, however the decision may be confusing if you remove another useful preventative measure that also acts to negate injuries from car accidents. To put it simply, a replacement that acts to prevent the same negative outcome simply does not make sense, as Lennox states. For instance, HART hubs offer services such as peer support, mental health and addiction services, housing services, and numerous other supportive services; however, SCSs also offer similar services, with the added service of drug consumption. Through this analogy, Lennox is not necessarily framing the decision to install HART hubs as purely a negative action but framing it as a highly complex health issue. He implies that SCSs are doing an excellent job at providing beneficial services for PWUD and that HART hubs would elevate treatment and care for PWUD. Lennox, then, is helping readers to understand that HART hub treatments technically already exist through SCSs and that it does not need an absolute replacement, but rather to consider what the health landscape needs more of to combat addictions. The analogy conveys that the government's decision is contradictory, while also inviting readers to understand that health matters relating to addictions and substance use should not be overlooked in favour of simplifying the SCS closures as a binary good or bad decision.

Similar perspectives and uses of metaphors on the SCS closures are also present in other articles. For instance, featuring Talia Storm, again, refers to a “ripple effect” the SCS closures will provoke: “Addiction is still addiction and so we will be forcing people into unsafe situations that have a ripple effect to the broader community” (Barker, 2024). In Storm's usage of the metaphor, "ripple effect," she purports that the closures will not only impact people that use the services but will also impact a wider reach through the community. The ripple effect that is bound to happen begins with PWUD being forced into unsafe situations, and what only follows are worsening conditions both for PWUD and the community. Since the SCS closures will begrudgingly push people into unsafe conditions, the community will then be an unsafe community as an aftermath. Previously, in lexical choice, harm reduction workers discussed the impacts SCS closures will have on other systems and neighborhoods. They argued that those other systems, such as emergency response and hospitals, will face an increased burden and that neighbourhoods will be immediately affected such as through witnessing the public use of drugs or needles being discarded on the streets. The usage of this metaphor, again, serves as a warning: that closures will further increase harm. This metaphor conveys to readers the wider scope that closures only accomplish; that everyone will be affected by the closures and inadvertently pushed into engaging or witnessing unsafe situations. Like the lexical choice harm reduction workers are using to convey and produce counter-discourse, metaphors are also being used to oppose the closure of supervised consumption sites. In this case, the harm reduction workers are amplifying their beliefs on the closures using metaphors to effortlessly convey to readers about how dire the consequences will be from SCS closures.

5.3.2 Hyperbolic use of Metaphors

Within the articles, harm reduction workers employed hyperboles and metaphors to enhance their claims against SCS closures. To recall, van Dijk (2000) claims that hyperbolic use of metaphors is a rhetorical device that enhances the representation actors are trying to portray about SCSs, meaning that rhetorical devices can amplify the discourse they are producing. Metaphors and hyperbolic use of metaphors are used to improve clarity and the value of discourse. In relation to my research, harm reduction workers utilize this tactic to push certain representations of the closures towards readers. Hence, I observed that when harm reduction workers are engaging with hyperbolic use of metaphors, it is used to enhance their arguments, such as SCSs are a form of lifesaving care, or to also solidify and bring greater insight of SCSs services.

To illustrate, in the earlier article that featured Talia Storm and Niagara's only CTS, she later utilized hyperboles in defense of the CTS: "If we look at the mountains of evidence, of research, these sites are very well backed in what they do in terms of not only saving lives but connecting folks to appropriate services right for them and supporting the neighbourhood as a whole" (Barker, 2024). The term "mountains of evidence" acts as the hyperbole, specifically to enhance the amount of research done to support the notion that SCSs are a form of lifesaving care. It acts to enhance the credibility of SCSs, especially being paired with statements such as "connecting folks" to other forms of service and support. This hyperbolic use of a metaphor indicates that SCSs are a vital form of health care and social service. The choice to employ such hyperbolic metaphor improves understanding of SCSs from a health perspective, more specifically how sustainable SCSs have been overtime.

Another interesting subject to note is the use of numbers as hyperbole. For instance, utilizing numbers as hyperboles particularly implies a specific objective being achieved; harm

reduction workers mentioned specific numbers to account for services and leave an impression on readers. An article published in June 2025 featured one SCS, Casey House, which had previously provided inhalation booths (Weingarten, 2025). Inhalation booths act as a space for an individual to smoke substances, and if there is an overdose, staff can clear out the vapor through powerful fans and aid the person. In this article, the CEO Joanne Simons discussed their services with hyperboles to call attention to the success of their service: “We saw thousands of visits through that service. And we reversed many, many overdoses within that tent itself” (Weingarten, 2025). Like the previous quote, the terms "thousands" and "many, many..." feature the reach of their services. However, unlike numerical rhetoric, the term “thousands” is not an approximate number and instead implies the wide reach their SCSs hold. While differing from providing a specific quantity, the hyperbolic terms imply that their services are a massive success when serving people who use SCSs. Again, readers may be inclined to believe that the services being offered are crucial lifesaving services.

Amongst these instances, the harm reduction workers are highlighting their work by employing statements such as “mountains,” “thousands,” and “many, many.” These statements enhance the argument of SCSs being lifesaving care. For instance, when describing SCSs being backed by “mountains of evidence” or “thousands” of people visiting SCSs, the insinuation is that the lifesaving care is both reliable and successful for people who seek their services. Such statements frame SCSs as a reliable system, especially since the hyperboles are highlighting the reach of their services. However, in my analysis of the news articles, I also observed how harm reduction workers also engaged in hyperbolic use of metaphors to highlight the consequences behind the closures of SCSs.

On August 20, 2024, Chan McNally criticized the *CCRA* when it was first announced by Premier Ford. McNally is a harm reduction worker whose work focuses on homelessness and homeless people, and she cautioned that more people are going to die (Jabakhanji, 2024):

> So what people are going to see [is] more drug use actually outside and in their communities and it's unfortunate for everybody. We will see lots of people, thousands of people actually dying as a result.

Like the previous section, McNally uses the hyperbole “lots” and “thousands” to enhance the high potential of death that will occur upon SCS closures. Unlike a specific numerical term that would be regarded as numerical rhetoric, claiming the “lots” and “thousands” of people pull readers to understand the scope of harm that will occur when the SCSs close.

> Indeed, YWCA Hamilton - which still operates a safer-use drop-in program for women and gender-diverse people on MacNab Street South, near Urban Core's former site on James Street South - has in recent months seen an "exponential increase in drug poisoning" in the downtown area, the organization recently told The Spectator. Aug 2025 (Bron, 2025).

A year after the announcement of Bill-223, Angela Robertson discussed the outcome of the closures in an article published in August 2025 (Casey, 2025). Robertson is the executive director of Parkdale Queen West Community Health Centre, one of the SCSs not set to end its services. The article describes how the SCS increased its number of clients since the closures of other SCSs, and Robertson expressed her sentiment on the aftermath:

> ‘We are seeing the absolute fallout of the decisions to close consumption sites,’ said Angela Robertson, executive director of the health centre. ‘We are seeing a migration

from the closed sites and cleared encampments to now occupying public space in the parkette space adjacent to us and that has created a great deal of upheaval.' (Casey, 2025)

With regards to both metaphors and hyperbolic use of metaphors, the harm reduction workers used these rhetorical devices to convey the stakes of the SCSs closures. Through metaphors and hyperbolic use of metaphors, the analogies present to readers a definitive representation of the risks of SCSs closures, and the health achievements that SCSs have performed. Both rhetorical devices cover an array of portrayals, ranging from referring the decision of the closures as nonsensical to amplifying increased harm such as overdose and death. The harm reduction workers use their positions to share what they expect on the closures and what they witnessed months after the closures of SCSs. Both metaphors and hyperbolic use of metaphors are utilized to oppose the SCS closures. Again, harm reduction workers use the strategy of hyperboles to argue against the SCS closures, especially to attain a clearer representation about SCSs' successful services in providing care and how dire the numerous consequences surrounding overdoses, death, and spread of infectious diseases are. Harm reduction workers' use of hyperboles achieves two things; firstly, to advocate for SCSs and against the closures greatly emphasizes how SCSs are well backed in terms of the health and supportive services that are offered, and secondly, how the consequences and burdening work should not be taken lightly by the government.

5.3.3 Numerical Rhetoric

When harm reduction workers discussed their work in the news, they relied on numerical rhetoric to increase their arguments' credibility. The use of numerical rhetoric varied between articles; some harm reduction workers typically spoke about the impact their services had on

clients, in which case services like injections, overdose reversal, drug paraphernalia disposal, and time were stated in the articles. With CDA, van Dijk (2000) claims this as the "number game." In van Dijk's (2000) work on news racism, he observed the number game within immigration reporting and claimed that the objective of those articles was to associate immigration with problems and threats. Thus, according to van Dijk, numerical rhetoric is a powerful rhetorical device because quantification of a certain act can influence its association with a positive or negative act. This may stem from the idiom "numbers don't lie," implying that numbers are a fact and inarguable. The utilization of numbers by harm reduction workers implies that the statement is an important fact to be interpreted and accepted by readers. To put into the perspective of harm reduction and SCSs, I observed the "number game" to be utilized by harm reduction workers to supplement their argument that SCSs provide lifesaving care.

Notably, in an article published in August 2024, Bill Sinclair, a chief executive of the group who runs Kensington Market's SCS, spoke against the closure (Rider, 2024). Kensington Market's SCS was one of the SCSs set to close, and as such, Sinclair employed the numerical rhetoric in response to the impending closure: "'We reversed 54 overdoses this year,' he said. 'Fifty-four more people would be dead'" (Rider, 2024). Sinclair had employed numbers as a rhetorical device whilst advocating against the closure of Kensington's SCS. The specific employment of the number "54," coupled with the reversed overdoses indicates to readers the number of lives saved by the SCS. Interestingly, Sinclair also utilized what van Dijk (2000) calls "rhetorical repetition," wherein repetition can further emphasize the argument the speaker is presenting. As such, both the use of numbers and repetition signals the objectivity of SCSs preventing overdose.

Equally important, a 2024 article covered an emergency meeting held by the Toronto Board of Health, in which the Charter challenge against the SCS closures in Ontario was discussed (McSwain, 2024). Dr. Brett Wolfson-Stofko was amongst the members who attended the meeting and spoke up to discuss the challenge. Wolfson-Stofko is a scientist, co-chair of the Toronto Harm Reduction Alliance, and a worker for a SCS that was bound to close. During the meeting, Wolfson-Stofko asked the Board of Health to act as an intervener for the Charter challenge and brought forward statistics on the number of injections that occurred at the SCS he works at: “We've had over 1,300 injections occur inside the site in the past year - that's 1,300 injections that did not occur on school property, in the community or in a washroom” (McSwain, 2024). Wolfson-Stofko's application of the number game also follows van Dijk’s conceptualization of the rhetorical device. Wolfson-Stofko's utilization of the number “1,300 injections” is followed by the fact that those injections had not occurred in public spaces, but rather within the confines of a SCS. Like the previous quote, such use of the number signals to readers the objectivity of the SCS providing on-site injections and preventing use of drugs in public spaces. Interestingly, Wolfson-Stofko also utilized rhetorical repetition by repeating the fact that 1,300 injections had occurred on the site. Like Bill Sinclair from the previous news article, Wolfson-Stofko also repeats the number to emphasize the amount of public injections the SCS prevented. His use of numbers and repetition indicate that readers ought to consider the impact of SCSs’ health services such as safe injections and impacts for the surrounding community by potentially preventing paraphernalia or overdoses from occurring in public.

Moreover, other articles that feature harm reduction workers advocating against the closures also feature the rhetorical use of numerical rhetoric. An article published in November

2024 covered a SCS located in Peterborough, in which executive director Donna Rogers provided the numbers of their SCS:

> ‘What that means is drug use equipment — 7,800 times — did not go to the streets. It was collected. It was stored. It was disposed of within our facility,’ Rogers said. ‘That’s a lot of drug use that didn’t happen outside.’ (Johnston-Lindsay, 2024)

Furthermore, an article released in March 2025 featured SCS director Jillian Watkins speaking against the closure of Brampton's SCS: “as of January 2025, the site had served 210 unique individuals” (Poncana, 2025A).

The use of numbers implies the impact SCSs have on various situations; for instance, the harm reduction worker being interviewed mentioned that they had reversed 90 overdoses during the year. If journalists had only described that SCSs have reversed overdoses, collected equipment, or prevented public injections without mentioning numerical rhetoric, the article may not “impress readers,” thus harm reduction workers being quoted discussing numbers signals objectivity for readers (van Dijk, 2000). In summary, the specific use of numbers enhances the positive characteristics of SCSs for readers. By employing numerical rhetoric, specifically an exact number, the harm reduction workers provide readers with context about the significance of SCSs. For readers, the numbers achieve two goals: 1) the idea that SCSs are providing successful services; and 2) that these services do serve many people. In sum, the numerical rhetoric of SCSs’ impact by harm reduction workers has a semantic objective: to solidify and enhance understanding of health and social services SCSs have achieved through statistics that would otherwise not be argued against. This approach, then, is a particularly strong strategy employed by harm reduction workers to oppose the government's decision to close supervised consumption sites because they are displaying an objective number that cannot be argued against. The harm

reduction works are countering the closures of the SCSs by providing a factual number to object to the rhetoric presented by the government (i.e., the claim that SCSs are ineffective).

Furthermore, the use of numbers was also found in other aspects aside from internal workplace systems such as injections and reverse overdoses, wherein harm reduction workers use time to further describe the amount of work that has been done for an elongated period. In this case, harm reduction workers are further using time argumentatively to push the idea that necessary medical services have been successful for a prolonged period of time:

> 'We were very worried - we never had a plan to close, and now we can continue to provide lifesaving services as we have done for eight years.' (Mosleh, 2025a)

> 'Two years ago you'd hardly find needles, to be honest,' he said. (Mosleh, 2025b)

Like the numerical rhetoric used towards positively representing internal workplace systems, time is also used to describe the necessity and impact SCSs have as a medical service. When the harm reduction workers are describing internal systems, it is accompanied by what the SCSs have achieved during a certain period. The use of time, then, provides context for SCS services, displaying to readers how long such medical care has been in place and its impact on clients' lives. Similarly, the inclusion of these numbers serves the intention that these numbers are important for readers to consider as it provides past context about SCSs aside from the closures. It again signals the objectivity of SCSs for readers; that is, that SCSs have served people for a prolonged period and will continue to do so. Similar to harm reduction workers providing exact numbers about the individuals they have supported, they have also quantified the length of their impact, which both implies the successfulness of SCSs and makes it difficult to argue against such objectivity. Again, this description using numerical rhetoric is used to oppose the closures,

especially by disputing Ford's claim about SCSs' "unproductiveness;" thus the harm reduction workers are reframing and reinstating the idea that SCSs' accomplishments can be expressed through a quantifiable amount.

6. Discussion

In this section, I return to the objectives I aimed to achieve through my research: 1) to understand how the voices of harm reduction workers are portrayed 2) to illustrate how news media represent the work of harm reduction workers; and 3) to broaden the understanding of the everyday work of harm reduction workers. The findings of my research reveal a greater understanding of SCSs, an everyday understanding of harm reduction work, and contributions to the broader understanding of harm reduction.

6.1 Portrayal of Harm Reduction Workers

The first objective that I had aimed to uncover was to see how harm reduction workers were portrayed in the news and how often they were featured in the news. In research covering harm reduction in the news, previous researchers had frequently included varying number of voices, ranging from frontline workers to community members, and government actors, but did not explicitly discuss who is producing discourse in the news (Atkinson et al., 2019; Wild et al., 2019; Ziegler et al., 2019; Whiteside & Dunn, 2023; Carlon et al., 2025), making it difficult to observe the discourse solely produced by harm reduction workers and how the discourse is being mobilized in the news. With my research, I was able to focus on how harm reduction workers as actors were represented on the news, and I was able to witness the intricate discourse they produced.

In my corpus of articles, harm reduction workers are introduced to the readers in varying titles. In some articles, they are introduced by their profession such as peer support workers, outreach workers, or nurses, and others are introduced in broader titles simply as health workers,

health experts, or advocates. The harm reduction workers are introduced in such a way before their respective quotes in reaction to the events of SCS closures, which denounce the government's decisions and showcase support for SCSs. Harm reduction workers being introduced by their profession or as a broader health actor indicates that they are experts on SCSs. Harm reduction workers being featured in the news also included narrative accounts of their work and experiences. Interestingly, some harm reduction workers detailed their experiences as individuals who have previously used drugs using SCSs and their current work as peer support workers. For instance, they claim how humanizing and lifesaving SCS services were for them as PWUD, and how they continue to uphold those experiences now as a harm reduction worker for other PWUD. The portrayal of expert knowledge and use of personal narratives further articulates their role as experts on harm reduction related matters to the public, and it gives readers a firsthand account of their experiences to highlight the significance of harm reduction operations.

The articles I collected are also not exempt from featuring other voices alongside harm reduction workers, often having government actors present to serve as background knowledge or to display that the harm reduction workers are responding to the government's decision to close SCSs. While the articles feature voices alongside harm reduction workers, the results indicate that harm reduction workers' discourse is portrayed as having a conversation with both the government and expressing their advocacy to readers. In this conversational style of news, the harm reduction workers do not portray themselves solely as expert opponents to the government's rhetoric. Instead, they heavily reinstate that their line of work, SCS services, and goals are to uphold and mobilize harm reduction tenets, meaning that before opposing the government’s dominant discourse, they are primarily actors that advocate and uphold harm

reduction principles underlying SCSs. In this case, harm reduction workers are not producing discourse without any merit to do so; rather, their discourse is portrayed in tandem with other voices to disrupt and reform representation of SCSs using their own experiences and knowledge. For instance, the government deems the closures necessary for community safety and to improve treatment and care for PWUD by focusing on abstinence-based programming, but harm reduction workers argue that closures will only increase the risks of overdose, death, difficulty to connect with PWUD, and burdening the community and other services. This conversational pattern can be found and portrayed through the organizational structure of an article, where Bill-223 and the SCS closures are discussed and is followed by the verbal reactions of the harm reduction worker. Additionally, sections of an article that feature a range of government voices in support for the closures, such as Doug Ford, Sylvia Jones, or municipal leaders, were met with direct responses by harm reduction workers to actively resist misrepresentation of SCSs as an unsafe service.

Counter-discourse is not just about directly combatting discourse with another set of discourse; it is about inserting oneself into the narrative to resist dominant discourse and contributing to that narrative includes dissemination of one's fundamental beliefs. In line with bell hooks' concept of talking back (Moussa & Scapp, 1996), part of this insertion to the narrative is to produce and mobilize discourse to break through dominant power that has continually oppressed them. In this case, the beliefs and experiences held by harm reduction workers are mobilized in news media and are a form of counter-discourse to disrupt dominant narratives that misrepresent SCSs.

Interestingly, the conversational-like presentation in articles is not just about disrupting the dominant discourse Ford's government is presenting, but also how the harm reduction

workers discourse interacts with each other in the same news articles, and throughout many of the articles published throughout the year. Across the articles, the harm reduction workers are indirectly conversing with each other. The harm reduction workers reiterated similar representations of supervised consumption sites, such as the belief of SCSs providing lifesaving work, the interconnectedness of SCSs, humanizing experiences, closures leading to death, and overall disagreement with the government's decision to shutter SCSs. The use of lexical choice, to a varying degree, was the most common strategy to convey such beliefs, more so than other rhetorical devices. Part of what makes this strategy powerful is how it is reproduced by other harm reduction workers as proponents to SCSs. That is, the harm reduction workers are repetitively employing similar lexicon to convey their representation of SCSs and ultimately shapes the discourse around SCSs (van Dijk 2000). Of course, other rhetorical strategies help shape harm reduction workers' representations of SCSs, but the repetitiveness of lexicon that occurs through numerous articles is consistently built upon by other harm reduction workers and becomes clear-cut representations of SCSs for readers.

I also previously suggested that CDA can be applied to the production of bell hooks' notion of counter-discourse, focusing on the resistance of dominating power. In this case, the harm reduction workers are exemplifying acts of talking back—producing counter-discourse to create and reiterate knowledge about SCSs for the readers. Support for the closures and HART hubs capabilities of creating safer communities and improved health care are impeded by harm reduction workers utilizing strategies to assert it will not do so. Not only are harm reduction workers framing the closures as a health issue, but they also frame the closures as a rights issue that overlooks broader systemic issues. Harm reduction workers reframe conceptions of SCSs by directly engaging with the government's discourse, especially on dispelling misconceptions

about SCSs. Part of engaging in reframing SCSs also addresses other systemic issues, such as the opioid crisis, marginalizing and stigmatizing PWUD, inadequate housing, and inadequate responses to address other mental and physical health needs. Rather than looking at only the medical and social services that SCSs provide, the harm reduction workers are broadening the knowledge of what harm reduction does for readers. Harm reduction responds to immediate needs of the community, while also tackling wider systemic issues related to drug-related harm. Additionally, harm reduction workers' counter-discourse is not just about relaying new information of harm reduction for readers, but also to make themselves heard by the dominant actors that overpower their voices. For instance, harm reduction workers cited the government as largely ignoring widespread issues of drug-related harm and how it affects other systemic issues such as the complexities of substance use. These responses to systemic issues are made visible by harm reduction workers through their criticisms of the government's decision to replace SCSs with HART hubs. As such, part of producing counter-discourse to resist dominant power is also to apply pressure on the government. Not only are harm reduction workers reframing SCSs and communicating knowledge to the public, but they are also strategically using the media to demand that the government not undermine broader systemic issues related to harm reduction. By doing so, the harm reduction workers are both shaping public rhetoric about harm reduction and speaking directly to those in higher power to disrupt dominant narratives.

The six key features that I opted to analyze—headlines, organization, quotations, lexical choice, and rhetorical devices—have been employed by harm reduction workers to transform the rhetoric issued by the government. As bell hooks (1989) states, talking back is not just a "bourgeoise desire" to be noticed, and as such harm reduction workers' positions in the news are acts of resistance to counter the dominating ideas that have been produced and reiterated by

Ford's government. The harm reduction workers that were present in my research were not hesitant to directly contest rhetoric that misconceptualizes SCSs and back other harm reduction workers who share the same goal of maintaining SCSs and harm reduction principles. By inserting themselves as part of a conversation, harm reduction workers can frame and transform ideas for readers to acknowledge that SCSs are more than what the government is portraying these as.

6.2 News Media Representation of Harm Reduction Work

My secondary objective was to understand the representation of harm reduction work in the news. Previous literature looked at the positive, negative, and neutral reporting of harm reduction in news media to understand what is being said about harm reduction and SCSs (Wild et al., 2019; Ziegler et al., 2019; Whiteside & Dunn, 2023; Carlon et al., 2025). In previous literature, numerous actors were featured in the news, which limits understanding of how harm reduction work is represented in the news, particularly the advocacy side of harm reduction work. Part of this limit is not being able to understand the complexity and nuance behind harm reduction work**.** Indeed, my findings echo similar rhetoric from previous literature, for instance, how SCSs save lives, connect people to different services, and make communities safer (Atkinson et al., 2019; Wild et al., 2019; Ziegler et al., 2019; Whiteside & Dunn, 2023; Carlon et al., 2025). However, I was able to explore and build on the nature of harm reduction work through the harm reduction workers' use of counter-discourse strategies. For instance, the harm reduction workers in my collection of articles were employing rhetorical devices (metaphors, hyperbolic use of metaphors, numerical rhetoric) and lexical choice to subvert and educate the readers about the work behind SCSs. Certain lexicon was being used to highlight readers that

lives are at stake; rhetorical devices were being employed to accentuate the impact and consequences of SCS closures, and so on.

The findings imply, then, that the government's decision of the SCS closures and replacements should not only be looked at a binary system of good versus bad, but rather harm reduction workers were also calling on readers to think about where SCSs stand in a wider political and healthcare landscape. Harm reduction exists in varying services and facilities across the globe, and as a branch that includes SCSs. Canada is one of the many countries that hosts SCSs to respond to the opioid crisis, especially through reducing harmful methods of substance use, overdose related deaths, and spread of infectious disease. Consequently, SCSs are not just a response to local needs regarding substance use and addictions care, but also a wider response throughout the country's growing opioid crisis, and further through drug-related harm around the globe. The closures of SCSs in Ontario heavily impact the goals the harm reduction movement is pursuing, such as minimizing the harmful effects of substance use, treating PWUD in a humanizing non-judgmental manner, and reducing spread of infectious disease. Additionally, one of the key tenets in harm reduction is to recognize the intersecting qualities of PWUD, such as poverty, classism, racism, traumatic experiences, and other social inequalities related to drug-related harm (National Harm Reduction Coalition, n.a.). Therefore, by removing SCSs in Ontario, there is greater difficulty in addressing systemic issues surrounding drug-related harm. In sum, SCSs are an important piece of the puzzle to a global issue surrounding substance use issues and broader systemic issues. and the harm reduction workers present in my research make it clear that they are portraying supervised consumption sites as such. The harm reduction workers are using varying discursive strategies to represent SCSs as lifesaving, humanizing, and highly impactful in treating people and reducing wide-spread harm to combat against

government rhetoric on the effectiveness of SCSs. Overall, harm reduction workers are not only taking space in the news to advocate for the SCSs in the province, but because they are also advocating for the greater drug-related harm and systemic issues that SCSs respond to.

I witnessed that harm reduction work goes beyond the immediate services within a site and that harm reduction work is presented more than it seems. Aside from offering in-house medical and supportive services, SCSs are spaces that provide people with dignity and are a gateway to other appropriate services. The quotations provided by the harm reduction workers called attention to a wider array of systems that would be burdened, such as emergency response services, SCSs not affected by the closures, and surrounding communities. Altogether, SCSs undertaking a person-centered environment, medical, social, and connective work, are all to combat wider issues such as the growing toxic drug crisis throughout Canada, and systemic issues surrounding stigmatizing experiences faced by PWUD. By doing so, the discursive strategies harm reduction workers employ in the news showcase to readers how broad and impactful harm reduction services are to target larger political and healthcare issues associated with drug-related harm.

6.3 Broader Understanding of the Everyday Work of Harm Reduction

Earlier research has identified that harm reduction workers do participate in advocacy, suggesting that part of harm reduction work is campaigning for services, whether it is for implementing new services or for maintaining the services that would be at risk of closure (Bigras et al., 2021; Kolla et al., 2024). While previous literature has identified advocacy as part of work (O'Leary et al., 2018; Fraimow-Wong et al., 2024), it was not the forefront of the

research, thus limiting the understanding of how harm reduction workers as advocates produce discourse. However, in my research, I was able to witness how the harm reduction workers take their place as advocates in the news by using the various strategies to produce counter-discourse.

The findings imply that part of harm reduction workers' spokesperson role is also about being visible and consistent with their advocacy. Throughout the one-year period of my research, there was an increase of reporting that surrounded the major events of the SCS closures, and one important action that harm reduction workers took was being present throughout each stage and consistently imposing the same strategies to advocate against the closures. In fact, harm reduction workers advocating against the closures were frequently present in the news, such as Talia Storm, the Director of StreetWorks, and Bill Sinclair, CEO of The Neighbourhood Group, who led the lawsuit against the government. While there was a wide array of harm reduction workers' voices feature in articles, the same advocacy points were reiterated time and time again. The use of such strategies by harm reduction workers' advocacy was not just employed to simply bring awareness of what SCSs are and to highlight the risks of the closures, but to also subvert and reform representation of SCSs onto the readers. Harm reduction workers consistency is not just about being present in the news, or as bell hooks states a “bourgeois desire” to be noticed, but to actively disrupt dominant and oppressive discourse that has been reinforced by government by also reinforcing their own counter-discourse. Overall, harm reduction workers as spokespeople are consistent in the discourse they are producing to disrupt dominant narratives.

The findings then also reveal that part of harm reduction work is to maintain public relations. To reiterate, prior research has established what the everyday life of harm reduction workers in SCSs is like—especially the beliefs held by harm reduction workers face stress during their workday (O Leary et al., 2018; Bigras et al., 2021; Kolla et al., 2024; Fraimow-Wong et al.,

2024), but limited details on how they conduct their advocacy work, especially as part of public relations work. Language is an extremely powerful tool to communicate representations of harm reduction to the public, especially when purposefully used to disrupt dominant discourse that misconstrues harm reduction. Harm reduction is complex, and to communicate such complexity through news media requires thoughtful engagement to disseminate what harm reduction encompasses. The harm reduction workers featured in my research use specific sets of discursive strategies to actively engage with the audience—i.e., the public reading news media, and this ranges from engaging in simple, direct but effective use of language. Terms surrounding death, lifesaving, community, and burdens were all direct lexicon used by harm reduction workers to clearly communicate to readers what SCSs do, and where they stand to combat public health and social issues. On the other hand, there is also the use of compassionate and non-stigmatizing narrative structures when talking about harm reduction. Overall, the findings suggest that effective communication requires strategies to convey harm reduction operations and principles with readers; careful and thoughtful communication is key to garner public support for SCSs and to combat the government's dominating discourse surrounding SCSs. Ultimately, harm reduction work is not just limited to the in-house services they provide, but also how harm reduction workers navigate the field of advocacy to maintain public support of SCSs, and to put pressure on governing bodies to listen to their voices and push for systemic change.

6.4 Limitations

Of course, my research is not without limitations. First, I would like to discuss the generalizability of my studies. Since the articles I have collected are based on Ontario's events of SCS closures, the same rhetorical strategies may not be present in reporting other Canadian

provinces and territories that may currently face tension regarding their SCSs, nor would it be present in international contexts. Despite the provincial limitation, the study allowed for in-depth analysis of Ontario's harm reduction landscape, bringing a finer understanding of how harm reduction workers' discourse is conducted and portrayed in news media. Moreover, previous research has shown that similar beliefs held by Ontario's harm reduction worker are held through B.C. and Alberta's proponents of improving harm reduction services (Atkinson et al., 2019), thus suggesting that similar strategies may be present should similar beliefs be present as well. It is only a matter that similar research exploring harm reduction worker advocacy in news media should be explored across a multitude of Canadian and international contexts. Identifying similar strategies among other harm reduction workers throughout Canada and internationally can reveal greater understanding of how harm reduction workers utilize discursive strategies to advocate for harm reduction.

Second, I would like to re-emphasize that my research particularly focuses on the landscape of news media, meaning that quotations that harm reduction workers provided may have been exempted from the article and journalistic decisions may impede discourse that harm reduction workers may have provided. Nonetheless, this research has widened the role of harm reduction workers in the news, especially in understanding how discourse is mobilized in the news through various strategies. Harm reduction workers' position in the news and utilization of discursive strategies have greatly contributed to disrupting and developing perspectives that are in support of SCSs; however, further research to study their advocacy role should be explored through varying methods such as qualitative interviews or ethnography to bring rich and fresh interpretation of advocacy.

7. Conclusion

Since the first opening of SCSs in Canada, 2003, there have been disputes about the reliability of SCSs and among the contention are people who support harm reduction programming. Among the supporters are harm reduction workers who engage in frontline work and supportive work to minimize health, social, and legal impacts surrounding the drug use, policies, and laws. As part of their work, harm reduction workers also frequently engage in advocacy work, ensuring that harm reduction is maintained and supported throughout different cities. Research has been conducted with harm reduction workers, often exploring their on-site work, beliefs, and presentation in the news (O Leary et al., 2018; Atkinson et al., 2019; Wild et al., 2019; Ziegler et al., 2019; Bigras et al., 2021; Kolla et al., 2024; Fraimow-Wong et al., 2024; Whiteside & Dunn, 2023; Carlon et al., 2025). However, there was less information on how harm reduction workers take on their roles as advocates, especially in understanding discursive strategies to advocate. To explore their advocacy role, this study sought to understand how harm reduction workers advocate for SCSs in mainstream media through a variety of discursive strategies. To better understand advocacy for SCSs, I studied the counter-discourse produced by harm reduction workers through the lens of Teun A. van Dijk's studies of CDA, but more specifically a CDA of how harm reduction workers talk back against dominant narratives of SCSs.

Throughout the articles I have analyzed, harm reduction workers employed tactics that both heavily advocated in favour of SCSs and denounced the closures of SCSs. The different strategies that were pre-established, such as headlines, quotations, organization, lexical choice, and rhetorical devices, were employed by harm reduction workers to contribute to varying discourse in news media. My observations of the studies similarly reflect previous studies that

had looked at harm reduction discourse but had a limited scope on how those themes are displayed through forms of advocacy work.

Through my CDA of harm reduction worker advocacy, I found that the common strategies employed by harm reduction workers contributed to opening new perspectives to their everyday work in harm reduction, especially in the news. Harm reduction workers were portrayed as experts in conversation against the government to disrupt dominant narratives about SCSs, but also in conversation with each other to reinforce supportive presentations of SCSs. Secondly, when harm reduction workers' presence is included in the news, they contribute to a wider perspective of what SCSs' work entails in wider political and healthcare landscapes. There is no dichotomy to distinguish SCSs' work as only good or bad and highlights the complexities of SCSs' work and should be considered a complex landscape. Lastly, aside from immediate harm reduction work, such as clinical services, social services, and providing connections, part of harm reduction workers' work includes maintaining consistent patterns of discourse, presence to advocate for SCSs, and public relations work.

To my knowledge, this is the first study examining how harm reduction workers' advocacy is presented in the news through exploring discourse and contributing to a better understanding of harm reduction work. To better understand the implications of harm reduction workers' advocacy work, future studies should be eager to understand advocacy in different realms of discussion.

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