Differential Policy Mobilities: Transnational Advocacy and Harm Reduction Drug Policy

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Abstract

Geographers have recently taken an interest in how urban policies are produced and mobilized. The effects of how policies are realized on urban landscapes have significant recourse regarding how everyday life is understood and experienced. This dissertation examines what happens to the policy, the people, and the places in which a specific drug policy model, harm reduction, is advocated for and implemented. In doing so, it addresses the tactics and techniques that are assembled in order to advocate for policy change globally. The paradoxical relationship between the increasing regulation and punitive approaches to drug use and the cheaper, purer drugs that flood illicit drug markets has resulted in increasing social and health crises for people who use drugs including social exclusion, human rights violations, and increased risk of disease. Harm reduction is an alternative policy seeking to minimize the physical, psychic and social risks associated with illicit drug use. It is a public health approach that serves as an alternative to dominant moral (criminalization) and medical (addiction-as-disease) models commonly invoked in these debates. Harm reduction is also a global social movement focused on the use of illegal drugs, issues of equality, social justice, and human rights. This dissertation addresses questions about how harm reduction drug policy is advocated for, constructed, mobilized, and implemented across cities in Europe, North America, and the Caribbean in specific relation to the geographies of transnational activism, focusing on: the role of institutional policy activists, the political nature of evidence based policy making and its attendant technologies and practices, and spatial strategies that sustain global advocacy over time. These questions correspond to broader conceptual debates over understandings of policy making and mobilization as well as the politics of urban public health. Using qualitative, multi-sited research methods, this research contributes to recent calls for a new relational comparative approach to studying cities. By examining policy advocacy networks across the Global North and South, I provide unique insight into the various social, political, institutional, and spatial mechanisms that produce successes and failures in policy mobilization. I conclude by considering new directions in understanding spaces of urban public health and what that may mean for understanding political geographies of the city.

Keywords: Policy mobilities; social movements; global health; harm reduction; assemblage; urban geography

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Chapter 1.

Introducing the geographies of harm reduction

"What is a researcher from Canada interested in junkies from Luxembourg for?" I was asked this question as I stood outside Tox-in, Luxembourg's only drug consumption room. He was an injection drug user and Tox-in 'client'. We were waiting for the facility to open, him to grab a clean needle and make use of a dry place to shoot the heroin he had bought earlier, me to engage in a site visit and conduct an interview with its director. His question was blunt, genuine, with an air of curiosity or wonder that his drug use had attracted questions from elsewhere. My answer was equally blunt and sincere. 'I am interested,' I said, 'in why places like this exist in some cities and not others. What motivates people to advocate for different ways of consuming drugs, for drug users, or for drug legalization? How do they do it? And how do people learn from other places so that they change their mind about drug use, addictions, and approaches to consumption and treatment?' What ensued was a ten-minute conversation, as we stood waiting in the rain. It was one of the most interesting on my research trip, couched in straightforward terms that overcame the significant barriers of language and the quickening onset of his dope-sickness.

The Tox-in visit was part of a preliminary research trip, motivated by my interest in how policy, practical change and advocacy shape different cities in different ways and how cities are implicated in global geographies of harm reduction. Harm reduction seeks to minimize the physical, psychic and social harms associated with illicit drug use for both the drug user and society (HRI 2011). It is a public health approach that serves as an alternative to the dominant moral (criminalization) and medical (addiction-as-disease) models commonly invoked in discussions of psychoactive substances and addictions.

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Harm reduction is also a global social movement addressing the use of illegal drugs, issues of equality, marginalization, social justice, and human rights. I am interested in the relationship between harm reduction (as a social movement, as a policy model, and as a public health i.e., technical practice) and the changing spaces of urban public health.

In order to examine this relationship, I undertook a multi-sited ethnographic approach to studying the networks, people, places, and politics surrounding harm reduction. I focused on harm reduction as it is manifested globally through transnational advocacy networks, and the places where it 'touches down' in the form of policy and enacted in practice through cities in three geographic regions: Europe, North America and the Caribbean. A focus on differential mobility - attention to varied speeds of mobilization across different geographical scale and context - contributes to the emerging body of work on policy mobilities by pushing debates to consider the role of social movements and networks that work against ongoing hegemonic policies (such as the 'war on drugs' approach to policing narcotics) in the making up of urban space. I do so by focusing on the space of the network as the object of study, and the way in which it operates across cities. In doing so, my aim has been to understand the differential policy mobilities that help to create urban spaces of public health by engaging cities across the global north and global south in conversation with one another. Below, I explain in more detail my research objectives and the specific questions answered, the theoretical framework that guides this project, the specific fields of study engaged, the people with whom I spoke, and the knowledge I hope to contribute through this work.

1.1. Research Objectives

In order to understand how harm reduction policy is differentially enacted across spaces, scales, and borders, my research has four main objectives:

- To contribute to a wider understanding of how social movements, policy action, and health practices come together at various scales to shape

particular places and global policy attitudes towards drug and health policy, drug consumption, and people who consume drugs.

- To focus on *differences* in policy implementation among places while also gaining an understanding of how drug policy implementation in one city is *related* to drug policy implementation in other cities.

- To understand the ways in which harm reduction advocates operate in relation to each other, the state, and in and beyond their fields of influence.

- To gain a fuller understanding of how a consideration of health in urban politics contributes to the social production of cities and the experiences of people who engage these spaces of public health.

1.2. Research Questions

My research attempts to answer the following research questions.

- How is policy-making and practical knowledge around harm reduction produced, mobilized and implemented in different places in order to advocate for policy change at various scales?

- How do transnational advocacy networks operate and engage in knowledge production and dissemination in order to further their advocacy? What kinds of knowledge is produced and transferred? Who is the knowledge for, and what is the purpose of knowledge transfer?

- How and why do particular harm reduction practices get taken up in some places and not others and how then are the technocratic processes of harm reduction inherently spatial and political?

- What are the spaces of urban public health and how are they shaped through the practices, politics, and policies of harm reduction?

I present the findings and interpretations from this dissertation in four manuscripts published and intended for publication in peer-reviewed journals. Each paper contains a discussion of the pertinent literature to the main themes of the arguments. The reader will find that, because each paper is meant as a stand-alone publication, there will be some repetition, particularly in discussions on policy mobilities literature and on the nature and explanation of harm reduction around which the larger study is structured. In order to provide an overarching conceptual framework for the dissertation, I proceed by discussing how I am drawing on work by scholars of policy mobilities, social movements, and critical global health in order to examine the role of transnational advocacy networks in harm reduction drug policy mobility.

1.3. Conceptual Framework

I approach the geographies of harm reduction by drawing on three complementary literatures: (1) policy mobilities, (2) transnational advocacy networks and urban social movements, and (3) global health geographies. Understanding the complexities of harm reduction (its history and implementation, its emergence as a social movement, its political engagement with global policy, and the urban geographies in which it was conceived and primarily disseminated) in relation to broader ideas surrounding practice, policy, and social movements requires an understanding of how each embodiment of harm reduction and the ideas behind it have been mobilized both literally and figuratively.

In geography, the new mobilities paradigm (Sheller & Urry 2006) has been used to engage studies of both city-making and policy-making (McCann 2011). Urban policy mobilities address how policy is created, marketed, shaped, and transposed in different places. It does this through engagements with the politics of policy making, the

technocratic details that go into the making up and movement of policy, and their structuring fields (economies, political systems etc). Mapping the geographies of harm reduction enables me to contribute to a wider understanding of how social movements, policy action, and health practices come together at various scales to shape particular places and global policy attitudes towards drug and health policy, drug consumption, and people who consume drugs. Considering social movements literature in geography and cognate disciplines, which takes into account the movements, strategies and outcomes of social movements and transnational advocacy networks (Keck & Sikkink 1998; Miller 2000, 2007), I draw on the transnational networks of drug policy activists and advocates to map their global-relational engagements with places, institutions, and other networks. In order to explore the politics of harm reduction practice, I also engage in literatures on harm reduction and global health geographies to help understand urban spaces of public health as socio-political constructs (Hunt et al 2010; Sparke 2009; Farmer 2001, 2004).
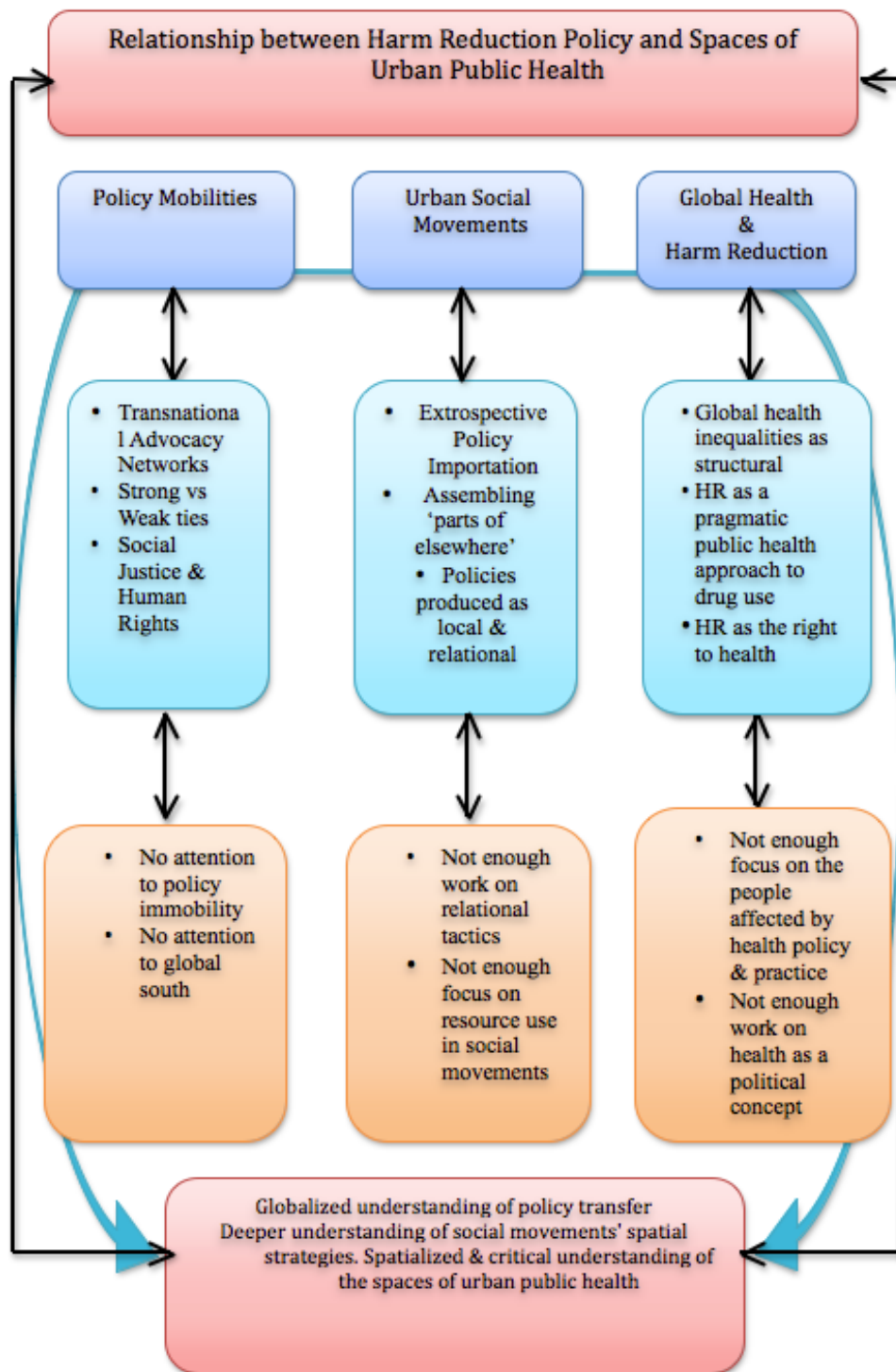
Figure 1: Conceptual Framework: Object of analysis, Literatures, Contribution

1.4. Policy Mobilities

'Urban policy mobilities' is a term recently developed in geographical literatures to define the study of socially produced and circulated models and expertise about how to design and govern cities. A key argument of the literature is that these models develop in, are conditioned by, travel through, connect, and shape various spatial scales, networks, policy communities, and institutional contexts in ways, and with consequences, that have yet to be fully detailed empirically or analyzed conceptually (McCann, 2011, 109; Clarke 2011; Jacobs 2011; McCann 2008; McCann & Ward 2011; Peck 2011; Ward 2006).

Attention to what happens to policies while they are 'in motion' is an important feature of this literature. As Ward (2006, 70) puts it, "The 'making-up' of policy is also then a profoundly geographical process, in and through which different places are constructed as facing similar problems in need of similar solutions." However, cities located in different countries and geographical regions have unique socio-political norms, and similar problems, such as drug use, cannot necessarily be solved by applying a one-size-fits-all policy fix to cities from geographically diverse regions, such as the Caribbean and Europe (Robinson 2011b). Klein, Day & Harriott (2004) argue that this is the case in the Caribbean drug policy, which until very recently has focused exclusively on a U.S. war-on-drugs style framework. Therefore, it is important to analyze policy change *as it is occurring*, examining how policies change as they are learned, translated, and adopted in and across differing socio-spatial contexts.

McFarlane (2011) and McCann & Ward (2011) argue that assemblage theory is a particularly helpful way of looking at the work that mobile policy does in shaping cities. Policy models are not simply adopted as a whole in other places (McCann 2011, Peck 2011). Instead, recent work in the field has shown that policy is mobilized in parts, picked up and picked apart by various policy actors (McCann & Ward 2011, Gonzalez, 2011), and utilized in ways that best serve the interests of those actors (Peck 2011, Gonzalez 2011). "Part of the value of an assemblage approach is to underline the

emphasis in policy mobility debates on translation over diffusion, that is, on both the work required for a thing to reach one position from another, and 'the multiplicity of add-ons that contribute, often in unpredictable and varying ways, to transportation." (McFarlane 2011, 379) Assemblage helps to identify the particularly malleable ways in which "parts of elsewhere" (such as policies, people, resources etc) are singled out and brought together in another place; the effect of which is to create the particular social relations that compose cities (McCann 2011). In this sense, the processes of assembling are also always processes of mobility.

Harm reduction drug policy is translated differently into cities, regions, and countries across the world. The World Health Organization, the federal government of Trinidad and Tobago, and the City of New York have all implemented harm reduction drug policies, for example. Each level of governance being different, each policy being different, and yet all predicated on the notion of reducing negative effects of illegal drug use without having to resort to punitive policy regimes. Engaging assemblage theory as it relates to policy mobilities allows this research to, "focus on emergent and contingent agencies—that is, on the ways in which processes of assembling and reassembling shift in relations of power and control to allow new agencies to take shape that we might not otherwise see" (McFarlane 2011, 380). The implementation of harm reduction drug policies shifts the management of illicit drug use from a criminalization approach to a public health approach. This has significant repercussions for a number of urban governance issues such as policing and incarceration, demands on social services and public health, and international development funding, among others. Assemblage theory, with a focus on policy mobilities allows this research to examine a broad range of issues through the spatialities of public health policy and urban politics. Public health policy, as we shall see below, is an area in which questions of urban political geography have not focused, and yet these policies are important components of the socio-material realities that produce cities. As McFarlane (ibid) argues: "This is the advantage of assemblage's inherently empirical focus—to identify new possibilities and agencies, to try to avoid pre-given causal explanations or assumptions about what necessarily matters most through a

focus on thick description of socio-material relations of history and potential, with all the limitations that the situated sightlines and positionalities that a given researcher brings." As you will see in the last paper, I use the concept of assemblage as a tool to help advance complex spatial understandings of transnational social movement networks' strategies, tactics, and outcomes.

Despite the acknowledgement that policy models are not mobilized as complete 'packages,' work in the field of policy mobilities has yet to address two significant aspects of policy transfer. The first, as Jenifer Robinson (2011a,b) has noted, is a lack of attention to the relationships of cities in the global south to each other, and to other places. Cities in the Caribbean, for example, are often portrayed as points through which illegal drugs are trafficked, not as places that are materially affected by the flow of capital (in the form of narcotics). They are places that are portrayed as having policy implemented from 'above' through their dependence on transnational funding sources (Klein, Day & Harriot 2004, Swanson 2013). I argue, following Klein, Day & Harriot (2004), that cities in the Caribbean have instead exhibited significant agency in coming up with strategies to manage illegal drug use, and provide public health services, such as the provision of free fresh drinking water as a method to provide harm reduction drug services. As noted above, policy mobilities work clearly engages the variegated ways that policy transference occurs, and therefore attention to how this happens across regions, rather than a sole focus on European and North American cities allows a fuller understanding of policy mobilization, as well as how politics are played out differently among cities, nations, and regions across the globe.

While it is beyond the scope of this project to understand policy mobilities as they happen differently in all socio-political and economic contexts, this research begins to address this gap by exploring these differences with a focus on cities in North America, Europe, and the Caribbean, which I discuss in detail below. It is important in this research to approach each place understanding the value and agency that locally produced management strategies, and local advocacy techniques have in each case. It is essential to do so in order to engage cities (and even neighbourhoods within cities) that have been

traditionally marginalized in social science scholarship as places where policies are imposed from above, rather than as places that have shaped their own production through political and social engagement, and have acted in resistance as well as in cooperation with extra-local forces.

The second gap in the literature on policy mobilities is the lack of attention to what has been termed policy *immobility,* but what I argue should be considered a *differential mobility*: attention to places where policy has not been mobilized, imported, or has been unsuccessful and to places that seem less prominent in global circuits of policy knowledge. As Adey (2006) and McCann (2011) note, we must be careful not to fetishize mobility, thus ignoring those places and conditions of immobility. A main objective of this project is a focus on differences in policy implementation across places while also gaining an understanding of how drug policy implementation in one city is related to drug policy implementation in other cities. Therefore it remains important to be attentive to instances of policy immobility in *all three regions.*

While I had originally suspected that the case of the Caribbean cities would provide an entry point into discussions of immobility, this was not entirely the case. There is acknowledgement in the literature that policy change, especially drug policy, faces unique barriers in this region (Klein Day & Harriot 2004, Swanson 2013). However, there is evidence of policy change towards harm reduction in Kingston Jamaica and Santo Domingo, Dominican Republic. In both cases, this policy change took place over a long period of time. Through prolonged interactions with multi-level stakeholders on a global scale. The greatest barriers to harm reduction policy in this study emerged in Budapest Hungary, where the national drug strategy was quickly repealed, and accompanying institutional resources, most notably public health funding, was drastically cut. What my research found, was that attention to the speed of mobility is perhaps more useful to understanding a relational politics of harm reduction, rather than looking for or a focus on policy immobility. In this research, policy was never still.

The two main gaps in literatures on urban policy mobilities, the less-than-global focus on Europe and North America, and the lack of attention to immobility, are addressed in relation to the notion of assemblage. The picking up and bringing together of disparate parts to create a whole allows for a more holistic understanding of the processes of urban transformation, the act of assemblage means that these processes need to be understood in flux. This research begins to overcome these critiques through a historically situated engagement with harm reduction as it operates relationally across three regions. Mapping out the geographies of harm reduction through an understanding of urban policy mobilities in relation to work on transnational advocacy movements and geographies of global and public health (discussed below) contribute to all three literatures. Serving to strengthen understandings of the multiple forces, processes and arenas in which spaces of urban public health are continually reconstituted.

1.5. Social Movements

Another aspect of harm reduction is its emergence and transformation from a pragmatic public health practice in a few European cities in the 1980s into a global social movement aimed at changing drug policy around the world, from the United Nations conventions all the way down to municipal by-laws and policy frameworks. As such, it is useful for an understanding of harm reduction, to engage with work on urban social movements. Here I argue that Keck and Sikkink's (1998) work on transnational advocacy networks is a useful framework for understanding the relationality of social movements with regards to the spatialized and transnational character of social movements in general, and harm reduction in particular. I then highlight the importance of the formation and sustenance of strong and weak ties in the tactics of social movements. Finally, I will consider the focus on social justice and human rights in literature on social movements.

Emerging from work in political science and sociology, the study of social movements has often focused on networks, relationships within and between movements,

and power relationships between the movement and the state (Miller 2000, Nichols et al 2013, Beaumont & Nicholls 2007). Space in these studies was traditionally seen as a container rather than as a dynamic, specifically grounded yet relational arena produced and producing social, political, and economic outcomes (ibid). Social movements in this context are conceived of often as networked, with relationships demarcated by strong or weak ties, denoted often as lines linking groups in delimited places, and, while historical context was often of great importance, the relationship to the built environment, or particular spatialities, was not (Beaumont & Nicholls 2007). This resulted in an ontologically flat and a-spatial conceptualization of social movements.

For example, Tarrow (2001, 11) defines transnational social movements as "socially mobilized groups with constituents in at least two states, engaged in sustained contentious interaction with power holders in at least one state other than their own, or against an international institution, or a multinational economic actor." What is apparent from this definition is that space in this understanding is still territorialized along traditional geo-political boundaries such as the nation-state. However, the treatment of social movements and collective action in this definition is conceptualized as inherently political, power laden and engaged in 'contention' or conflict.

Creating and negotiating tensions between the state and movement organizations are a primary objective of many social movements, which come together to advocate for a particular outcome, or agitate against existing circumstances. Collective action and social movements, therefore, can usefully be characterized then as advocacy networks. Keck & Sikkink (1998, 1-2) define transnational advocacy networks as: "networks of activists distinguishable largely by the centrality of principled ideas or values motivating their formation… [including] those actors working internationally on an issue, who are bound together by shared values, a common discourse, and dense exchanges of information." These networks attempt to influence policy outcomes and the behavior of the state and other formalized institutions. Their goal is not only to achieve changed outcomes: "but to transform the terms and nature of the debate" (ibid.) Transnational advocacy networks are comprised of a number of actors such as: local social movements,

NGOs, think tanks, religious groups, media, etc. They can also include actors who are not traditionally thought of as part of social movements such as: government bureaucrats, politicians, celebrities, and business people.

Keck & Sikkink (1998) note that the composition of transnational advocacy networks is so diverse that they are not defined by a collective identity (as in more traditional political science definition of social movements (cf. Diani 1992)), however they do share common values, which in turn allow the network to join together in a common goal, which is centered around changing central terms of a debate. It is important to note that Keck and Sikkink's (1998) focus on the goals of advocacy networks is crucial to their understanding of the ways that these networks are produced, sustained, and the tactics that they employ to advocate for change. Changing the terms of a debate focuses the goals on issues of social justice and equity, which is evident in the case of harm reduction; both in the literature and this researh.

Further, engaging with work on transnational advocacy networks is valuable because they challenge the nature of state sovereignty. Considering the spatial constitution of collective action, the value of transnational advocacy networks is not that the networks cross boundaries into two or more states, as Tarrow (2001) emphasizes. I argue that transnational advocacy networks are transnational in that they subvert traditional territorializations of the state, and allow a fuller understanding of the interactions and relationships between people, institutions, resources, and places that act beyond traditional geo-political boarders in order to advocate for change at multiple scales. Soyez (2000) takes this idea further, arguing that transnational advocacy networks are also usefully understood as trans-local. And indeed, the title of Keck & Sikkink's book, in which they lay out their conceptualization of transnational advocacy networks, is titled *Activists Beyond Borders*.

I want to turn now to the tactics that social movements employ to advocate for change, focusing on strong and weak ties. The ways that harm reduction advocates operate in relation to each other, the state, and in and beyond their fields of influence, is a

main objective of this research. Harm reduction is an urban social movement with particular histories and geographies that have emerged through the formation of social relations. Collective action has been a corner stone of these formations. It is often operationalized through transnational associative processes, looking to groups elsewhere who share similar values for political and resource support. Transnational advocacy networks are motivated and come together out of shared values, though not necessarily shared identities, thus coalescing for a specific purpose and dissolving once a resolution occurs (Keck & Sikkink 1998; Miller 2000). These relationships (based on shared values rather than shared identity) between local advocacy groups are characterized as weak ties (Granovetter 1983) and as Routledge (2003) notes, they are an essential component of movement building. Weak ties allow for the mobilization of flows of knowledge and resources beyond local advocacy groups. These local groups are often characterized as having strong ties or a strong shared identity and a high level of social interaction that, without also forming weak ties, run the risk of isolation (Granovetter 1983; Miller 2000; Keck & Sikkink 1998; Soyez 2000). While strong ties are essential to the initial building of a social movement, and creating sustained local engagement, weak ties – these loose associative relationships that operate beyond local jurisdiction, are an essential tactic that advocacy networks employ to sustain and further the social movement.

Weak ties, as Routledge et al (2006) point out, are created and sustained through events such as protests (e.g. Battle of Seattle 1999 or international days of action), conferences (e.g. the International AIDS conference), and meetings (e.g. UN annual Commission on Narcotic Drugs). Routledge (2003) characterizes events such as these as convergence spaces, places where social movements come together for a specific purpose in the movement. This space also fosters the production of weak ties. Connections are made or sustained (via meeting yearly at an annual conference for example) and knowledge is shared – be it via formal presentations or personal conversations.

Social justice and equity are most often cited as motivations behind social movements. However, resistance to negative effects of socio-structural processes is also considered to be a substantial motivator in contemporary geographic literature on social

movements (Leitner et al 2007, Miller 2007). The contradiction in these two motivators – questions of equity and effects of political economy – as Leitner et al (2007) have shown, does not always preclude the presence of each other. Instead, the presence of both motivators is often at play in the impetus of social movements. Examining harm reduction as a social movement allows a deeper understanding the multiple and contradictory ways in which these discursive and material elements play out. For example, by considering the role that conferences have in the maintenance of weak ties, and as a political space to inspire direct action; two areas that the literature has yet to address.

By engaging the literature on social movements with that on global health and harm reduction, we gain an understanding of the ways in which notions of individual and collective health relate to questions of equity and justice, and the political strategies that encompass the advocacy for both health and social justice. The role of mobility in this study runs throughout all three literatures. Understandings of policy mobilization as a variegated, ever changing process is deepened by engagement with the literature on social movements in order to understand policy mobilization also as a highly spatialized strategy that transnational advocacy networks employ to legitimize, sustain, and further their movements. The mobilization of social movements across spaces is thus taken up with policy mobility as well as personal mobility. Perceived personal responsibility for taking care of one's health is turned into advocacy for social justice and human rights, as an engagement with the health literatures below will show.

1.6. Global Health

A 2010 World Health Organization report on urban health inequities highlights the impact of global and national scale policy on the ways that the urban poor experience access to healthcare (WHO 2010). Its findings highlight work on global health inequalities that trace inequality in health outcomes (e.g. higher rates of HIV transmission in certain countries) back to structural inequities delivered through differing policy

initiatives (e.g. structural adjustment programs, international aid) (Sparke & Anguleov, 2012; Sparke 2009; Farmer 2001, 2004). Thus, a focus on a variety of drug and public health policies as they relate to drug users is important because policy regarding local approaches to drugs and drug use has significant affects on local populations and on how cities evolve. As Miller (2000) notes, the continuous remaking of places does not happen through abstract structural processes, but involves actions articulated through individuals, organizations, and institutions connected across places, based on shared values. These transnational advocacy networks are effective because they employ tactics based on the interplay of weak and strong ties as they occur across space.

Geographical engagement with the politics of health practice has, to date, been sparse and scattered across sub-disciplines. Pierce et. al. (2012) argue that attention to the processes that surround public health and health service provision in cities needs to increase in order to more fully understand urban development processes, the politics of urban development, and the politics of health in cities. While they engage explicitly with the siting of mental health service facilities, I suggest that their argument is equally compelling when applied to harm reduction drug policy. In consideration of geographies of harm reduction, engaging it as policy, social movement, and a series of situated practices helps to bridge the gap between urban political geographies and health geographies, in order to gain a fuller understanding of how a consideration of health in urban politics contributes to the social production of cities and the experiences of people who engage in these spaces of public health.

I want to turn now to literature on harm reduction – a public health literature for the most part – to argue that empirical and theoretical work on harm reduction as a public health practice contributes to understandings of the geographies of public health, and how urban spaces of public health are produced and managed. As well, applying the lens of health and political urban geography allows a fuller understanding of how harm reduction health practices are fundamental to addressing structural issues around access to health services and the universal right to health.

As noted above, harm reduction is an alternative public health approach to illicit drug use. It seeks to minimize the physical, mental and social harms associated with drug use for both the drug user and society (HRI 2012). Harm reduction is also a global social movement addressing the use of illegal drugs, issues of equality, marginalization, social justice, and human rights. Emerging in the late 1970s in response to the upswing on heroin use and developing in the 1980s with the outbreak of HIV/AIDS, harm reduction became a public health practice based on a pragmatic view of population health treatment aimed at reducing the spread of disease. Marlatt (1998, 57) identifies two questions that guide harm reduction: "to what extent are the consequences of these individuals' [IDUs] behaviors harmful or helpful to the individuals and to other who may be affected?" and "What can be done to reduce these harmful consequences?" These questions are focused on problem solving, and evidence based approaches to reducing harm. The role of 'evidence' is a key tenet of harm reduction as a public health practice, as a policy model, and as a social movement. What is meant by 'evidence' is a question that needs to be further explored in the literature on harm reduction, and broadly within the field of political geography (McCann 2008). Primarily, evidence in the context of harm reduction practices deal with scientific data collection, measurable, traceable outcomes.

As Hunt et al (2010) note, harm reduction emerged in the 1970s and 1980s through the relationships of public health/social service workers and empowered drug user activists, who argued for their right to health and the right to health of others. When HIV/AIDS was first diagnosed, it was unclear how the virus was transmitted; this in turn caused a widespread panic about the epidemic, and inflected the public health crisis. The harm reduction movement emerged in a large part from the explicitly activist models of drug user advocacy in Northern and Central European countries (Hunt et al 2010). This in turn had the effect of engaging harm reduction health practices with an explicitly political agenda that, while it meshed with the values of many social service and public health workers, also engaged employees of the state as political subjects, taking the explicitly pragmatic public health practices of harm reduction, and imbuing them with the

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explicitly radical democratic notions surrounding access to health services and the right to health.

Harm reduction practices today remain politicized and highly contested across the world. Often, these policies are implemented without explicit reference to harm reduction as such (for example in the Caribbean) in order to give the most marginalized populations the right to health, under geo-political regimes that are not amenable to public health approaches to drug use. According to Pauley (2008, np):

> Within a context of harm reduction, respect for persons stands in sharp contrast to the disrespect often associated with the stigma of drug use. Harm reduction shifts the culture from one where resources may be rationed on the basis of deservedness to one in which everyone is seen as deserving of care. Rather than being constructed as difficult patients, people are constructed as in need of care with recognition of the multiple constraints they face in accessing care.

Thus, the rationale behind the provision of harm reduction practices is based in a model of social justice, and through an effort to combat inequity in the context of health (Allman et. al. 2006; Bueno 2007; Coffin 2002; Friedman et. al. 2001).

An exploration of harm reduction from a perspective of social justice, public health, and policy mobilization has the capacity to provide a strong basis to engage its "contingent" success (Hathaway 2001, 136) by "explicating its underlying morality, laying claim in the process to a liberal tradition [of politics]" (ibid), and at the same time, critically exploring the differing spatialities of harm reduction in a much needed engagement with social theory (Rhodes 2009). As noted above, Brown (2009) and Pierce et al (2011) argue for more attention to the politics of public health in cities in order to more fully understand urban social and structural processes. Engaging work on harm

reduction, especially as it relates to the histories of drug user involvement begins to address this call though the provision of situated histories of public health and drug use in cities. Additionally, combining this work with literatures on urban social movements, and policy mobilities, this research contributes to the specifically political nature of urban public health, as well as the ways that policy and policy activism is mobilized in and among urban spaces of public health.

1.7. A global relational approach to politics and urban public health

This work is important because it brings together and contributes to knowledge in a number of social sciences (e.g., geography, political science, sociology, and urban studies) as well as in public health disciplines. It builds on recent work that provides theoretically informed, empirical analysis of how inter-city policy transfer happens, how networks of professionals and activists who support a particular policy (e.g., harm reduction), learn about it and facilitate its diffusion, and how specific transfers impact cities (McCann 2008, 2011; McCann & Ward 2011; Peck 2011; Ward 2006). It contributes to understanding of how democratic institutions and social movements advocate for policy alternatives focused on improving citizens' lives across the world. Importantly, Robinson (2011 a,b) has pointed out that much of this 'policy mobilities' literature is actually less-than-global because it largely focuses on transfers of policy models among cities in the global North. She calls for case studies of how policy travels implicate and connect cities in the South as well as in the North. This research contributes to this body of work by providing insight into the ways that policy travels operate across and in-between the Caribbean, North America, and Europe.

The research contributes empirical depth to contemporary geographical understandings of global policy transfer as a socio-spatial, inter-scale, and political process. It provides insight into local governance institutions engage with social problems associated with drug use and disease and into how civil society organizations interact with other stakeholders to affect policy change. It also broadens the geographical

literature on policy transfer by invoking the case of social/health policy in a literature that is largely focused on urban development policy. Conceptually, it augments the literature's political economy approach by employing insights from the burgeoning 'mobilities' and postructuralist globalization literatures (Hannam et al, 2006; Larner & LeHeron 2002a). It develops conceptualizations of policy mobilities beyond a North Atlantic framework to incorporate the mobilization of policy across the traditional divide of the global North and South, while enhancing knowledge about the spatiality of social movements. Finally, it contributes to public health literatures on urban drug policy and harm reduction (Marlatt, 1998; Hathaway and Tousaw 2008) through a unique application of geographical concepts.

This research also provides policy-makers, health and social service providers, and community members, who have limited capacity to study foreign cases, with a global analysis of the conditions under which harm reduction drug policies are emerging, their urban impacts, and the interests and strategies involved in promoting them. Knowledge of the global context can then inform local policy decisions.

1.8. Dissertation Structure

My dissertation follows the 'paper format,' comprising four manuscripts, with the potential for future publications. The second chapter details my methodology. The third sets out the geographies of policy mobilities. Its aim is to trace the epistemological roots, contemporary approaches, and critiques of the policy mobilities approach. Stemming from my comprehensive exams, this work has been adapted and published in the peer-reviewed journal *Geography Compass*, and I am lead co-author with Eugene McCann. The fifth chapter focuses on key figures that emerged from my research, policy activists. In focusing on the networks of harm reduction advocacy, my research revealed that much of the work done by transnational advocates operating among multiple institutions and on multiple fronts was dependent on the role of policy activists - individual actors operating within institutional governance structures who saw their role, either formally or

informally as helping to facilitate policy change. The seventh chapter, in preparation for the peer-reviewed journal *Political Geography* focuses on the ways in which harm reduction services as they emerge locally in each region (Europe, North America, and the Caribbean), are simultaneously technical public health services for a marginalized population and politically agentive acts that work towards disrupting consensus based "post politics" that are often operationalized within local government discourse. The ninth chapter focuses on the extra local spaces of policy activism, and the role of conference space in the sustenance of the harm reduction advocacy movement. It is currently under review as the peer-reviewed journal *Space and Polity*. I conclude with a discussion of the future directions to which this research points and its implications for policy mobilities work.

1.9.   References

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Chapter 2.

Methodology

2.1.   A global ethnographic approach: Relationality and assemblage

This project draws on a global ethnography approach (Burawoy 2001, Burawoy et al 2000) and emphasizes 'following' and 'studying through' policy situations (McCann & Ward, 2012, Peck and Theodore 2012).   This entails a detailed tracing of the sites at which harm reduction is engaged, a mapping of the global and more localized harm reduction networks, and an embedded understanding through participant observation, of the practice of harm reduction networking, advocacy, and policy-making.   The goal of this research is to understand how harm reduction policy is differentially enacted across spaces, scales, and borders and the case to be studied is the harm reduction advocacy network as it manifests across cities in Europe, North America, and the Caribbean. Thus, a traditional comparative approach of two or more case studies is insufficient.   Instead, following Robinson (2002; 2005) and Ward (2010), I engaged a relational comparison of multiple 'sites' in order to explore the variegated interactions and enactments of harm reduction drug policy on the people and places that it effects.   Furthermore, this approach recognizes that the categorization of 'the urban' is not a fixed, bounded scale constructed through territorialized, insular, processes that relate to other places only through the dialectic of town and country (ibid), but rather the urban is understood as a relational assemblage of people, ideas, capital etc. that are made up 'along the way' (McCann & Ward, 2010; 2012).   As Simone (2011, 356) put is:

> Urban existence, never pretty or efficient, rumbles onward
> as   the   provisionally   stitched   together,   jigged   up

intersections of bodies and materials upon which things are
both moved and caught – a textured surface that speeds
things up and slows them down, where the interruptions
enable points of view, attentions, memories, condensations
and dissipations of effort and association.

In order to gain insight to these variegated assemblages, a 'detailed tracing' of
them is necessary (McCann & Ward 2012). Following Burawoy (2001, 149), I look at
harm reduction drug policy from both "the standpoint of its experience (reception or
consumption) [and] from the standpoint of its production." In order to do so, I divided up
my areas of inquiry into three regions. Europe, North America, and the Caribbean.
Northern and Western Europe have traditionally been the stronghold of harm reduction as
practice, which is now (unevenly) accepted in medical protocols and public policy. In
Frankfurt Germany, The City of Luxembourg in the Grand Duchy of Luxembourg, and in
Budapest Hungary, there exist strong transnational, national, and localized advocacy
networks for harm reduction. The second region that I focused on was Canada and the
U.S. While the health systems and drug policies of these two countries contain
significant differences, the socio-political and economic structures of the two nations as
well as the significant advocacy linkages between Canadian and U.S. networks provide
interesting and relevant points of entry for this inquiry. For example, the U.S. led War on
Drugs approach to national and international drug policy has significant influence over
Canadian federal drug policy positions. However legally, U.S. state-by-state laws around
drugs, such as medical marijuana laws or funding for needle exchanges take precedence
over federal laws (such as the federal ban on funding needle exchanges). Similarly in
Canada, health service provision is under provincial jurisdiction, which has recently been
reaffirmed in the recent Supreme Court of Canada decision to keep Insite, Vancouver's
drug consumption facility, open.

Therefore, both countries face similar challenges and debates over health service
provision in relation to drug policy. Focusing on New York City and Calgary Alberta,
these places allowed a historical examination of Harm Reduction in North America, in

one of the continent's 'birth places' of harm reduction, New York, and as it is experienced in more mundane, or 'ordinary' cities such as Calgary. The third region I focused on was the Caribbean. Harm reduction practices, policies, and advocacy in this region are significantly divergent from the European and Canadian/U.S. experiences, which will be addressed below. However it is important to note that much federal and local funding for necessities such as infrastructure, social, and health service provision is obtained through international aid sources and grants (Klein et al 2004). This puts the role of advocacy organizations into a much different context than those in North America and Europe, where the significant barriers of class, race, and language provide *different* challenges. The overall lack of resources (such as Internet access) in the Caribbean also suggests that advocacy tactics and networks operate in different ways, and this was evident in Kingston Jamaica, Santo Domingo Dominican Republic, and Port of Spain Trinidad and Tobago. The next section turns to the methods I employed to undertake this research.

2.2.   Methods

In order to answer my research questions, I utilized three main qualitative research methods: document analysis, semi-structured interviews with key informants, and ethnographic observation. Through triangulation of these methods, and data analysis I evaluated the outcomes of this project. The study design draws together approaches from traditional comparative case study and ethnographic methodologies. As noted above, traditional case study or ethnography each on their own did not seem to be sufficient to answer the guiding research questions, and thus I have drawn methodological insight from each approach to combine the data collection methods in order to provide a richer account of harm reduction advocacy networks. The case site selection discussed in the second half of this chapter more fully details the reasons for site selection and methodological justification in relation to the places, people, and documents being analysed. These selections were made in order to understand experiences, perceptions, behaviour, practices, and processes of transnational advocacy networks in relation to their organizational and interactive cultures. These approaches

are triangulated with documentary analysis to understand how harm reduction is produced as policy and represented in local and international political opportunity structures. Below I discuss in more detail, each of these methods.

Table 1: Methods Summary

Document Analysis	Semi-Structured Interviews	Ethnographic Observation
• Policies	• Policy advocates	• Harm reduction services
• Position statements	• Politicians	• Policy meetings
• News articles	• Harm reduction service providers	• Public hearings
• Blogs	• Activists	• Conferences
• Organizational Protocols	• Bureaucrats	• Social media sites

The following table shows each main method and the research questions which it helps to address. Those bolded are research questions that methods particularly help to address.

1. How is policy-making and practical knowledge around harm reduction produced, mobilized and implemented in different places in order to advocate for policy change at various scales?

2. How do transnational advocacy networks operate and engage in knowledge production and dissemination in order to further their advocacy? What kinds of knowledge is produced and transferred? Who is the knowledge for, and what is the purpose of knowledge transfer?

3. How and why do particular harm reduction practices get taken up in some places and not others and how then are the technocratic processes of harm reduction inherently spatial and political?

4. What are the spaces of urban public health and how are they shaped through the practices, politics, and policies of harm reduction?

Table 2: Research Questions and Associated Methods

Research Questions 1,2,**3,4**	**Document Analysis**
Research Questions **1,2**,3,4	**Semi-Structured Interviews**
Research Questions 1,**2,3**,4	**Ethnographic Observation**

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2.2.1.   Document analysis

The first objective of my research is to contribute to a deeper understanding of how social movements, policy action, and health practices come together at various scales to shape particular places and global policy attitudes towards drug and health policy, drug consumption, and people who consume drugs. In order to understand the ways this occurs, and the attitudes that motivate processes of harm reduction, I conducted a document analysis of policies and media. Looking at official policy documents illustrated the most important aspects of harm reduction as defined by the policy makers, as well as served to highlight particular discourses around harm reduction, and they ways the discourses, policies, and practices of harm reduction change and are employed differently across spaces and scales. Where questions arose in the documents, interviews with key officials attempted to answer them. Policy documents included: policies, frameworks, and other documents of governments, intergovernmental agencies, NGOs and community groups, and harm reduction service providers.

Engaging a document analysis of policies at various levels of governance addresses all four of my research questions, however, it is particularly beneficial to the first two: How is policy-making and practical knowledge around harm reduction produced, mobilized and implemented in different places in order to advocate for policy change at various scales? And how do transnational advocacy networks operate and engage in knowledge production in order to further their advocacy? Policies that set out

harm reduction tenets and practices are a product of specific, political advocacy campaigns.[1] Therefore examining policies is an examination of the outcomes and ongoing process of the advocacy campaigns as well as the knowledge production and implementation of harm reduction ideas and practices.

Further, a media analysis surrounding harm reduction was also conducted, engaging traditional print and television media, as well as online sources such as blogs and independent news sources. This media analysis allows further insight into my first and second research questions by examining how knowledge around harm reduction is disseminated, and how harm reduction advocates appeal to broader audiences through media engagement. I will now turn to the other methods I employed in order to answer my research questions: semi-structured interviews and ethnographic observation.

2.2.2. Semi-structured interviews

Interviewing key informants including: policy makers, activists, elected officials, and health service providers served to provide an in-depth snapshot of how harm reduction policy is created and how it is currently being played out, the ways that harm reduction is advocated for, and how knowledge around harm reduction practices and policies are produced and disseminated. The semi-structured interviews addressed all four of my research questions in detail. And in particular, my third question: How and why do particular harm reduction practices get taken up in some places and not others and how then are the technocratic processes of harm reduction inherently spatial and political? Interviewing key informants allowed me to specifically address areas of lack, meaning that reasons behind not doing something (adopting a particular policy or practice for example) are much harder to understand without engaging in direct conversations.

As noted, interviews were semi-structured, with key questions about personal

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[1] Harm reduction, as noted above, is an *alternative* approach to managing illicit drug use, therefore its adoption as an official practice enshrined in policy has in every known instance been instigated through processes of lobbying for change.

experience, advocacy work, engagements with networks and social media, and technical questions, such as why particular decisions were made, for example, to engage in particular political discussions rather than others, or make connections with other people. Those targeted for interviews were key policy makers, activists, government bureaucrats, and harm reduction service providers. The aim was to gain a diversity of perspectives and opinions. People were contacted through publically available contact information, and snowball sampling. All interviews were voluntary. Informed consent documents were given to all participants and reiterated verbally. All identities were kept anonymous unless individuals explicitly stated that their identity could be used, as per the university approved ethics agreement. Most people contacted chose to participate. It is unknown why those who declined to participate did so; thus there is a possibility of self-selection bias. In total 72 interviews were conducted and I felt that a comprehensive view of harm reduction advocacy networks was achieved. The interviews ran from forty-five minutes to two hours, but generally lasted about one hour. Whenever possible the interviews were conducted in person. When in person interviews were not possible, I conducted phone interviews. In any case where I had follow up questions, email communication was established (Table 3). Data collected ended after a period of two years when it was felt that a saturation point had been achieved. I conducted and transcribed all interviews.

2.2.3. Ethnographic observation/participant observation

Taking a multi-sited ethnographic approach to examining the geographies of harm reduction means using ethnographic observational techniques. This entails observation and participant observation. As Burawoy (2001, 150) states "What we understand to be 'global' is itself constituted within the local; it emanates from very specific agencies, intuitions and organizations whose processes can be observed first hand." Thus it is important to go to specific sites of harm reduction service provision, policy production, and advocacy; to the spaces of urban public health that produce and are produced (in part) by harm reduction and drug policy. These methods allow me to address all four of my research questions, with a specific focus on questions one and four: How is policy-

making and practical knowledge around harm reduction produced, mobilized and implemented in different places in order to advocate for policy change at various scales? And: What are the spaces of urban public health and how are they shaped through the practices, politics, and policies of harm reduction?

The sites I observed included drug consumption rooms, needle exchanges, public health departments, and NGO drop-in centers (and described in more detail below,) and field notes were taken during and after the visit. In each case, I made advance contact with people in these organizations and places in order to introduce myself, the project, and obtain permission to come and observe. Recruitment was conducted simultaneously with interviews, using the same process described above.

In cases where it is appropriate, I obtained permission to conduct the site visit as a participant observer. There are two reasons for this. The first is to gain a fuller understanding of the relationships involved in knowledge production around harm reduction, which relates directly to my second research question. Secondly, participant observation is an important aspect of this research is from an ethical standpoint. Especially in cases of harm reduction service provision, it is important to be as unobtrusive as possible, and to not disrupt the daily processes of health service provision. In most cases harm reduction services are aimed at reaching the most marginalized populations, and therefore social and structural barriers to access are high. My presence, as an observer and a stranger, had the potential to contribute to those barriers. Active participation served to alleviate this possibility, and to establish trust with both the people accessing the services, as well as the service providers (Bourgois & Schonberg 2009).

Another form of participant observation for this research occurred online within social media forums. This was another place whey my role as 'expert' was carefully negotiated. While 'following' Twitter accounts, and linking to pages on Facebook, were the main source of observation, I was occasionally tweeted at, or tagged in posts, and involved in the dissemination of media or academic information about harm reduction. Studying transnational advocacy networks entails engagement with the conversations that

advocates are having with each other as well as with the broader public. One important way that this occurs is through social media outlets. The two main venues where these conversations take place are Facebook and Twitter. Crawford (2009, 526) argues: "social media powerfully invoke an efficient listening subject, drawing together the divergent spaces of modernity in one location." In terms of studying transnational advocacy networks' modes of producing and disseminating knowledge around harm reduction, and the ways in which they advocate for harm reduction policies across spaces, social media serve as a place where conversations with colleagues and friends take place, as well as a place where knowledge is transferred. For example, when a media advocate in Budapest produces a new film, it is not only sent out across email lists and to various forms of traditional media, but also posted to a Twitter account that has been made publically accessible, not only to the advocates' colleagues, but other media sources, friends, and family.

2.2.4. Positionality

My own positionality as a researcher examining a health practice, a policy, and a social movement that is predicated on a sound evidence base, means that there were times during my research when I was called on to participate in conversations as well as the provision of outreach materials such as handing out educational information. Sundberg (2005) has reflected on the positionality of a researcher, called on to 'give evidence' in the communities in which one is working. This occurred on several site visits, meetings with advocates, and in online debates about drug policy. My position as 'a researcher from Canada', as I was often introduced to colleagues and clients, meant that many already saw me as an expert in harm reduction and drug policy. For example, during fieldwork in Kingston Jamaica, I was invited to present my research to the National Council on Drug Abuse. It was a role that I was aware of and attempted to negotiate carefully. On the one hand, it was essential in many cases for me to appear knowledgeable, yet I did not want to give the impression that I knew more than those around me, especially in consideration of local contexts.

My position as a young, white woman from North America affected the ways in which I conducted research as well as the interactions I had, and the responses that I received in interviews. Positionality was something that I was constantly negotiating during fieldwork. I was careful in each context to be aware of cultural norms and practices including greetings and verbal interactions, dress, and body language. For example, whenever engaging in site visits, I made an effort to speak with those accessing the services when I was introduced or approached. This detail may seem like 'common sense' courtesy, yet was incredibly important for maintaining the safety of the space for those accessing services, and for building trust with service providers. Service providers often reacted with surprise and approval at my comfort speaking with clients, and often noted that researchers, especially those with outsider status, were not so comfortable or did not care to talk to those accessing the services. Thus this mundane courtesy proved to be an important way in which to break down the barriers of class and race within service sites.

In Caribbean countries, race was perhaps most prominently contrasted. In the Caribbean, as in North America, race and class cannot be understood as distinctive considerations. However, it was often the case that I was the only white person in a facility during site visits. While I did not feel it was a barrier in most cases, it did mean that in certain places I was more visibly an outsider. In one instance, a service provider declined my request of accompaniment on an outreach trip. This was because it was felt that the provider could not guarantee my safety, or their own, if I was with them on an evening trip in the neighbourhood. In this case, I respected their judgement and agreed to instead observe their fixed site drop-in during daytime rather than evening hours. Other service providers in this same neighbourhood had fewer reservations about security, and thus some evening observation occurred with their service. We had a direct conversation about the potential risks to myself, as well as any increased risks to the provider before proceeding to work with the organization.

The question of risk emerged in my position as a visible outsider. There seemed less concern around gender differences. While harm reduction is a male dominated field

both in terms of the people who access harm reduction services as well as in terms of service providers, there are many women service providers in the field and doing outreach. I was, in fact, surprised that gender played less of a role in my interactions than race or class did during observations and site visits in all regions where I was working. Gender emerged as a consideration during interviews with policy makers, politicians, bureaucrats, and activists. When this was the case, people tended to assume I didn't know the contexts of harm reduction, and it was a position that I used to ask seemingly uninformed questions, as well as challenging questions, which, had I had 'insider status', may have garnered more cautious responses.

The question of insider status brings me to a final consideration of my positionality: the role of insider/outsider status in researching social movements. This work is not advocacy research, and I did not begin this project with an activist intention. That being stated, preliminary research had established, in my mind, the social and health benefits of a harm reduction approach to drug policy. Thus, I began this work with a general sense of support for a harm reduction approach to drug policy. Over the course of the work, research showed that this general sense of support was well founded. In several instances I did engage in active, formal, advocacy. For example, when I was asked to present my work to the National Council on Drug Abuse in Kingston, the work which I presented highlighted best practices in Canada and Hungary, and focused on models that could be integrated into local contexts. In other instances, I have worked with community activist groups in public education around harm reduction initiatives. Attention to keeping a critical perspective of the network is essential to the analysis of the processes being interrogated. This was something that I kept in mind throughout the research. And indeed, there were fissures and contradictions within the harm reduction movement that emerged during this research. This is discussed briefly in chapter nine. Future outputs from this research may explore these contradictions in more detail.

2.3. Data Collection and Analysis

This study was conducted in three phases: Phase I, Scoping Project. This stage of the research entailed policy and media scans and analysis done in order to gain a comprehensive perspective of drug policy as it relates to harm reduction in Europe, North America, and the Caribbean. This process also identified contacts in the regions. Phase II, Fieldwork Data Collection entailed 72 semi-structured interviews with key actors, and direct observation of 22 harm reduction services in several cities to gain deep understanding of individual actors' practices and understandings of the operation of harm reduction services and their relationship to global policy networks. Phase III involved transcription of all interviews, and the write up and analysis of data.

2.3.1. Phase I: Scoping Project

Phase I involved an in-depth scoping project. Its purpose was to gain a comprehensive regional understanding of harm reduction drug policy. Particular focus was paid to field-sites (described below). First a jurisdictional scan was conducted focusing on policy documents relating to drug policy in each region, harm reduction policy in each region, and regional, national and municipal low-threshold[2] public health services aimed at drug users. Harm Reduction International (HRI) and the European Harm Reduction Network (EuroHRN) were key resources in this regard.

2.3.2. Phase II: Fieldwork Data Collection

Seventy-two semi-structured interviews were conducted with key actors in each region, identified through preliminary research interviews, online activity, and through document and media scans and previous research trips. Particular attention was paid to:

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[2] "Low-threshold" as used in this document refers to services that attempt to reduce barriers to entry for traditionally marginalized populations specifically by not requiring that abstinence from illegal drug use is a precondition for access.

political leaders, drug policy reform activists and civil society NGOs, and harm reduction service providers. The interviews aim was to collect qualitative data focusing on *process*, *meaning*, and *experience*. Topics included: "How did you come to advocate for your current position?"; "Why are you/your organization involved in international networking and what benefits are their of these interactions?"; "What changes have been made in your community in response to current policies/policy change?" (See Appendix B for a full list of sample interview questions).   Analysis entailed transcription of interview recordings. Interviews were coded using both inductive and deductive themes. As my research shows in the chapters that follow, there was considerable variability in each of the sites. This is accounted for in each chapter's analysis. As noted, this data was triangulated with observational notes from ethnographic observation and documentary analysis.

Direct observation of health and social services, policy meetings, conferences, training sessions, community information meetings, and other places in which drug policy information is disseminated or discussed was also a central method concurrent with the interviews and entailed the collection of ethnographic field notes focusing on: (1) the types of policies and practices being discussed; (2) the character of discussions (pro or con) and the manner of persuasion and argumentation being employed; and (3) the technologies (e.g., PowerPoint, conversations, neighbourhood tours) that are used to persuade actors about harm reduction drug policy; (4) The types of people (e.g. community residents, politicians, health service providers, other activists) with whom the communication is occurring.

Table 3: Interviews and Site Visits by Location

Site	Interviews	Site Visits
Budapest	9	5
Calgary	8	0
Frankfurt	4	1
Kingston	10	4
Luxembourg	9	4

New York	4	1
Port of Spain	9	4
Santo Domingo	11	4
Other (extra local) Sites	8	7
Total	**72**	**30**

2.3.3.   Region Selection

It is important to examine harm reduction *across* regions as well as *among* regions, in order to understand the differences in understandings of harm reduction, and differences in policy implementation. Each region was chosen based on preliminary research into the geographies of harm reduction. As noted above, harm reduction emerged in Western Europe in the late 1970s and early 1980s in response to the outbreak of HIV. It is a region that has long established harm reduction practices, and it is at the forefront of harm reduction drug policy implementation. However, the ways that harm reduction is understood, the ways in which it appears in policy, and how it is implemented as a service is not uniform throughout the region, even throughout individual nations. There are clear linkages between harm reduction in Europe, and its spread and adoption in other places, such as North America and the Caribbean.

Harm reduction practices and policies began in North America in New York, San Francisco, and Toronto in the early 1980s, very shortly after the *Junkibond* needle exchanges in the Netherlands in the 1970s and 1980s. Facing similar health problems and drug user populations, public health practitioners in the U.S. looked to Europe to learn from their experience. This, as McCann (2008) notes, is has also been the case in more recent instances of policy transfer. As the two regions with the longest running history of harm reduction service provision, it is important to look at the linkages and disconnects between knowledge production and the production of spaces of urban public health. It is also important to understand the spatial tactics that advocacy networks

employ in an extra-local context to advocate for policy change. This is true also of the Caribbean, a region that has seen a top-down implementation of harm reduction services through international aid, development, and health policy, as well as a bottom up approach, from activists engaging international development funding in the name of harm reduction services (not always named as such.)
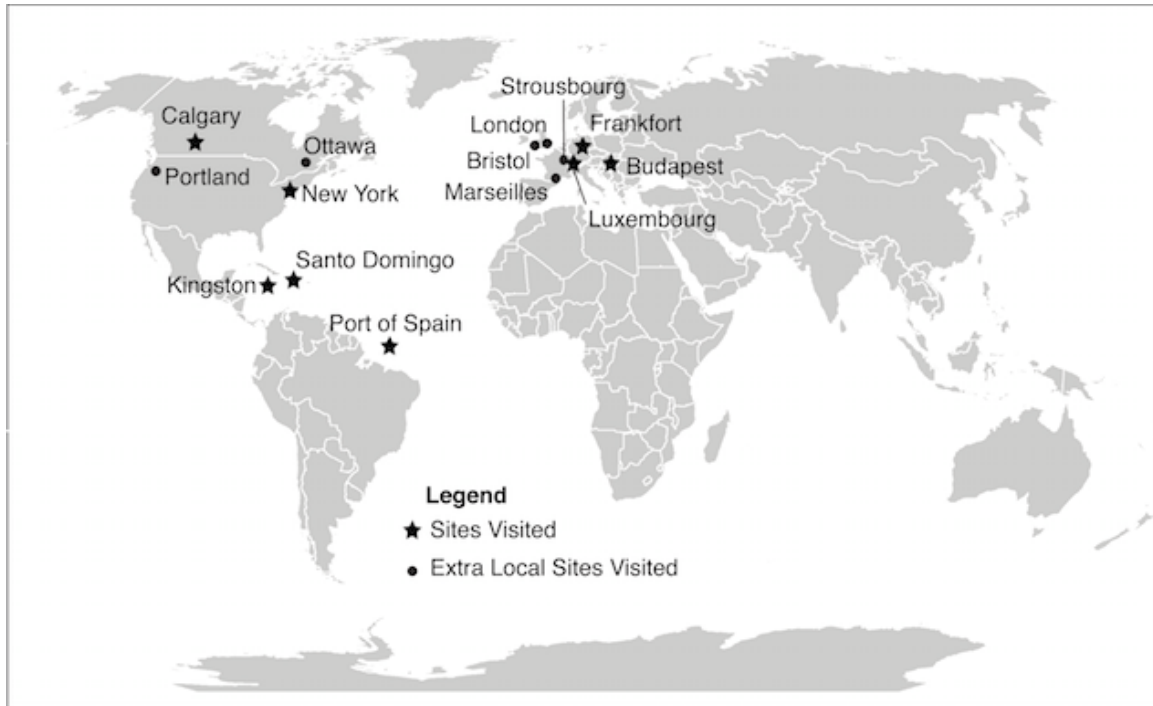
Figure 2: Field Sites

The Caribbean, as a region has strong economic ties to both North America and Europe. It has a long colonial history linking it to both regions that remains intact. The economies of many Caribbean countries are dependent on a global economy, with tourism from Europe and North America being a significant source of income.   The Caribbean is also a key node through which illegal drugs are trafficked to both North America and Europe. Harm reduction policy in the Caribbean has been much slower to be adopted. While there are strong relationships between cities in the Caribbean, North America, and Europe, it remains to be seen how drug policy is mobilized at this scale across these regions. Engaging the Caribbean as a field of study in relation to Europe and North America begins to address Jennifer Robinson's critique that policy mobilities is a

less-than-global field of inquiry. Studying these places in relation to each other, and more locally, as cases in and of themselves serves to address my first two research objectives: To contribute to a wider understanding of how social movements, policy action, and health practices come together at various scales to shape particular places and global policy attitudes towards drug and health policy, drug consumption, and people who consume drugs. And to focus on *differences* in policy implementation among places while also gaining an understanding of how drug policy implementation in one city is *related* to drug policy implementation in other cities.

2.3.4.   Europe

European fieldwork focused on three cities: Luxembourg City, Luxembourg; Budapest, Hungary; and Frankfurt, Germany. These sites were chosen based on their application of harm reduction drug policy in the European context. Luxembourg and Frankfurt both serve as important cities in Europe's banking industry and regional governance. Luxembourg is a relatively small city (of which Europe has many), and Frankfurt has a long history of harm reduction policy and service provision in Europe. Budapest on the other hand is a particular case of drug policy in a post-socialist Eastern European country.

The case of Luxembourg's implementation of harm reduction strategies – that include a drug consumption room, low-threshold drop-in centers, needle exchanges, and methadone maintenance treatment – is a unique case of policy mobilization in a Western European context. It is unique in the sense that health services in Luxembourg City, and indeed, the country as a whole, are not constrained by financial limitations. This condition allows a more comprehensive focus on interest groups views on health service provision, drug policy, and other issues that involve socially and economically marginalized people in Luxembourg City.

Harm reduction drug policy in Hungary has lead to a unique take on local drug policy and several global drug policy reform advocates (both activist, and politicians) are

based in Budapest. Injection drug use in Eastern European countries is the highest in Europe, with injecting practices mirroring those high-risk practices that were combated so heavily in North America and Western Europe in the 1980s. It is not coincidental that Eastern Europe also has the highest rate of HIV and Hepatitis C transmission in the 'developed' world. In the 1990s post-socialist political climate, efforts to democratize social policy lead to the implementation of a progressive drug policy in Hungary, where possession of all drugs for personal consumption was decriminalized. The rights of the individual were a focus in most social policies, both nationally and municipally, and through much of this period, until 2010, a socialist-democratic government remained in power. After the 2010 elections, a conservative government took power at the national level, and Hungary's progressive drug policy was repealed. The situation in Budapest (where most of the harm reduction services are located) four years later, is an interesting one, where there is strong social support for harm reduction services, yet these services are also under financial and political threat, and Hungary, a country that had managed to avoid an AIDS epidemic, has seen the virus introduced into the drug using population in Budapest.

Finally, I focused on Frankfurt, Germany. Frankfurt is an important city in the history of harm reduction as it relates to implementing drug consumption rooms. It was one of the first places to implement a harm reduction drug policy, including drug consumption rooms, and has served as a model for other consumption rooms (such as Insite in Vancouver). While Frankfurt serves as a model for other places (there are four drug consumption rooms in the city), the sites and people of Frankfurt are not active advocates of harm reduction elsewhere, yet they are seen as experts, and continually receive visitors interested in learning about the Frankfurt model.

2.3.5.   North America

North American research focused on two cities, Calgary, Alberta and New York, New York. Calgary offers various harm reduction services including needle exchange,

low-threshold drop in centers, methadone maintenance therapy, and until August 2011, distribution of clean 'crack-kits' (sterile smoking equipment for the use of crack-cocaine, heroin, and crystal meth.) Harm reduction in Canada is currently undergoing significant political debate. A majority Conservative federal government is strongly opposed to harm reduction drug policies of any kind, yet the Supreme Court decision allowing Insite, Vancouver's drug consumption room, to remain in operation along with a report released April 5, 2012 recommending injection facilities for Ottawa and Toronto illustrate the contested state of harm reduction in Canada. The city of Calgary has not yet considered a drug consumption room as part of its planning, yet has a long history of harm reduction service provision, entailing public health and NGO partnerships, which is reflective of many North American cities.

New York City's public health policy is based in harm reduction principles around drug use and the right to housing. The New York Department of Mental Health and Hygiene, the public health department of New York City, is responsible for realizing this policy, and has been proactive in enforcing it. Its mandate is to work with organizations focused on social and environmental justice in order to realize harm reduction among marginalized people in New York City. This is a unique case in North America, where a government institution is so aligned with the city's activist community.

New York has the highest rate of HIV and HCV transmission in the United States, it is also the city that has the longest history of harm reduction practices in North America (concurrent with San Francisco). New York City is also the home of several global advocacy groups such as The Open Society Foundation and the Drug Policy Alliance. Beyond a focus on the cities as sites of harm reduction implementation and activism, I looked to extra-local sites of policy advocacy. Conferences emerged as a key site of exploration, emphasizing the role of face to face meetings and the maintenance of weak ties, as will be explored in a later chapter. I went to three conferences, in Portland, Oregon and Ottawa, Ontario (along with a conference in Marseilles, France) and which served as an important site of participant observation, in order to explore how knowledge

around harm reduction advocacy and practices is disseminated, and how connections with people and organizations elsewhere are made (Cook & Ward 2012).

2.3.6. Caribbean

Harm reduction practices, policies, and advocacy in the Caribbean are significantly divergent from experiences in the global North, yet there is little research that develops this knowledge base. Thus it was important to examine the region itself, as well as in relation to North America and Europe. Harm Reduction practices have been shared between Europe and North America primarily through inter-urban relationships, however in the Caribbean, harm reduction policy has spread via a top-down approach, through international organizations such as the World Health Organization. This has occurred in ways that have sometimes been contradictory to local practices around drug use, and the effects of the difference in the ways that harm reduction has been introduced into the Caribbean (from Western countries) is important to explore. The civil society NGO sector in the Caribbean faces significant resource challenges (Klein & Day, 2006) therefore key actors engaged in local advocacy did not have a strong internet presence, although local NGOs were developing a strong social media presence. I focused on three cities in the Caribbean, Port of Spain, Trinidad and Tobago, Kingston Jamaica, and Santo Domingo Dominican Republic.

Port of Spain, Trinidad is the capital of Trinidad and Tobago. Trinidad and Tobago is the only country in the Caribbean that has adopted harm reduction as a policy initiative. At the time of fieldwork, an updated drug strategy was being developed, which has not yet been released, yet research contacts told me it would more than likely reflect a similar structure as the previous strategy. Caribbean Vulnerable Communities (CVC) is an NGO based out of Port of Spain, Kingston Jamaica, and Santo Domingo Dominican Republic, and which proved helpful in both Kingston and Santo Domingo, though less so in Port of Spain. It is focused on engaging vulnerable communities (one focus is people who use drugs), capacity building within the communities, and engaging community

based work with local and national government. Of the eight urban sites I visited (Figure 2), Port of Spain was perhaps the most difficult to engage in terms of access to policy makers, service providers and advocates. With the exception of two organizations, one that had an explicit harm reduction mandate, and one that had an explicit faith-based abstinence mandate, I had limited access to the sites, services, government policy makers and bureaucrats. And as readers of this dissertation will note, there is no explicit analysis of the Port of Spain case study. This is because I did not feel that I had enough information, as a researcher to write authoritatively on this site. Instead, information from the nine interviews and four site visits I conducted serve to inform my broader discussions of global harm reduction advocacy, rather than a specific case of its adoption and implementation.

In Santo Domingo Dominican Republic, the CVC has an established office which is run by CVC and El Centro de Orientación e Investigación Integral (COIN), another NGO based in Santo Domingo. This project in particular has funding though 2015 to establish community organizing around harm reduction practices in relation to HIV/AIDS transmission. It is run from both Port of Spain and Santo Domingo, yet its scope is throughout Western Caribbean nations. Its mandate is for local capacity building, yet, due to international geo-politics surrounding the Global Fund, is well aware that the funding for this project will not be renewed. Examining the tactics that are used, and whether they have changed in light of resource restrictions, was key to understanding the way that harm reduction is practiced and disseminated in the Caribbean, and the ways that harm reduction advocates are interacting with policy makers on an international scale. Additionally, the government of the Dominican Republic has seen recent electoral debates around the decriminalization of illegal drugs. While these debates have not been considered seriously in parliament, it was important to talk to the politicians involved in bringing this issue forward, and provided a key insight into the role of institutional activists within health service provision. Interviews with national and local politicians focused on elaborating why advocacy for drug policy reform is important, how it interacts with harm reduction philosophies, and how it impacts local populations and places.

2.3.7. Advocacy Networks

Another context through which harm reduction drug policy is produced and mobilized is through transnational advocacy networks, discussed in the literature review above. These networks are relational spaces where diverse groups of policy actors from across scales interact in order to produce meaningful change in the form of harm reduction policy construction and implementation. Such networks overlap, they, like the places that produced them and where they advocate for change, are not bounded, insular entities with no way to access the networks, instead advocacy networks sometimes emerge from each other. Such networks include: The Canadian Harm Reduction Network; Vancouver Area Network of Drug Users, International Network of People who use Drugs, The Harm Reduction Coalition, Harm Reduction International, and the Caribbean Harm Reduction Network). These networks engage in interaction and advocacy in two main ways: Meetings and conferences in which face to face interaction can take place. As discussed above, physical proximity of advocates, in the context of an annual conference for example, helps to create feelings of solidarity, and capacity building within the movement. Another way that communication is kept up is through telecommunications and social media. Telephone, email, video conferencing and interactions in places such as Facebook, and Twitter, facilitate capacity building within networks by allowing an upkeep of relationship across distances. It therefore became important to engage in 'site visits' with both physical and virtual spaces of interaction. Following conversations on Twitter, or following conference proceedings on Twitter, allows for a better understanding of where conversations are happening, and in what space, among which people. In the same way that being present at national harm reduction conferences also allows me to understand how physical interaction (being in the same room) facilitates new and stronger relationship, the maintenance of those relationships are also followed beyond the conference site, back to the respective places of the policy actors.

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Chapter 3.

Geographies of Policy Mobilities

With Eugene McCann

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Strangely familiar. We've all had the feeling, whether we're sitting in a café looking out on a 'regenerated' streetscape of new-old cobble stones and luxury boutiques patrolled by private security guards, or listening to a mayoral candidate outline her vision for the future of the local economy, or reading a blog extolling the virtues of a new planning model. 'Haven't I seen a place like this before? Haven't I heard about a model like that somewhere else?' Certain governance strategies or policies, 'best practices,' and 'received wisdoms' seem to be everywhere and they resonate with us in their familiarity, even if we have not consciously studied them. They have 'gone viral,' they move around from place to place, and they hang in the air during discussions about how to govern places. Policy models such as creative city plans, Business Improvement Districts, and sustainability frameworks have gained political currency across the globe. Municipal decision-makers strategize about the best ways to attract the creative class or become the 'greenest' city, thus empowering particular policy models, regimes, and constituencies through appeals to perceived success.

Yet, these policy models do not exist everywhere in the same form. While they are familiar, they are *strangely* familiar: they are *estranged* from – partly foreign to – the context in which we encounter them, even as they are being actively embedded and made

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familiar, normal, or desirable by local politicians and policy actors. Furthermore, while traces of these popular strategies and models appear in many places at once and while they are always presented by their proponents as the best solutions to pressing problems, we should not assume that the policies themselves, or their proliferation, are somehow 'natural,' or teleological. They are not naturally or unproblematically good or 'best' and what is important about them is not so much that they move around in some abstract sense, but that *people move them around* for particular purposes. New planning and design strategies, economic development models, etc. are social products, built up from the ground over time and bearing the imprint of the interests involved in producing them (McCann, 2008, 2011a, 2011b; McCann & Ward, 2011; Peck & Theodore, 2010a; Ward, 2006).

How, then, might we characterize, conceptualize, and research these movements and strange familiarities? What are the geographies that constitute and reflect the global circulation of policies? Contemporary writing in urban, political, and economic geography, has employed the notion of 'policy assemblages, mobilities and mutations' as a frame through which to analyze these geographies. This approach is characterized by a concern for the actors, practices, and representations that affect the (re)production, adoption and travel of policies and best practice models across space and time. Attention to what happens to policies while they are 'in motion' is another important focus, since the paths traveled and the things that happen to policies along the way are just as important as the policies themselves and the places they affect (McCann, 2011a). As Ward (2006, 70) puts it:

> The 'making-up' of policy is … a profoundly geographical
> process, in and through which different places are
> constructed… It is not only policy that is 'made-up'
> through the involvement of a network of actors: the
> identities, rationalities and subjectivities of those that are
> doing the making are subject to change through the process
> of 'inter-local policy transfer.'

Early statements like Ward's (see also Peck & Theodore, 2001; Theodore & Peck, 1999; McCann, 2004, 2008; Ward 2007) have spurred what Peck (2011a) has recently characterized as a 'rolling conversation' on the characteristics of policy mobilities and mutations.

It is a conversation that is attracting an increasing number of voices while it also expands its ambit to make connections with other discussions in geography and cognate disciplines (e.g., McCann & Ward, 2013). Through this process, a research agenda has begun to emerge that offers a rich conceptualization of ongoing practices, institutions, and ideas that link global circuits of policy knowledge and local policy practice, politics, and actors (McCann, 2011a; McCann & Ward, 2011; Peck & Theodore, 2010c). This conceptual work informs, but also benefits from, detailed empirical research into how the local and sometimes immobile or fixed aspects of place interact with policies mobilized from elsewhere. Indeed, it can be argued, building upon Harvey (1982) and Massey (1991), that the tension between policy as fixed, territorial, or place-specific, on the one hand, and dynamic, global, and relational on the other is not a problem for conceptualizing policy mobilities. Rather, it is precisely this tension and its productive effects on policies and places that should be our research focus (McCann &Ward, 2011; Massey, 2011).

We begin this paper by briefly outlining the literatures from which urban policy mobilities emerges in order to provide an understanding of why questions of relationality/territoriality are key to current analyses of the geographies of policy mobilities. The second part of the paper reviews work that has been done on policy mobilities thus far with a focus on the interplay of structures and regimes that mobilize policy, the (mostly) urban nature of policy mobilization, and the importance of practice and of the local in researching globalized policy models. We conclude with a discussion of where policy mobilities research might go, paying attention to the diverse methodologies that can aid in the study of global-local policy-making.

3.1. An assemblages, mobilities, and mutations approach

The policy mobilities conversation draws together and builds upon three literatures: the longstanding study of policy transfer in political science, the recent mobilities approach in sociology, and the geographical conceptualization of scale. The policy transfer literature highlights some of the key actors involved in moving policies around and generates insights into the institutions and practices involved in this process (for a recent review, see Benson & Jordan, 2011). While drawing on these elements of the political science approach, geographers have critiqued the literature for focusing on a narrow set of institutional transfer agents operating mainly between national-state institutions, for conceptualizing them as rational actors, and for tending toward a literal notion of transfer in which policies are assumed to move fully-formed from point a to b. Geographers thus see the policy transfer literature as limited in its conceptualization of space, scale, social process, and – troublingly and ironically – the political (see McCann & Ward (2013) for a summary of the critique and Marsh & Evans (2012) for a response).

Since the mid-2000s, geographers have found different ways to conceptualize how and why policies move around. They refer, in part, to the sociological literature on mobilities and, thus, shift the terms of debate from policy transfer to 'policy mobilities' – a term deliberately, although not uniformly, pluralized to connote the multiplicity of processes and outcomes involved (McCann, 2008). The mobilities approach has a number of empirical foci including automobile and air travel, tourism and migration, and the infrastructures, like airports and road networks that support them (Adey, 2006; Hannam et al, 2006; McNeil, 2011; Sheller & Urry, 2006). Conceptually, mobilities scholars reject both understandings of places as natural steady-state containers of socio-spatial processes and also the glamorization of free-flowing movement as the new 'unsteady-state' of globalization. Thus, they question received spatial binaries like global/local or near/far and emphasize the importance of connections: "all places are tied into at least thin networks of connections that stretch beyond each… and mean that nowhere can be an 'island'" (Sheller & Urry 2006, 209). Furthermore, they take issue

with the 'black-boxing' of the powerful socio-spatial relations that constitute the connection between the beginning and end points in any displacement process. While these points are important, powerful, and meaningful, so is what happens *in transit* among them (Cresswell 2010; Sheller & Urry, 2006).

Mobilities are, nonetheless, tied to and facilitated by various 'moorings,' organizing nodes, or fixed infrastructures. They "entail distinct social spaces that orchestrate new forms of social life around such nodes, for example, stations, hotels, motorways, resorts, airports, leisure complexes, cosmopolitan cities, beaches, galleries and roadside parks" (Sheller & Urry 2006, 213). The study of policy through a mobilities frame not only enhances our understanding of policy-making but also promises to enhance understandings of mobilities. First, the policy mobilities approach adds more ephemeral spaces of knowledge production and circulation, including the Internet and social media, conferences, mega-events, and sites of protest to the spaces that most mobilities scholarship has addressed. These are sites of encounter, persuasion, and motivation. They are places where mobilized policy knowledge must touch down in one sense or another to gain fuel and traction – literally in the case of an airport, for example, or figuratively, in the case of conferences where encounter around ideas directs and invigorates policy circulation (Adey 2006; Cook and Ward 2012; England & Ward 2007; McCann 2011c). Second, a focus on policy emphasizes and elaborates the role states at various scales play in shaping geographies of knowledge circulation. Tracing the travels of policies allows us to disrupt common conceptualizations of states as territorially, politically, and socially bounded entities. Such a tracing allows us, instead, to understand the interconnections among 'unbounded' states and state actors as crucial circulatory infrastructures while simultaneously emphasizing the continued importance of territorial fixity and embeddedness – of both state actors and other policy actors – in powerful geographies of knowledge production.

These "globalizing microspaces" (Larner & Le Heron, 2002b, 765) through which policy models move and in which they mutate, can be thought of as assemblages; gatherings of "'parts' of elsewhere" into one assemblage by "representatives of

professional authority, expertise, skills and interests … to move forward varied agendas and programmes" (Allen & Cochrane, 2007, 1171; see also Anderson & McFarlane, 2011). By extension, the models themselves can be understood as assemblages, bundles of knowledge and techniques purposefully gathered together for particular purposes. This assembling process is also, then, about the production of scale, as elements of near and far are combined into a global-local policy formation. Thus, the policy mobilities literature both draws upon and also extends geographers' ongoing conceptualization of scale as socially produced, relational and territorial, interconnected, and malleable (for a review, see Marston, 2000). From this perspective, the national scale and national states are no longer primary agents in the production of policies and places, as the policy transfer literature suggests, even as it also acknowledges that it would be wrong to discount national influence on urban policy. Under neoliberalism, individual places, particularly cities, are privileged sites of capital accumulation, political, and social change (Harvey 1982, Brenner & Theodore 2002, Peck & Tickell 2002) and, as a result, urban, economic, and political geographers have maintained a call for both territorial and relational analyses that are sensitive to the inter-scalar conditioning of governance and policy (Brenner & Theodore 2002, McCann 2008, Peck & Tickell 2002, Ward 2006, 2007). Cities then, are more than just places that neoliberalism happens to. Their histories, existing form, and sociopolitical structures all contribute to the (re)production of both 'actually existing' neoliberalisms and also cities themselves.

These three sources of thinking about policy mobilities and mutations – the literatures on policy transfer, mobilities, and scale – raise questions and encourage further explorations (see McCann and Ward, 2013 for a fuller discussion). These questions and gaps in our understandings have shaped a set of core commitments that we suggest underlie the ongoing conversation. These are commitments to: detailed empirical analyses of the contexts and practices of policy mobilization; analyses of inter-local mobilizations while seeing wider contexts; analyses of mutation, hybridity, and emergence; and rich accounts of the politics of policy mobilities (Peck & Theodore, 2010; McCann & Ward, 2011, 2013). Singly and in combination, these foci help advance

longstanding discussions about how policies circulate and how they produce and transcend scales. In the remainder of our discussion, we illustrate these commitments by discussing how a number of geographers address them in their research. Most of this work is urban in its focus, but what is important, from a relational perspective, is that urban policy is never 'just' urban.

3.2. Policy mobilities in, among, and beyond cities

Geographers, following Massey (1991), understand urban places as unbounded, as nodes within networks of relations, or as "the coming together of the previously unrelated, a constellation of processes rather than a thing … open and … internally multiple" (Massey 2005: 141; 2011). They are assemblages of policy models and expertise drawn out of circulation and gathered in local contexts. Yet, these policy assemblages (Prince 2010) tend to be constrained and conditioned by various forces, legacies, and pre-existing conditions. The range of opportunities for a city with a particular heavy industrial heritage and a declining population and tax base, for example, are likely to be quite different from a city with a booming economy and a growing population.

Critical research on policy-making seeks to grapple with the tension-filled relationships between territorial fixity and place specificity and global flows, relations, and interconnections. Similarly, researchers balance studies of the wider conditioning contexts and ideologies that delimit and define 'best' practice models with serious consideration of the role of individuals and small groups of policy actors in mobilizing and operationalizing policies.

3.2.1. Conditioning contexts and 'middling' technocrats

As we noted above, policy mobilities researchers reject the notion of policies as unitary objects, found in particular places and then moved in complete form across space.

Rather, geographers argue that it is crucial to consider the conditioning contexts that shape these mobilities. As Peck (2011a, 791) argues, the mobilization of policy "is saturated by power relations … [shaping] what is seen, and what counts, in terms of policy innovations, preferred models, and best practices."

Peck and Theodore's (2010b) analysis of the travels of 'conditional cash transfer' (CCT) anti-poverty programs pays attention to these "institutional and ideological conditions that variously enable, envelope, and energize [the] purposeful mobilization" of policies (Peck 2011a, 793). CCT policies have been in place across the Global South for over a decade, are promoted by the World Bank, and were adopted by New York City after policy actors from that city studied Mexico's version. In their "genealogy" of the New York CCT program, Peck and Theodore (2010b, 195) trace how Mexico's federal *Oportunidades* program was distilled, translated, and mobilized by Mexican technocrats, then adopted in localities elsewhere. In part, this involved translation into two colonizing languages: English and also a 'scientific' language, the jargon of CCT and of policy makers, complete with pre-packaged protocols for evaluating success or failure in new contexts. Peck and Theodore note that CCTs "have been actively co-produced with the new [global institutional] 'consensus' on poverty alleviation and as such can be seen as mobile and somewhat self-fulfilling affirmations of that evolving consensus." CCTs then, become 'best' practice models not so much as a result of their inherent qualities, but because they are produced by and reflect the ideological context in which they have emerged (Peck 2011b, 176).

Larner and Laurie (2010) go further in their study of individual policy actors. "Travelling technocrats," they argue, are not only high-level agents of elite institutions like the World Bank. "'[M]iddling' technocrats" play a crucial role in the spread and, crucially, the implementation of new policy ideas since, "[t]hey are … on the ground as employees, contractors or consultants, rather than occupying high status roles in international think tanks, government offices or executive boards of transnational corporations" (Larner & Laurie, 2010, 219). They engage in ethnographies of how mid-level 'technocrats' in the telecommunication and water industries embody

neoiliberalization processes, bringing new models of privatization to new locations as they construct and travel along particular career paths. Similarly Kuus (2011, 1144) argues that the study of bureaucratic actors allows "a closer examination of the interconnections between geopolitical practices and the agents of these practices." From both perspectives, the number of actors involved in mobilizing policies is much greater than might be first expected: 'policy actors' are not only those elites who write the policies, nor are they only "the hegemonic institutions and actors, and NGOs and transnational social movements, who feature in most existing accounts" (Larner & Laurie, 2010, 224-225). Rather, they are also those 'middling' actors who engage in the seemingly banal technocratic work of teaching and spreading new models. Thus, the 'making up' of policy that Ward (2006) discusses is an everyday activity linking localities through the work of a range of actors.

Policy mobilities researchers are interested in how policymaking gets done and how policies travel in a detailed sense. As the work of Peck and Theodore and Larner and Laurie, suggests, this specific interest in the global-local 'making up' of policy can be served by different analytical approaches, from the structural to the post-structural. Most work in this area tends to draw from the former but takes seriously the critiques and approaches of the latter. As we suggest below, these conceptual threads can be seen in the study of specifically inter-urban policy mobilities and in the local politics that often reflects and shapes global flows of policy models.

3.2.2. Inter-urban policy mobilities and policy tourism

Many policy models that gain popularity are associated, to varying degrees of accuracy, with particular cities (Bogota for transportation, Porto Alegre for participatory budgeting, Copenhagen for bicycle lanes, etc.) and, certainly, most travelling policy models journey through cities in one way or another. It is perhaps not surprising then that most of the work on policy mobilities has an urban orientation. Ward's (2006) study of Business Improvement Districts is an early example (see also his later papers: Ward,

2007, 2010b, 2011, and Cook 2008, 2009). BIDs are areas of cities where businesses have agreed to be taxed at a higher rate and to use the revenue to fund place-specific governance strategies like private security, extra street cleaning, or advertizing. They are a particular mobile policy model that is representative of both the activities and priorities of contemporary urban business leaders and politicians and also of the wider institutional and ideological context of global neoliberalism. Ward traces the BID model's development in one city, its circulation through particular government institutions, professional bodies, specific places, and its adoption, in mutant form, elsewhere. It is an example of how apparently mundane practices – e.g. local government bureaucrats attending conferences or going on fact-finding trips – lead to the production of a transnationally-celebrated (and critiqued) model that is commonly exemplified not by its place of origin in Toronto, but through its adoption and recirculation by policy actors in a more dominant global city, New York.

New York has thus become the destination for delegation on study trips. Indeed, these trips are an important element of policy mobilization. They are a form of 'policy tourism,' in which local policy actors travel to elsewhere to see, first-hand, the implementation and consequences of particular policies and to learn directly from those involved in their development and implementation (Cook & Ward 2011). According to Gonzalez (2011), who has studied how the Bilbao and Barcelona models of urban generation have been disseminated widely over the last fifteen years, policy tourism is a key part of the process by which places become strangely familiar. Policy tourism is a relational, power-laden practice: the tours on which visiting delegations are taken and the places they visit are carefully regulated by their organizers, thus the knowledge generated through this practice is relationally produced and packaged. Yet, policy tourism remains a popular activity among local policy actors (even in the face of accusations of 'junketing' at public expense). They regard seeing a policy operating in its 'natural environment' as an effective learning experience, as have generations of policy actors before them (Clarke 2011a, 2011b). Furthermore, Gonzalez (2011) argues that the travel of policies through policy tourism is an agent in their mutation: policies do not arrive at

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their destination in the same form as they appeared elsewhere. Yet, they are not entirely different, they still bear a strange familiarity that exhibits and encourages some degree of 'policy convergence' across the world.

An example of this relational production of policy through study tours can be seen in Portland, Oregon, a city known in North America for its sustainability and transportation planning. One of the city's universities has created First Stop Portland, an office that organizes study tours to the city, focused on innovation around sustainability. For a fee, First Stop helps organize tours, workshops, and urban experiences, and promises to provide visitors with "unparalleled access" to the city's "business, academic, and political leaders who know Portland's story best" (First Stop Portland, 2012). Through this agency, policy tourists receive a relatively consistent story about Portland's attempts to promote compact urban growth, vibrant neighborhoods, and sustainability. Their attention is directed and channeled in ways their hosts believe will be most beneficial, while individual members of city government benefit from not being overwhelmed by requests for meetings and tours.

Policy mobilizations, therefore, often seem to happen among cities working under or around, rather than with or through, the structures of other jurisdictions, like provinces and national states. However we should be careful not to suggest that national states are entirely unimportant. They provide important infrastructures through which inter-urban connections are made and maintained (Ward, 2011). It is also important to note that while technocrats, such as urban planners, will often find ways to engage in policy tourism of their own volition, their mental maps of where to visit and what to learn are conditioned by wider institutions and infrastructures such as those that provide information on best practices.

3.2.3.   Local politics is global

The definition of a policy as a 'best' practice or the definition of a city as a worthy 'model' for others is not a straightforward matter, however. The critical question

is, best for whom? Every policy serves particular interests more so than others. For some, a policy encouraging dense condo living around a downtown core is a beneficial form of 'revitalization.' Yet, for others, the same model of new urbanism threatens to gentrify existing neighborhoods and displace vulnerable populations. The question of whether such a model is good for a city then becomes not a technical question of zoning bylaws, green building technologies, and rapid transit but one of inequality, rights, and community.

The study of policy mobilities must then be the study of politics and power. In general terms, we might ask if, when a locally-developed policy becomes a global 'model' by receiving accolades and being copied by others, this positive attention is likely to confer weight and legitimacy on its advocates and thus increase their influence in the local politics of policy-making? When a 'best practice' policy model is brought into a city from elsewhere, is it somewhat armored against local criticism and questioning by its global renown, even as it has to be modified to the local context? Furthermore, when local policy-making is 'globalized' in these ways, does local politics also take on a partially global character as those involved in debating the pros and cons of a new policy direction in a specific city seek to characterize and evaluate how, in whose interests, and with what outcomes it operated in cities elsewhere?

In this regard, policy experts and consultants whose travels spread 'best practice' models are not only members of a growing 'consultocracy' (Saint-Martin 2000) who act as mediators of policy knowledge, but they are also political actors. Temenos and McCann (2012), for example, chart how a sustainability framework originally associated closely with a particular consultant and originally developed for the corporate sector was introduced into a municipal planning process because its precepts dovetailed with local political elites' desire to both educate the local population in growth management planning and recycling practices and also to develop and market a brand for their municipality as a model of sustainable development.

An analysis of the local politics of policy-making also highlights how activists

hoping to radically change cities can also be transfer agents, using similar circuits and strategies as business and political elites to spread their own particular 'best practices;' a process Purcell (2008) dubs 'fast resistance transfer.' For example, the development of Vancouver, Canada's drug policy at the turn of the current century involved significant changes in local discourses around injection drug use, public health, and the (de)merits of criminalizing users of illicit drugs. In a few years, a standard criminalization approach was replaced by a strategy in which drug use was defined as primarily a public health issue and a new facility was established to allow users to inject under supervision and in relative safety. This new 'harm reduction' strategy was modeled on several European cities via Internet and document searches, fact-finding trips, conferences, guest experts, lectures, workshops, etc. (McCann, 2008). During this time, local politics became framed by points of reference elsewhere. Critics of the harm reduction approach opposed its implementation in Vancouver by articulating different stories of its impacts in European cities while also offering up other places as alternative models (McCann, 2011b). The local politics of policy-making is, then, also a global(ized) politics.

3.3.   Conclusion

The recent emergence of the policy assemblages, mobilities, and mutations approach makes this an opportune time to consider the opportunities for future research into policy mobilizations (McCann, 2011a). It is also a crucial time to critically consider and deepen the epistemological and methodological underpinnings of the approach, to expand its geographical scope (Robinson, 2005, 2011; Roy & Ong, 2011), and to engage with concerns about methodological linearity and presentism (Cresswell, 2011; Jacobs 2011). In the remaining paragraphs, we point to methods being used to investigate studies of policy mobilities and ways that we can bring these conversations forward.

While there is a general consensus that this work considers how policy movement shapes and is shaped through global-relational/territorial tensions, how it is always situated and uneven, and how it is tied to immobilities, questions remain to be answered

regarding exactly how policies move or don't, what happens in the process, and what are the implications for cities, power relations, and the lived realities that they encompass. More detailed empirical research is needed to answer these questions. Policy mobilities work has, to this point, has largely employed qualitative research methodologies. A special issue of *Environment & Planning A* (Cochrane and Ward, 2012) details these methods and points to future directions. As McCann and Ward (2012) suggest, the current methodological approach in policy mobilities research employs a number of 'standard' qualitative, case study methods – interviews, discourse and document analysis, participant or direct observation – but directs researchers toward literally and figuratively following policies and policy actors through particular sites and situations of knowledge production and political struggle/legitimation. This type of multi-sited or networked qualitative analysis – one that takes seriously the conceptual point that any policy, place, or case is unbounded – is expensive, both in time and money, as researchers cannot easily account for policy-change by working in one place alone. The impulse to 'go global' in one's research project must then be tempered by resource considerations. Paradoxically, studies of characteristically 'fast' policy transfer, need time to fully explore the histories, presents, and outcomes of policy implementation, overcoming concerns of 'presentism' – a narrow focus on current successful policies, without regard for what has come before, for what was perhaps unsuccessful, or for alternative policy narratives – in policy mobilities research.

Creating space for detailed empirical studies of circulating policies will always be tempered by resource limitations, yet employing dynamic research methods such as those detailed in the special issue mentioned above contribute to detailed empirical studies that must also be informed through conversation and comparison with others and in reference to overarching conceptual discussions of conditioning ideological fields, extended/distended cases (Peck and Theodore, 2012), and relational comparisons (Robinson, 2011b; Ward, 2010), among others. Rich empirical studies of policy mobilization accompanied by strong theoretical engagements may thus overcome concerns about 'methodological linearity' – that traditional methods will lead to

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preconceived outcomes and thus *only* follow the policy, without engaging broader conditioning fields of policy mobilities.

The remainder of this section highlights elements of the policy mobilities approach that could be advanced further, both conceptually and methodologically. The study of circulating policies might go some way to addressing Robinson's (2006) critique of the narrow geographical field of reference upon which most urban theory is based, for example. Robinson (2011) and Massey (2011) argue for a more serious consideration of the policy innovations and productive connections, power geometries, and flows developed in global south cities and connecting these places to cities of the global north (see also Clarke 2011b; Peck & Theodore 2010b; Roy & Ong, 2011). Studying the interplay between cities that experience neoliberalization and globalization in vastly differing ways has the potential to flesh out our understanding of 'actually existing' geographies of policy and gain a more thorough knowledge of the overlapping and intersecting networks through which cities, people, finance, knowledge and so on are produced, mobile, mutating, and touching down.

This also resonates with Robinson's (2005, 2011b; see also Hart 2002; Ward 2010) call to reengage comparative urbanism through an examination of political processes across cities rather than 'siloing' their effects within municipal boundaries. "A spatial understanding of the processes at work in cities can draw us towards alternative maps of causality, differently constituted cases for comparison and new ways of bringing cities together within the field of vision that is comparative research" (Robinson, 2011a, 13). Tracing policy mobilizations among cities as opposed to in between them thus enables a richer understanding of the processes embedded in contemporary urban realities. To that end, policy mobilities literature would benefit from engagement with geographic studies of networks (e.g., Jessop et al 2008; Nicholls 2009) since exploring the pathways through which policy mobility occurs can help to elucidate the various interconnections among people, policy and places that make policy-making a social and political practice.

What happens 'on the ground' is also an important area for further research. Attention needs to be paid to spaces of immobility if we are to be careful not to glamorize movement (Adey 2006, Sheller & Urry 2006, McCann 2011a). Immobility in the service of mobility (McCann 2011c) engages territorialized, immobile spaces that affect policy transfer (or more broadly, the transfer of capital, finance, knowledge, or people). These spaces − conference rooms, airplanes, computer networks, etc. − each have their own micro-geographies that are also situated and relationally understood. There has been some work done on these sites (Ward 2007, Cook &Ward 2012), yet further interventions into this area would prove useful at illuminating both the territorial significance of immobilities, and the ways that policy is shaped and (im)mobilized. To that end, further empirical work on the 'local politics of policy mobility' (Temenos & McCann 2012) more generally would also add to the mobility/moorings debate. Here, a 'global ethnography' approach (Burawoy et al, 2000; and see McCann 2011c, 121) can prove useful in engaging the particular ways in which the local is articulated with wider fields and forces of policy mobilization.

A greater breadth to studies of urban policy mobilities can also be achieved by an attention to policies or models that were perhaps mobilized at one time or another and did not succeed, or to why certain policies were successful while others explicitly failed or were never mobilized to begin with. As Jacobs (2011, 8) notes: "Sites of failure, absence and mutation are significant empirical instances of differentiation." Interrogating the notion of 'failed' policies, as Clarke (2011a, 16) notes, also draws attention to the ways that mobile policies might in fact be traveling or touching down too fast: "such that policies come and go as they fail to turn cities around within short political timeframes." So, if fast policy is too fast, where then is the 'pay off' of policy transfer? What is accomplished and who benefits from such outcomes? A close tracing of local instances of policy mobility has the potential to uncover the subtle (or explicit) tensions that exist within every situated instance of policy transfer. This, in turn addresses the claim that studies of urban policy mobilities are as 'fast' in their analysis as polices are to move (Clarke 2011a), resulting in the danger of an apolitical urban policy mobilities.

Another literature that could contribute to studies of urban policy mobilities is the literature on the post-political. Clarke (2011a) argues that policy mobilities and anti- and post- political literatures are mutually constitutive – that the success of contemporary urban policy transfer is dependent on a 'disorganized' interlinkage of cities, institutions, actors, and capital that work together to produce technical policy outcomes. This outcome is dependent on an anti-political stance that negates the production of conflict (politics) within and between cities. He also notes, however, that there is evidence that urban policy mobilities are used to produce alternatives to dominant forms of policy and politics (e.g., McCann, 2008). Temenos (2012) takes this further by arguing that policy mobilities' engagement with post-democratic literatures helps to extrapolate the focus of policy mobilities work beyond mere extensions of neoliberalization to highlight the politics involved in alternative ways of knowing places.

Similar conceptual fertility can be found through an engagement with science and technology studies (STS). Encompassing but also extending beyond actor network theory (ANT), useful engagements with this literature can be taken up when both engage the technocratization of policy-making and policy transfer (see also Clarke 2011a; Cresswell 2010). Pairing policy mobilities and STS literatures provides the potential for a deep investigation into the politics of policy mobilities and legitimation strategies used therein. Policy mobilities and STS' parallel concerns encourage conceptual nuance around the 'mundane' practices of policy making under the rubric of scientific knowledge; a particular, previously legitimated method of argumentation.

So, the next time you are struck by that feeling of déjà vu on a city street or while reading a new planning strategy, it's not your mind playing tricks. The strange familiarities of policies and the places they produce are not the result of happenstance. They are the work of numerous policy mobilizers, agents, institutions, and infrastructures who act to condition ideological fields of accepted knowledge and practice, to define certain policies as best practice models, to create connections among places, and to circulate models through those connections. The policy mobilities approach, in this sense, strives to acknowledge the inherent politics of focusing on global-

relational/territorial interlinkages and attempts to continue, enrich, and enliven the continuously 'rolling' conversations taking place. These connections and mobilizations are not extraordinary, however. They are not infrequent or unusual events. Rather, the work of global-relational policy-making is ordinary. It is deeply embedded in the everyday practice of both elite and 'middling' policy actors as well as political activists. The only extraordinary thing is that geographers have paid little attention to it.

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Chapter 4.

Bridging geographies of policy mobilities and institutional activists

The previous chapter set out terrains of policy mobilities research as they were understood in 2011 and 2012. Policy mobilities approaches at the time were new, and relatively unexplored. As such, I focused on broad understandings of policy mobilities, its contingencies, its conceptual debts, and a review of its fields of practice. Four years on, scholars have begun to take up the policy mobilities agenda in various ways (cf Barber 2013, Cook 2008, Moore et al 2014, Müller 2014), most notably in regards to the rich empirical accounts and 'thick descriptions' that have been called for (McCann 2011a, McCann and Ward 2011b, Peck 2011a). However, the purpose of this dissertation is to examine what is gained when attention to policy mobilities is understood in relation to studies of social movements; not only for the specific case of harm reduction, but also for spatially informed studies of policy mobility and transnational advocacy networks.

This next chapter begins to do the empirical work necessary for this understanding. It focuses on a broad overview of my fieldwork across six sites in order to illustrate the three themes that emerged over the course of two years of fieldwork. Grappling with the ways that advocates were achieving successful outcomes was difficult given the wide array of field sites, and the rapidly mounting localized data that came with each place I visited. In order to understand these successes and setbacks, I found myself taking a wide view to analyze commonalities across each case. I found this commonality in the ability of individual activists to move more or less fluidly between institutional and activist settings. Individual transfer agents worked in conjunction with the social movement around harm reduction from both social movement organizations and governmental institutions such as bureaucracies, sitting politicians, and social service and clinical health care workers.

I draw on Anna Yeatman's (1998) concept of the 'Policy Activist' in order to conceptualize how individuals' mobility within various institutional contexts contributes to the broader social movement of harm reduction. While the idea of a policy activist, an individual within a government structure who sees their role formally or informally in an advocacy capacity, has not been taken up widely within social movement studies or geography, I begin to develop this concept in relation to its spatiality. This includes the embodiment of the individual and the multiple preformative roles that are possible within one policy activist, and within the span of an individual's career. It also includes the location of the advocate within a government or other agency where there is power to effect policy change. Further, it is imperative to understand the networked role of the policy activist within the broader social movement that has the capacity to draw on relational ties, both weak and strong, as well as other material resources that the social movement may draw on.

The following chapter draws out two more spatial strategies that contribute to the policy mobilization of harm reduction, the role of place-based evidence, and the visibility of drug use. Both of these strategies are effective to a large degree. Evidence based policy has become a benchmarked practice among policy makers, yet the locational fetishization of evidence, especially in the form of clinical trials, has significant effects of the success or failure of policy mobilization. Demonstrating need in a place, has a very different connotation and set of practices that need to be put into place in order to achieve this form of evidence than the necessity to demonstrate that particular harm reduction interventions will be effective among a localized population, which often requires a medicalised, resource intensive pilot study.

Thus the role of visibility becomes paramount in the former efforts of drug policy activists. In many cases, demonstrating the need for an intervention comes down to making the drug use known within a community. It comes down to making visible the people as well as the drugs being used. Hence these strategies range from building service sites on main roads, to mobilizing sites to drive around neighbourhoods, to the collection of used drug paraphernalia in transparent containers.

Unlike Chapters 3, 7, and 9, which have been written in manuscript form for publication in peer reviewed journals, the next chapter was written with a focus to be developed for publication at a later date. The chapter's structural contribution to the dissertation is to provide insight into the scope of my empirical work through a theoretically informed reading of policy mobilities, which the previous chapter provided.

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Chapter 5.

Marginalized Public Health: Successes and failures in the mobilization of harm reduction drug policy.

5.1.   Introduction: Reconstituting terrains of contestation and identity

"A dramatic shift in priorities in drug policy is essential. Help for drug addicts must constitute together with preventative and educational measures an equally important objective of drug policy. The maximum amount of social and health assistance must be made available when dealing with drug addiction and drug users, and repressive interventions must be kept to a minimum. Criminal prosecution should focus its priorities on combating illegal drug traffic. The protection of the population is, in particular, a task for the police.

Anyone who wants to reduce the suffering, misery and death must firstly free the drug addicts from the threat of prosecution simply because they use drugs. Secondly, offers of help must not be linked to the target of total abstinence. Help should not only be aimed at breaking away from dependence, but must also permit a life in dignity with drugs."

-The Frankfurt Resolution, 1990.

The 1990s saw the growth and institutionalization of the harm reduction movement. A set of policies, practices, and ideas aimed at reducing the physical and social harms of illicit drug use to the drug user and to society, harm reduction is also a global social movement focused on health, human rights, and social justice. The sudden

onset of HIV in the early 1980s moved harm reduction from a grassroots movement led by drug user activists in the 1970s into the realm of local institutional public health management, at odds with current global standards of drug policy. The resulting conflicts over how to best manage psychoactive substances and the people who use them emerged in countries throughout the world. For example, in the United States (U.S.) today, syringe exchange programs (SEPs) are still illegal in half of its states, in Hungary SEPs are legal yet highly contested, whereas in Luxembourg syringe access is almost universal, yet harm reduction faces opposition there as well (Desilver 2014, Origer 2013). While harm reduction is a successful public health approach to drug use, it remains highly contested on both legal and moral grounds. Thus, while its provision has in many instances become professionalized, it remains a global social movement committed to activism through implementation within the wider theatre of global drug policy reform.

In this paper I examine the spatial strategies of harm reduction as a social movement across cities in Europe, North America and the Caribbean. I look at how socio-materialities of harm reduction, such as SEPs, are constructed across cities in each of the three regions to argue that over time, best practice associated with harm reduction has transformed into a legitimating advocacy tactic and a spatial form of resistance which has migrated into the state apparatus.

This movement towards policy change is slow, and its flow is not uninhibited. Harm reduction is spatially variegated, and tirelessly advocated for through a complex transnational advocacy network comprised of multiple actors and institutions working broadly towards drug policy reform. This research shows that the success of harm reduction policies has been contingent on support of policy activists; individuals working within governing bureaucracies who are committed to shared values as with policy advocates working from the outside. For example, in an examination of Australian housing reform, Nylund (1998) notes that policy makers would not consider alternative policy models until activists gained access to internal governance structures. This was achieved when activists shifted their labor from grassroots activism and entered institutional settings as bureaucrats working in the housing agency. Harm reduction

likewise has seen a thirty-year mobilization to achieve policy success through the involvement of committed policy activists who have shifted locations within advocacy networks and governance institutions.

In order to better understand how the mobility of advocates affects the spatiality of social movements, I will draw on the experiences of harm reduction drug policy in six discrete, yet connected sites. The object here is not to develop a comparative matrix. Rather, it is to study the ways that harm reduction drug policy activism is understood spatially across cities in Europe, North America and the Caribbean. I do so by focusing on three spatial strategies of the harm reduction movement; the insider/outside role of the drug policy activist, the perceived need for local evidence for the efficacy of harm reduction interventions, and visibility of drug use and service provision (Table 1). In order to do so, I employ a relational understanding of each of the cities discussed here.

Relational understandings of mobility require an ontological perspective of social processes as mutually interdependent with territorial fixes such as infrastructure or regulatory frameworks which enable or constrain mobility (Massey 1991). Following Ward (2011: 480), my aim is to do so by using "different cities to pose questions of one another." While certain aspects of harm reduction have similarities, the forms of health service and advocacy tactics vary considerably across diverse socio-political contexts. The global unevenness of the harm reduction social movement, coupled with its varying degrees of success demonstrates the continued importance of relational understandings of local politics and global processes. Because, as Massey (2011, p.12) notes, "Imagining global space as either pre-established closed territorialities or a smooth space of flows is to ignore the grounded and interconnected reality of real politics." Further, this broad scope of localized advocacy tactics highlights that, what counts as success in social movement strategies, as well as in public health service provision, is contingent on where a place is sited along a continuum of activism within the movement (Diani and McAdam 2003, McAdam et al 2001, Miller 2000, Davies and Featherstone 2013).

Table 4: Spatial Strategies of Harm Reduction Across Six Sites

	Insider/Outsider Role	Evidence & Expertise	Visibility
Budapest	Mobile cohort of Policy Activists	Transnational activism & Policy activism	Transnational activism (e.g. HCLU)
Frankfurt	Inter-organizational movements for Policy Activists	Frankfurt Resolution 'The Frankfurt Model'	(In)visibility. Movement of drug users indoors.
Kingston	Policy Activists, Service Activists, & Grassroots Activists	South-South learning exchange Tek It To Dem Pilot for evidence production	Mobile service provision
Luxembourg	Inter-organizational movements for Policy Activists	Site study for Tox-In/Abrigado	Temporary siting of services.
New York	Inter-organizational movements for Policy Activists	Pilot Needle Exchange Social Movement Organization headquarters	Cultural Activism Public trials
Santo Domingo	Transnational Advocates	Grassroots Needle Exchange	Grassroots Needle Exchange

After a brief discussion of the theoretical underpinnings of policy mobility and geographical scholarship on social movements I turn to six case studies to show that there are three spatial strategies of drug policy activism that emerge from the harm reduction movement: the insider/outside role of the drug policy activist, local evidence for the efficacy of harm reduction interventions, and visibility of drug use and service provision. As McCann and Ward (2012) suggest, I theorize 'through' my empirical examples, relying on in-depth empirical analysis to argue that the spatio-temporal trajectory of harm reduction has produced a transnational advocacy movement that is intelligent, adaptable, resilient, and emerging. My first examples focus on two loci of harm reduction activism that have produced a popular model (Frankfurt) and has remained a center of harm reduction advocacy within North America and globally (New York). From this historical

perspective, I turn to two cities in Europe, Luxembourg and Budapest, to explore what successful advocacy strategies can produce, and alternatively how activists come together to contest and manage a repealed harm reduction policy - one that has failed politically while being wildly successful in practice. Finally I turn to two 'ordinary' cities in the Caribbean, Kingston and Santo Domingo. These two cities demonstrate how harm reduction is advocated for via state centered policy activists and alternatively, through more contentious, embodied health practices. I conclude by discussing further directions for researching spatially informed studies of transnational advocacy movements.

5.2.   Policy mobilities and policy activism within a global social movement

Urban drug policies focused on demand-side reduction and addictions treatment generally fall under national and state level public health policy regimes. During their preparation, policies are cross-checked against various other policy mandates in place including supply-side drug reduction or local zoning and other by-laws. Supra national policy conventions such as the United Nations' (UN) 1961 Single Convention on Narcotic Drugs, regulating the production and supply of certain drugs or the UN 1971 Convention on Psychotropic Substances which expanded the 1961 convention, generally guide the overarching trajectories of national and sub-national drug policies. Policy harmonization practices are often responsible for incremental policy changes, however shifting drug policies around harm reduction service provision have often been met with resistance politically and socially.

There is a growing body of spatially informed scholarship concerned with the global production circuits of popular policy regimes (Peck and Theodore 2001, 2010; Ward 2006; England and Ward 2007; Cook 2008; McCann 2008, 2011a; Prince 2010; Peck 2011b, Gonzales 2011; McCann and Ward 2011, 2012; Robinson 2013). The policy mobilities approach attends to the relational and socially produced nature of contemporary policy production in order to unpack intersecting social, economic, and political processes that contribute to the 'making up' of policy. Policy, as defined by the

Oxford English Dictionary (2014, np) is, "A principle or course of action adopted or proposed as desirable, advantageous, or expedient; *esp.* one formally advocated by a government, political party, etc." Bolstered by political technologies such as policy documents, frameworks, platforms, and practices, policy is a tool extant at all levels of governance. With so many moving parts that make up 'policy', its very nature is not fixed or rigid. Rather its form can be understood as an assemblage of elements working together towards a specific outcome (Allen and Cochraine 2007, McFarlane 2009). These assemblages are drawn together via coalitions of policy advocates, such as politicians, think tanks, governments, policy entrepreneurs, and activists to form complex networks that work to produce and maintain certain policy regimes aimed at supporting existing or transitioning forms of governmental rule (McCann 2008, 2011a; McCann and Ward 2011).

Policy mobilities scholars have largely focused on the processes and technologies that produce policies in the service of advancing neoliberalization such as: creative city policies (Peck 2011c, Prince 2012), conditional cash transfer policies (Peck and Theodore 2010), business improvement districts (Ward 2006, Cook 2008), sustainability and green development policies (Temenos and McCann 2012, McCann 2013), and zero-tolerance policing (Mountz and Curran 2009, Swanson 2013). This work is augmented by a focus on travel that is involved in the assembling of particular kinds of policies (Gonzalez 2011, Cook and Ward 2012, Cook et al 2014). Work is beginning to emerge that looks for policies that may work towards an alternative to neoliberalization processes, and spaces of possibility within model mobilization (Bunnell 2013, Söderström and Geertman 2013). There has also been a turn to focus on the historical legacies of policy transfer (Clarke 2011, Cook et al 2013, Jacobs and Lees 2013). Despite broadening the empirical and conceptual scope of policy mobilities research, there has been very little work done on the role of activists and alternative policy advocacy in instances of policy change (but see McCann 2008, 2011b).

By focusing on the effects of activism on drug policy mobility, this work seeks to broaden spatial understandings of how policies become adopted within state structures

from their conception as an idea through to their transformation into a policy platform. Davies and Featherstone (2013, pp 245) note that examining transnationally networked social movements reveals the multiple spaces in and through which social movements mobilize to seek state change.

> Too much emphasis on emulation, similarity and common understandings closes down focus on the radical plurality of political identities brought together through opposition to neo-liberal globalization. The constitution of transnational political networks can be much more fissiparous, contested and productive than this focus on common understandings suggests. (Ibid).

The challenge that scholars of policy mobilization face is to engage with the multiple and changing identities of policy actors working with the state, within it, or in opposition, in order to understand how competing narratives of best practice policy work in particular, power-laden ways that in turn shape the construction of socio-spatial materialities.

In order to do so, Miller (2000) argues for an in depth examination of social movements over time to be able to fully understand successes and failures in social movement strategies. Social movements are formed when states enact or uphold policies that promote value systems which are at odds with the values of movement members. Harm reduction is one such movement, which falls under Keck and Sikkink's (1998, p. 1) definition of a transnational advocacy network, "networks of activists distinguishable largely by the centrality of principled ideas or values motivating their formation… [including] those actors working internationally on an issue, who are bound together by shared values, a common discourse, and dense exchanges of information" (Keck & Sikkink, 1998, 1-2). These networks attempt to influence policy outcomes, the behaviour of the state and other formalized institutions. Their goal is not only to achieve changed outcomes, "but to transform the terms and nature of the debate" (ibid.) Transnational advocacy networks are comprised of a number of what Stone (2004) calls 'transfer

agents', and social movement organizations. They include, local social movements, human rights as well as public health NGOs, think tanks, religious groups, media, consultants, architects, and, importantly, policy activists. It is these transfer agents, in their specific role as advocates, with which this paper is concerned.

Policy activists are those individuals working within government bureaucracies advocating a particular policy agenda based on a set of values that may not complement current policy regimes. Yeatman (1998, p. 34) notes that consistency and commitment by these government employees in championing their policy agenda within the policy process, which she defines as, "namely a conception of policy which opens it up to the appropriate participation of all those who are involved in policy all the way through points of conception, operational formulation, implementations, delivery on the ground, consumption and evaluation." The policy activist is distinguished from other types of policy actors, such as a 'policy entrepreneur' whose approach to policy change is top down dissemination, by their ability to work within existing political opportunity structures to broker policy change. These actors can be differentiated into various categories of "bureaucratic, professional, practitioner and consumer types of policy activist" (ibid). Thus, the role of a policy activist is generally, although not exclusively one who works within existing governing structures to advocate for policy change.

In order to fully understand geopolitical processes that regulate people and place, detailed attention to how policy is produced must be at the center of a geographical critique (Kuus 2011, 2014). "Closer attention to bureaucratic processes would enable us to analytically link international affairs to everyday social practice" (Kuus 2014, 3). Larner and LeHeron (2002a,b) likewise advocate the study of 'globalizing microspaces', and the mid-level technocrats that are responsible for translating policy directives received from politicians into operable policies that interact with pre-existing infrastructures, including rendering those policies legible so that they are able to work with existing informational infrastructures in order that their successful uptake is ensured.

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Middling level bureaucrats, as both Kuus and Larner and LeHeron have pointed out are also powerful agents in the roll out of policy regimes (cf Larner and Laurie 2010). When attention is turned to those in government positions, what emerges are people with specialized skills and expertise, opinions, analyses, and agency rather than a rational actor preforming a task robotically. Thus, when a policy regime is implemented, it is sometimes done so after years of careful advocacy, work by those government agents within the current organizational structure to create and take advantage of openings to advance a particular policy agenda. In some cases such as New York, policy activists entered into government positions with a pre-existing value structure focused specifically on a policy regime that contradicted the current standard. In other cases, as in Budapest, values and worldviews were formed once employees had entered into the government and were exposed to a specific portfolio.

The development of a policy ethic of care is common within public health domains because these agencies often have a clear mission which can be directly applied to the health and wellbeing of people (Dugdale 1998, Lawson 2007). With an ethic of care located in a government agency, the policy activist is not compelled to subvert the structural form of government, rather they are empowered to work towards changing structural injustices that they see as perpetrated via specific policy regimes. In the case of harm reduction, this would include provision of health services to all sectors of the population, risk reduction strategies, and a compassionate rather than criminalizing or punitive approach to drug use.

The paper now turns to examine how policy activists using their positionality as working either inside or outside of the government engage in other spatial strategies of policy reform including harnessing 'evidence' of effective harm reduction interventions, and strategically negotiating the visibility of drug use and service provision. The account is not a comprehensive overview of harm reduction. Rather, I examine specific instances across a multiplicity of sites in the global north and south to illustrate the variegated successes and failures of harm reduction drug policy activism over time and across space.

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In the process, the resiliency and adaptability of harm reduction is highlighted as a key to its overall success as both public health provision and policy intervention.

5.3. Looking back: institutionalized harm reduction's historical origins in Frankfurt and New York

New York City reported its first case of AIDS in 1981 (CDC 1981). The virus quickly became a global pandemic and with the knowledge that injection drug use was one of the most common forms of disease transmission, harm reduction strategies were rolled out in cities across the world. In the early 1970s, heroin users in the Netherlands began procuring and distributing sterile injection equipment, free of charge to their peers in order to reduce the risk of abscess formation and vein collapse that is common on areas of the body repeatedly used for injection, and exacerbated by the use of unsterile injecting equipment (Allman et al 2006). The *junkebonds,* as these sharing networks were called, operated in grassroots form mostly underground and spread throughout Western Europe from the early 1970s. Their spread is largely considered the emergence of the harm reduction movement (Friedman et al 2001). And it is within this grassroots, user-centered legacy that many early adopters of harm reduction entered into.

Like many cities in Europe, Frankfurt in the 1970s developed an open drug scene. Centered in Taunusanlage Park, which rings the downtown core and which also happens to be the financial center of Germany and since 1998, houses the headquarters to the European Central Bank overlooking the park. By the early 1980s over 1000 individuals had been documented as part of the park's drug scene, and the periodic crackdowns by police were increasingly ineffective at dispersing the people using the park (Stover 2013). Attempts to clear the park of drug users were heightened in the late 1980s. During this time, the European Banking Committee was deliberating on the location for the European Central Bank, and as a forerunner, city officials in Frankfurt were keen to clean up the park (Interview with activist, 2012). The city created a position for a drug policy coordinator to manage this task.

The Frankfurt Model of harm reduction came about through multi-level government's institutional pressures. The person hired however, saw as her mandate, not only to manage a drug problem, as the city and the police saw it, but also to ensure that people could continue to live their lives, regardless of drug use. In doing so, the city looked to other European cities with similar situations for a potentially successful solution. A former city employee noted that, "One of the most important linkages was Amsterdam for several reasons. One was that it had been a good example of how to handle an open drug scene... and because [Amsterdam] was already quite advanced with regards to methadone etc. etc. And they were one of the first ones to sign the Frankfurt Resolution. The other city we were closely linked with was Zurich" (Interview 2011). What emerged was a harm reduction model developed via institutional collaboration. Not all organizations were always on board. The police, most notably, took a lot of convincing to alter their view on drug use and addictions, from a punitive approach towards a public health and social services model (Schardt, 2001).

However, the emergence of a comprehensive harm reduction drug policy in the city included four supervised drug consumption rooms, fixed site and mobile syringe exchange programs (SEPs), integrated low-threshold drug treatment and health services, and low-threshold shelters and housing options. In 1990, the city of Frankfurt convened the first meeting of the network of European Cities on Drug Policy, from which emerged the Frankfurt Resolution, mentioned in the quote above. The establishment of this network in Frankfurt, and the naming of the resolution helped ensure that the city became a central model for harm reduction. The Frankfurt Resolution, whose original signatories included local government representatives of Frankfurt, Hamburg, Amsterdam, and Zurich, called for municipal commitment to a harm reduction drug policy, and mutual information exchange between the signatories. It is based on the declaration that, "The majority of drug-users live in cities or they come to the capitals, because there is the market, there is the scene and there is drug-aid. Therefore most of all big cities are afflicted with drug-problems and on the other hand the influence of cities concerning

drug policy is limited and contradicted to the burden such cities have to carry" (The Frankfurt Resolution, 1990).

The harm reduction model in Frankfurt emerged through institutional or 'policy activism' (Yeatman 1998). Contentious action within this particular drug policy area manifested early. It emerged through police clashes with drug users in Taunusanlage Park. It emerged in the violence of the 147 drug related deaths in Frankfurt, most of which took place in the park where, according to several interviews I did, paramedics refused go (Stover 2013, Interviews with activist and former city employee 2012). These forms of structural violence are not often thought of as contentious action within social movement literature. Protest and other civil disobedience is more often called to mind (Miller 2000, Routledge 2003). Yet, I argue that it is precisely these early forms of structural and physical violence, coupled with the city's desire to purge the central business district of those perceived to devalue cosmopolitan spaces, which lead to activism from within the state. "Public health professionals providing technical input to policy development may become passionate about the policy outcome and broaden their engagement in the policy process well beyond the role of expert... While one's activism may often be at odds with the policy orientation and operational style of a particular agency, there are occasions where there is considerable affinity between the two" (Dugdale 1998, pp 106).

This was the case in Frankfurt, where a position was created specifically to bring an unmanageable situation under control when traditional, punitive methods were unsuccessful. Moreover, Dugdale (1998, 107) goes on to note that policy activists, "may build networks of relationships across government agencies and with outsiders who share their cause or activist leanings. They may go beyond the brief of their allocated work and push for their cause." This was also the case in Frankfurt, with the creation, by the drug policy coordinator of the network of European Cities on Drug Policy and the resultant Frankfurt Resolution. The establishment of this network in Frankfurt, and the naming of the resolution ensured that the city became and remained a central model for harm reduction within Europe. The Frankfurt model also became a basis for global

benchmarking practices in harm reduction with places such as Vancouver Canada and Sydney Australia incorporating its elements into their own drug policies (cf McCann 2008, 2011b).

5.3.1.   New York

New York City, in the 1970s and 1980s did not have a Taunusanlage Park, although Tompkins Square Park and the Lower Eastside was often held up as a known 'problem area' for drug use. New York however, was in the throes of the AIDS pandemic. Funding for harm reduction, most notably SEPs, was limited, and was further curtailed in 1988 with a federal ban on their funding. Furthermore, their existence and non-prescription possession of syringes was illegal. Politically, as well as socially, the U.S. was shifting towards a more punitive stance on drug policies, such as the on-going 'war on drugs,' and First Lady Nancy Reagan's 'Just Say No' campaign. One long time activist recalled, "So for me, coming into it with drugs, it was, you had 12 steps. That was it" (Interview 2012). In short, there was little legal or social space for alternative policies or approaches to drug policy.

Many national governments quickly embraced harm reduction policies as a means to stem the HIV crisis (Heller and Paone, 2011). Places such as Sydney Australia and Budapest Hungary were seen as successful in stemming the HIV crisis through the swift implementation of harm reduction. Yet, in the U.S., state and federal levels of government resisted its uptake. Evidenced by the high levels of contentious social action by various interest groups, such as the AIDS Coalition to Unleash Power (ACT UP), which engaged in many forms of cultural activism, including an unsanctioned SEP (Haldi, 1999). Amongst this opposition, the New York City Department of Health (now the Department of Mental Health and Hygiene, DOMHH) initiated a legal pilot SEP. Its rationale cited successes from models elsewhere, including Sydney, Australia and Amsterdam, Holland. It was unusual for a public health department to initiate such a trial, and the program was a failure due to strict rules of access, limited hours of operation and the decision to site it at Department of Health headquarters (Anderson 1991).

The dual failures in New York's early harm reduction movement, first at importing a European or Australian model of harm reduction, then the subsequent failure of the pilot SEP is indicative of on-going contentions in drug policies. The view that New York "is like no other place," (Interview 2012) as one policy advocate put it, contributed to the political reticence to import a model from elsewhere. Simultaneously, this early attempt at establishing a New York based model of harm reduction points to institutional barriers, such as the high-threshold, high-barrier design of the program. Further, locating the program at the Department of Health headquarters, outside of the community and where its operation could be surveilled demonstrated nervousness around the initiative.

By 1988, the same year the federal funding ban on SEPs was instituted, 63 per cent of the 22,438 people diagnosed with HIV/AIDS in New York, had died (NYCDOMHH 2012). The need for risk reduction interventions became more apparent. In 1990, ACT UP, joining several other groups, began an underground SEP. ACT UP's decision to begin an SEP was predicated on the principles of social justice, and bringing the issue of access to health care into the public eye. The 1991 arrest and subsequent trial of eight ACT UP members running the program, ensured this visibility. The trial established the legal basis for harm reduction in the state of New York. The presiding judge, Laura Drager, noted that:

> The defendants did not violate the drug possession laws ...
> they violated a law that has been of limited, if any, success
> in preventing illegal drug use. The distinction, in broadest
> terms, during this age of the AIDS crisis, is death by using
> dirty needles versus drug addiction by using clean needles.
> The defendants' actions sought to avoid the greater harm
> (cited in Sullivan, 1991).

Injection drug use was never a key focus for ACT UP. Rather, they employed the SEP as a visible spatial strategy, obviating the transmission of HIV/AIDS in the Lower Eastside

of Manhattan. The rights of drug users, and communities of colour were not the main focus of this action, rather it was access to treatment and prevention. Following the court ruling, the state passed a law decriminalising SEPs (N.Y. PBH. 2013), and the city amended their own bylaws to reflect this status. By the next year, New York had established two legal SEPs and harm reduction became legal, if not standard practice (Heller and Paone, 2011).

Early reactions to SEPs among black community leaders were staunchly opposed on ideological grounds, and it was not until the mid 1990s that harm reduction initiatives began to receive their support (ibid, Quimby and Freidman, 1989). This is significant as the majority of IDUs in the city hail from these communities. Despite New York's early rejection of a more grassroots, European model such as Frankfurt's, its early political struggles emerged out of contentious engagement with the state based on perceived values of social justice. One activist notes: "we got the Department of Health interested in is doing harm reduction and drug user health, not just reducing HIV prevention." (Interview 2012). Later, commenting on the time and work required to get this institutional change, he goes on to say:

> I mean we've always had social justice is an element to the work we do. It's, you can't ignore it. I think that as activists started doing this, I mean, I didn't know what public health was when I was going to ACT UP meetings. Someone said public health and I was like 'what the fuck?' I didn't know what public health was, I was a waiter at a restaurant... I thought it was just about washing your hands I mean, it is about washing your hands, but its not just that and I didn't know that then...[Harm reduction] was about righting a wrong. For a lot of us it was a legacy related to social justice and civil rights. So social justice was always a core piece of that especially around racial justice. And looking

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at who is impacted in structure. And the evidence is so
clear who's impacted.

I quote at length here because the structural impacts remain apparent thirty years on. Law enforcement still regularly stop known clients, employees, and volunteers of SEPs (Beletsky *et al.*, 2014; England, 2008; McLean, 2012). The continued focus on questions of structural injustices around access to care are in many ways central to the successes of harm reduction policy over the past thirty years. In 2000, a city by-law, NYCRR 10 §80.137, expanded access of syringes to registered non-medical providers, effectively legalising, rather than decriminalising SEPs. And a 2001 court case ruled that registered users of SEPs were exempt from being prosecuted under federal law PL 220.45, which prohibits people from possession of drug paraphernalia. However, as late as 2010, New York City police felt the need to issue an operating order reminding officers not to stop employees of SEPs for possession of used syringes.

Long-term relationships in the harm reduction movement emerged as s second key source of incremental successes in shifting institutional support of harm reduction. For example, harm reduction remains the official policy of the DOMHH. This is in part because of relationships made in the late 1980s, specifically between people running SEPs and Thomas Frieden, a doctor specializing in tuberculosis who would become the health commissioner of New York.

> [He c]omes back to be the Commissioner of Health to New
> York City and he's like 'Oh I remember you, you used to
> run that needle exchange. That was great!'... So the
> relationship we built out... really linked here. And so we
> have regular meetings. So Tom Friden is now the head of
> the CDC. Before that... we got the Department of Health
> interested in is doing harm reduction and drug user health,
> not just reducing HIV prevention. (Interview 2012)

Noting that Frieden was considering a proposal by harm reduction advocates to mandate harm reduction in every health organization funded by the DOMHH, the same activist stated:

> ...he wouldn't do that, but we got a position created which was a harm reduction coordinator... and we got one of our people hired to that position... So it was the advocacy, the fact that our programs had been ran really good and effective, and we built legitimacy and then we got someone in the health department. Which then was evidenced by relationships and she knows what we were doing and we knew what she was doing. (Ibid)

Harm reduction policies are successful according to benchmarking practices of measuring bio-social risk reduction factors such as access to and uptake of services, or the prevalence of used syringes in the community (Andresen and Boyd, 2010; Jozaghi et al 2013; Jozaghi et al 2014; Marlatt and Witkitewitz, 2010; Percival, 2009), and this success has also been the case in New York (Heller and Paone, 2011). Harm reduction in New York did not import a successful policy model from elsewhere. Despite attempts by local policy advocates to use the successes of cities elsewhere, such as Frankfurt, to import harm reduction into New York, the local political context around drug use and HIV did not allow for a successful mobilisation. Instead of averting an HIV crisis as they did in places such as Budapest (discussed below), New York did not see the rate of HIV drop until the mid 1990s (NYCDOMHH 2012). However, the failure to import foreign models into New York is not considered a policy barrier. Rather, local policy activists, which included public health officials, AIDS activists, LGBTQ activists, housing rights advocates, and local community leaders, see themselves as forging an alternative path to harm reduction through alternative political opportunity structures such as; public action, court battles, and state and local legal mechanisms. In doing so, New York has become a model of social action and public health for other U.S. cities in its own way.

This is not a case of exceptionalism on the part of the city of New York. It is unsurprising that the city, long seen in scholarly literatures as revanchist (Smith 1996, 1998; Mitchell 2003), widely known for its incorporation of zero-tolerance policing to reduce crime rates (Mounts and Curran 2009, Smith 2011), is also a place where alternative approaches to managing illicit behaviour such as drug use, have also flourished. Its status as a city with the longest history of HIV infection in North America also makes it a city with the longest running risk mitigation approaches. The widespread fear of infection in the 1980s, coupled with the cultural opening advocated for by various grassroots organizations, such as ACT UP, opened space for alternative policy models to be tested. New York is still a place widely lauded for exporting punitive policy models (Swanson 2013). Yet it is also a place that facilitates alternative drug policy reform models throughout North America. Paralleling its home as the location of multi-national corporations, New York is also home to international advocacy organizations such as the Drug Policy Alliance, and the Open Society Foundation.

5.4.   Pivoting on contingencies: Luxembourg and Budapest

I turn now to examine harm reduction social action as it is played out across the European context. Frankfurt's influence over regional drug policies was significant, and it was significantly increased with the strengthening of the European Union over the 1980s and 1990s, as well as the fall of communism in countries in Eastern and Central Europe. While Frankfurt is the headquarters of the European Central Bank, Luxembourg is the seat of several European Union Institutions including: the General Secretariat of the European Parliament, the European Court of Justice, and the European Investment Bank. Luxembourg is a stable economy rooted in the finance sector, though it also has strong and stable steel manufacturing and agricultural sectors. Its capital, Luxembourg City (hereafter Luxembourg) has a population of 100,000, within the total population of 500,000. Luxembourgers, Portuguese, French, and Germans make up the majority of the population. Harm reduction as practice was introduced to Luxembourg in 1989 with the provision of SEPs on a national level. Syringe exchange is widely available throughout

the country in many forms, fixed site, and mobile, as well as the provision of outdoor syringe vending machines that are accessible 24 hours a day.

In 1995 the first national drug strategy was introduced, and in 1997, 'harm reduction' was introduced as a principle into the drug strategy and is credited with allowing the country to avert an AIDS crisis. There is only 1% HIV prevalence in Luxembourg (EMCDDA 2014). It is however estimated that as much as 50% of the drug using population tested positive for hepatitis C. And by 2000, there were over 2500 known chronic drug users in the city, and an estimated 400 'problematic' drug users, those who chronically use opioids, cocaine, or amphetamines and follow a 'chaotic' lifestyle (EMCDDA 2014), which often includes homelessness, involvement in sex work, and frequent interaction with law enforcement. The transmission of HIV was a concern in rolling out harm reduction in Luxembourg, however like in Frankfurt, it was not the primary motivation.

> We have this particular situation that in Luxembourg, which is such a small country we have quite a high prevalence of addictions... So this means that we actually are always impressed because Luxembourg is wealthy country, but they have so many addicts but then it was also a political issue. Because nobody, especially not the Minister of Health likes to be quoted in the media to say Luxembourg is a champion [of], or not champion but the first [has the highest level of] drug addictions. (Interview 2012, senior government employee).

The focus on politics spurred the government's receptivity to a more comprehensive addictions prevention and treatment approach rather than one focusing on criminalization. Retributive actions against visible drug users would have little effect. During a visit to a low-threshold drop in center, one employee commented that, "In our city, with 90,000 people, you can't lock up 2500 of them without someone noticing, even drug users" (Interview 2012). In 2000, the position of Drug Policy Coordinator was

created in the Ministry of Health to get a handle on the issue. It is significant that this position was created within the Ministry of Health, rather than in a law enforcement agency by signalling the close connection with German models of domestic drug policy, specifically relationships with Frankfurt and Hamburg, on which Luxembourg's current harm reduction strategy is modeled.

The position, which is supported by the European Union (EU), was tasked with reorienting Luxembourg's drug strategy and action plan. The coordinator was also tasked with gaining insight into why Luxembourg had such a large percentage of chronic drug users, and how to manage it. Between 2000 and 2005, the several national and municipal studies were conducted looking at the spatial distribution of drug users, rates of drug use, appropriate interventions, and potential sites for each service. The result was an increase in SEPs, and in 2005 an existing overnight shelter and day-drop in center was moved and expanded to its current location near the Hollerich Train Station. The expansion included a supervised injection room, counselling rooms, and space for a small health clinic. In 2011, the site had an average of 150-300 individuals using it per/day. It was a significant intervention, which was successful in its stated goal. "So actually the drug prevalence goes down slowly but surely in the last five years actually, according to the results of the drug program studies. But it was stabilized in 2005 and from 2005 is when it started to go down smoothly" (Interview 2012 government official). The success of Tox-In, the integrated low threshold service for people who use drugs was both technical and managerial. However it was not without neighbourhood opposition due to its visibility on the landscape, as one harm reduction manager put it:

> And now you show the open drug scene in Luxembourg.
> Before we were there, there was a drug scene but it wasn't
> open. They had it in their private rooms, in the garage, in
> the park to consume the drugs but now they have one place,
> only one place in Luxembourg that they can. And so you
> can see the open drug scene. And the neighbourhood thinks
> 'Okay with such an institution then there are more drug

addicts in Luxembourg.' No, it's not so simple! It's more
that you can now see the drug users of Luxembourg. It's
more clear, okay people they are there, they go to Tox-In,
they are drug addicts (Interview 2012).

The visibility of Tox-In is not only within the neighbourhood but within the entire country. Tox-In was located facing the street. Located on Route de Thoinville, one of two major traffic arteries into the city of Luxembourg, anyone coming or going from the site was visible to the traffic that passed by.   The increased visibility led to neighbourhood opposition, both from the few local residents in the immediate area and local businesses.

And we really had to make an effort to make conferences
and to make a lot of lobbying and to persuade the local
politicians and national politicians to say that this makes
sense in Luxembourg. And also all the problems with the
neighbourhood. Because everybody has, at the end of the
day everyone says 'Yes if you... [frame it as a necessary
service] it makes sense but don't put it in our backyard!'
(Interview 2012 Senior Government Official).

The 'Not in my Backyard' (NIMBY) attitude however was eclipsed by successful earlier political work educating local and national politicians in harm reduction. The same official went on to say, "This is always the most difficult part of the project because you have to put it somewhere. And not somewhere in the forest. Somewhere in the drug scene, so it was really between the area of the railway station which is always problematic because there is many drugs... in this area." Conflict around Tox-In's site was eventually settled between the community and the Ministry of Health with the compromise that it would be a temporary site. If the site was designated as impermanent, then residents' fears over declining property values would be allayed. Tox-In existed in

that particular structure from 2005-2012. However, during the search for a new fixed site for the location, similar community opposition arose.

> The... [Ministry of Health] thought okay we find another building, a fixed site for the institution. And they can build the place down for the next 20 or 30 years and so they were looking for buildings but every time they found the building or place there was a community that will build the coup against it. And so from the original...two years, now we've been here eight years. (Interview 2011, harm reduction manager).

Time was not a key issue in the search for a new location for the service, and a solution was found. The same manager continued "And last year they found the ideal place and now we have a new building in front of this building. In the same place." While a former national railway building had been found in the Hollerich neighborhood, community opposition culminated in a lawsuit halting the approval process for the land use changes, because there was no legal grounds to oppose a harm reduction intervention, classified in Luxembourg as a necessary health service.

Another interim solution was found. The site of Tox-In, which was supposed to vanish from the landscape after a brief two years, would host a new temporary building, this one larger than the first, with expanded services that included a larger medical clinic, more staff, more capacity in the injection room, and a supervised inhalation room. The strategy of temporarily siting the service is more than just a stop-gap however. It is a deliberate movement on the part of policy activists to ensure continued, uninterrupted services for the clients.

In fact, when I spoke with those involved in the management of the site, there was a distinct lack of concern for the community opposition, and was treated as simply a bureaucratic task. One government official put it "Because that's the funny thing about

harm reduction. As long as you talk about temporary structures everyone can live with it" (Interview 2012). A local left-leaning newspaper covering the new service, renamed Abrigado, also noted the lack of concern for the continued work of harm reduction. "'This type of construction is less impressive than the neighboring bricks. So they can continue to hope that this is not permanent,' laughs Rod Gilles, director of NSDC" (Warsztacki 2013, np). Drawing together a successful harm reduction drug policy, in the case of Luxembourg has pivoted on contingencies.

There are no tales of activists banging on government doors demanding the rights of drug users. Rather the activism in this case emanates from within the government. The policy activism present is centered on a firm commitment to provide people with adequate care. This remains a shared value by front line workers and government bureaucrats, the latter of which often spoke of early career experience as front line clinical workers themselves. Politicians have generally supported the policy since it has produced measurable results in declining numbers of people who are considered problematic drug users, declining numbers of homelessness, and an increase in treatment service usage.

And despite the unconcerned attitudes by Abrigado's supporters towards the community, they did acknowledge the rights of the community to oppose the site, and the importance of constant open communication. "With our new institution... we want to make one open-door day for the neighborhood, for all the community members who want to come... a lot of people fear to visit here. Our door's open. Any time they can come in but they fear it" (Interview 2011, harm reduction manager). The same person went on to note that they were ready for discussion, and debate. "But that's democracy, that's okay. When the community said 'we don't accept this drug policy,' I have to accept that, but we don't change the drug problem when we close an institution like ours. We take the problem another place."

5.4.1.   Budapest

Harm reduction policies in Europe have been relatively successful when implemented. And many, such as the ones in Frankfurt or Luxembourg are seemingly stable in the long-term. However this is not the case everywhere. I turn now to examine harm reduction in Budapest, Hungary. Like Luxembourg, it adopted a national drug strategy with harm reduction as a key pillar in December 2000, yet Hungary had been engaging in the harm reduction practices of syringe exchange and condom distribution since 1985, before the fall of the Soviet Union and before the first reported case of HIV in 1986. 2009 elections brought a landslide victory to the conservative Fidez party, giving them a wide mandate. In 2010, the Hungarian Drug Strategy expired and a new strategy was not adopted until October 2013. Its title telling in and of itself, no longer the 'Hungarian Drug Strategy', it was renamed the 'National Anti-Drug Strategy', signalling a sharp turn away from the previous policy. It noted, "However, it is essential that the various harm reduction services shall be integrated into the recovery-oriented complex programmes" (NADS 2013, pp. 48). The integration had already begun by 2012. The budget for drug treatment programs, which included harm reduction services of needle exchange, low-threshold drop in centers and opioid substitution programs, was more than halved, causing an almost immediate reduction in supplies, reduced program hours, and the reduction in staff.

Hungary has remained a country with one of the lowest instances of HIV in the world, with an exceptionally low prevalence of HIV among injection drug users. Since sterile syringes were widely available between 1985 and 2011, there was a culture among injection drug users of safer injecting practices. A 2004 report presented at the European Parliament noted the consideration of a supervised consumption room in Budapest (Laczo 2004). Although this never materialized, it shows the optimism that harm

reduction supporters had in working along a harm reduction continuum of services[3]. The largest concern stemming from the new drug strategy, accompanying budget cuts, and significant government staff turn over was that HIV among drug users would rise dramatically. In early 2014, this fear was realized at the same time that Kek Point, a long standing SEP in Budapest announced the closure of one of its three sites (Brown 2014). In 2012 there were six SEPs operating in Budapest. With the closure of the 8th District site in September 2014, that number will be down to three.

Budapest is also home to the Hungarian Civil Liberties Union (HCLU), which has emerged as an international global advocate for drug policy reform. Founded in 1994, its main funding body is the Open Society Foundation mentioned above, founded by Hungarian ex-patriot and investor, George Sorros. Both organizations share the mandate of protecting and advocating for human rights as articulated under liberal democratic governments, which Hungary emerged as in 1990. Drug policy and HIV have been key platforms of the HCLU. They were responsible for establishing the Hungarian Harm Reduction Network, a national level network of non-profit and governmental service providers and other key stakeholders. They are also responsible for running a news site Drugreporter, which operates in both Hungarian and English, and which is a key media portal for local and global drug policy news. The HCLU also runs a video advocacy program which not only produces videos for non-profits, but also runs trainings for organizations wanting to engage in video advocacy. The video advocacy team spans all of HCLUs platform, but travels most extensively with the drug policy team.

While harm reduction had been a decade-long national policy, it is still only marginally known about in Hungary, even in the capital city of Budapest. The HCLU is the main harm reduction advocacy organization in the city and has a far reach because of its dual capacities to work in both Hungarian and English. The reorientation away from a

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[3] It is important to note that despite a supportive harm reduction policy until 2010, harm reduction only made up 1/4 of the budget for treatment services, prevention and enforcement. Likewise, it is estimated that harm reduction services reached roughly 1/3 of the drug using population. (NADS, 2013).

public health approach to drug use was covered extensively, yet there is little sense amongst activists and former government employees that the situation in Budapest will improve in the near future. Punitive governance trends in the country have fed into local governmental opposition to harm reduction services. The local district mayors of Budapest have begun to speak out against the services, which have had to cut back services, supplies, and operating hours, in turn causing an increase in problematic drug use, discarded syringes, and public disturbances. In 2012 shooting galleries, non-sanctioned indoor spaces often run by drug dealers and located in vacant buildings, begun to see a resurgence in popularity, which service providers linked to their reduced operating hours.

National and local government's reversal of progressive drug laws, and the subsequent turnover of staff (many government officials were fired, or their contracts were simply not renewed), created a cohort of suddenly mobile policy activists. Concerned about the effects of this policy shift, they too were displaced from their current field of operations. In turn, many former employees looked to other institutions operating at different scales. Some former government employees found work in educational institutions. Teaching, they hoped would not only provide a livelihood, but also allow them to reach practitioners, teaching them models of harm reduction and best practice in drug treatment services and health services for people who use drugs and other populations deemed 'problematic' such as those with mental health diagnoses. The scaling down to an interpersonal form of advocacy signified retrenchment and burn out, yet it also signified resiliency. Not so much of the individuals, but rather of harm reduction as a movement.

At the other end of the spectrum, the former head of drug policy in Hungary went to work for the European Union. "It's no use to do anything here any more. The government won't allow it... but by working at the level of the European Community, national governments cannot ignore that if they are part of the community. There are some basic levels of policy that they must adhere to" (Interview, senior government official 2012). In this case we see a scaling up and regionalism in Budapest's approaches

to advocating for harm reduction. While it remains to be seen whether this approach will be an effective first step towards combating the policy reversal, the European Union Drugs Strategy 2013-2020, features harm reduction as a key component of its platform. Policy convergence initiatives favored by the European Community do not necessarily indicate that Hungary will reverse course. Rather, the success of engaging harm reduction as a key component of a major regional policy legitimizes it as best practice amongst a group of diplomatic peers.

5.5.   High Threshold Harm Reduction: Kingston and Santo Domingo

Harm reduction in the Caribbean has been much slower to emerge, in a large part because injection drug use is not present within most countries, and in the places where it has been reported (Puerto Rico and Santo Domingo), clear numbers are not available. Many local health service providers agree that injection drug use is growing, and likely to spread throughout the rest of the Caribbean. Despite the lack of injecting in the region, it has the second highest HIV prevalence after Africa (Massiah 2010).   Harm reduction advocacy in Caribbean countries occurs on both a regional and local level, through translational NGOs, local NGOs, drug treatment providers, and in some cases, government employees. The Caribbean Harm Reduction Network is a loose-knit network of affiliations between these stakeholders across the region.

Caribbean ports are increasingly acting as key shipment points through which drugs are trafficked.   Ports in the Dominican Republic are of particular concern. Trafficking has risen by as much as 800%, with cocaine shipments coming from South American countries using the DR as a transhipment point to Europe and, to a lesser extent the U.S. (U.S.DOS 2013). The result is that the local drug market is being flooded with cheap, pure drugs, increasing use and overdose risk. Recently in Santo Domingo and other major Dominican cities, injection drug use has been imported into the local population as Dominican immigrants arrested in the U.S. are increasingly being deported back to their home country. As a result, harm reduction measures focused on safer

injecting practices are painstakingly being brought into the community. Despite estimates of 200-300 IDUs in Santo Domingo, there is only one SEP, which is provisionally funded. Its operating grant was up in 2014, and its future is uncertain.

In the Dominican Republic, there is an official lack of government support for harm reduction, and partnerships between activists and NGOs comprise the main form of network advocacy. Caribbean governments are often characterized as 'delicate democracies' (Blumenfield 2010), and health service provision is often resourced through international development aid - and is therefore unstable, and corruption is almost universally endemic at all levels of government. Further, importing policy models - such as criminalizing drug use - from the global north has been the *de facto* (and in some cases *de jure)* form of policy development in the region. Advocating for a policy alternative that stands contrary to prevailing global approaches to drug use becomes high barrier harm reduction.

Although injecting drug use was reported as early as 1993 (Stimson 1993), the national government refused to acknowledge the practice until 2010. Operating in a legal grey area, harm reduction services in Santo Domingo are provided via two non-profits, Fundacion Dominicana de Reduccion de Daños (The Dominican Harm Reduction Foundation, FUNDOREDA), and its umbrella organization Centre for Integrated Training and Research (COIN). Harm reduction services operating through COIN began in 1988, focusing on health, wellbeing, access to work and education, and the realization of human rights. It quickly began focusing on education initiatives centered on reducing HIV transmission. This was the primary focus of harm reduction throughout the Dominican Republic and drug user communities did not become a specifically targeted group until the incorporation of FUNDOREDA[4].

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[4] Although drug user groups were not singled out, many people targeted in the groups of 'youth' and 'transgender' also use drugs.

FUNDOREDA is a grassroots organization begun in 2008 by a former drug user to fill the gap in treatment outreach for people who used drugs, needed care, but did not want or could not obtain abstinence from drug use. Focusing on outreach, education, and advocacy for harm reduction, it also runs the only SEP in the Dominican Republic. Drug treatment in the Dominican Republic is generally run through non-profit organizations, though other than FUNDOREDA and COIN, there are no low threshold programs. Located in Capotillo, one of the poorest neighbourhoods in all of the Dominican Republic, FUNDOREDA employs eight people, including two psychologists to run the various programs. Visibility is here, as in Kingston and Luxembourg, a pivot on which advocacy tactics function. Much of FUNDOREDA's early work was focused on convincing governments that injection drug use did exist in the country.

Policy makers were reticent to acknowledge this practice because it signalled failure in their current drug policies, which, since 2007 has had no budget line for demand reduction in the DNCD's operating budget. When asked about the budget, the DNCD, the organization responsible for drug law enforcement, noted that other treatment options were available, and pointed to a single non profit that runs detox centers and is marginally funded through grants from the Ministry of Health, but mostly through private donations. In 2010, the government did provisionally acknowledge the existence of injection drug use in the Dominican Republic, yet national numbers are still not reported on, both through official government avenues, nor through larger bodies such as UNAIDS, which listed its 2013 figures for IDUs as not available.

In 2012, FUNDOREDA had encountered 169 IDUs in Santo Domingo, but estimated that the number was perhaps double, and would continue to grow. It was essential to create visibility around the issue because their own funding for the SEP was limited, and when the funding for supplies ran out, there would be an increase in syringe sharing. Without the resources to purchase official, hospital grade sharps containers, FUNDOREDA followed public health guidelines that advise residents who find syringes on the street and can not call an SEP to remove them with tweezers into hard plastic containers such as a pop bottle. One employee noted, "they're clear. This is important

because then everyone can see what's inside. You can't deny it exists in the community when you see it." (Interview harm reduction service provider and advocate, 2013). This practice, where the technical is simultaneously a mobile and mobilizing strategy is still very localized within the neighbourhood, although it is expanding to others both in the city and on a national scale. It echoes other grassroots strategies of visibility used within the harm reduction movement, such as ACT UP's visible and mobile needle exchange mentioned above. Marking the existence of injection drug use in Santo Domingo operates through ambulatory practices. Going out to the places where drug users are such as under highways or in homeless settlements, exchanging used syringes for clean ones, and walking back to the office headquarters, located on a main street, or going to the hospital to dispose of the used syringes. Enlisting mobility in such a basic yet explicit format in turn mobilizes support within the community, it spurs on acknowledgement from official agencies, and invites other organizations, such as the police and health professionals, to engage in relationship building around issues of drug use, HIV treatment and prevention, and homelessness.

5.5.1.   Kingston

In Kingston, Jamaica use of illicit drugs is also on the rise. While it does not have injection drug use in the country, it does have several harm reduction programs in place that are government funded, and in one case, government run. Harm reduction advocacy in Kingston is advanced through a partnership between policy activists, mainly mid-level bureaucrats, and service providers working in NGOs. Before 2001, Kingston had several drug treatment services, all of which were abstinence based, high threshold services. The model of harm reduction however was introduced into the city at the time. Building on service provider's knowledge, a South-South knowledge exchange grant, sponsored by the Commission of the European Communities fostered an exchange between Asian and Caribbean drug treatment providers. The exchange entailed Caribbean providers visiting facilities in Thailand, Pakistan, and Malaysia, and funds to establish low-threshold drop-in centers in the participating Caribbean countries; Jamaica, the Dominican Republic,

Trinidad and Tobago, St. Lucia, Bahamas and Barbados. The trip, and the resources to establish outreach centers in Caribbean communities was an important opportunity to forge connections, and learn from other places that faced similar challenges. "Yes, it was European Union money. And its a shame, there isn't as much for grants like this any more... But they got it right. They knew that we would learn more from the facilities in Asia... they would not have been able to offer us as much [if we had gone to Europe]" (Interview, harm reduction advocate 2012). This trip established lasting ties between some of the participants including the establishment of the Caribbean Harm Reduction Coalition. The advocate and service provider I spoke with continued, "I would say that that project gave birth to harm reduction in the Caribbean as a formal model of intervention."

Kingston's outreach program, run through Richmond Fellowship Jamaica, a non-profit, had a fixed site low-threshold drop in center that ran for two years. When the lease was not renewed, they moved to a mobile unit because their current site was not ideal and they were unable to find one better.

> I must say [it] was not ideally located because where drug users are, usually they are in commercial centers and many times it's very difficult to set up a drop-in center in those commercial centers because the businesses will tell you that they will contribute to you caring for those guys, as well as the facility, somewhere else. (Interview, harm reduction advocate 2012).

When the site moved to a mobile van, it allowed the organization to further their outreach to people using drugs, but also to the general public. Another Jamaican harm reduction advocate noted, "When you make something like drug use visible, people start to think, 'oh, I never thought there would be drug users here!' They see it is more widespread than they previously thought" (Interview harm reduction advocate 2012). Much like in

Luxembourg, making visible the problem of drug use in place was seen not only as providing a harm reduction service, but it was also seen as an advocacy tactic.

This was also the case with another harm reduction project active in Kingston. The Tek it to Dem project was funded and run by the National Council on Drug Abuse (NCDA), an agency of the Ministry of Health. This mobile outreach program is focused on providing a targeted approach to homeless, HIV positive drug users in Kingston Saint Andrew, the greater metropolitan region of Kingston. It offers hot food, education, outreach, basic on-site STI and HIV testing, medical and social service referral and transport. As well, it employs ten peer educators as outreach workers, therefore engaging in capacity building for both the community and the NCDA.

> This particular program is run through the [NCDA], it's
> supported through the [NCDA], and through the Ministry
> of Health... This is very good, because it allows us to map
> where HIV positive homeless people are. It gives us facts
> about the health status of people, and then we are able to
> advocate for the services we need here. Advocate for the
> resources we need to make programs and services run in
> the long term (Interview 2012, harm reduction service
> provider).

The question of evidence to support funding applications, and continuity of services was more pronounced in Kingston and Santo Domingo than in the other cities explored. Multi-institutional funding for social, health, and drug treatment services in the Caribbean context splits the focus of advocacy between public opinion, which was crucial in New York or Budapest for example, to one of convincing funders that these programs are useful in meeting development goals, such as reducing poverty, unemployment, and HIV transmission.

Initial funding for the three-year pilot from 2010-2012, for example came through USAID and the Global Fund to fight AIDS Tuberculosis and Malaria. USAID had previously funded a pre-pilot aimed at identifying a correlation between homeless drug users and HIV in Kingston. Funding was extended to 2013 through the global fund, and the program was extended to provide a comprehensive healthcare approach to the community.

The provision of harm reduction services as advocacy tactic in Kingston was a deliberate innovation on the part of the program managers. Working within the existing political structure, localized evidence was gathered. Although several peer-reviewed studies existed linking non-injection drug use to increased risk of HIV transmission, none existed about non-injection drug users *in Kingston*. Thus, an exploratory study was developed and subsequently funded to assess whether this was the case. The question of evidence is a tenuous one for many advocates. Evidence based decision making is a foundational component of harm reduction. Yet, many are compelled to ask, when is there enough evidence and does geography matter? The burden of proof is placed on local organizations, for whom this burden is often quite heavy. The time expended in writing grants and collecting data that in all likelihood, as was the case in Kingston, will confirm previously established correlations of disease transmission, is taken from the daily work of providing care to individuals. While I accompanied a peer researcher on her work in 2011, she commented on this in Kingston, noting the work that program managers had put into collecting data and commenting that in order to be funded 'that's the game you've got to play.'

5.6. Conclusion

Assessing harm reduction's implementation as a public health drug policy over the past thirty years yields its successes, failures, and the tensions that exist within this particular policy model. Steady advocacy techniques have, over time, gained significant success in building a strong body of evidence for the efficacy of harm reduction

programs. The World Health Organization and the United Nations have both acknowledged harm reduction as best practice public health in providing health services to people who use drugs and to reducing the transmission of HIV and Hepatitis C. This is a significant acknowledgement in the global field of harm reduction, and it has been instrumental in making the space for harm reduction to legitimately occur within developing countries in the global south. Such was the case in both Kingston and Santo Domingo. Yet, the mantle of legitimacy that acceptance by these multi-lateral institutions provide harm reduction does not shield it from debate. Harm reduction is steeped in marginality. In most cases harm reduction is not the primary form of outreach, health and social services, or drug treatment. It is a practice that is located and is preformed in the margins of society, in the margins of cities, on marginalized people. Philosophically, in both western and non-western societies harm reduction is a marginal way of thinking about drug use and the people using drugs. Even as a social movement, while strong, it is often subsumed within the drug policy reform and AIDS movements, giving way to broader reform agendas.

This paper has shown that there are three spatial strategies of drug policy activism that emerge from the harm reduction movement; (1) The insider/outside role of the drug policy activist, (2) evidence for the efficacy of harm reduction interventions, and (3) visibility of drug use and service provision. Each of these three strategies relies on time to see efficacy. Harm reduction is not a case of 'fast policy transfer'; rather it is a case of long-term and committed transnational activism. This activism is focused on shifting policies and in the process must do the work of shifting attitudes and ideologies concerning the use of psychoactive substances. In this sense, while harm reduction activists work within existing governance structures, they are still attempting to subvert specific legal institutional geographies in order to reorient the management of substance use to fall under the jurisdiction social policy rather than criminal prosecution. This means shifting values, and rebuilding institutional structures to accommodate for such a turn.

The legacies of Frankfurt and New York exhibit two very different models of harm reduction. In Frankfurt, the focus on institutional activism eclipsed the need for

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prolonged public disagreement, while in New York, national and state opposition to harm reduction, and conservative public morality contributed to the prevention of early adoption of harm reduction located in government institutions. Time however, has emerged as a key component of social movement success within the global harm reduction movement. The New York legacy is that it has become the locus of key national and global advocacy organizations, such as the Drug Policy Alliance and Open Society Foundation, which is a major funder of global harm reduction initiatives. Frankfurt has succeeded in implementing successful long-term harm reduction services, and on a global front, it stands as a benchmark for integrated harm reduction services, and successful advocacy. From the Frankfurt Resolution in 1990 came a united front of civil servants and municipal governments committed to an alternative approach to drug use. This commitment has continued, and in 2013, Frankfurt was again host to a conference. This time, it was the International Conference on Drug Policy and Policing. By showcasing the Frankfurt Model, a new set of resolutions emerged. The Frankfurt Declaration reaffirmed a commitment to introducing and practicing a harm reduction model of drug policy and narcotics enforcement. While the declaration has no powers of oversight or enforcement, it stands as an on-going testament to the role of place and the policy activism stemming from Frankfurt.

Luxembourg and Kingston both highlighted the importance of visibility as a spatial strategy to advocate for harm reduction. Knowing that community debate would be sparked by making drug users more visible, policy activists were able to turn this publicity into a conversation. In Luxembourg, this conversation became about space. NIMBY arguments were less effective because of the small size, geographically, of the country and the city. When opposing publics could not deny the provision of the service, they had less leverage to argue that it be placed elsewhere. Here again though, temporality became a factor in this success. Continually classifying the site as impermanent allowed consensus to be reached on the siting of harm reduction services. Similarly in Kingston, the shift of a drop-in centre to a mobile outreach van raised the profile of harm reduction services within the drug using community and the business community that surrounds it.

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Focusing on Kingston, Jamaica and Santo Domingo, Dominican Republic illustrates long-term harm reduction advocacy initiatives (in Kingston), and the grassroots forms of harm reduction that are emerging to cope with increasing drug use, and forms of drug use (in Santo Domingo.) Caribbean harm reduction services have been introduced into the region slowly, through organizations such as UNAIDS, USAID, and the WHO, all of whom focused primarily on education around HIV prevention and prophylactic distribution rather than drug use; though as we have seen, this focus has been broadening since 2010. The rates of HIV transmission are higher among people who use drugs regardless of the method of drug use (Strathdee et al 2010). And harm reduction entered Caribbean countries through transnational NGO policies, rather than through grassroots, local assessments of need. However, the nature of harm reduction in Caribbean countries is in transition.

Examining harm reduction over time also illustrates that policy reform can move backwards within a social movement in one place, while advancing in another. Hungary's reform of its national drug strategy purged harm reduction from its policy and the people who championed it from its governmental ranks at the same time that Luxembourg, another European country, was expanding its harm reduction policy amid commercial and community opposition. The evidence base available to both governments was the same, yet in Hungary, strong conservative ideologies were given a clear mandate with a landslide election, and drug policy became an easy target for reform. Despite the significant setback for harm reduction in Hungary, policy activists looked to other spheres of influence to continue their work, both in governance and educational institutions. The locational value, they hoped would allow them to reach more people than they previously had while working within national and local level bureaucracies.

The third strategy of drug policy activism rests on evidence. This is by far the most tenuous for policy activists because the process, which entails applying for funding to gather evidence, then applying for funding to run a pilot that in turn collects more data, and then applying for funding to run long-term programs which also have a data

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collection component to them, places increasingly higher resource burdens on underfunded and sometimes fragile NGOs and government offices. The burden of place-based evidence collection creates higher barriers to implementing harm reduction services in the region. And requires the dedication that policy activists have to providing health services to drug users, as well as the knowledge that a mid-level bureaucrat needs to engage in the political opportunity structure available to them. It requires an in depth knowledge of not just one or two government institutions, but the comprehensive knowledge of overlapping transnational governance institutions and funding bodies that operate within national health and international development contexts. Governments increasing reliance on evidence based policy however, creates a political opportunity structure that policy activists are able to better engage with to their advantage. While there is frustration on the resource expenditure that collecting evidence entails, there is also institutional space in which policy activists are able to move the policy agenda forward.

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Chapter 6.

Excavating the socio-techincal politics of everyday harm reduction

If the previous chapter's aim was to provide a broad empirical scope to this research, the next chapter begins to focus more acutely on the political aspects of this study. Focusing on three different field sites, Calgary, Santo Domingo, and Luxembourg, chapter seven's main contribution highlights the everyday politics inherent in the socio-technical practices of harm reduction drug service provision. By extrapolating the political nature of seemingly mundane aspects of a public health policy, I am also seeking to contribute to wider scholarly debate around the nature of the political as it is understood within contemporary geographic thought.

The previous chapter concerned itself with how evidence is used in knowledge production and dissemination of harm reduction policies. The knowledge was intended for politicians and practitioners, as well as local communities that could prove oppositional to harm reduction services. I continue the focus on evidence production by illustrating how politics inherent in the everyday practice of harm reduction effects how and why certain practices such as syringe exchange get taken up in some places and not others. The spatial strategies used, such as inter-referencing, are simultaneously political operations engaged in the service of public health promotion. Recently, political philosophers, primarily Jaques Rancière (2010), public intellectuals such as Slavoj Žižek (1999), and geographers including Erik Swyngedouw (2009) have taken up a discussion of the nature of politics, narrowly defining it as something that occurs in violent public outbursts that disrupt operational logics of governing.

I argue that the constant search for the revolutionary moment in contemporary urban political thought distracts scholarly attention from the ongoing mundane acts that

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work in resistance to existing regulatory regimes and in the service of policy change. By paying attention to various forms of policy mobility, such as inter-referencing techniques, the relationships between top down and bottom up approaches to harm reduction, or shifting jurisdictional political battles, I point to the transformative potential of these everyday acts as properly political avenues through which meaningful change can be effected.

The primary question that frames this next chapter focuses on 'what is lost' in a narrow framing of the political that has recently emerged in social thought? Policy mobilities - a focus on model movement, production, and implementation - can provide a helpful answer to this question. This focus can, I argue, highlight everyday acts of resistance, which are strong and ongoing, and which contribute to the eruptive (though usually not revolutionary) events that scholars of urban politics have become so enamoured with. Harm reduction, as a social movement, as a policy model, and as a set of public health practices, is a multi-faceted object of study against which current understandings of post-politics can be examined. Mobility in harm reduction, as a mobilized model, as a mobile social movement, and as a mobile embodied practice is a key conceptual tool in understanding the differential pace of policy change among the three cities studied. By introducing a mobilities perspective into the study of harm reduction, and in conversation with debates on the post-political condition, this next chapter asserts a fuller understanding of urban politics, and fundamental debates over the nature of governance.

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Chapter 7.

Post-politics? Anti-democratic discourses and making space for the political in harm reduction drug policy

This paper seeks to interrogate the role of so-called 'post-political' technologies as they apply to public health drug policy. Recently scholars have argued that emerging conditions of consensus-based state governance have foreclosed the opportunity for authentic democratic political debates or 'proper-politics' (Rancière 1999, 2000, 2001, 2010; Žižek 1999; Swyngedouw 2009, 2011). They contend that this post-political condition is characterized by a rise in specialized knowledge claims that dictate who can participate in political engagement and in muting those who are not fluent in specialized technocratic language of democratic argumentation. Further, post-political understandings of state governance hold that the exclusion of people from the state blocks debate over what should be governed in favour of discussion of techno-managerial questions regarding how best to order and police social lives. This conceptualization of post-politics has become a frame for exploring diverse issues such as climate change (Swyngedouw 2011), urban development (MacLeod 2013), conservation (Celata and Sanna 2010), environmental politics (Williams and Booth 2013), and spatial planning (Allmendinger and Haughton 2012).

In this paper I examine how harm reduction practices - public health technologies that intervene in the lives of drug users to reduce social disorder and epidemiological risk of disease transmission - are immersed in discourses that can be characterized as post-political to advocate for drug policy reform. Contrary to many accounts of post-politics, I argue that attention to technologies of public health drug policy illustrates that authentic political debates over fundamental rights and freedoms do in fact remain in the public realm of state discourse. Fundamental questions over what should be governed and why,

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rather than how people and processes should be ruled, remain at the fore of democratic discussions. I illustrate that the construction of harm reduction as an evidence-based technology is a politically powerful tool, rather than an abdication of political purchase. Further, I argue that the relationship between proper and what I call 'everyday[5]' politics as social producers of cities can be usefully understood through the work of urban policy mobilities, which engages the ways that policies are produced, advocated for, and travel in and among cities. This understanding calls for close empirical examination of the ways that the processes of mobilization are played out. While mobilized policies are advocated for via particular strategies, networks, and resources within and across particular places, harm reduction policies and the advocacy networks producing them also work together with urban public health institutions to open space for proper politics. The inter-city politics of public health initiatives, and harm reduction in particular, engages in a particular, embedded, relationship creating and engaging with politics at multiple scales.

Specialized knowledge claims, especially amid calls for 'evidence-based policy making', are not only a post-political strategy to maintain the status quo, they can also work against post-political forms of argumentation to instantiate fundamental arguments about the right to health in public debate. For example, a harm reduction activist in Vancouver, Canada ran and was elected to the local health board, and during his tenure lead the board in declaring a public health emergency to force policy change (Boyd et al 2009). Similarly as I will discuss below, grassroots activists in Santo Domingo Dominican Republic collect and count used discarded syringes, reporting the numbers to the community and to the local hospital in order to advocate for health services for injection drug users.

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[5] I take 'everyday' politics to be the ongoing mundane acts that are in some form or another intentionally politicized, or executed in resistance to a status quo.

7.1. The post-political

There are three major characteristics of the post-political condition. The first, as mentioned above, is a rise in specialized knowledge claims. The turn towards evidence-based policy-making is an attempt to move institutions beyond partisan ideological rule. By framing policy debates as exercises in the search for scientific truth, policy makers focus attention on specific modes of leaning and persuasion (McFarlane 2011). Drawing attention to the scientific model of evidence based policy making proceeds by privileging certain kinds of knowledge, thus legitimizing it as evidence, and shutting out alternative knowledge claims from the policy process (Gherardi and Nicolini 2000, MacLeod 2013, Mitchell 2002, McCann 2008, McCann and Ward 2011, Peck 2011, Rose 1999).

Second and following from the rise in specialized knowledge production, the post-political condition is characterized by a form of consensual politics. Democratic processes of free elections and debate occur, but post-political analysts contend that these processes are spectacle, standing in as an empty signifier for that which once constituted 'real' democratic process (Rancière 2010, Žižek 1999, Swyngedouw 2011). What has emerged in place of authentic democracy, they argue is a kind of benevolent oligarchy or a 'rule of experts' who are able to manage debate, process, and outcome in social life (Crouch 2004, Swyngedouw 2011, Mitchell 2002).

The foreclosure of democratic engagement from fundamental questions of rule is also a process of exclusion from 'proper politics', which occurs when all publics are freely able to engage in both the formal governance process and in bringing to bear questions of principle, such as human rights (Rancière, 2001, 2010).

> Politics is an inherently public affair and unfolds in and through the transformation of space, both materially and symbolically, redefines what constitutes public or private space and its boundaries and re-choreographs socio-spatial relations. This view of politics as a dissensual space stands

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in sharp contrast to the consolidating consensual 'post-politics' of contemporary neoliberal 'good' governance and its institutionalized post-democratic counterpart (Swyngedouw 2011, pp. 376).

It is important to note here the assumption that the properly political does not necessarily question the form of government, and thus takes the principles underlying liberal democracies as its starting point. This double foreclosure, first of the 'proper terms' of the debate, and second of those publics ill-versed in the technocratic language of scientific evidence thus creates the third characteristic of the post-political condition: the eruption of "antagonistic violence" (Swyngedouw 2011, p. 372).

Post-political conditioning clears the political field of debate. By silencing contentious discussions and, by extension those people who object to dominant political rule, closes off space to engage in proper politics (Rancière 1999). Thus the only forms of authentic political expression emerge as violent outbursts which are characterized as large scale public demonstrations of dissent such as the anti-globalization protests in 1999 and 2001, the Arab Spring, Indigenados, and Occupy movements of 2011, the anti-austerity protests in Europe in 2012, or Hong Kong's 2013 Umbrella Protests, among others. Post-political scholars claim these movements are "eruptive", spontaneous (in the eyes of the government) incursions that interrupt dominant regimes of the governing (police) order. They do so through the temporary occupation of public space as a deliberate 'refiguring' (Rancière 2010) of the space to ensure not only the disruption of daily life but also its visibility. The hoped-for effect is that those in power are forced to contend with those voicing opposition.

The positioning of post-political sites as absent of genuine democratic engagement and increasingly managed via technocratic processes maps on to long-standing geographical focus on the political economies of neoliberalization processes (Clarke 2011, MacLeod 2011, 2013). Yet scholars have argued that focus on the post-political condition directs our search for politics only to moments of political rupture.

Instead, they argue that it is important to be attentive to the everyday practices and places of possibility that foster multiple forms of resistance (Davies and Featherstone 2013, Darling 2014, Kenis and Mathijs 2014, Lees 2013). I contend that attention to everyday acts of resistance are essential in order to negotiate the terrain of politics, providing pathways to make space for larger moments of political contestation. Harm reduction, for example, has indeed been the subject of public demonstrations and incursions of civil disobedience (Boyd et al 2009, McCann 2008). However, its resistance to hegemonic criminalization policies governing drug use is more often marked by acts that are mundane processes of public health service provision embodied through heterogeneous actors such as social service providers, public health ministers and drug user activists. These acts are located across institutionally diverse fields, and help to comprise a networked social movement.

Thus this paper seeks to complicate the notion of the post-political in contemporary urban governance. Rather than focusing on moments of rupture, I ask what happens to these arguments when they are used in consideration of public health institutions as politicized actors. Exploring the concept of harm reduction - a pragmatic, risk-reduction approach to problematic drug use - as it is enacted as policy, as health service, and as a global social movement, I suggest that public health institutions engage in an everyday proper politics and act as a link to other places through their role in the management of health for urban populations. As Michael Brown (2009) notes, public health institutions are firmly imbricated in urban infrastructure and popular imagination, which, I argue opens a paradoxical space for politics to emerge and stand in resistance to the flattening of political processes under neo-liberal governance strategies.

Drawing on an examination of harm reduction drug policies, which treat illicit drug use as a health issue rather than a criminal one, I argue that contestation over the way in which cities govern the health of its poorest and most marginalized people illustrates an alternative reading of the post-political narrative. Studying harm reduction drug policy across three cities located in both the Global North and Global South shines light on the multiplicities, fractures, and contradictions that are bound up in the spatial

politics of illicit drug use, landscapes of urban public health, and contemporary politics and policy-making. When the post-political is understood as rendering governance managerial, then harm reduction, as I will describe below, is the embodiment of a technical policy of public health service provision.

Yet the acts of harm reduction - the handing of a sterile needle from a registered nurse to a user of heroin for instance, or a social service worker providing entrance to a housing shelter to a visibly intoxicated person - are capable of eliciting virulently negative reactions from other publics, governments, and the police. Equally contradictory are the very ideological precepts guiding the philosophy of harm reduction. At once a radical practice rooted in the belief that every human life is equally valuable, and therefore equally deserving of life, access to care and health care, harm reduction is also rooted in liberal notions of individual choice, and the responsiblization of people for their drug use.

Global regulation of psychoactive substances operates through multiple and intersecting scales of governance. However drug policy as primarily health policy, while having been in effect in some jurisdictions for over three decades, is still a relative newcomer into debates over managing drugs and the people who use them. As it stands in moral, philosophical, and jurisdictional opposition to conventional criminalization approaches to drug use, harm reduction drug policies constitute a series of ongoing ruptures of post-political regimes of policing. For instance, the daily operations of a supervised drug consumption room in the city of Luxembourg are met with swift legal action when its mangers attempt to secure a permanent site for the service. In the Dominican Republic's capital city of Santo Domingo, used syringes are collected in clear plastic pop bottles to raise visibility in the city, where local and national governments have long denied the existence of injection drug use. I argue the daily internal and external disruptions of the policing order that is predicated on the structures of formal government is an important acknowledgement that a 'post-political' consensus has not consumed governments in their entirety, and fundamental debates over ideological approaches to governance are both strong and ongoing.

In order to illustrate the complex situation in which the advocacy for, and the carrying out of harm reduction drug policy constitutes everyday proper politics, the paper will proceed as follows: the next section discusses recent post-political arguments in the role of urban governance. It then goes on to explain in more detail harm reduction, its history, philosophy, and how it relates to ongoing discussions in political geographies of drug and health policies. The fourth section of the paper discusses how a policy mobilities approach can contribute to a broader understanding of a so-called post-political consensus in urban governance. I then illustrate my argument drawing on empirical research on harm reduction drug policies across Calgary, Santo Domingo, and Luxembourg. The paper concludes by pointing to future directions for productive conversations on post-politics, drug and health policies, and policy mobilities.

7.2. The post-political turn in geography

Recently, urban political geographers have begun an exploration of contemporary urbanism through a (de)politicized conditioning of governance characterized as post-political, or more recently retranslated as post-democratic (Rancière, 2010; Swyngedouw 2009, 2011; Clarke 2011). Predicated on the reduction and elimination of conflictual or proper-politics, urban government is transformed from a mediator between clashing interest groups with fundamental ideological differences into a manager of technical processes and policies focused on developing economic growth in cities (Rancière 2001, Swyngedouw 2011). The result is the closure of public spaces where political tensions can be played out. As Gordon MacLeod (2013 page) puts it: "there is... only debate over the technologies of good governance and the 'arrangements of policing,' which either eliminates fundamental conflict or elevates it to antithetical ultra-politics", or extremist ideological views. So the study of urbanism as post-political holds that proper politics is a localized and rare phenomenon, its existence ephemeral, and subjugated to the supposed necessities of economic growth processes. "Post-politics thus emphasizes the need to leave old ideological divisions behind and confront new issues, armed with the

necessary expert knowledge and free deliberation that takes people's concrete needs and demands into account." (Žižek 1999, 236).

Harm reduction, as policy, as public health practice and as social movement provides a three dimensional foil with which to engage ideas around the evacuation of the political within politics. It is indeed a post-political technology as Žižek describes. Harm reduction as it has been taken up and practiced in North America is medicalized so as to provide expert knowledge, and debate the 'concrete needs' of people who use drugs into account. It is the provision of materials, services, and pharmaceuticals with the express intention of reducing pathological spreading of blood borne disease. Further to its embodiment as a set of technologies, harm reduction is a type of policy that is designed for risk reduction and risk management over entire populations of (often marginalized) people. It is however, also a highly contested practice, eliciting dynamic reactions to its philosophy and its practice, which operates in opposition to the prevailing criminalization approach to drug use. Harm reduction is a social movement, in which people who use drugs are active participants in managing their own day-to-day drug use and simultaneously work to combat stigma around poverty and substance use, and to change legal frameworks for the individual possession and use of drugs (Freidman et al 2001). Harm reduction then, is political in every sense of the word.

The post-political condition for both Rancière and Žižek, reduces governance from an enactment of inclusive, democratic values, to a technocratic ministration of pre-determined operational methods: a policing of societal arrangements. The police then, are not considered simply an arm of the state, rather the police is any form of the state which manages and orders how societies are governed. This includes political discourse, bureaucracies, and policies. For this reason, Swyngedouw (2011) and Clarke (2011) argue, 'post-political' is rather a misnomer, and that instead, post-democratic, post-ideological, or *anti*-political, are far more accurate terms to apply to current western governments. The practice of naming is important because it affects the way that we understand the state. "These discursive struggles involve far more than manipulative rhetoric. The institutionally disciplined rhetorics of policy and planning influence

problem selection as well as problem analysis, organizational identity as well as administrative strategy, and public access as well as public understanding" (Fischer and Forester 1993, 2). Naming the state anti-political, or post-ideological calls into being the form of governance that directs how places are produced through an already agreed on ideology, a shared assumption of the underlying ideological imperatives driving place-based development, namely, the "space of litigation in which the excluded can protest." (Žižek 1999, 237). Post-democratic as a term (understood as moving beyond a democratic state) is argued for by geographers such as Swyngedouw and Clarke. For the purposes of this paper, I use 'post-political' and 'post-democratic' interchangeably to highlight the form of governance (democracy) from which notions of the political are drawn and secondly, to best explore how fundamental questions of social justice - which this paper also seeks to interrogate - are invoked (or not) within urban politics.

Naming is a powerful practice. As such, scholars whose interest in understanding the underlying spatial dimensions in issues of justice have begun to question the theoretical utility of framing discussions of politics around a post-political debate. Loretta Lees (2013), in her investigation into ongoing state-led gentrification processes in Britain, firmly rejects the notion of the post-political 'condition.' The apocalyptic spatial grammars invoked in such a framing effectively foreclose an understanding of every-day practices as political. Thus when the 'moment of rupture' occurs, usually in the form of a mass demonstration, the questions being asked focus on locating where the resistance came from, and neglecting questions of how to sustain such a crisis of politics into a force of structural and material change.

Lees (2013, 20) argues, "The problem with post-political rhetoric is that it is all or nothing, and implies that short of a total revolution nothing can be done. This amounts to a politics of despair... There is capacity out there to formulate urban justice movements, alliances and coalitions that can result in more than just minor eruptions." Jonathan Darling (2014), in his exploration of asylum seekers everyday acts of citizenship, expands this line of thinking and looks at ways of performing resistance that provides ongoing contributive momentum to political acts. In doing so his aim is "to highlight the

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everpresent potential that such acts hold for politics," (ibid, 88). It is, he argues,

> ...a potential which is too easily denied through a focus on a revolutionary framing of politics but which is present in the ways that transitory and disparate acts may call into question the distributions, assumptions and "givens" of a perceptual order... there is a recognition that political acts may be prosaic and yet still alter a perceptual field in some way, rather than demanding that such acts only ever be revolutionary in nature and effect" (ibid).

The concerns voiced in these debates over what counts or is considered valueless in the political field stems from a wider critique of democracy. Which was once seen as an emancipatory movement with which to make public a pluralistic voice of the people is increasingly acknowledged as a regulatory frame with which to roll out neoliberal economic regimes (Fischer and Forester 1993, McNay 2014).

Bringing these arguments to bear on everyday spaces of urban public health, I argue for a more nuanced understanding of the role of post-political conditions within politicized spaces. Examining harm reduction policy - an evidence based provision of technical health services - brings into focus the tensions between those post-political conditions, such as the undisputed HIV pandemic, that are also highly politicized spaces of urban public health, which foster the provision of the tools and services available to address the spread of disease. In a critique of the post-political, care must be taken not to reproduce the all-or-nothing ontologies that emerge from this sort of framing. Examining the tension, between a post-political state of existence and a politicized space of contention, helps us to more fully understand the strategies employed as continual political maneuvers within contemporary urban politics.

7.3. Harm reduction and global health

Technocratic practices that make up day-to-day governance are a prime target of the post-political critique. These practices range from implementing zoning bylaws, issuing building permits, and running community consultation processes, to administering flu vaccinations, installing hand sanitizing stations at public parks, and the provision of sharps containers (for used syringes) in public washrooms. Despite the prosaic nature of public service provision, each regulation and each decision that governs the way in which services make up places is imbued with intention that is not always entirely rational, and has always been driven by normative political decisions (Proudfoot and McCann 2008). Recently geographers such as Michael Brown and Deborah Martin have argued that in order to fully understand urban development and politics in cities, more attention needs to be paid to the politics inherent in the management of health and health services in the city. Pierce et al (2012) argue that it is important to do so while distinguishing formal politics located within the sphere of institutional decision making processes and the informal politics that occur through public opinion, forums, the media and so forth, stating that:

> these distinctions are important because they signal the boundaries of arenas of decision-making regarding issues such as notions of well-being, suitability of programs for particular health outcomes, siting of services, and definitions of services themselves… Understanding the locus of decision-making, the mechanisms for participation, and the institutions and actors engaged in negotiation all offer a means for better conceptualizing and analyzing the production of geographies of health (ibid).

This distinction is important in allowing for a clearer analysis. It is also important to understand and analyze formal politics in conjunction with everyday practice to better

understand how these relationships are connected across institutional, public, and home spaces.

Understanding the development imperatives of cities and the social relations that combine to inform lived experience requires an understanding of the politics, and practices of particular health geographies that feed into the makeup of a place. For example, a key component of harm reduction's early acceptance in places such as Frankfurt and Zurich was the proximity of the financial districts to the parks used to openly buy, sell, and consume drugs (McCann 2008, Riley et al 1999). The proximity and visibility of behaviors explicitly forbidden by the state was an impetus for provisional support of social workers who sought to disrupt drug markets, and create safer spaces for people consuming drugs. The scale of the visible drug scene was so large, that traditional criminalization approaches to drug use were ineffective, and thus the territorial embeddedness of the drug scene, and the capital affixed in the finance district necessitated an alternative approach (McCann 2008, Harvey 1989).

Like planning departments at city hall, public health service providers are faced with increasing pressure from higher levels of government to take on more responsibilities for risk management, while simultaneously facing increasing budget cuts at all funding levels. And like harm reduction, urban public health institutions exhibit a paradox whereby their mandate is to serve at a population level, but their rhetoric is couched in the liberalized languages of individual rights, personal agency, and choice (e.g. 'we give you free needles, but YOU have to use them, and learn to use them responsibly'.) Victoria Lawson (2007, pp) argues "Attention to care ethics, rather than simply continuing our focus on justice prompts us to extend our work beyond the theoretically and politically important notions of justice as universal right." Attention to care-ethics through harm reduction for example, extends this work into more complex understandings of people's experience of care in the city. Similarly, in her project of reworking urban theory, Karen Till (2012) argues that exploring 'place-based ethics of care' enhances spatial understandings of the overlapping relationships of wellbeing, politics, and people and creates the possibility to create alternative urban spaces. Spaces

that are understood through more holistic lenses such as spaces of urban public health or wellbeing. Exploring harm reduction policies as they are made manifest in cities globally begins to unravel the paradox of radical care practice and liberalized notions of self care that harm reduction embodies. Harm reduction also presents itself as an alternative policy of care rather than a policy of criminalization. It works to produce an alternative 'solution' to the 'problem' of illicit drug use, and creates an alternative geography of social justice.

Public health and post-politics intersect at the important points of health, wellbeing, and urban development. In a post-political condition, public health agencies assume the role of technical experts and practitioners under the auspices of advanced neo-liberalization. Yet when questions arise about the management of drug use, drug users' right to health, and the resources that engage and facilitate these activities, it becomes apparent that there indeed remain properly political battles to fight, battles that attract an extra-local audience, and coalitions of advocates from both sides of the debate to attempt to influence policy outcomes in places far away.

7.4. Properly political battles: Policy mobilities, politics, advocacy, and public health

Public health practice is guided by a series of policies. These include government-sanctioned laws dictating what is permissible practice, medical regulatory bodies dictating what is accepted practice and best practice, and institutional frameworks that dictate the operation of social and medical service provision. Policy mobilities researchers are concerned with the ways that policies are constructed, where and how they are conceived, whether and how they are mobilized, at what scales they operate, who are the responsible actors, institutions and places that contribute to the make up, success or failure of the policies, and what are the immediate and ongoing effects on the places and people for whom policies are made to govern (McCann 2011a, McCann and Ward 2011, Peck 2011a,b, Ward 2006).

In the case of harm reduction, this concern is made apparent though a dual focus on economic development imperatives such as the above mentioned 'needle parks' locations in the central business districts in Frankfurt and Zurich (McCann 2008, Riley et al 1999), or the formal adoption of syringe exchange in the United Kingdom under the conservative Thatcher Government (Ashton and Seymour 2010). The latter decision cannot be understood without attention to the broader context of neoliberal economic restructuring of British government agencies, including the National Health System, underway at the time. It was not Thatcher who signed harm reduction into policy herself, but her Minister of Health, working under financial imperatives to cut costs and devolve responsibility for service provision, and facing a potentially devastating (in lives, social and financial costs) health crisis in the form of HIV. Policies of harm reduction were adopted in cities in Europe due to particular path dependencies of policy. The UK Mersey model of harm reduction and the Frankfurt model were both drawn out from grassroots activist, drug-user organization. Yet, the harm reduction approach developed divergent models. The Mersey model found wider adoption with a focus on syringe exchange, and peer-to-peer outreach. The Frankfurt model focused on supervised consumption spaces and integrated health, housing, and social services. The complex nature of this model, coupled with a lack of public understanding of harm reduction, addictions, and problematic and recurrent drug use meant that its adoption faced greater political challenges, resulting in wider variations as it was picked up from elsewhere. For example, McCann (2008, 2011a) charts one relationship of policy mobilization between the Frankfurt model and the advocacy, adoption, and implementation of Vancouver's supervised injection facility.

A policy mobilities approach can be useful in rearticulating political agency into post-political policy climates. Nick Clarke (2011) for example highlights how attention to policy mobilizations and inter-organizational learning brings about a clearer, situated understanding of how taken-for-granted planning knowledge is constructed and transferred over time and across inter-urban and transnational contexts. He highlights that: "Transnational policy circulation has always demanded that policy be technical –

has always produced policy as technical – so that policy exists independently of local political context." (Clarke ibid, 38.) Peck (2011a, 2011b) similarly notes that in order for policies to successfully circulate, they must be made to be mobile. That is, policies must be able to be dismantled and 'flat-packaged' for easy transportation (Allen 2011). While they can then be moved and put together elsewhere comprised as a whole, they rarely are. Policies are rarely implemented in mirrored form. Rather they are picked apart, and each element is utilized in a way that works into existing infrastructures.

With a similar focus on movement and change over time, Robinson (2011) and Bunnell (2013) argue that attention to cities beyond the so-called Global North has the potential to bring about understandings of alternative forms of neoliberalization, and to alert scholars to the possibility of effects that are either not neoliberalization, or are more than neoliberalizing (see also Söderström and Geertman 2013). "Recognition of extended histories and alternative genealogies is another way in which to think about urban policy models as more-than-neoliberal or, indeed, as not neoliberal at all" (Bunnell 2013, 10). Robinson (2013) frames this conversation, emphasizing the importance of territoriality and drawing attention to explorations of what policy knowledge is already present and how models are constructed locally. Policies that are produced locally, those that are co-produced through mobility, and policies that are imported from elsewhere are at once always local and global. Defined by idiosyncratic histories, and discursively produced through reference to elsewhere, even a 'home-grown' policy model is global in Massey's (1991) relational sense of place; it can not be constructed as local without reference to places elsewhere. The politics embedded in policy-making decisions is likewise relational, and not always immediately contentious.

Attention to policy mobilities helps to develop a more nuanced understanding of how post-politics is deployed - as an alternative-less accompaniment to neoliberal government policy - and to uncover the everyday 'proper politics' that go into the making, and unmaking of policy models. This paper seeks to understand harm reduction drug policy *across* cities in the Caribbean, Europe, and North America. The purpose is not to engage in a rote comparison of the similarities and differences of policy implementation

in each place. The object of study is not the city, it is the relationship between policy and politics, and the mobilities inherent in this relationship. Therefore, in the remainder of this paper I outline and analyze three empirical vignettes in order to illustrate dual tensions between post-political states of governance and politics inherent in public health drug policies, and liberalized articulations of radical public health practice.

First I focus on the case of Calgary, Canada to illustrate how post-political conceptualizations of urban politics do not necessarily preclude spaces for proper politics in struggles over equity and human rights. Public health and city bureaucrats operate as technocrats in contemporary urban government administrations, and while acting as such, also engage in pointed, deliberate advocacy strategies aimed at furthering harm reduction policies within urban governance. Next, the paper turns to Santo Domingo, Dominican Republic to highlight grassroots political activism enacted under the rationality of public health service provision. The emergence of harm reduction came into practice, despite punitive state law, without much opposition because it emerged, under an umbrella of HIV prevention strategies, and it was imported through non-profit rather than government or local political agents. However, the quiet importation of harm reduction helped to prepare the field for a more radical practice, syringe exchange, which has faced community opposition, while receiving tacit institutional support. This case exhibits a key part of harm reduction's success as a political strategy: *the technicality of harm reduction practice is what gives it political power*. The final example focuses on Luxembourg City, Luxembourg. This case focuses on the role that perception, permanence, and transience plays within the politics of harm reduction practice. The site and situation of a harm reduction service in the city comes under community pressure when the government run facility seeks a permanent location, forcing instead a series of political battles, as well as a series of structures in the city.

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7.5. Calgary: The politics of inter-referencing strategies

In 1998, Alberta Health Services, the provincial body responsible for providing health and medical care throughout the province of Alberta, Canada, adopted a Harm Reduction approach to the use of illicit drugs and other psychoactive substances. A policy review process, between 2005-2008, preceded the centralization of regional health authorities under Alberta Health Services. A report was commissioned in 2007 that detailed harm reduction services in the province (James 2007). When Alberta Health Services formally came into being in 2009, the language of harm reduction was not present in any of its policy documents. However, harm reduction services were still provided, and included, in the three largest cities of Calgary, Edmonton and Red Deer, the provision of 'crack-kits,' containing clean materials needed for the safer smoking of crack-cocaine - including clean pipes, mouth pieces, and cotton swabs - in order to stem the spread of Hepatitis C and HIV. In July of 2011, that service was abruptly ended in Calgary, through a technical governance tool: a memorandum in the form brief email directive, citing concerns for legal repercussions of the practice.

This case highlights the mutable positioning of technicalized practices, such as the provision of crack kits, which can quickly become more-than-technical directives, and mobilized under political debate. Halting Calgary's crack kit program occurred days after health officials from Vancouver, in neighbouring British Columbia, referenced Calgary's highly successful and long-running program when announcing the implementation of its own pilot program distributing crack-kits. Announcing the study, Vancouver Costal Health (VCH), the regional health authority, first laid out how this project was in line with the city's Four Pillar drug policy, one of the pillars being harm reduction. City officials then employed a previously successful strategy for managing local opposition to harm reduction public health practices, the reference of a successful model from elsewhere (McCann 2011b). In this instance, they specifically referenced Calgary, a city generally perceived as socially and politically conservative.

When using this referencing strategy, Vancouver city and health officials, with their work supported by the Canadian Harm Reduction network, and the Canadian Drug Policy Coalition, didn't anticipate the negative backlash it would create back in Calgary. Within a week of Vancouver's announcement, which was picked up by both national and international newswire services, Alberta's provincial health services ceased the distribution of crack kits in response to the local public outcry. The Canadian Harm Reduction Network and other prominent actors involved in Canadian drug policy reform rallied against this decision. Op-eds appearing in local and national newspapers debated not only whether public tax dollars should be spent on individuals who use drugs, but whether they even deserved the right to healthcare services (a right enshrined in the Canadian Charter of Human Rights and freedoms, and countless UN documents) (Breckenridge 2011, Keller 2011, Klaszus 2011, Weismiller 2011). Policy advocates often see inter-referencing strategies as a key technique for mobilization success (Peck 2011, McCann 2011a b, Bunell 2013). They are also, as Clarke (2011) has pointed out, a post-political technology which enables a seemingly unobstructed flow of ideas from one place to another. However Calgary's negative response highlights the reverberations produced and which contribute to ongoing political fights that effect health service provision.

This negative policy response in turn set in motion a series of interpersonal mobilities. Travel to Calgary from all over Canada and meetings with provincial health services also took place. In the city of Edmonton (the provincial capital), where crack kit distribution is funded via a non-profit rather than though provincial health services, distribution continues and they too sent government employees and members of non-profit health service providers to Calgary to advocate with the provincial health authority for the reinstatement of the program. When I asked during an interview at the time, about the controversy, one respondent commented: "Yeah, thanks for that," referencing my location in Vancouver, "I just got back from a week of meetings, trying to talk sense into some of those officials down there… I wasn't the only one… they were all there [referencing other prominent advocates], but there's an election coming up, so maybe

we'll reopen it again after the fall." Indeed the fall of 2011 was an important one for harm reduction in cities across Canada. Beyond several provincial elections, a landmark supreme court ruling came down, establishing the legality of Vancouver's drug consumption room; a long-term longitudinal study of the need for harm reduction services in three major Canadian cities was released directly following the ruling; and locally, there was concern from service providers that crack-users in Calgary would switch from inhalation to higher risk injection drug use due to the availability of clean needles, while there were no longer clean pipes available. These events lead to the reopening of public and media debate on the crack kit program in Calgary, however, the program remains suspended.

It is further worth noting that the decision to reference the Calgary program was a deliberate strategy not only due to its characterization as a socially conservative place, but also because of a deliberate decision not to reference Toronto, a city with a similar model of crack kit distribution that had been running for a much longer time. The reasoning behind this decision was to steer negative media attention away from the imminent release of the above mentioned Toronto Ottawa Supervised Consumption Assessment Study (2012) recommending drug consumption rooms in Toronto and elsewhere, therefore emphasizing the role of public health officials and city employees as both post-democratic technicians working to reduce the spread of blood-borne disease, and also acting as properly political agents working across spaces to advocate for drug users' right to health.

7.6. Santo Domingo: Political prospects and ruptured materiality of needle exchange

In contrast to Calgary, harm reduction drug policy in the city of Santo Domingo, Dominican Republic is not written into law. Located in transnational institutions such as UNAIDS and WHO, and the sub-local NGOs that are funded through international development, harm reduction policies operate in the city in direct contravention of Law 50-88 on Drugs and Controlled Substances, which forbids the possession of paraphernalia

used for the consumption of illegal drugs. It is also the sole piece of legislation that governs interaction with drugs including the regulation of their production, distribution, and consumption. Although injection drug use was reported in the Dominican Republic as early as 1993 (Stimson 1993), the national government refused to acknowledge the practice until 2010. This reluctance on the part of the state can in part, be attributed to a reticence to admit policy failure in criminalization approaches to drug use and trafficking that so closely mirrored and was complicit in the United States' war on drugs policies and practices.

Despite official state opposition to harm reduction policies and practices, a public health approach to drug use has found allies in local state governments, and its operation within a legal grey area is permitted through an ongoing activism directed at local law enforcement and community members, thus opening spaces for political debate through urban public health initiatives. Harm reduction services in Santo Domingo are provided via two non-profits, peer-run Fundacion Dominicana de Reduccion de Daños (The Dominican Harm Reduction Foundation, FUNDOREDA), and its umbrella organization Centre for Integrated Training and Research (COIN). Harm reduction services operating through COIN began in 1988, focusing on health, wellbeing, access to work and education, and the realization of human rights. Thus harm reduction entered the Dominican Republic through, top-down transnational NGO policy. COIN quickly began focusing on education around reducing HIV transmission through safer sex practices and focused mainly on youth and transsexual communities. This was the primary focus of harm reduction throughout the Dominican Republic and drug user communities did not become a specifically targeted group until the incorporation of FUNDOREDA. The incorporation of people who use drugs was a technical as well as political decision. People who use drugs are defined by more than their drug use, and thus many who fall into the categories of 'youth' or 'transexuals' are also drug users. One activist noted:

> We have drug users in all vulnerable populations so it was
> something that if we develop strategies that work in the
> country that will be useful for many populations then we

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can call and help all drug users. And people [the wider
community] can then understand this is important, to work
with drug users and to work with people who they do not
think it ok [deserve to receive treatment]" (Interview harm
reduction activist 2012).

While the decision to focus on drug users as a target population was practical in many
ways, for example it crosscut traditional understandings of population level intervention,
it was also deeply political. In targeting drug users, the organizations understood it as a
move to destigmatize people who use drugs and stimulate effective conversation about
drug use in the community. It was a way for the public to view this population as worthy
of receiving health interventions.

FUNDOREDA is a grassroots organization founded in 2008. Started by Federico
Mercado, a former drug user, its initial aim was to raise awareness among people who
use drugs that non-faith based drug treatment options were available. FUNDOREDA
operated without funding until 2011 when they partnered with COIN to begin a syringe
exchange program in Santo Domingo. The lack of institutional focus on drug users as a
vulnerable population was in a large part because of the lack of injection drug use and
cocaine inhalation remains the primary type and form of illicit drug use.

However, in the past decade a shift toward creating services for people who use
drugs has begun to emerge across the Dominican Republic. As a technical strategy, this
shifting population focus increases organizational efficiency. Yet there is also an
ideological shift in the practice, which is occurring slowly, at an institutional level.

It's been very successful in bringing together efforts to
educate people about the issues. Institutionally I mean.
When we got...[funding] we were saying 'Hey, we will
have an alliance with the other side, an agreement with the
National Drug Council, the Ministry of Health, and we

were all scared. Will we be able to actually do this? ... And then we realized that there is a large number of institutions that were ready to work on HIV and drugs. At least some people. Maybe some not so much. The same with, on Friday I was visiting the police department... and everyone was really like 'Yeah that's great we really need that!' We were expecting some repercussions like... 'you're going to let them use drugs,' you know. But they were like 'no it's good as long as you don't let them sell drugs.' People were much more open-minded than I expected in communities that hadn't worked in HIV prevention before. (Interview Harm Reduction Advocate, 2012)

Successful institutional partnerships are cited in harm reduction work as being key to success (Bueno 2007). Moreover, when considering the highly punitive nature of Dominican law (Ramirez et al 1994, Swanson 2013), the increase in local and national institutional partnerships indicates an important ideological shift towards understandings of human rights and vulnerable populations. This work is nascent and ongoing. A 2012 survey reported systematically high rates of discrimination of people who use drugs by police, medical providers, employers, and their families (Center for Integrated Training and Research, 2012).

FUNDOREDA emerged in this context. Operating on precarious funding, this peer-to-peer exchange program serves several neighbourhoods in Santo Domingo with no legal protection to do so. Volunteers and employees collect used syringes in clear 2 litre plastic pop bottles. "This way they can see that this is real and its happening, and its not just one or two people" (Interview Harm Reduction Activist 2012). The 'they' in this quote refers to the local community, the police, and to local and national government, all of whom have resisted the acknowledgement of injection drug use in the Dominican Republic. This is further illustrated in media coverage, for example most media

references to illegal drugs such as cocaine, heroin, crack, or methamphetamines were in the context of seizure, or celebrity gossip, not of local use or drug treatment.

Interviews and informal conversations with harm reduction and other health service workers indicated that media silence on these issues are widely believed to be due to international pressure to focus on drug seizures and to increase control over drug trafficking, rather than a blanketed societal denial of drug use in the country. However, official government denial of injection drug use until 2010 indicates that there is also a reticence on the part of Caribbean governments to acknowledge that illegal drug markets have opened up locally. It has become more common in the past decade to make payments for drug trafficking in part, in the form of product. As a result, larger and more pure forms of drugs, particularly cocaine, have become widely available throughout the Caribbean, and in the Dominican Republic in particular. In Santo Domingo, the power of evidence emerged early within the harm reduction story. Harm reduction, as a UNAIDS and WHO recommended strategy for HIV prevention, allowed for its importation into a conservative society without much resistance. It was done so through institutional, rather than activist means, yet more recently, it has been pushed by activists who are committed to the local community of drug users, and addressing changing patterns of drug use. Further, and to the surprise of harm reduction service providers, the implementation of harm reduction services found local, if not national, institutional support. It is this unexpected government support that highlights the ongoing political work of organizations such as COIN and FUNDOREDA. Visible collection of used syringes on a daily basis is then read as an ongoing disruption into the supposed consensus of criminal models of drug policy. Its practice, as harm reduction, speaks to a visible shift over time, of attitudes towards the management of people who use drugs.

7.7. Luxembourg: Bridging the technical and the political

Harm reduction in Luxembourg is comprehensive. State funded, integrated health and social service systems provide harm reduction at all levels within Luxembourg City.

Low-threshold drop in centers, fixed site and mobile needle exchanges, opioid substitution therapies, and supervised consumption are all available in the city. Abrigado, Luxembourg's only drug consumption site is situated halfway down a grassy knoll along Route de Thionville, one of the main traffic arteries into the city. The building, the second temporary site for the health service, is a portable building. Abrigado is a multi-service low-threshold facility that opened first as a shelter in 2003, adding a drop in cafe and needle exchange, as well as a supervised injection room in 2005. When the new location opened in 2012, it did so adding a supervised inhalation room. From the street, one looks across a grass field, on which poppies bloom when they are in season. Abrigado sits roughly 500 metres from the site of its original structure, also made of portable containers and now gone.

Set at street level and surrounded by a high barbed wire fence, the original structure's entrance faced the road. Anyone sitting in a car stopped at the traffic light on the corner was able to look over and see Luxembourgers lined up and waiting to enter the facility. As a manager of the original site said during an interview:

> And we also don't want to show it directly like shopping in the public like this is now...[We need] privacy for the clients. And at the moment the cars can see every person that comes into the building, it needs to be a little bit in the hill [down the hill]. So now you can see directly in the front at the main door where you are standing... sometimes the families don't know about [client's drug use] and then because this institution and if the first door is on the street then everyone can see when they're driving by, 'okay this person is going in and therefore they are a junky'. (Interview Harm Reduction Provider 2011).

Situating Abrogado further down the hill, and rotating the entrance of the building so that it was no longer visible from the street were decisions made in consultation by the

manager of Abrigado, public health and administration bureaucrats, signed off on by the minister of health, and constructed by architects, contractors, and builders.

These basic principles of site and situation are rooted in answers to pragmatic questions such as: What is the greatest energy efficiency for a structure? How can environmental risk to the building be reduced? And how can the building's utility be increased? All of these very practical questions were considered in the planning and execution of Abrigado's physical structure. Yet, the technical decisions that resulted from these considerations, were not just a technical point of governance in the post-political sense, they were also a decision rooted in a harm reduction policy focused on patient rights to privacy, and drug users rights to dignified and appropriate access to health care. And, in part, a result on an ongoing political battle surrounding the siting of a permanent location for Abrigado.

Since the 2005 establishment of the drug consumption room, a permanent site for the health service has been sought in the neighbourhoods of Bonnevoie or Hollerich. These are the neighbourhoods closest to the train station, and the areas of the city with the highest amount of drug use, poverty, homelessness, and sex work. They are also the neighbourhoods where the majority of harm reduction services are located in Luxembourg. These include: low-threshold drop in day centers, low-threshold temporary shelters and medical clinics, mobile and fixed site syringe exchanges, methadone clinics, and Abrigado, Earlier known as Tox-in. Abrigado, like the majority of harm reduction services in Luxembourg is funded through the ministry of health.

The decision to site the permanent location in Hollerich, close to the train station, rather than at its current site in Bonnevoie was, in part due to the availability of city owned property that was rezoned in the neighbourhood which has a low population compared to the rest of the city, and is a mostly industrial neighbourhood (Ville de Luxembourg 2008). Despite the practical nature of this decision, community opposition manifested in the form of a lawsuit. The proposed fixed site is located across the street from the corporate headquarters of Paul Wurth, a Luxembourg based engineering

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company. The company opposed the land rezoning that council passed in 2009 with a lawsuit citing a lack of congruence between the planned usage of the site (for residential housing) and the planned multi-service unit (housing and medical services for people who use drugs). In 2010, a judge ruled in favour of Paul Wurth Co. This decision forced the city and the Ministry of Health to instead construct a second temporary facility at the Bonnivoie site on Route de Thoinville, which is the current Abrigado.

Tox-in was renamed Abrigado (the Portuguese word for 'bridge') when this site opened in February 2013. Almost half of Luxembourg's population is foreign born, and Portuguese nationals make up 82 percent of this number (Statec 2013). Portuguese-Luxembourgers also make up a large percentage of Abrigado's client base. The naming of Abrigado evokes a double meaning. First, the site is a 'bridge' for clients who want to move from the street into a bed, or treatment. In this sense it connotes the possibility of social mobility. Second, the site's temporary status is emphasized in the name, it is a 'bridge' to another, permanent site somewhere and some time in the distant future. In the meantime, the Hollerich site was revisited, and a new application for rezoning was approved in March, 2013.

Again, Paul Wurth Co, this time accompanied by a local community group, filed an appeal against the rezoning measure, which is currently under consideration. Luxembourg, a destination for drugs shipped through Santo Domingo, exhibits similar community opposition to the management of health services for people who use drugs. The city that, unlike Santo Domingo or Calgary, supports harm reduction as both a cost effective and an ideologically important intervention in the lives of its citizens however is working in opposition to parts of its community. While this may initially seem like a post-political gambit on the part of the government to maintain the status quo, it in fact highlights harm reduction as a radical act of public health, yet places harm reduction as a social movement outside of any sort of revolutionary framing, such as scholars of post-democratic moments would contend.

The incremental politics of harm reduction in Luxembourg is located in the court system. Even here, tensions between technosocial practices, policy, and planning are mobilized as political tactics to force contentious debates. The institutional activism that emerged to introduce harm reduction into Luxembourg, which is under threat from business interests, is legitimately contested on the grounds of land use, rather than amid discussions of health service provision for drug users and local NIMBY policing is thus extending to a national court debate. The siting of a permanent site for Abrigado does not impede the running of an established firm in the city, and yet its existence in visible proximity of local and national business interests has sparked national conflict over health and land use, in this instance, with the state coming down on the side of harm reduction.

7.8. Conclusion

This paper has attempted to look at what is lost when an understanding of the political only looks for moments of rupture in the status quo. In answering this question, what becomes clear is that a mobilities perspective can extrapolate the specific ways in which every day acts and technical practices are political actions that are ongoing and incremental. Attention to policy mobilities exposes the proper politics that occur on a daily basis in and through what a more conservative definition of the political would characterize as parochial technical acts, whether they be inter-referencing techniques that expose elemental political debates within the city, or land use planning guidelines that allow for NIMBY politics to transfer debates into state institutions.

Thus, I have argued for a more nuanced understanding of the political in everyday urban governance. Nick Clarke (2011) argues that urban policy mobilities is a useful way to understand the foreclosure of politics within policy making processes. However this paper poses an alternative, yet complementary reading of these converging epistemologies. Looking at harm reduction as it is mobilized across cities with divergent

histories, localities, and political contexts highlights three aspects of the *proper politics* of urban public health as it exists within a *post-political condition*.

First, in all three examples, it is evident that the construction of harm reduction as an evidence-based technology is a politically powerful tool. The use of Calgary's success as a metric of justification for a crack-pipe program in Vancouver, for example, illustrates the power that a government provided service has in the proliferation of harm reduction in places beyond its local jurisdiction. In Santo Domingo, this power emerged early. Harm reduction, as a UNAIDS and World Health Organization recommended strategy for HIV prevention allowed for its importation into a conservative society without much resistance. It was done so through institutional, rather than activist means. Further, and to the surprise of harm reduction service providers, the implementation of harm reduction services found local, if not national, institutional support. In Luxembourg, where comprehensive harm reduction services are provided by financially and philosophically supportive national and local governments, harm reduction perhaps exhibits this paradox more acutely. It is neither mobilized, nor immobilized. Rather, harm reduction in the country is protracted. With the policy and planning for service expansion already in motion, local political opposition has significantly slowed, though not stopped harm reduction policy within the country. The political opposition of local business and community groups has stalled the large expansion that securing a fixed site would enable, yet the service has not been immobilized completely. Instead, the government built a second semi-permanent structure, replacing the first, and in the process expanding the most controversial aspects of the service, the supervised consumption space from one room to two. There are further plans to open a second drug consumption room in the neighbouring city of Esch in early 2015. In these examples we can see the power that the technocratization of harm reduction serves: it does not foreclose a radical politics of public health, but rather can enable it.

Second, these examples show that understandings of the relationship between formal and informal politics as social producers of cities can be usefully understood through the work of urban policy mobilities, which engages the ways that policies are

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produced, advocated for, and travel in and among cities. Furthermore, it calls for close empirical examination of the ways that the processes of mobilization are played out. While mobilized policies are advocated for via particular strategies, networks, and resources within and across particular places, in relation to public health, harm reduction policies and the advocacy networks producing them also work together with urban public health institutions to open space for proper politics. Proponents of harm reduction argue that the criminalization approach to drug use has been inadequate to address the health issues of drug users. They argue that harm reduction approaches to drug use opens space for the drug user to regain their dignity, and engage in society equitably, exercising a greater degree of control over their lives. Their fundamental argument then, is about equity and access to human rights. This struggle, as Rancier would frame it, is the stuff of proper politics: the fight to change the terms of debate through objects such as policy and the strategies that are employed to engage policy and its outcomes in particular ways. In these cases, the debate is played out in urban spaces of public health, often overlapping with the very spaces of economic redevelopment that are the focus of other more common political and social justice debates such as gentrification, environmental justice, and sustainability (Lees 2013, Pulido 2000, Kruger and Gibbs 2007).

Third and following the first two points, the relationality of inter-city politics surrounding public health initiatives engages with politics at multiple scales. In one case it involves mobilizing a public health practice across provinces – where it has become a regional issue articulated through national advocacy networks. A media gambit and proven political strategy for Vancouver in the past - the reference of elsewhere – also had the affect of disrupting a perceived consensus around a technical practice – distributing sterile smoking equipment to reduce epidemiological risk – and a re-politicization of an established harm reduction practice elsewhere, highlighting the mutable positioning of technicalized practices, which can quickly become more-than-technical directives, and mobilized under political debate. Debate that is (re)mobilized in local, national and international media, and literally inspires movement (for example, as travel to Calgary,) producing face-to-face engagement with the debate over social justice.

Nick Clark (2011) argues that: "public policy in the West has been reduced to questions of science and technology, and strategies of populism and moral absolutism at the expense of discussion and struggle over questions of value and priority." This assertion can be pushed further by the inclusion of harm reduction and public health in questions of contemporary urbanism. I suggest that the paradox of harm reduction, as a social movement that's rationale is based in scientific evidence, while its political struggle is played out in a so-called post-political arena of urban governance, exhibits not an enclosure of space for proper urban politics, but an opening for their emergence elsewhere within urban governance structures. In this sense, the struggles and policies that accompany proper politics are manifest across cities and other boundaries in, as Clarke suggests, a mutually constitutive relationship of policy mobility and post-democratic conditions, but *also* carving out their own pathways, creating space for proper political contestation over fundamental struggles of equity in unexpected and new ways.

7.9.   References

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Chapter 8.

Traversing the political: From socio-technical practices to assembling social movement mobilizations

Chapter five and chapter seven focused on local empirical examples to understand how harm reduction is practiced differentially across socio-political contexts. The next chapter shifts focus to the extra-local sites of policy advocacy that comprise a main focus of this research. It is here that much of the work on assemblage thinking that informs this work is explored. Specifically, it picks up on the relationality of disambiguated spaces, such as conferences, as extra-local sites of policy mobility. Drawing on social movement scholars, particularly Paul Routledge and Colin McFarlane, the following chapter explores how conference space, as understood though the notion of convergence space, is actively produced to bring together - assemble - the harm reduction social movement so that it can be effective globally and implemented locally.

Chapter nine focuses on the role of conferences in social movement mobilization. I argue that conferences, as 'ephemeral fixtures' on the landscape of policy activism draw on the notion that social movements, like policy mobilization more broadly, are constantly in flux and they are assembled into being in particular places, by particular people, and particular times. Once gone, conferences can leave tangible traces on local landscapes, and within social movement mobilizations. The second contribution that this chapter makes highlights the role of activist conferences in contributing to informational infrastructures that help to build policy advocacy. As spaces through which knowledge is mobilized, informational infrastructures become important kinetic spaces for the success of policy advocacy, and conferences act as conduits that help to shape these informational infrastructures.

While an analysis of place-based harm reduction policies has helped to uncover how harm reduction as a public health policy is mobilized and implemented across variegated socio-political contexts, this research has also been concerned with the wider, transnational advocacy networks involved in mobilization processes. Thus chapter nine helps to contribute to a *wider* understanding of how social movements, policy action, and health practices come together at various scales to shape particular places and global policy attitudes towards drug and health policy, drug consumption, and people who consume drugs within *extra-local* spaces of policy mobilization. This focus on extra-local sites of policy mobilization in turn contributes to an understanding of the ways in which harm reduction advocates operate in relation to each other, the state, and in and beyond their fields of influence.

I decided to place chapter nine, the last empirically driven chapter, at the end of this dissertation for the sake of providing a logical structure within the manuscript as a whole. However it is important to remember that the ethnographic fieldwork of conferences occurred at the beginning, middle, and end of my two years of fieldwork. The effect of this timing was beneficial for the analysis of this project as a whole, because entrance into the conferences allowed me to ask questions of the participants at various intervals in my understanding of harm reduction as a social movement, thus informing my wider analysis. As such, my hope is that the reader will take in chapter nine while referencing back to previous empirical chapters (five & seven).

Chapter 9.

Mobilizing drug policy activism: conference spaces, convergence spaces, and assemblage.

Contestation over the best way to regulate psychoactive substances is not new. The rules and regulations that have governed substances, from caffeine and sugar, to alcohol and tobacco, to cannabis and opium, are as myriad as the ways in which the substances are found and used. Socio-cultural norms have always dictated the prevailing attitudes towards psychoactive substances. Contemporary debates over the management of illicit drugs and the people who consume them are no exception. From 2006 until 2013, forty U.S. States introduced legislation to ease drug laws, including the legalization of the production, sale, and consumption of cannabis in the states of Washington and Colorado (Desilver 2014). In 2000, Portugal decriminalized all drugs for personal use, leading to what has widely been seen as a successful drug policy (Hughes and Stevens 2012). In 2013 Uruguay became the first nation state to legalize the production and sale of cannabis. These policy trends are the culmination of ongoing efforts in the drug policy reform movement that focuses on: increasing access to health services for people marginalized through drug use; reducing violent crime surrounding the production and sale of illicit substances; decreasing governmental funds spent on the policing of psychoactive substances, their producers, and consumers; and decreasing the overall social costs that the 'war on drugs' approach has wrought on people across the globe.

Drug policy reform is a movement supported by diverse interest groups with diverse values and ideologies. Neoliberal think-tanks, public health advocates, religious movements, celebrities, business magnates, and human rights activists have all called for reform of drug laws, from the UN Single Convention on Controlled Substances all the way to municipal by-laws governing the possession of sterile syringes (Branson 2012;

Easton 2004; Pugel 2013; UNOCD 2014). While the ways in which such diverse groups of policy activists learn form each other are equally numerous, the importance of face-to-face meetings as a social movement strategy is often seen as crucial to long-term success. They are important for the production and exchange of knowledge, as well as for building and maintaining inter-personal ties across localities (Davies 2012; Della Porta and Andretta 2002; Haug 2013; McAdam and Paulesen 1993; Routeldge 2003, 2009).

This paper explores the role of conferences as a particular type of face-to-face meeting, in order to better understand the ways that knowledge exchange and interpersonal experience come together to affect drug policy activism. I focus specifically on harm reduction conferences within this movement because harm reduction - a set of "policies, programmes and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption" (IHRA 2014) - is becoming more common at all levels of governance. It is accepted and present throughout UN and World Health Organization documents, and many city governments, such as Toronto, Frankfurt, and New York have implemented harm reduction drug policies. While the medical community regards harm reduction as best practice (Marlatt and Witkitewitz 2010; Ritter and Cameron 2006; Strike et al 2011), and harm reduction policies are generally successful when implemented (Marlatt and Witkitewitz 2010; Percival 2009), they remain highly contested. They are often pitted in direct opposition to the war on drugs, and criminalization approaches to illegal substances and the people who use them. As a result, harm reduction is also a global social movement that is focused on equitable access to health care, social justice, and human rights. The conferences discussed here emerge from, and are important events in this social movement.

I argue that conferences are both important spaces for the social reproduction of advocacy movements through the production and dissemination of knowledge, and the encounters that contribute to creating and strengthening relationships among people. Further, I argue that the physical infrastructures that affect the placing of conferences in turn implicate cities in the production of social movements and policy mobilization.

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Conferences are both ephemeral fixtures in the landscape of policy activism, and are important nodes through which policy mobilization occurs. Conference spaces provide opportunities for ideas to be shared, produced, and advocated. They serve as important sites for the construction of relationships that are required to form and maintain policy advocacy networks and harness political opportunity structures for drug policy reform.

In the discussion that follows, I explore work on urban social movements and their attendant spatialites together with recent work on policy mobilities to illustrate the relational and mundane aspects of where policy gets conceived, advocated for, and mobilized in particular, situated ways. My aim here is to focus on the *process*, rather than the effects of policy mobilization. I will do so by drawing on examples from three harm reduction conferences occurring between 2011 - 2012. Harm Reduction Canada, held in Ottawa, Canada in 2011, and the 2012 Harm Reduction Coalition's (HRC) National Conference held in Portland, United States were both national level conferences attracting international attendees. Harm Reduction Canada had about 150 attendees, and the HRC National Conference had over 800 (personal communication with conference organizer; http://harmreduction.org). The Euro-Harm Reduction Network conference, in Marseilles, France in 2011 was a regional conference that hosted about 170 attendees from Europe, North America, and the Middle East (personal communication with conference organizer).

The next section of this paper reviews recent relevant literatures on urban policy mobilities, urban social movements, assemblage, and informational infrastructures. I then go on to look at empirical data on the role of conferences in the reproduction of social movements through their contribution to and maintenance of informational infrastructures. The subsequent section considers the relationship between conferences and physical urban infrastructures. The conclusion provides some insight into how these relationships contribute broadly to informational infrastructures, and specifically to drug policy reform.

9.1. Policy mobilities

The growing field of policy mobilities research has, from its inception, been about the movement of policy knowledge and technologies. Concerned with the ways in which policies are made up, moved around, and reterritorialized in places elsewhere, policy mobilities research emerged from a discomfiture with static theorizations of policy transfer that produced narrow and hierarchical models of the policy process which neglected individual actors and local contingencies (for a full critique, see McCann and Ward, 2013). Policy mobilities holds that the mobilization of policy is simultaneously in motion and fixed in place – whether it is being pieced together so as to be successfully implemented (or marketed) in a particular place, whether it is mutating as it travels – through multiple people and knowledge networks or informational infrastructures, or whether policy is *in the process* of being implemented, and changing as it is realized on the ground. Questions about the who, how, and why of these processes make up the essential approach of trying to understand, more holistically, how policies are made, mobilized, and mutated. This research is attentive to the micro-spaces of policy process, in the form of: embodied and local perspectives (Keil and Ali 2011; McCann 2008, Temenos and McCann 2012), the 'structuring fields' of policy mobilization (Cook and Ward 2011, 2012; Peck and Theodore 2010; Ward 2006), policy tourism (Cook et al forthcoming, Gonzalez 2011), and the historical contingencies of policy learning and change (Cook et al 2012, Cook and Ward 2011, Clarke 2012, Harris and Moore 2013, Jacobs and Lees 2013).

McCann (2008, 2011b) has charted the importation and transformation of drug policy from cities in Europe to Vancouver, Canada. This work highlights the local contingencies of policy model making, such as the public health crisis around HIV rates that was declared in Vancouver (see also Boyd et al 2009, Wood et al 2004) and which required an alternative policy solution to the then-current drug policy (McCann 2008, 2011b). This work also pays attention to the situated histories of drug use and its management that preceded the model in cities in Europe, especially Frankfurt, Germany,

the city that the current Vancouver drug policy primarily echoed (McCann 2008). In understanding how urban drug policy is made mobile, McCann (2008, p. 9) identifies three primary elements: the learning strategies employed by local actors intent on instigating policy change; the role of experts in spreading policy ideas; and the labour of institutions and organizations that work to provide information and *spaces* that facilitate policy mobilization. It is this last element, these spaces of encounter, with which this paper is concerned.

Conferences as sites of learning and exchange have long held value for diverse communities such as; political conferences, academic conferences, business conventions, and I would add to this, activist conferences (Adey 2006; Craggs and Mahony 2014; Diani 2000; DiPetro et al., 2008; England & Ward 2007; McLaren and Mills 2008; Tanford et al 2012). Early work on policy mobilities has noted the importance of face-to-face communication in the form of conferences and policy tourism (Gonzalez 2011, McCann 2008, Ward 2006). Cook and Ward (2012) use ethnographic methodology to explicate the ways a single conference becomes part of an informational infrastructure focused on importing a particular form of learning and operation, Business Improvement Districts, into cities in Sweden. Through this ethnographic focus on a conference they demonstrate the path-dependencies through which policy ideas travel. This work highlights the process of importing policy experts, as those architects of policies and programs deemed successful elsewhere, and the value of conferences for localized individuals in educating them about best practice and benchmarking strategies of policy making and implementation.

Building on this work, my aim is to expand the understanding of informational infrastructures' roles in policy advocacy by charting a series of conferences and analyzing how conferences build on each other, as well as how they build a movement for policy mobilization over time. Understanding how a series of harm reduction conferences sustain and build knowledge and momentum for a public health drug policy model is useful for several reasons. First it demonstrates the ongoing advocacy work done by multiple constellations of actors. Focusing on a series of event spaces helps to articulate

the complex spatial vocabularies in and through which policies are made. Second, this focus helps us to chart the shift in attitudes and ideas about best practice approaches to drug policy, and by extension shifting understandings of governance practices, human rights, and health over a period of time. Finally, analyzing a series of conferences within a particular social movement aimed at policy change is important because it draws together different and particular geographies of drug policy by territorializing ephemeral practices and fragments of memory that shape the actions and thinking of policy makers and mid-level bureaucrats, those in powerful positions who make and enact policies that govern drug use and treatment. "Ideas and practices arrive from elsewhere or emerge in particular contexts in all sorts of ways - through forgotten conversations at meetings, long-distant reading of publications or reports, unpredictable friendship, and collegial networks, as well as formal or informal association in which taken-for-granted understanding might be confirmed. It is important to consider," Robinson (2013, p.9) argues, "that the infrastructure of policy transfer... is significantly immaterial." (See also Bunnell 2013; Jacobs 2012; Prince 2012) This work, however, renders visible the paths connecting topological spaces of policy-making and advocacy work.

9.2.   Convergence space

Placing our understanding of conferences within the wider context of political opportunity structures helps to uncover the spatiality in policy activism. As discussed above, there are numerous examinations of the role of conferences, mass demonstrations, and mega events as occurrences that work to catalyze social movements (Davies 2012; Della Porta and Andretta 2002; Diani 2000; Routeledge 2003, 2009; Wainwright et al 2000). While much of this work interestingly engages the ways that these events function temporally within the history of a social movement, it is only recently that they have begun to be spatially conceptualized. "Place, space, territory, region, scale and networks" Miller (2013, p. 285) notes, "have each been placed front and center by a variety of social movement scholars and each spatiality-specific approach has yielded valuable insights, yet there has been little progress toward a more integrative approach."

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Drawing on Jessop et al's (2008) theorizations of sociospatial relations, Miller (2013) and others have worked to move beyond the typological and nested scalar hierarchies that much of this work produces to extrapolate the co-scalar production of social movements and advocacy networks (Davies 2012; Leitner et al, 2008, Nicholls 2009; Nicholls et al 2013).

In one such understanding, Routledge (2003, p. 346) puts forward the notion of a convergence space, which I draw upon here. Convergence spaces can be understood as dynamic systems: "constructed out of a complexity of interrelations and interactions across all spatial scales." Convergence spaces come into being for delimited times, so in this sense they are fleeting, or ephemeral. Yet they also have lasting effects because of their facilitation of encounter – people being able to meet and network, as well as to strengthen existing relationships – maintaining weak ties. Convergence space can be understood as relational space. It facilitates the production, exchange, and legitimation of knowledge, by convening people from varying interest groups and resources in a particular place at a particular time, and at the same time, place-based ideologies and differences are negotiated within convergence spaces. Drawing on Massey (1994), Routledge (2003, 346) argues that places where "collective political rituals" like conferences are held, "become 'articulated moments'... in the enactment of global [social movements]." That is, convergence space constitutes the space of mobility within an advocacy movement. It allows the drawing together of people and resources to engage in knowledge production, exchange, planning, and actions to address specific issues of contention, such as drug policy.

There are three attributes of convergence spaces: First, they are assemblages of diverse interest groups with shared values and/or goals. Convergence spaces comprise diverse social movements that articulate collective visions. Second, they allow for variegated forms of spatial interaction between individuals and groups. Third, these "spaces facilitate multi-scalar political action by participant movements" (Routeledge 2003, p. 345). Convergence spaces make room for diverse social movement organizations to come together, and therefore facilitate ongoing spatialized relationships, imparting

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meaning on the ephemeral. For example, it is not uncommon, when referring to annual or biannual gatherings that people will refer to them by place. 'Were you in Seattle?' in the context of discussing North American social action, needs no explanation. The question clearly refers to the anti-globalization protests and other forms of collective action surrounding the World Trade Organization meetings in 1999. Similarly, harm reduction advocates refer to conferences by the city in which they were held: Toronto, Portland, Liverpool. Thus the relational 'articulated moment' of a convergence space, which facilitates movement mobilization, simultaneously disambiguates roles of places elsewhere within social movements, canonizing certain places as pivotal within a particular struggle. The relationality of conference space as convergence space allows for the place-based event to have lasting and far-reaching effects on a social movement, and its attendant mobilization geographically across space. As I will show below, they also facilitate social movements' ability to move forward to affect political change in specific places elsewhere. Expanding the notion of convergence space through an examination of conferences works towards also widening our understanding of the spatio-temporal production of social movements as multi-scalar networks.

Similarly, recent work on urban social movements has engaged the notion of the productive city through understandings of relationality. Uitermark et al (2012, p. 2) understand the city as: "a generative space of mobilizations … the frontline where states constantly create new governmental methods to protect and produce social and political order, including repression, surveillance, clientelism, corporatism, participatory and citizenship initiatives, etc. These techniques combine in different ways…[making cities] the places where new ways of regulating, ordering and controlling social life are invented." I argue that the city's role in the making up of conference space as convergence space can be usefully understood as an assembling agent, contributing its particular, situated logics to a broader multiplicity of ideas in the making up of a movement, such as harm reduction, or drug policy reform. The urban, in this sense brings about particular mobilities that produce material effects in both policy and politics, as well as the technical underpinnings – the infrastructures that help to bolster social life.

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The value in conceptualizing social movements through assemblage is the concept's ability to deepen territorialized understandings of site-specific contingencies and their connections to other places. It does so, according to McFarlane (2009, p. 562) "in terms of... [assemblage's] histories, the labour required to produce them, and their inevitable capacity to exceed the connections between other groups or places in the movement" (see also Davies 2012). Here, the notion of convergence space is useful to understand not only why a particular event, such as a conference, is important in the life-span of a social movement, but also to help situate such a fleeting event in the material histories of place. A convergence space acts to create a mooring point within an assemblage. Conceptualizing convergence space through assemblage highlights that these spaces are not simply a 'resultant formation' (McFarlane 2009, p. 562), they are also constitutive of particular configurations. These spaces mediate ongoing power dynamics, the labor, and pre-established processes that work to facilitate social movements. People, resources, and knowledge coalesce in specific constellations that operate through pre-defined networks and pathways. The previous processes of assembling these networks have in turn created a series of informational infrastructures, to which this next section turns.

9.3.   Informational Infrastructures

As spaces through which knowledge around specific policy models are produced and transferred, informational infrastructures are not inherently territorial. Rather, they exist and operate through interpersonal networks linked through the socio-technical landscapes of policy work. Informational infrastructures can be defined as "institutions, organizations, and technologies, that frame and package knowledge about best policy practices, successful cities, and cutting-edge ideas for specific audiences" (Temenos and McCann 2013, 805, see also McCann 2008, 2011, Cook and Ward 2011). They can be understood as agentive, power-laden entities that are made up of at least four subsets of actors and institutions: states, educators, media, and professional and activist organizations (Temenos and McCann 2013). Informational infrastructures serve to

produce, present, propose, and propel best practice policy models via conduits such as: research, publications, media, accreditation processes, policy tourism, and of course, conferences. Table 1, which is by no means comprehensive, highlights some of the major technologies and processes of informational infrastructures that are operationalized by policy activists.

Table 5: Informational Infrastructures

States	Media
• All scales • State actors (politicians, bureaucrats, etc) • State power of implementation • Legitimacy	• Repetition of narratives • Frame policies, actors, cities as 'good'/'bad' • Social media facilitates knowledge exchange between publics and institutions
Educators	**Professional & Activist Organizations**
• Educators & trainers formally educating policy actors • Legitimation/certification practices • Power to frame knowledge	• Frame, value, facilitate transfer of policy knowledge • Mobilize through: publications, websites, site visits, conferences

It is with this understanding, of conferences – as a convergence space, and as a part of the broader informational infrastructures of policy mobilization that we consider the specific processes of siting conferences, and how this placing has a lasting affect on both the city as well as the policy movement. Within health geography, there has been much work done on the siting of health services in cities (for an excellent review see:

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Pierce et al (2012)). However, work has not focused on the siting of health related events and health social movements in the same way (for exceptions see Brown 1997, Kalwitter 1999). Paying attention to the site selection of convergence spaces in the policy activism of public health drug policies, I argue, is important both for understanding the infrastructural form of the city, and for understanding how urban spaces of public health are constructed. Pierce et al (2012, p. 1086) maintain that: "attention to "politics" in research on health can help better answer questions about the locus of decision making that produces health landscapes and outcomes such as definitions of well-being and health in urban social life." This 'locus of decision making' is often black-boxed, and the processes by which decision-making occurs are rarely transparent, because, as Robinson (2013) notes, ideas are often formed through fragments of documents, fleeting conversations, or remembered conference presentations. Thus there is rarely a clear place-based understanding of where policy comes from. Looking to conferences as convergence space however, these loci are rendered tangible. The places where those fragments, conversations, and presentations were encountered come to the foreground. These impermanent gatherings facilitate knowledge exchange and influence decision-making processes. In focusing on conference space as convergence space we are: "attending to practices and the multiple modalities through which power is executed" (Miller 2013, p. 289, see also McFarlane 2009). A government office where a policy is signed into law, for example, is then understood as relationally extended, assembled from other actions, meetings and places, rather than as an isolated and black-boxed locality where power 'happens'.

Cook and Ward (2012) note that informational infrastructures have grown in recent years because of an increase in activities and processes associated with making good policy – which makes it more likely that specific policy models will be made mobile and implemented in places elsewhere. They have also argued for a deeper understanding of the role of conferences as temporary, or time limited, events that draw people together, allowing for people with shared values and interests the opportunity for face-to-face communication and knowledge exchange. They are advocating for the

consideration of the technical as political in policy making. This is echoed by Miller (2007, 2013), who advocates for a re-inscription of Foucauldian technologies of power into spatial understandings of social movements. Those spatial technologies that operate in a co-scalar sense, technologies making up convergence space, informational infrastructures, and even urban form, work to bring about an assemblage within contentious spatial politics and sites of urban public health.

In the remainder of the paper I draw on these concepts to explore three harm reduction conferences to argue that conference spaces contribute to the ongoing production of informational infrastructures within the harm reduction movement. Serving as space for best-practice knowledge exchange, they also operate as political space where certain ideas, practices, and technologies are re-inscribed through face-to-face encounter. Conferences as convergence space are both ephemeral fixtures in the landscape of policy activism, and are important nodes through which policy mobilization occurs. Conference spaces provide opportunities for ideas to be shared, produced, and advocated for and they serve as important sites for the construction of relationships required to form and maintain policy advocacy networks and harness political opportunity structures for drug policy reform.

As noted above, this research entailed participant observation at three conferences on harm reduction drug policy in North America and Europe. The regional and national conferences attendance ranged from 150 - 800 attendees from local activists and service providers to international advocates and experts. They were held in Ottawa, Marseilles, and Portland respectively. Participant observation in attendance at the conferences was augmented by face-to-face and telephone interviews with conference organizers and attendees before, during and after the events.

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9.4.   Spaces of learning & transfer

Harm reduction drug policies, such as those legalizing syringe exchange, are often contested on moral grounds by those who argue that they enable illegal activity (drug use), yet local public health officials often understand that harm reduction approaches to drug consumption contribute to healthier communities. Simultaneously, healthier communities contribute to remaking urban spaces by for example, reducing public drug consumption, in turn rendering the city more attractive to economic development interests.   Conference organizers often took these local political debates into account when choosing the site of their conferences. Political alliances, or alternatively, clear conflict with city governments was something that organizers were acutely aware of, and affected their choice.   In Marseilles, the conference organizer spoke of deliberately siting the conference there because the local government supported harm reduction, while the federal government was still skeptical of the approach.   One respondent put it this way:

> Well you know, that [decision] was interesting, but we
> always try and go where there's conflict, so we can raise
> the profile locally... this year its Marseilles. If the French
> government sees all these people coming to their cities…
> well, that's a good thing. If they're seen as being a leader in
> this, well it only helps the mayor. (Interview 2011)

In this sentiment, one can see a clear deliberation, focused on awareness raising and harnessing political opportunity structures to raise public and governmental awareness, using the convergence of people to extend the social movement locally. The respondent went on to explain that when governments see people traveling to conferences on harm reduction, it helps the social movement in the sense that pro-business governments are more likely to act favourably towards harm reduction practices such as implementing needle exchange or drug consumption rooms.

In all three cases, interviews revealed a selection of the conference sites as both

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political, and practical. There is a balancing act, of siting the conference in a place that might do good – but also ensuring that the conference is a success. One organizer put it this way:

> ... first we went to Oakland and there were thousands of people. Then we thought let's go to Cleveland – they have a needle exchange that's in trouble, let go there. Well, no one came! Who wants to go to Cleveland? So we had like 700 people there. So we weren't building on what we had started in Oakland. So we thought ok well we have to go to locations that people like. No help in Miami for local people, but there were tonnes of people there, because they loved Miami. Portland is somewhere where we have a lot of support from the health department, they're really invested… so it's a place that people want to go to because its trendy, Portlandia, you know? (Interview 2012).

Building a yearly following of conference goers maintains weak ties - relationships garnered by shared goals and values, though not a shared identity - making the relationships and the movement stronger. Conferences constitute the sort of purposeful convergence space that, as Nicholls (2008, p. 85) notes, provide "favorable conditions for diverse activists to initiate and strengthen ties in areas of common interest. As these ties strengthen over time, they become important generators of rich social capital." In this case, in Oakland, the intent to create a localized political opportunity structure, using the conference as a tool to raise awareness and show support of the health service, created tensions between the ongoing effort to maintain and build transnational advocacy networks, and to intervene at an acutely local level.

Portland it seemed, was a happy medium. The county health department was characterized as supportive of harm reduction services, and for harm reduction practitioners from small and mid-sized cities, places where harm reduction was perceived

to be under threat, and/or unsupported, having officials from the health department speak at the conference lead to many in-depth discussions about practical strategies to gain support from government and health agencies, as well as the wider public. The presence of supportive officials in Portland both maintained movement momentum and lead to small scale movement strategizing. Conference organizers were able to help leave "a legacy...[of] something that's improved" (Interview 2012) through the media attention and political engagement that the event helped to catalyze. As Uitermark et al (2012, p. 2546) state: "Contention and movements emanate from cities but also stretch outwards as activists broker relations between local and their more geographically distant allies." In the case of the HRC National Conference, it was able to broker those relations in place by bringing activists, advocates, health care professionals, social service workers, and people who use drugs to Portland, while simultaneously bringing government officials, mid-level government bureaucrats, and local media to the conference.

9.5.   Encounter and maintaining ties

Conferences are mobilized in several ways. Not only do they bring people together, engendering an embodied mobility - discussed above - but conferences also facilitate the transfer of knowledge and the construction and maintenance of weak and strong ties. This translation is almost always the main purpose of any conference, be it activist or academic in nature (Craggs and Mahony 2014). And it is the intent that the assembling of people and ideas, the creation of such a convergence space will contribute to the production of policy change through advocacy. Moving people shifts technical and ideological understandings of drug policy. For example, the HRC National Conference theme was "From Social Justice to Public Health." Meant to both highlight the grassroots history of harm reduction - the first needle exchanges were begun by people actively using drugs - and to simultaneously refocus attention to the way in which harm reduction had become a public health initiative, the conference theme itself connotes mobility over time. The drawing together of public health and social justice in the same theme also highlights the ongoing work of collectivity in the Harm Reduction movement. Public

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health, a population level medical intervention is presented as a next step in the Harm Reduction movement, following from the social justice momentum that had previously animated the movement. Indeed the next HRC Conference theme, "Intersections & Crossroads: Doing Together What We Can't Do Apart," similarly evokes mobility. It also carries on the normative understanding of harm reduction as a collective practice and movement.

Collective action is often operationalized through transnational associative processes, looking to groups elsewhere who share similar values for political and resource support. "These connections are grounded in place- and face-to-face based moments of articulation" (Routledge, 2003, p. 344). And while the work of searching for alternatives, procedural, and technical practice sometimes comes from an Internet search; the value of encounter - physical meetings - was something that almost all of the people I spoke with brought up.

> You forget how much people get out of physical connections because we do so much online. People forget there is so much value in meeting face-to face... we're more likely to follow things up once we've physically met them. It's difficult to get the momentum going only online, you need the face-to-face contact. I think it's really easy to ignore emails if you haven't met someone. (Interview 2011).

At the same time that conferences produce meaningful opportunities for face-to-face meetings, they also re-produce certain hierarchies within the social movement. Later in our interview, the same conference organizer discussed these tensions:

> We aimed to offer people a platform to have discussions that were important to them. I think they appreciated the opportunity to have those contentious conversations. At the

international levels, which is where people have the privilege to talk about it all the time, it's often policy people, and its us having those conversations. So there was a lot of front line workers, and that went really well... I'm hoping they went away with a sense of ownership. That was the main objective. (Interview 2011).

As the above quote illustrates, there is both a hope and a concerted effort on the part of conference organizers to facilitate connections between professional policy activists and front line harm reduction practitioners, including people who use drugs and access harm reduction services. However, a conference acting as a space of encounter does not magically create connections, spur mobilization, or change people's thinking. There is an ongoing massaging of ideas and meetings that occur in the orchestrated spaces that constitute convergence spaces such as conferences. Unstructured events, such as coffee breaks, and evening receptions are as important as the scheduled plenary sessions (Cook and Ward 2012, Craggs and Mahony 2014). In the evenings, there were several different events that were scheduled, such as the Canadian debut of a documentary, *Raw Opium.* While not a 'mandatory' part of the conference, it was a highly promoted event where several conference keynote speakers were also scheduled to speak on a panel. Indeed, most of the audience that night was made up of conference goers. Conference participants had made plans before and after to go for meals or drinks. These informal meetings and gatherings were not merely a place to unwind after a long day of sessions, but also served as a space to reinforce and foster relationships among conference participants (Nicholls 2009, Routledge 2003).

Additionally, policy activists - professional advocates, were present at all of the conferences I attended. In many cases this group of people, which for example included the Drug Policy Program Coordinator at the Hungarian Civil Liberties Association, the Director of the Canadian Drug Policy Coalition, and board members of the International Network of People Who Use Drugs, were in

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attendance at several of the same conferences - as well as other meetings and events throughout the year. During conferences meetings were set, and the normally geographically dispersed group of activists were able to come together, renewing their ties. Often, their co-presence on panels contributed to a sense of camaraderie, connectedness, and shared values throughout the room. Participants often joked with each other, and referred, in conference sessions to previous meetings and encounters with each other. The continuity of key figures within the movement appearing over time is another key component that functions to build the advocacy movement itself (Craiggs and Mahoney 2014, Nicholls 2009). The co-presence of policy activists in official conference sessions, together with informal meetings contributes to the formalization of knowledge transfer within harm reduction, as well as to the socio-spatiality of the informational infrastructure within the drug policy reform movement.

9.6.   Conferences, path dependencies, and physical infrastructures

Beyond building the informational infrastructures on which drug policy advocacy is predicated, attention to the physical infrastructures that enable conferences as successful convergence spaces is also a key consideration. Is the conference accessible? Location and accessibility was a major point of consideration in all three conferences, from both the city where the conference is held, to the conference hall itself. One conference organizer noted the importance of having activists and traditionally marginalized groups, specifically in this case, people who use drugs, feel comfortable in the space.

> That's why we had it at the uni[versity], because people
> with records – people who live on the street – they don't
> want to walk into a conference hall. 'Spruce room, what...
> is Spruce room?' They're not going to ask a security guard
> for directions. Campus – well there's still barriers and all,

but at least it's a public space – supposedly… so it makes it

better for them, you know? (Interview 2011)

As McCann (2011, p. 120) observes, "decisions about how and where to hold meetings are strategic, offering benefits to the organizing institutions, the attendees, and the local hosts." This is important from the broader global, national, or city scale, right down to the microspaces of a convention center, hotel, university or public park. Another conference organizer spoke to the geographic location of conferences. Referring back to a now disbanded organization that ran a large international harm reduction conference, they complained: "They were always picking islands off of islands – you couldn't get there! Forget scholarships! And who can afford it? They had one token drug user." (Interview 2011). This quote highlights the social justice nature of the conference, and the politics of including the people affected by drug policy in spaces and processes of knowledge production, the economics of attending the conference – the costs are often prohibitive – and even more so if they are not held in large urban centers that have planed economic strategies around attracting the business of conferences and mega events. The connection between the economic viability, conference sustainability, and physical infrastructures came up with two of the three organizers. One noted that they chose locations based on: "East, West, Central [United States]" (Interview 2012) specifically so that local harm reduction practitioners and local people who use drugs were able to garner the resources necessary to attend the conferences.

Additionally, each of the three conferences held pre-meetings specifically for drug user organizers. By providing a deliberate space occurring before the 'main event', social movement organizations such as EuroHRN, attempted to ensure that they lived up to their political commitments, taking the mantra of drug user organizers, 'Nothing about us without us,' seriously. Meeting in advance of other policy advocates and harm reduction practitioners enabled drug user activists to take a meaningful leading role in shaping conference discussions around advocacy techniques and priority issues. The pre-conference in Marseilles for example was:

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> ... part of a wider recognition within the harm reduction
> movement that it is no longer possible for the global
> discussion on drug policy to continue without the full
> involvement of those most acutely affected i.e. people who
> use drugs. As such, this dual network building process has
> been a concrete example of the meaningful participation of
> people who use drugs in all policies and programmes that
> concern them. (Albers 2012, p. 1)

Throughout the conference, self-identified drug user activists played a prominent part in the speakers lists, panels, and discussions. EuroHRN and many of the organizations for whom drug user activists worked also provided substantial scholarships to people who use drugs to be able to attend the conference. The prominent presence of people who use drugs at the event signified to both people who use drugs and the wider harm reduction community that: "There is every expectation that the two networks will maintain, build and strengthen ties by engaging in joint campaigns, that will both boost capacity and act as conduits for mutual learning and cooperation" (ibid). The EuroHRN conference, coupled with the pre-conference meeting of the European Network of People Who Use Drugs is an example of the ways in which the conference served to build the informational infrastructure around the harm reduction movement, tapping into a co-production of convergence space. "Broadening the geographical and social base of a political insurgency necessarily introduces a wide range of *diverse* actors into the mix... While broadening the alliance provides activists with access to new resources and sources of legitimacy..." (Nicholls 2009, 86 italics original). The two meetings, happening in tandem and drawing on the same physical infrastructures serve to build inter-personal relationships between people and to build trust among different social movement organizations.

9.7. Extended relationality - material & ephemeral

Mobilizing policy activism through convergence space both reterritorializes and extends it through personal mobility and over time. When convergence space is assembled into being in a city, there is, in the words of Margit Mayer (2012, p. 183): "fresh momentum to the local movements, helping them overcome their fragmentation, and supporting their consolidation as well as their professionalization." Reterritorializing a global social movement such as harm reduction, in cities simultaneously contributes "to the transfer of repertoires associated with the work of transnationally oriented organizations, such as professional public relations work, conscious media orientation, and a flexible action repertoire utilizing pragmatic as well as militant action forms" (ibid). Therefore the informational infrastructures, the public relations work and media orientations for instance are also deliberately spatialized. One organizer put it thus:

> Paris and Marseilles are kind of the two big focal points in terms of drug use. And both are kind of pioneers of harm reduction [in France]. The city of Marseille is a big supporter of harm reduction, and you could see that throughout the conference, with the municipal support and the fieldtrips. And they really want to open an injection room. The problem of course is that Sarkozy doesn't want to see injection rooms in France, however, if anywhere is going to do it, it will be Marseille (Interview 2011).

In this case, there is a sense of showcasing local success of harm reduction, and co-operation of transnational social movement and advocacy organizations with local government, with the intent of pushing back against an unfriendly national government. Holding the conference in Marseilles, the second largest city in France, rather than Paris, the largest and the capital, signals two strategic spatial tactics on the part of social movement organizations. Marseille, an industrial port city, has long had an association with the illegal drugs trade. It was a major node through which heroin was transported to

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North America from the 1950s - 1970s. The opening scenes of the 1971 film, *The French Connection* - loosely based around the smuggling ring - feature the narrow winding streets of the city, and zooms in to focus on the port, highlighting the movement of drugs through the Mediterranean shipment point. Holding the conference in this city highlights a tension between the geographical imagination of Marseilles as a place of drug trade and hoping to help combat the stigma that this very reputation engenders. Second, there is the rationale that the conference impact will be amplified by calling it into being in a city that has the potential for achieving successful drug policy reform, and a city that is already advocating for an increase in harm reduction measures.

Indeed, as Miller (2012, 293) agues, "Successful collective action - in most cases - involves building and shaping relationships not only among significant numbers of like minded activists, but also with apparatuses of states, corporations, or other powerful institution or groups in positions of authority in order to make meaningful claims upon them." In the case of the EuroHRN conference, this was obvious from the venue, a municipal building in the downtown core. An examination of the welcome package provides further insight into the relationship between the state and EuroHRN. Beyond the conference schedule, the package contained an invitation from the city's deputy mayor; the welcome reception would be hosted by the city. Rather than the usual pen and paper for taking notes, conference goers found the city's logo emblazoned on male and female condoms, a nod to the subject - harm reduction - of the conference. As well, the field trips, to needle exchanges and a local housing squat, were lead by city employees.

Support and advocacy for harm reduction in the city of Marseilles was made evident through a continual branding process on the part of the city, and the frequent acknowledgements by EuroHRN conference organizers, of the support by the city. This acknowledgement served two purposes, not only was EuroHRN helping to bolster the image of the city government, but the knowledge of mutual support, the city's support for harm reduction in turn helped to establish the feeling of community with harm reduction networks, combating the isolation that is often felt among local social movements, and is

often citied as occurring among harm reduction practitioners (Pauly 2008), something often mentioned in interviews. On another level, funding for the conference came from sponsorship of the European Commission, who also funded the international translation between French and English that was available in all of the conference plenaries. Financial and organizational support also came from the local municipal government of Marseille, and a local harm reduction organization, Rèduisones des Risques Lies a l'usages de Drouges (AFR). The conference served as a convergence space assembled through multi-level government support of harm reduction in a city advocating for intensified health services to treat some of its most marginalized populations.

9.8.   Conclusion

Arguing that conferences play a role in building and sustaining political opportunity structures around drug policy reform, I have shown that they are important social movement strategies that help to maintain interpersonal and organizational ties. In the process of assembling a social movement around harm reduction and drug policy reform, conferences as convergence space also draw the city into this assemblage. Physical urban infrastructures are enrolled in the production of a social movement, while having lasting effects that contribute to ongoing informational infrastructures among and within the cities where conferences occur. Conferences then, are important in building and maintaining informational infrastructures. They increase the relationality of global social movements such as harm reduction, rendering cities such as Ottawa, Portland, and Marseilles important to drug policy reform in cities like Regina, Austin, or Bari.

The point of this paper is not to illustrate a specific corollary between a conference happening in one place and a clear policy shift in that place or elsewhere. Rather, my objective is to show that understanding how conferences are assembling agents of transnational advocacy networks also helps us to understand the spatialities of policy mobilities and social movements, uncovering the material and multiple territorializations that produce relational networks. By this, I mean that places elsewhere

are not just held up as some ideal model, some geographic imaginary, but that some places serve as physical space where policy advocacy occurs. Indeed, sitting down to speak with conference organizers and participants about specific conferences, those in Ottawa, Portland, and Marseilles, the conversation was never restricted to just those places. Every person I spoke with discussed each of these conferences in relation to others, in other places, and at times to each other. This indicates particular trajectories. Each of the conferences that are focused on here came, in part, from elsewhere, and in so doing are illustrative of how they build on both meaning and momentum. Conferences are implicated in social movements, and also cities are implicated in conferences. Therefore it is not only that conferences as convergence space are important to assembling social movements and policy activism, and that conferences are urban events, but I further argue that understanding policy mobilities through their informational infrastructures needs further detailed, empirical investigations into the meanings, motives, and processes by which policy is made mobile, and infrastructures form.

Further interrogation of these convergence spaces has the potential to yield deeper and more nuanced insight into the role of conferences within the drug policy reform movement. This paper used three conferences occurring within a two-year period. During this time there were countless other conferences and meetings held that focused on drug policy reform. Two annual meetings of the United Nations Commission on Narcotic Drugs (CND), for example, happened over this time. This institutional space also acts as an important convergence space within not only the drug policy reform movement, but within broader networks that are concerned with the legal geographies of psychoactive substances. Within the context of drug policy reform, the CND often came up in my interviews with organizers and activists. One organizer and activist said of the CND: "To change drug policy in this country you need to have the top cop and the top drug people. You need to have that relationship. So I discovered, I can meet these people if I go to Vienna the same time as they do... Now I can pick up the phone and they'll take my call, because of the work I did in Vienna." (Interview 2012). An examination of convergence spaces over time can help to more fully understand the ways in which

advocacy work is built up to effect real political change at various scales. The CND's constant location in Vienna for example, acts as a guidepost in a policy process of international drug policy. It is both an important event for transnational and national drug policy makers, and the realm of international diplomacy (Craggs 2014, Kuus 2011), and it is an important convergence space for drug policy reform activists to meet each other, encounter those in powerful positions, and to engage in contentious social action (Craggs and Mahony 2014, Wainwright et al 2000).

Policy advocacy happens in many forms, and is always a part of the mobilization of specific policy models. This paper addresses a fundamental, grassroots form of policy activism by considering the place of harm reduction conferences in the informational infrastructures of advocacy and implementation of urban public health. Harm reduction as a social movement encompasses a tripartite identity of policy, practice, and philosophy. Its identity is fluid and politically contested, while its status as a best-practice public health approach to providing health services has a strong evidence base.

If we are to understand mobility as "a social process operating through and constitutive of *social* space" (McCann 2011, 117 italics original), rather than as "desocialized movement" (Cresswell 2001, 14), then examining a series of conferences over time begins to territorilaize the ephemeral spaces of policy making and knowledge exchange. Thus helping to further interrogate the ways in which policy is 'arrived at' (Robinson 2013, p. 1) and to make clear the recent and often obscured histories of assemblage. In a world in which embodied mobility is often taken as fact, looking at who is able to be mobile, such as policy activists, and how mobility is achieved - though the support of social movement organizations or governments - as well as looking at the microspaces of where people are mobilized to, brings into focus the complex relationships of policy activism in general and drug policy reform efforts in particular.

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Chapter 10.

Differential mobilities: Concluding thoughts on a comparative project

In a recent special issue of Wi: Journal of Mobile Media (2014), Mimi Sheller elaborates on the concept of mobilities justice. It is, she notes, a perspective that incorporates scholarly attention to movement into a perspective framed by questions of equity, equality, structure, and flow. A concept of mobilities justice is more than a traditional study of movement, it is concerned with iterations that enable people and systems in networked relationships to create differential mobilities. Thus far, scholars of the new mobilities paradigm have yet to consider policy as an object of interest in studies of mobilities (Cresswell 2012). Yet any intellectual inquiry that considers structure in its various forms - meta-structures, infrastructures, institutions, etc. - must be attentive to the ways in which these structures are produced and moulded over time, and how they facilitate certain path dependencies in the future (Peck 2011a, McCann 2011). A concern with the ways that policies are produced, mobilized, modeled, and moulded is the key contribution, thus far, of a policy mobilities perspective. Work on policy mobilities has directed attention to movement and mutation of policy - its knowledge, models, and technologies - and its implementation, yet this research agenda is still in its infancy and there is a dearth of empirical work on the subject. In many instances it remains to be seen what, if any, coherent model of studying policy transfer has emerged from this perspective. In these pages, I have embarked on an effort to do such a work; one which substantially contributes to the policy mobilities perspective through an in-depth study of a harm reduction advocacy network as it articulates throughout cities in Europe, North America and the Caribbean. Locating the object of analysis in a policy network, rather than in a territorially demarcated coordinate has worked to reveal connections between state and non-state actors in the successful mobilization of policy reform. In the remainder of this chapter, I briefly summarize and discuss the contributions of the project

as a whole. I then provide some avenues for future directions that this research might look toward. Finally, I reflect on the successes and challenges of engaging in such a wide-ranging comparative study.

10.1. Project Summary: Geographies of Harm Reduction: Who, What, When, Where, and Why?

This project consisted of a multi-sited ethnographic approach to studying the networks, people, places, and politics surrounding harm reduction. I focused on harm reduction as it is manifested globally through transnational advocacy networks, and the places where it 'touches down' in the form of policy and enacted in practice through cities in three geographic regions: Europe, North America, and the Caribbean. In order to understand how harm reduction policy is differentially enacted across spaces, scales, and borders, my research focused on four objectives:

- To contribute to a wider understanding of how social movements, policy action, and health practices come together at various scales to shape particular places and global policy attitudes towards drug and health policy, drug consumption, and people who consume drugs.

- To focus on *differences* in policy implementation among places while also gaining an understanding of how drug policy implementation in one city is *related* to drug policy implementation in other cities.

- To understand the ways in which harm reduction advocates operate in relation to each other, the state, and in and beyond their fields of influence.

- To gain a fuller understanding of how a consideration of health in urban politics contributes to the social production of cities and the experiences of people who engage these spaces of public health.

In order to reach these objectives, they are paralleled with four questions that my research attempted to answer:

- How is policy-making and practical knowledge around harm reduction produced, mobilized and implemented in different places in order to advocate for policy change at various scales?

- How do transnational advocacy networks operate and engage in knowledge production and dissemination in order to further their advocacy? What kinds of knowledge is produced and transferred? Who is the knowledge for, and what is the purpose of knowledge transfer?

- How and why do particular harm reduction practices get taken up in some places and not others and how then are the technocratic processes of harm reduction inherently spatial and political?

- What are the spaces of urban public health and how are they shaped through the practices, politics, and policies of harm reduction?

Thinking cities through policy mobilities has provided a new way of doing work on comparative urbanism. As mentioned in chapter two, this work has not developed a set comparative rubric with which to slot in cities as objects of study. Rather I have shifted the focus of study to transnational advocacy networks, and harm reduction drug policy. This dual focus has allowed for a way of "understanding 'cities' differently from the way they have been theorized in past comparative urban studies. Stressing interconnected trajectories – how different cities are implicated in each other's past, present and future – moves us away from searching for similarities and differences between two mutually exclusive contexts" (Ward 2010, 480). Rather the cities have been used to query one another, and to provide a broad field within which I was able to study the movement and mutation of harm reduction drug policy. This work has shown that comparative projects that are attentive to contingencies complement the policy mobilities perspective. I also contend that this research has contributed to the call to re-engage comparative urbanism, providing an original perspective on 'doing' comparative work, not by comparing discrete cities, but rather comparing *relations* and *mobilizations* among

cities. In this dissertation I have focused on how I did the work rather than thinking through the theoretical nuances of a renewed comparative urbanism. This thinking through is something that will be a future outcome of this work.

In thinking through harm reduction policy and advocacy, this work also brings in a new relationality - a focus on relationships across the global north and south. Starting to focus on new comparative urbanism, it also speaks to Roy and Ong's (2011) call for a worlding perspective by attempting to find a way to theorize both across and within cities from the global north and south, allowing them not only to ask questions of one another, but to co-produce responses to those questions. Harm reduction then can be seen to represent a differential mobility in a global perspective. While the geographical scope of this work is less than global, (only covering Harm Reduction policy in certain cities across three regions), it begins to map the variegated implementation of harm reduction policies, and it is at the same time attuned to the territorial outcomes shaped by urban social processes and politics, which is addressed particularly in chapter three and chapter five.

As noted in chapter two, over two years I engaged a multi-sited qualitative approach to studying the advocacy networks and travels of harm reduction drug policy. I spoke with a variety of policy advocates, as well as harm reduction opponents. I travelled to places in and beyond the sites of implementation in order to gain a fuller understanding of both the local specificities in each place, and the extra local sites of knowledge production and advocacy. In the next section I summarize some of my main findings and contributions of this work.

10.2. Parts of a whole: Assembling chapter contributions

The work done in chapters one and two is fairly self-explanatory. The introduction provides a full overview of the project, research objectives, theoretical framework, and places of interest. Chapter two elaborates on my methods. I focus on how to do the work, rather than why. This could be taken as a limitation of the chapter,

or the dissertation as a whole. However, considerations of a comparative perspective after doing the work is an important future output from this work. It will provide a clear contribution to this body of scholarship that has yet to be considered from an empirical perspective.

Chapter three elaborates on the concept of urban policy mobilities, on which this dissertation draws much of its theoretical framing. Providing a history and overview of policy mobilities research, this chapter's main contribution is to situate the reader firmly within a policy mobilities, mutations, and assemblages approach. As readers will have noticed, subsequent chapters contained some repetition of the policy mobilities framing, and, as this particular chapter was written early on, those chapters elaborated on newer work that emerged which has contributed to the policy mobilities debate.

Chapter five, for its part, focuses on an empirical analysis of fieldwork to develop contributions to literature on urban social movements. It draws on six of my field sites in order to develop its major contribution, a consideration of the policy activist within social movements. Studies of policy transfer have considered the role of transfer 'agents' (Stone 2004), policy 'boosters' (McCann 2013), and policy 'brokers' (Smith 2000). The policy activist can be read through each of these understandings. They are individuals working within government bureaucracies who are actively working to engage a specific policy agenda, in this instance, harm reduction drug policy. From a social movement perspective, these actors are important go-betweens from social movement activists, organizations, to the government and other powerful stakeholders. This work highlights three key aspects of the harm reduction movement: (1) The insider/outside role of the drug policy activist, (2) evidence for the efficacy of harm reduction interventions, and (3) visibility of drug use and service provision. This work reveals spaces of government as important topologies of contestation within social movements. These spaces are especially significant for policy advocacy, which is not necessarily a radical reform of structural conditions, yet still works towards significant social change.

Chapter seven focuses on three different field sites, Calgary, Santo Domingo, and Luxembourg, to highlight the everyday politics inherent in the socio-technical practices of harm reduction drug service provision. In doing so I seek to intervene in broader debates by urban theorists on the nature of contestation. I argue that attention to issues of health and wellbeing illustrate that political debate is alive and well in urban governance, and that discussions do not automatically situate dissenting views as radical positions, in effect disempowering those holding the dissenting perspective. Harm reduction advocacy illustrates an everyday resistance apparent in specifically political acts, as well as mundane technical practices of public health service provision. This politics has at times worked in service to urban development policies, such as in the case of Frankfurt. Yet it also works to achieve its own agenda, sometimes at odds with the commitments of the development community, such as in Luxembourg.

The final empirical chapter, chapter nine, shifts focus from site-specific analysis, to look at the networked linkages of harm reduction advocacy through convergence space. One of the challenges of writing this dissertation was to demonstrate how I studied transnational advocacy networks *and* their effects in place. The latter, site-specific cases studies were more straightforward regarding their translation to paper. The former, the networks that I studied, are most fully addressed in chapter nine, through network convergence spaces in the form of international conferences. The main contribution of this chapter highlights the role of activist conferences in contributing to informational infrastructures that help to build policy advocacy. As spaces through which knowledge is mobilized, informational infrastructures become important mobilization spaces for the success of policy advocacy. Its second major contribution (discussed in more detail below) draws together work on assemblage and convergence space to bring work on policy mobilities and urban social movements into conversation.

However one of the more challenging aspects of demonstrating this work on networks is to show that they happen in and beyond a series of conferences or convergence spaces. This is the main limitation within chapter nine, which does not focus on other extra-local sites of policy mobilization, such as think tank headquarters,

demonstrations (of which there are relatively few in harm reduction as a social movement), or virtual spaces and communications. Also unapparent in chapter nine is the other forms of fieldwork that I did during the conferences, namely: several in depth, and information interviews were conducted during these conferences. As well, meeting people served to help me make key contacts within the harm reduction field, both with advocates, as well as local practitioners whom I later had the opportunity to visit and interview. The conferences, especially the early ones, also served to introduce me to major issues in the field and become attuned to cultures of harm reduction advocacy and service provision.

10.3. 'Fast policy' & frictions

As noted above, the field of policy mobilities is quite new. As such there is much work that currently engages the policy mobilities, mutations, and assemblages approach, though much of it remains conceptual. I am confident, however, that this field will continue to be enriched by the kind of thick description which has been called for by policy mobilities scholars. This dissertation is one such example. My work's broader contribution is to bring together a policy mobilities, mutations, and assemblage approach with the study of urban social movements. In doing so, it organizes work that has focused on setting research agendas (McCann 2011a, McCann and Ward 2011, Peck 2011a), methodological implications (McCann and Ward 2012, Prince 2012), early empirical analysis (Ward 2006, Cook 2008, Gonzalez 2010), critique (Clark 2011a, Jacobs 2011), and sustained engagement (McCann and Ward 2013, Temenos and McCann 2012, Cook et al 2014). Focusing on social movements, and bringing existing literatures on social movements into conversation with policy mobilities extends both bodies of work, and provides a sustained, in-depth analysis of a policy mobilities project that highlights the productive momentum of the policy mobilities approach. Social *movement* studies are inherently mobile, as their name suggests, yet the field has yet to engage with work on mobilities, either from a sociological perspective of the wider mobilities turn, or more specifically as I have done, from a policy mobilities perspective. Studying the

mobilization of harm reduction drug policy through transnational advocacy networks across cities in Europe, North America, and the Caribbean has shown that the role of policy activists operating from within government institutions is crucial to (though does not guarantee) policy change. Engaging a transnational advocacy network as an object of study within policy mobilities research directs a focus on extended territorialities, and the topological production of cities across the global north and global south, a point to which I return below.

A second conceptual contribution of this work draws together perspectives from health geography and urban political geography. Work in health geography has been engaged with debates on the importance of landscape and place from which political and urban geographers have already debated and largely moved forward from. Applying a policy mobilities perspective to work on health geography makes a significant contribution in bringing geographies of health into contemporary debates that acknowledge the multiplicity of political, economic, and social processes that are assembled into making urban landscapes of health. I take seriously Michael Brown's (2009) call to explore the political through landscapes of health. In so doing, I have argued that attention to the politics of public health brings a wider and more nuanced understanding of urban politics, which generally understands cities though the lens of economic urban development. The importance of scientific evidence in advocacy strategies and struggles over legitimacy is an important factor that serves to structure how harm reduction drug policy manifests itself across cities. Thus, the making up of cities is structured through considerations of the political economies of health, politics and ideology (e.g. criminalization approaches to people who use drugs), and the extended territoriality that draws places, people, and policies from elsewhere into local, path-dependent assemblages of public health landscapes.

The variegated operations of transnational advocacy networks and the importance of the role of health in urban politics leads to the third contribution of this dissertation, which addresses the nature of policy transfer. In 2011, when conceptualizing this research at a time when policy mobilities research was at an embryonic stage, much

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discussion and critique of policy mobilities centred on the movement aspect of the work. Many scholars questioned a lack of focus on 'policy immobility.' My own dissertation proposal considered this question, noting that I would need to be attentive to instances of immobility. What my research found, however was that this binary was unhelpful, it was the wrong question to be asking. Indeed at the time, I had a vague thought that this critique was grasping at low fruit - with a focus on movement, why was no one focusing on stillness? Turning a question around on itself is a simple, yet effective way of furthering discussion. It was only through the process of this fieldwork that a clearer and more nuanced response to this question began to form. As such, this work has been shaping policy mobilities approaches as they are emerging. There is yet to be a coherent paradigm within policy mobilities research, and as a proliferation of new work emerges, this is perhaps one of the literature's strengths. Yet, the mobile/immobile dualism remains a key critique of the literature. I did find some instances of what some would call 'policy immobility'. In Budapest, harm reduction was repealed in the national legislature and is currently under attack as a public health service. In Kingston, certain programs were stopped because of NIMBY-ism. However, in none of these cases was harm reduction entirely eradicated. There were failures and successes.

What my work - researching policy mobilization across eight cities in three regions - has shown is that we must be attentive to *differential mobilities* in the study of policy movement. The focus on 'fast policy' transfer, which Peck (2002) coined relatively early in policy mobilities research, has led it to be a focus of critique. While I don't contest that certain policies are indeed hastily implemented as a best practice 'solution' to a 'problem' of some form, most policies are not cases of fast policy transfer, but are the result of sustained commitment by groups of policy advocates that include think tanks, activists, politicians, and bureaucrats.

Not all policies are being actively advocated for via a sustained social movement, however policies are generally advocated for and implemented over the long-term. Harm reduction policy is a direct example of this, with its origins over thirty years ago, it has evolved and mutated, not just as it is mobilized across space, but also as it is mobilized

through ongoing sustained implementation. In Frankfurt for example, harm reduction has been so successful, that practitioners are facing a new problem - the intersection of harm reduction and aging. According to one informant, the average life-span of most of their clients was 45-65 in the 1980s and 1990s. With the success of harm reduction policies, fewer people were dying of overdoses, more people were accessing health services. And thus, providers were beginning to face additional challenges (such as dealing with dementia) of providing care to aging populations.

In other cases, where harm reduction has seen setbacks, such as in Budapest, there has not been a full on policy stoppage. While the policy and funding has been repealed, harm reduction services continue (albeit in reduced capacity and under extreme pressure). The policy activists so crucial to its implementation and advocacy remain working within government structures, though in other areas, and in other government institutions. Indeed the repeal of harm reduction in Budapest has facilitated policy mobilization within the European Union, at a much broader scale than that of the national level of Hungary. A critique of a 'fast policy' mobilities perspective should then not be consumed by a focus on 'slow policy' mobilities. Instead, I argue that a consideration of differential mobilities in policy movement allows a far more nuanced understanding of how policy making helps to shape places and landscapes, such as that of public health service provision.

Attention to *differential* mobilities deepens the spatial understanding of how policy mobility shapes places. I argue that such a perspective helps us not only to see how things move at different speeds, but it helps us to understand that in order for policies to be mobilized there is a procedural imperative, which is *dependent* on differential mobility. Fast policy does not happen without reference, whether implicit or explicit, to 'slow policy.' And, as I have written previously, policy is never still. A policy mobilities perspective that considers differential mobilities attends to the simultaneous movement of policy that occurs at various speeds of implementation and through variegated processes. The locational impetus for policy mobilization is likewise uncovered through the detailed tracing of networks, which allows for multi-sited explanations and spatial understandings of the processes and politics involved in

mobility. If policy change is understood through a differential mobilities perspective, as this research does, then 'policy' as an (assembled) object of study can provide insight into how elements work together to alter the relations between the speed of a driving mechanism and the speed of the driven parts.

10.3.1.   Frictions

A differential perspective not only engages locational specificities of velocity in policy movement, it also demands a consideration of resistance, dissent, and contention. Work on policy mobilities has been critiqued for what critics identify as its over-focus on neoliberalization processes, as I have written about above. My research considers what it means to study advocacy networks, and the policies that seek to disrupt the status quo of ongoing practices of drug treatment, and the criminalization of those who problematically use illegal drugs. Harm reduction, while presented as a humane, ethical, unproblematic, and 'common sense' policy alternative, is a disruptive policy. Advocacy for policy change does not end with the shift of paperwork, of voting a new piece of legislation into existence. For harm reduction to be an effective policy, it demands an epistemological shift in ideology. This shift, as I have argued in the pages above, is not a *revolutionary* coup entailing structural change, yet it is a *radical* return to liberal-democratic understandings of the self and society. This work engages with such considerations and in the process moves policy mobilities conversations further into the domain of debate around the nature as well as the construction of places in relation to the people who shape them.

A focus on frictions then has some practical lessons as well as theoretical ones. For harm reduction advocates, this work has shown the importance of sustained advocacy, constant relationship management with actors in institutional settings, and an overarching perspective that is attentive to emergent trends, and openings for policy change in specific places. While this may not be entirely novel to harm reduction advocates, this work emphasizes the need to engage key stakeholders early in advocacy processes, most specifically with regards to law enforcement. The knowledge that power

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lies not only in local institutional contexts, but that favourable political opportunity structures need to be produced is an essential key to any movement mobilization, but in particular, as this research has shown, harm reduction advocates have seen incremental success over time through the shifting institutional locations of individual policy activists.

Like any work, this research is not without its conceptual and empirical limitations, and it faced its share of challenges. As I mentioned in the introduction to this dissertation, my fieldwork spanned eight cities across three regions: Budapest, Calgary, Frankfurt, Kingston, Luxembourg, New York, Santo Domingo, and Port of Spain. Yet Port of Spain does not appear in the dissertation. Access to harm reduction drug services, policy makers, and activists was a constant concern for me in all of my field sites. Employing a multi-sited methodology is a resource intensive endeavour, and I was only able to be in places for limited times, without the possibility of return for follow up research.

Limitations of time and funds were combated by concerted pre-planning, and very busy days while I was on site. Occasionally, they required follow up telephone interviews. However, the stringent organization required to successfully carry out this work generally resulted in access to most people I attempted to speak with. In some cases my limited time in each city enabled last-minute interviews and site visits that I would not have necessarily been able to organize on my own, just given a name to contact at a later date. The only place where I was not successful in gaining access was in Port of Spain. Despite employing the same strategies of email contact and follow up telephone calls (which was required in Kingston and Santo Domingo), I was met with silence from most service providers, government agencies, and politicians. I followed this up on several occasions by going to government offices, yet was repeatedly told to call for an appointment. I was not entirely unsuccessful; I was still able to conduct nine interviews and four site visits. However, eight of the nine interviews and all of the site visits were with the same organization. While this in depth access was useful in understanding the scope of drug use in Port of Spain, and how one organization operated, it was not the kind of access that was useful in helping me gain a comprehensive sense of

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harm reduction as it was understood and practiced throughout the city. This was my biggest empirical setback within the project. However, while I chose not to include Port of Spain in my final analysis, I did use the interviews and experiences to help inform my overall view of harm reduction drug policy.

I will now turn to a Cartesian limitation of this work: setting the project up as a focus on cities across three regions. 'Region' in geography has varied understandings. "In today's language, regions are a product of networked flows and relations fixed in a more or less provisional manner" (Allen and Cochrane 2007, pp 1162). It is in this networked sense that I employ the concept of region. However, regions are also defined via geographical location, and instantiated political structures operating at various governmental scales. In this sense, looking at selective cities across three regions then means that by research design, there is no comprehensive story of harm reduction within any of the three regions. There are vast cultural and political differences within regions, and sometimes within countries. Thus it is important to remember, when considering this work, that the focus on cities as sites of harm reduction drug policy provide a story more of global policy advocacy as implemented in an through territorial assemblages.

Originally, this work was titled 'Harm reduction: A global-relational examination". This changed for various reasons, one of which was the notion of 'global' as a main focus of mobility. As you may have noticed in the map included in Chapter 2, this work is not 'global' in the comprehensive sense. It does not consider Asia, Africa, Eastern Europe, Australia, or South America. Harm reduction is a global social movement, and it exists as health practice in each of these areas. It was never a goal of this research to provide a comprehensive overview of the global state of harm reduction drug policy. Instead, understanding transnational advocacy networks, as they operate though mobilization among various places, provides a particular situated understanding of a relational (and differential) mobility.

10.4. Future Directions

There are many directions that this project could take. Below I note just a few. Following from the discussion above, this work could simply be expanded to a more global scope in order to provide a more comprehensive understanding of the spatial strategies of harm reduction policy activism. In the same manner, this could be scaled down to a more regional or national level study. For example, harm reduction initiatives were beginning to emerge in Santiago and Samana, Dominican Republic. These initiatives were based on preventing the spread of injection as a way of consuming drugs, while also preparing health service providers for the likely possibility that injection drug use would become a problem in their communities.

This form of preventative harm reduction is something that would be interesting to examine, both from a mobilities perspective, but also from a harm reduction perspective. Prevention, while a part of harm reduction, is not its main focus. Harm reduction was predicated on reducing risk for occurring drug use behaviours, and it remains the key goal of harm reduction programs. Following from this, post-colonial theorizations of harm reduction and drug use are, to my knowledge, non-existent. Considering the role that race, gender, and class play in the constitution of problematic drug users, those who access harm reduction drug policies, it seems that this field of research is primed for an analysis that engages post-coloniality and critical race theory.

Spaces of urban public health

The fourth objective of this research is to gain a fuller understanding of how a consideration of health in urban politics contributes to the social production of cities and the experiences of people who engage these *spaces of public health*. This phrase, spaces of public health, appears throughout this dissertation. While I take it to mean places constitutive of and by considerations of public health and wellbeing, there is room for this concept to be further interrogated and more fully theorized. Intersections with health geographies and therapeutic landscapes, urban geography, the right to the city, and

feminist perspectives of embodiment would all be useful ways to further theorize through spaces of public health. What I have shown through this dissertation is the importance of political geography perspectives when engaging such a spatial understanding of health landscapes. Bringing a multi-dimensional perspective, such as policy mobilities, to a project on health and place has produced a thick description of the relationships and practices of policy activists that have worked to build and maintain the social movement, in doing so, this analytical perspective highlights how these processes mobilize health as a way in which to construct the city.

Comparative urbanism

A final thought on 'doing' comparative urbanism: As I noted above, this research was designed to respond to Robinson (2011) and Ward's (2010) call for renewed comparative studies of cities. Since that time, there has been a lot of gestures towards this approach, yet few have succeeded in demonstrating a novel way of doing such work. Lees (2012) perhaps comes closest to it, yet the manuscript is based on ongoing work, and it remains unclear exactly what is novel in the comparison beyond comparing cities of the global north and global south. This research has attempted a new comparative project, and has found a novel way of doing so.

Rather than comparing *cities* across the global north and south, cities whose commensurability are in many ways impossible (Roy and Ong 2011), I have approached this project by comparing *harm reduction drug policy* across cities in the global north and south. This contribution has allowed a discussion and analysis that extends across cities. Ward (2010, 483) states that "It is to be hoped that over the next decade or so all comparative urban studies produce more imaginative and just understandings of the diversity of cities, for this remains both a political and a theoretical imperative." Studying the politics of a public health policy focused on the most marginalized people in urban environments has thus allowed me to draw out the structural relationships necessary to operationalize successful social movements. It has also allowed a re-inscription of the political within the ways that we think about city politics while

simultaneously highlighting the role of evidence - its production and operationalization - in relational geographies of advocacy. My focus thus far in this dissertation has been to demonstrate how I have executed this rethinking of urban comparison through policy advocacy. Future work can and should combine this demonstration with a more holistic methodological discussion of its importance.

In making sense of how to do comparative urban research, my focus has been on the situation of the advocacy network. By focusing on how this network mobilizes differentially, this work has drawn cities into conversation with one another resulting in a better understanding of harm reduction drug policy, the way it is constructed, advocated for, and the way that it is experienced and implemented. Cities, as spaces of public health, are inter-referential. Lesson learning and advocacy focus on different processes and importantly, this differentiation is not aligned to individual regionalisms. Cities across the global north and global south have varying relationships to each other and to harm reduction, however, this work has shown that there is not a reinforcement of the spatial segregation of cities along the north/south divide. Rather, by studying the differential policy mobilities of harm reduction advocacy networks, I have argued that the interconnectedness of urban spaces of public health can help to reconceptualize what it means to produce cities, and how we can better understand the relationship between contemporary urbanism and globalization

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Chapter 11.

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Appendices

Appendix A: Sample interview questions

1. Can you speak a little bit about how you came to be working in Harm Reduction?
2. I understand YOUR ORGANIZATION is about INSERT PRINCIPAL/MISSION STATEMENT, What do you see as your main goals and challenges?
3. So are there specific areas of Harm Reduction that you see as more or less important to your work?
4. Do you see networking as an important part of your job? What sort of networks/people do you have the most contact with (and how do you communicate)?
5. Where do you see your role in terms of advocacy (ie talking to politicians) or public education and outreach?
6. What sort of strategies do you employ to get your point across?
7. How does media/social media/face-to-face interactions enhance your advocacy goals?
8. Do you look to other places when coming up with STRAGEGIES/PROTOCALS/POLICIES ETC?
9. Are there any other people you think I should talk to?

Appendix B: Site visit objectives

What is the purpose of observation/site visit?

- To observe HOW 'clients' and service providers interact
  o What is the space like?
  o Who uses the space?
  o Do people feel welcome?
  o Are clients repeat visitors?

- o Which services do people use most?

- o Is there conflict?

- To observe HOW visitors interact with the space

  - o Do they get to meet users?

  - o What parts are they most interested in/drawn to?

  - o Are they comfortable in the space?

  - o (If we can observe them entering the site) – Are they comfortable with the neighborhood?

- To observe HOW tour-guides and visitors interact

  - o Is there back and forth?

  - o Are questions encouraged?

  - o Are questions answered to "satisfaction?"

- To observe HOW connections are made at meetings/conferences

  - o Do people already know each other?

  - o What is the characteristic of the space? (Interactive, Educational, Traditional etc.)

  - o How do people meet?

  - o Are people finding this valuable

- To observe HOW stories are told

  - o Certain styles of verbal strategy

    - ▪ storytelling,

    - ▪ personal stories,

    - ▪ show and tell,

    - ▪ numbers and evidence

    - ▪ personality