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# Analysis of Public Policy Processes in Multiple Streams Framework and Advocacy Coalition Framework: Is Canada's Decriminalization Policy for Drugs Reasonable?

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**Abstract:** This paper analyzes the rationale for Canada's drug decriminalization policy through the multiple streams framework (MSF) and the advocacy coalition framework (ACF). Canada attempts to decriminalize small amounts of drug possession in response to the growing opioid crisis. This paper also uses MSF to explain how the problem stream, policy stream, and political stream have created a policy window for the introduction of drug decriminalization policies, while ACF reveals the conflicting beliefs of different advocacy coalitions and their important roles in policy evolution. The analysis shows that MSF is more suitable for explaining the timing and dynamics of drug decriminalization policy changes in Canada, while ACF is more useful for understanding the belief systems of different interest groups and the conflicts and interactions between coalitions. Two theoretical frameworks provide a comprehensive perspective on the complex policy process behind Canada's drug decriminalization policy.

**Keywords:** drug decriminalization; Canada; multiple streams framework; advocacy coalition framework; public health policy; policy change

## 1. Introduction

Canada's drug decriminalization policy aims to address the country's severe opioid crisis and promote social well-being. For many years, drug policy has focused on criminalizing drug use and penalizing drug users to reduce the relevant risk of drug use. However, the policy of criminalizing drug use has many negative effects, including fear of legal punishment among drug users, a harmful effect on access to healthcare, and a continued exacerbation of the public health crisis [1]. These negative effects have led the Canadian public to re-examine the effectiveness of criminalization. Then, public opinion in Canada gradually changed, and people began to question the effectiveness of such criminalization policies. The shift from a criminalization policy perspective to a public health perspective not only means a policy change toward drug decriminalization, but also a new understanding of drug abuse from a public health perspective.

This report will use two policy analysis frameworks, including the multiple streams framework (MSF) and the advocacy coalition framework (ACF), to describe the development of drug decriminalization policies in Canada. The report first goes through a literature review section, explaining important theoretical concepts and the basic theoretical framework, providing a theoretical perspective for further analysis. Core concepts include the three streams of MSF: the problem stream, the policy stream, and the political stream. The MSF highlights how these streams come together and create a policy window. It also highlights the role of policy entrepreneurs in driving policy change [2]. Another important theory is the advocacy coalition framework. Its main concept is the advocacy coalition that consists of people or organizations with similar policy beliefs and goals. In addition, ACF

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focuses on the different belief systems in each coalition and policy subsystem, including all actors and stakeholders in a specific policy area [3].

In the case study section, the report will analyze the main stakeholders involved in the decriminalization of drugs, such as public health organizations and government agencies. The report then explains how MSF and ACF can be applied to the policymaking process. In the final part, this report will analyze the advantages and disadvantages of these two theories in application, as well as their similarities and differences. Based on all the analyses in this text, this report concludes that the MSF theory is more helpful in understanding this case.

## **2. Literature Review**

### *2.1. Public Policy*

Public policy involves a complex process that includes a range of participants with conflicting interests facing various pressures [4]. A policy can be understood in several ways, including policy as a label for an area of activity, an expression of intent, a specific recommendation, a formal authorization for government decisions and determinations, a package of plans or legislation, an intermediate and final outcome, and a process and series of decisions [2]. If public policy is defined simply, it is what the government chooses to do or not to do. This definition emphasizes that the government is making a conscious choice [5]. Public policy does not emerge spontaneously. While there is more than one definition of public policy, public policies all share some of the same key characteristics. First, policies are developed in response to a problem that requires attention; second, they are developed on behalf of the public; third, they are aimed at solving a problem; fourth, they are developed by the government (even though the ideas may come from outside the government); and fifth, they are explained and implemented by both public and private actors [6]. The process of government policymaking evolves through a series of discontinuous stages [7]. According to Cairney, the policy process consists of a series of stages, beginning with the consideration of the policy issue by policymakers and ending with implementation. These stages include agenda setting, policy formulation, legitimation, implementation, evaluation, and policy maintenance, succession, or termination [2]. Lin and Wang stated that agenda analysis, which emphasizes policy change, is an explanatory study that aims to understand the causes and processes of policy change, rather than merely describe the results of policy change [8]. This kind of study aims to explain why specific policy changes occur and how they gradually promote or guide the ultimate policy change by exploring the driving factors, critical moments, and various influencing forces behind the policy. In this report, the MSF and the ACF will be used as important theories for agenda analysis.

### *2.2. Multiple Streams Framework*

Since the multiple streams framework (MSF) was first proposed in the policy agenda setting of the American presidential system, scholars have gradually expanded its core ideas to different policy issue areas, policy process stages, and different political systems [9]. This indicates the broad applicability of MSF. Although policy issues in different fields may differ in content, they often share similar complexity and uncertainty when included in the policy agenda. Therefore, MSF can be used to effectively understand these issues. Also, the MSF is one of the most used policy research theories because it provides an effective way to describe the role of ideas and agenda setting [2]. "Kingdon's MSF uses three different streams as a metaphor for the gap between policymakers' attention to problems and their adoption of meaningful solutions" [10]. In other words, even if policymakers are aware of the problem, policy action may still be hindered by a lack of appropriate solutions or political support. MSF also provides a framework to help understand policy change as a nonlinear process characterized by uncertainty.

Kingdon's MSF theory draws inspiration from the Garbage Can Model, including the problem stream, policy stream, and political stream. Once these three streams converge, they will provide a policy window for future policy changes, and policy entrepreneurs play a major role in this convergence [11]. Problems refer to policy issues that require attention [2]. The problem stream refers to how problems are identified and defined. Indicators, feedback, and focal events can help policymakers identify and define problems more clearly [8]. The Policy stream means a solution to a policy issue [10]. The policy stream includes policy recommendations, alternatives, and policy features [8]. The political stream focuses on the acceptance of solutions by policymakers during a certain period [2]. The specific content of this stream mainly includes national sentiment, competition between political forces, and changes in government [8]. When the problem stream, policy stream, and political stream converge at a specific point in time, a policy window opens and policymakers have the opportunity to formally include the issue in the policy agenda. Policy entrepreneurs, who play a role in the convergence, refer to people who use their knowledge of the policy process to achieve their goals. They may include politicians and leaders of interest groups [2]. In addition, Herweg, Zahariadis and Zohlnhöfer noted that "MSF is based on the concepts of timing and ambiguity and their impact on the policy process" [9]. This is another illustration of the fact that policy change often requires the right timing, also known as a policy window. Policy opportunities arise when the problem is serious and urgent, and when there are already possible solutions and a political environment that is supportive of change.

### *2.3. Advocacy Coalition Framework*

The advocacy coalition framework (ACF) is a relatively new tool for policy analysis that emphasizes the importance of analyzing inter-organizational relationships within policy sectors [12]. The ACF's assumptions, originating from its founders' dissatisfaction with the polarized "top-down" and "bottom-up" perspectives on policy research, include the following: First, policy subsystems are the main unit of analysis for understanding the policy process. Second, policy actors refer to individuals and organizations that attempt to influence these subsystems. Third, policymakers have limited rationality and make decisions based on their belief systems. Fourth, belief systems reflect underlying values and empirical assessments of problems and solutions. Fifth, scientific information helps shape belief systems and public discourse. Sixth, policy participants within a subsystem may form advocacy coalitions based on shared beliefs. Seventh, public policy is the result of competing coalitions attempting to turn their beliefs into policy. Eighth, the policy process is continuous and better understood from a long-term perspective [13].

Based on these assumptions, the core premise of the ACF is that policymaking occurs within a policy subsystem where multiple advocacy coalitions influence policy through their competing beliefs [12]. ACF has three focuses: advocacy coalitions, policy-oriented learning, and policy change [13]. Satoh, Gronow and Ylä-Anttila noted that ACF recognizes the advocacy coalition as a group of actors who share common beliefs and coordinate their actions [14]. Advocacy coalitions can be broadly categorized into confrontational and cooperative types. Adversarial coalitions are ideally typical advocacy coalitions whose members work only with actors who share the same beliefs. By contrast, members of cooperative coalitions also work with actors with different beliefs. For example, on the issue of gun control in the United States, the National Rifle Association of America (NRA) is an adversarial coalition in favor of gun ownership. The NRA shares a common belief in the defense of gun rights with gun enthusiasts and stakeholders associated with the gun industry. On issues such as climate change, cooperative coalitions are more likely to emerge. Despite differences in some beliefs, members of cooperative coalitions recognize the urgency of addressing climate change and choose to collaborate on specific issues. Smith also stated that in the ACF, the process of competition between different coalitions is not simply a conflict of interest, but also involves a process of policy learning [12]. This

learning occurs both within and across coalitions. In other words, coalitions are not only competing for resources for their own interests, but also learning through competition to gradually adjust their policy ideas and strategies to better achieve their goals. In the context of policy change, negotiated agreements can drive changes in policy attributes such as objectives and implementation methods. Negotiated agreements between competing coalitions also require conditions such as dissatisfaction with the status quo, an inclusive negotiation process, and the commitment of participants [13].

### 3. Case Study

#### 3.1. Background

Although drug policy has long dominated drug strategies and services, its reliance on criminal deterrence has created significant social and health problems. Drug policy has traditionally attempted to curb drug use primarily through law enforcement and criminal sanctions. However, this policy orientation has had multiple negative impacts on illicit drug users [1]. For instance, due to the stigma associated with anti-drug policies and fear of criminal charges, many drug users may avoid seeking necessary health and social service support, such as addiction treatment and mental health support, which leads to difficulties in accessing help and increased health risks. The Canadian Controlled Drugs and Substances Act (CDSA) eliminates criminal penalties for adults in British Columbia who possess a controlled substance, or a combination of such illegal substances, in a cumulative amount of not more than 2.5 grams, if certain conditions are met [15]. This exemption will remain in effect for three years, from January 31, 2023, to January 31, 2026, throughout British Columbia [16]. Belzak and Halverson mentioned that Canada has been facing an opioid crisis for many years, and B.C. in particular is the most heavily affected area of the crisis [17]. Their research results also indicate that Canada's opioid crisis has its roots in the use of illicit and prescription opioids. It has had a significant negative impact on the health and lives of Canadians. In 2016 alone, 2,861 people died and 16 people were hospitalized each day due to opioids. Statistics from Statista Research Department show that opioid overdose is the leading cause of drug-related deaths in Canada. In 2022, 18.8 out of every 100,000 people died from opioid overdose, with B.C. having the highest death rate [18]. These statistics all prove the severity of the opioid crisis in Canada. The rising number of drug-related overdose deaths indicates that traditional criminal justice approaches to drug addiction need to be reformed or replaced with public health-oriented strategies. In this context, Canada introduced CDSA to support the treatment of drug addiction as a health issue, hoping to reduce people's sense of shame about drug use and fear of criminal prosecution, to encourage people to seek help from medical assistance.

However, the future of the decriminalization of drugs is uncertain, and it faces many difficulties and challenges. The social stigma attached to drug use remains deeply rooted in society, though the decriminalization policy is intended to reduce stigmatization. For example, one interviewee from Canada, speaking to BBC News earlier in the year, mentioned concerns about public drug use and its social impacts [19]. Although decriminalization policies have spread globally, many governments remain cautious in adopting similar policies due to the controversial nature of their outcomes. One of the main reasons for the controversy is the ambiguity and multiplicity of policy frameworks [20]. For example, the ambiguity of the policy framework's definition of legal drugs can create a gray market. In addition, the effects of decriminalization policies vary from country to country, depending on the specific way in which they are implemented. For example, in some countries, decriminalization policies may have reduced drug abuse and overdose deaths, while in others, they may have had unintended negative effects. Such differences in outcomes fuel controversy over the effectiveness of policies. In Canada, statistically, reported deaths from opioid-related toxicity have increased by nearly 5 percent since decriminalization. The death rate continues to rise, although some public health officials dispute a direct link between decriminalization and the increase in deaths.

### *3.2. Stakeholders*

The drug problem involves a large number of stakeholders, and those groups have different needs, objectives, and levels of influence. Key stakeholders include government and public agencies, medical and health professionals, non-profit organizations and advocacy groups, the general public, drug users, and the pharmaceutical industry. In this case, the main stakeholders on the government and public agency level are Health Canada, the Ministry of Mental Health and Addictions, the police, the justice system, and the Canadian Public Health Association (CPHA). Health Canada is primarily responsible for the decriminalization policies [15]. The law enforcement and public health personnel are directly involved in dealing with people who use drugs. As first aiders, they respond to drug use in a public health manner [21]. Moreover, CPHA stated that CPHA has worked with stakeholders, including public health, to identify priority areas for action and barriers to implementation on drug issues, and to provide information to help build and refine a public health framework for dealing with drugs [22]. In terms of stance, CPHA advocates for a public health approach to drug use as an alternative to a criminal approach, which is a more sustainable way to address the issue [23].

From an ACF perspective, the case mainly involves two advocacy coalitions: an advocacy coalition supporting the decriminalization of drugs and an advocacy coalition opposing it. The advocacy coalition that supports the decriminalization of drugs mainly includes public health organizations, such as the CPHA, harm reduction advocacy groups, such as the Canadian Drug Policy Coalition (CDPC), and people in recovery from addiction. CDPC's core position is to promote reform of Canada's drug policy that is based on science, adheres to public health principles and respects human rights, and that helps people who use drugs to integrate into the community and receive support, thus realizing a healthier society [24]. For some people recovering from addiction, the decriminalization of specific drugs can reduce their fear of legal penalties, thus reducing to some extent their need to hide their drug use and lowering the risk of overdose [19]. From the MSF perspective, these stakeholders, such as the Ministry of Mental Health and Addictions, the CDPC, and the CPHA, are also policy entrepreneurs in the policy agenda.

### *3.3. Case Analysis*

During the agenda-setting stage, as the death rate from opioid overdose increased and drug abuse intensified, especially in B.C., policymakers recognized that this was more of a public health issue than a crime problem [25]. Many stakeholders, such as the government of B.C. and advocacy organizations, gradually pushed the policy agenda, calling attention to decriminalization as a potential policy option. In the policy formulation stage, the Portuguese case provides a useful reference. The concept of addressing the drug problem through decriminalization is not new. Portugal decriminalized drug use and small amounts of drug possession in 2001, and this move later proved to be effective in reducing drug abuse and overdose death rates. Influenced by Portugal, many countries have gradually adopted similar policies, relaxing the control of certain drugs to varying degrees and allowing for small amounts of possession or decriminalization [1]. The B.C. government, along with stakeholders such as health service providers, people with lived experience of drug use, and research experts in related fields, discussed and formulated a policy application, which was submitted by the provincial government to Health Canada for approval and further discussion [26]. The Canadian government then decided to implement a pilot policy in B.C., decriminalizing the small possession of drugs in the province from 2023 to 2026 [16]. During the implementation phase, the policy is implemented in collaboration with the Ministry of Mental Health and Addictions, the police department, the justice system, and the health department. During this period, law enforcement agencies are asked to reduce the criminalization of simple drug possession offenses and assist in diverting persons to addiction treatment services [21]. The following reasons explain why MSF and ACF were chosen as the theoretical frameworks for analyzing this policy case. Based on

the above analysis of the policy development cycle, it can be seen that the formation of drug decriminalization policy in Canada has been a highly complex and dynamic process involving various public health crises, policy option choices, and key timing when political conditions were ripe.

These features correspond to some of the theoretical characteristics of the MSF and the ACF. For example, using MSF theory can help explain why drug decriminalization policies became a policy issue at a certain point in time and help analyze the timing and dynamics behind the introduction of the policy. Additionally, ACF theory is suitable for analyzing conflicts of interest, belief systems, and competing policy coalitions during policy formulation and implementation. This aligns with several characteristics observed in the formation and advancement of drug decriminalization policies in Canada [14]. Thus, ACF is useful in understanding how the different coalitions in the case adjusted their strategies to achieve the policy goals.

### *3.4. Analysis of the Case by MSF*

First, the MSF posits that the formation of a policy agenda requires the intersection of the problem stream, policy stream, and political stream. When these streams form a "policy window" at a certain moment, policy change is possible [2]. In Canada's decriminalization policy, the problem stream is mainly reflected in a serious drug crisis, especially the opioid crisis in B.C. A relevant official has said, "The number of people who die from drug overdoses is alarming and requires action and significant policy changes" [16]. This shows that, as a problem stream, the drug crisis has raised questions about the effectiveness of current drug policies and has attracted the attention of various stakeholders in Canada. The existence and development of the problem stream has prompted the Canadian government and public health organizations to put the issue of drug decriminalization on the policy agenda. From a policy stream perspective, viable alternatives have emerged. The Ministry of Mental Health and Addictions submitted a decriminalization policy option to Health Canada [26]. In addition, Portugal's policy of decriminalizing drugs provides a successful case for policymakers in Canada, verifying the feasibility of decriminalization policies [27]. Furthermore, the formation of the policy stream has also benefited from the government's investment in addiction treatment programs. These measures have provided supporting resources after the decriminalization of drugs, increasing the feasibility of the decriminalization policy.

The political stream, as the driver of the policy environment, consists primarily of the political context of the policy, the views of the government and public sentiment [8]. In Canada, the political stream of drug decriminalization policy has gradually matured, providing a political foundation for the coming together of the three streams. In terms of public consciousness, as the opioid crisis worsened, the public recognized that the need to restructure current drug-specific policies would not effectively address the drug problem. Opinion polls show that the public is more supportive of health services rather than the criminalization of drug problems [28]. Many voters are beginning to support a public health approach to the drug problem, which provides social support for decriminalization policies. Also, the CDPC, as a civil society platform, has advocated for decriminalization for many years. Organizations like CDPC actively promote drug decriminalization policies, appeal to the government to reform drug policies based on human rights and public health principles, and influence the public and policymakers, further accelerating the formation of the political stream [29].

On the government side, policy changes have received high-level political support. Canadian Prime Minister Justin Trudeau is open to decriminalization policies and has made decriminalization a priority, although he has previously refused to decriminalize small amounts of drug possession [30]. These political conditions collectively made drug decriminalization possible. By this point, with the problem stream, policy stream, and political stream coming together at the same time, the policy window was able to open,

providing an opportunity for the decriminalization policy to be launched. In other words, Canada's drug decriminalization policy was achieved by the problem stream brought about by the opioid crisis, the policy stream of feasible options for drug decriminalization, and the political stream of public and political support. The Government of Canada seized the policy opportunity and thus successfully implemented a new policy on the drug problem. From another perspective, the opening of this policy window not only represents the timing of the drug decriminalization policy but also reflects policymakers' positive response to societal needs within the context of the multiple streams framework.

### *3.5. Analysis of the Case by ACF*

The ACF theory recognizes that the policy process is driven by the interaction and competition between multiple coalitions with different belief systems, particularly around common core beliefs, policy problems, and solutions [14]. This framework reflects the competition among interests and perspectives in the formation of the Canadian drug decriminalization policy and has played an important role at key moments in the evolution of the policy. ACF emphasizes that each advocacy coalition has a set of core beliefs that determine their positions on particular policy issues [12]. There are two main advocacy coalitions for drug decriminalization policy in Canada: the anti-drug coalition and the public health coalition. The anti-drug coalition advocates for the strict enforcement of drug laws, believing that drug use leads to harmful social consequences and should be discouraged through criminal penalties to reduce demand. The core belief of this coalition is to combat drug use through criminal means to achieve a healthy society. For example, the Conservative Party of Canada is strongly opposed to decriminalization. During the debate, Conservative Leader Pierre Poilievre argued that legalized drug policies have led to significant social challenges [31].

On the contrary, the public health coalition believes that the drug problem should be treated as a public health issue rather than a criminal justice issue. Their main perspective is to reduce the harm of drug use by providing support, reducing stigma, and increasing medical resources. This coalition does not want to rely on making drug use illegal. The coalition includes many public health experts, human rights advocates, and community organizations. For example, Gruben et al. mentioned that the nongovernmental organization (NGO) platform to decriminalize drugs includes many Canadian NGOs [32]. The platform brings together the voices of people with lived experience of drug use, their communities, and experts to make recommendations for decriminalization. One of these recommendations is to repeal prohibitions on simple possession of drugs. This change would help protect the health and human rights of people who use drugs. The development of drug decriminalization policy in Canada shows that there is a deep conflict between the core beliefs of the two alliances. The drug coalition supports criminalization policies, while the public health alliance advocates for decriminalization and policies focused on public health.

From the ACF viewpoint, the policymaking process is seen as a competition between different advocacy coalitions within the policy subsystem [14]. Within the drug policy subsystem, the anti-drug coalition and the public health coalition each attempt to advance their own policy ideas through different means. The anti-drug coalition tends to emphasize the link between drug use and crime. The Conservative Party of Canada, for example, seeks to defend the criminalization of drugs through legislation and media campaigns [31]. The public health coalition consists of the public health sector, several NGOs, some politicians, and academic and research institutions. The coalition promotes drug decriminalization through a variety of efforts. For example, CDPC lobbies and advocates as an advocacy group to highlight the need for drug decriminalization and to shift public opinion to support decriminalization policies [29]. The two coalitions' competition within the policy subsystem reflects the basic assumption of the ACF, which is that policy change is not the will of a single policymaker, but rather the result of interaction, compromise, and

conflict between multiple advocacy coalitions [13]. Moreover, in the policy process, policy learning is a key factor driving progress for public health coalitions. In the ACF theory, the advocacy coalition can adapt its strategies and policy ideas through policy learning [13]. In Canada, policy learning takes place primarily through the process of learning from the success stories of other countries, such as Portugal's drug decriminalization policy [1]. The policy learning process has enabled the Public Health Alliance to make a scientific and practical case for the implementation of decriminalization policies in Canada. In terms of the compromise outcomes of policy changes, Canada's decriminalization policy does not fully legalize drugs but allows possession of small amounts up to a specified limit [15]. This restrictive design satisfies some of the public health coalition's demands while alleviating, to a certain extent, the anti-drug coalition's concerns about drug proliferation, demonstrating a policy compromise between the two coalitions.

#### **4. Discussion**

MSF and ACF have different advantages and disadvantages in explaining the policy in this case. The MSF's emphasis on the interaction of the problem stream, policy stream, and political stream, and its focus on the opening of policy window, make the MSF effective in explaining the introduction of decriminalization policies. This is because it can describe the dynamic process of the opioid crisis, increased public support for decriminalization, and the intersection of the interests of policymakers. But also because the MSF focuses more on policy timing, it lacks the depth to explain the long-term interactions of the stakeholders in the decriminalization policy process, such as the impact of interactions between interest groups on policy. Besides, Töller stated that MSF is primarily used to explain how policies enter the agenda and lead to positive decisions [3]. Therefore, it has theoretical limitations in explaining why certain issues are ignored (non-decision) or why action is not taken despite favorable conditions (negative decision). The advantage of ACF is that it is widely applicable, not only to a variety of policy issues and different geographical areas, but also compatible with other policy theories [33]. In this case, ACF and MSF complement each other, with different focuses providing a more comprehensive perspective on understanding the policy process.

MSF and ACF, as two theoretical frameworks for policy analysis, have similarities and differences. In terms of similarities, both MSF and ACF emphasize the multi-stakeholder participation in the policy process. For example, in this case, both MSF and ACF regard the policy process as the result of the joint efforts of many stakeholders, and focus on the interaction and competition of interests among participants. Moreover, both theories take into account the role of external factors. For example, in this case, MSF considers the emergence of the decriminalization policy window, and ACF considers the occurrence of the drug crisis, regarding external factors as important driving factors of policy change. In terms of differences, MSF focuses on the intersection of policy stream, problem stream, and political stream, and pays more attention to the role of timing, while ACF focuses on long-term opposition of beliefs and coalition interactions.

Evaluate the application of MSF and ACF in Canada's drug decriminalization policy from the perspective of usefulness. The MSF provides a theoretical framework for understanding Canada's drug decriminalization policy. It can effectively show when the policy was introduced and how policymakers played a role. The MSF is effective in explaining how policies are rapidly advanced during a crisis. However, it is unable to analyze in detail the long-term interactions between coalitions of interests. Another theory, ACF, helps to understand the deep conflicts of belief and competition between coalitions in the policy-making process. In the context of this case, ACF explains very well how decriminalization policies have evolved with different beliefs. However, ACF cannot clearly explain when policy breakthroughs will occur. Evaluating the two theories in terms of their effectiveness, MSF is better suited to understand the process of formulating decriminalization policies in Canada. MSF analyzes how three streams come together at a specific



time and in a specific political context, achieving a better grasp of the behavior of all stakeholders in the policy. Furthermore, the MSF highlights how the drug crisis acts as a driving force promoting policy change.

## 5. Conclusion

This report provides a detailed analysis of the process of developing drug decriminalization policies in Canada. Key concepts are explained in the literature review section to help understand the basic theoretical framework of MSF and ACF. It can be seen that the multiple streams framework provides a useful framework for analyzing the opening process of the policy window. The process of the coming together of the three streams shows that policies are influenced by specific political conditions and focal events. To be specific, in the policy development process of this case, as the opioid crisis worsened, public support for drug policy reform continued to grow, and policymakers took the opportunity to promote the decriminalization of drugs.

On the other hand, the ACF provides another theoretical perspective to understand the conflict of beliefs among stakeholders. The clash of beliefs between the two advocacy coalitions, the drug coalition and the public health advocates, indicates the two groups' different views on drug use and treatment. In the background of the case, analyzing how the MSF and ACF theories apply to Canada's drug decriminalization policy helps to better understand the drivers and stakeholders in the policymaking process. In the report, both the multiple streams framework and the advocacy coalition framework describe the policy development process well. However, both theories have their advantages and disadvantages. For example, the MSF theory is more effective in explaining policy processes involving active decision-making, but is less effective in explaining non-decision-making or reactive decision-making. In a word, although both theories are applicable to the analysis of the decriminalization policy, the MSF theory more effectively explains the formation of the case because it better describes the timing of policy changes and the important role of policymakers taking advantage of the policy window during crises.

## References

1. J. Xavier et al., "'There are solutions and I think we're still working in the problem': The limitations of decriminalization under the good Samaritan drug overdose act and lessons from an evaluation in British Columbia, Canada," *Int. J. Drug Policy*, vol. 105, p. 103714, 2022, doi: 10.1016/j.drugpo.2022.103714.
2. P. Cairney, *Understanding Public Policy: Theories and Issues*, 2nd ed. Bloomsbury Publishing, 2019. ISBN: 9780230229716.
3. A. E. Töller, "The challenge of applying the Multiple Streams Framework to non-decisions and negative decisions," in *A Modern Guide to the Multiple Streams Framework*, Edward Elgar Publishing, 2023, pp. 305–325, doi: 10.4337/9781802209822.00026.
4. S. Maddison and R. Denniss, *An Introduction to Australian Public Policy: Theory and Practice*. Cambridge University Press, 2013.
5. M. Howlett, *Designing Public Policies: Principles and Instruments*, Routledge, 2023. ISBN: 9781003343431.
6. T. A. Birkland, *An Introduction to the Policy Process: Theories, Concepts, and Models of Public Policy Making*, Routledge, 2019. ISBN: 9781351023948.
7. F. Fischer and G. J. Miller, Eds., *Handbook of Public Policy Analysis: Theory, Politics, and Methods*, Routledge, 2017.
8. L. Lin and S. Wang, "China's higher education policy change from 211 project and 985 project to the double-first-class plan: applying Kingdon's multiple streams framework," *High. Educ. Policy*, vol. 35, no. 4, pp. 808–832, 2022, doi: 10.1057/s41307-021-00234-0.
9. N. Herweg, N. Zahariadis, and R. Zohlnhöfer, "Travelling far and wide? Applying the multiple streams framework to policy-making in autocracies," *Politische Vierteljahresschrift*, vol. 63, no. 2, pp. 203–223, 2022, doi: 10.1007/s11615-022-00393-8.
10. P. Cairney and N. Zahariadis, "Multiple streams approach: a flexible metaphor presents an opportunity to operationalize agenda setting processes," in *Handbook of Public Policy Agenda Setting*, Edward Elgar Publishing, 2016, pp. 87–105, doi: 10.4337/9781784715922.00014.
11. D. Spano, "Multiple Streams Approach and Punctuated Equilibrium Theory: Compared and Contrasted," *Holistica J. Bus. Public Adm.*, vol. 14, no. 2, pp. 137–147, 2023, doi: 10.2478/hjbpa-2023-0020.
12. A. Smith, "Policy networks and advocacy coalitions: explaining policy change and stability in UK industrial pollution policy?," *Environ. Plann. C: Gov. Policy*, vol. 18, no. 1, pp. 95–114, 2000, doi: 10.1068/c9810j.
13. W. Li et al., "The politics of China's policy processes: A comparative review of the Advocacy Coalition Framework's applications to mainland China," *Politics Policy*, vol. 52, no. 4, pp. 728–756, 2024, doi: 10.1111/polp.12574.

14. K. Satoh, A. Gronow, and T. Ylä-Anttila, "The advocacy coalition index: A new approach for identifying advocacy coalitions," *Policy Stud. J.*, vol. 51, no. 1, pp. 187–207, 2023, doi: 10.1111/psj.12450.
15. S. Taha, B. Maloney-Hall, and J. Buxton, "Lessons learned from the opioid crisis across the pillars of the Canadian drugs and substances strategy," *Subst. Abuse Treat. Prev. Policy*, vol. 14, pp. 1–10, 2019, doi: 10.1186/s13011-019-0220-7.
16. K. Russoniello et al., "Decriminalization of drug possession in Oregon: analysis and early lessons," *Drug Sci., Policy Law*, vol. 9, 2023, doi: 10.1177/20503245231167407.
17. L. Belzak and J. Halverson, "Evidence synthesis—the opioid crisis in Canada: a national perspective," *Health Promot. Chronic Dis. Prev. Can.*, vol. 38, no. 6, p. 224, 2018, doi: 10.24095/hpcdp.38.6.02.
18. B. Fischer et al., "Illicit opioid use in Canada: comparing social, health, and drug use characteristics of untreated users in five cities (OPICAN study)," *J. Urban Health*, vol. 82, pp. 250–266, 2005, doi: 10.1093/urban/jti049.
19. P. G. Erickson, "Neglected and rejected: A case study of the impact of social research on Canadian drug policy," *Can. J. Sociol.*, pp. 263–280, 1998, doi: 10.2307/3341968.
20. A. Unlu, T. Tammi, and P. Hakkarainen, "Drug decriminalization policy: literature review: models, implementation and outcomes," 2020. ISBN: 9789523435063.
21. C. Jones, "Fixing to sue: Is there a legal duty to establish safe injection facilities in British Columbia," *U. Brit. Colum. L. Rev.*, vol. 35, pp. 393, 2001.
22. T. M. Watson et al., "Defining a public health approach to substance use: Perspectives from professionals and practitioners across Canada," *Int. J. Drug Policy*, vol. 128, p. 104427, 2024, doi: 10.1016/j.drugpo.2024.104427.
23. J.-F. Crépault, "Cannabis legalization in Canada: reflections on public health and the governance of legal psychoactive substances," *Front. Public Health*, vol. 6, p. 220, 2018, doi: 10.3389/fpubh.2018.00220.
24. D. Kübler, "Understanding policy change with the advocacy coalition framework: an application to Swiss drug policy," *J. Eur. Public Policy*, vol. 8, no. 4, pp. 623–641, 2001, doi: 10.1080/13501760110064429.
25. "Brief, an evidence. Decriminalization of currently illegal drugs in British Columbia (BC)."
26. A. Greer et al., "Awareness and knowledge of drug decriminalization among people who use drugs in British Columbia: a multi-method pre-implementation study," *BMC Public Health*, vol. 24, no. 1, p. 407, 2024, doi: 10.1186/s12889-024-17845-y.
27. D. Duong, "British Columbia trials drug decriminalization," 2023, pp. E281, doi: 10.1503/cmaj.1096039.
28. F. Ali et al., "Experiences of stigmatization among people who use drugs in the initial year of British Columbia's drug decriminalization policy: A qualitative study," *Int. J. Drug Policy*, vol. 139, p. 104791, 2025, doi: 10.1016/j.drugpo.2025.104791.
29. A. Kreit, "The decriminalization option: Should states consider moving from a criminal to a civil drug court model," *U. Chi. Legal F.*, pp. 299, 2010.
30. J. Cooper, "Drug Decriminalization: How Attitudes toward Drugs Are Changing the Social and Legal Landscape," *LawNow*, vol. 46, pp. 29, 2021.
31. T. N. Rieder, "Solving the opioid crisis isn't just a public health challenge—It's a bioethics challenge," *Hastings Cent. Rep.*, vol. 50, no. 4, pp. 24–32, 2020, doi: 10.1002/hast.1169.
32. V. Gruben et al., "Urgent and long overdue: legal reform and drug decriminalization in Canada," *Facets*, vol. 9, pp. 1–28, 2024, doi: 10.1139/facets-2022-0080.
33. C. M. Weible, P. A. Sabatier, and K. McQueen, "Themes and variations: Taking stock of the advocacy coalition framework," *Policy Stud. J.*, vol. 37, no. 1, pp. 121–140, 2009, doi: 10.1111/j.1541-0072.2008.00299.x.

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