Points of reference: Knowledge of elsewhere in the politics of urban drug policy[1]

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On an early May evening in 2006, two meetings on drug policy and treatment took place within a mile-and-a-half of each other, on either end of the Downtown Eastside neighborhood of Vancouver, British Columbia. The more publicized and well-attended was part of a series of public dialogues entitled, "Beyond Criminalization: Healthier Ways to Control Drugs." These were organized by local advocates and practitioners of harm reduction, an approach to drug use that considers it primarily a public health concern, rather than one of criminality, or disease. Harm reduction practitioners accept the reality of drug use, eschew the ideal of a drug-free society, and evaluate the effects of drug use along a continuum, ranging from uses that are less harmful to those that are extremely harmful to the individual or society. Abstinence, from this perspective, is an ideal outcome for some but is not the only acceptable behavior or goal, nor the fundamental precondition for entry into treatment. It is an approach that is more open to the advocacy of drug users, that defines users as partners in their own care, and that seeks to reduce the stigma associated with addiction through the pragmatic and non-judgmental "management of everyday affairs and actual practices … [the] validity [of which] is assessed by practical results" (Marlatt, 1998, 56).

Harm reduction is most commonly associated with methadone prescription and needle exchange programs. Increasingly, it also involves the medical prescription of heroin as part of Heroin Assisted Treatment (HAT), which intends to remove users from harmful 'street scenes' and thus begin stabilizing their lives and addressing their relationship with psychoactive substances (Marlatt, 1998; Riley and O'Hare, 2000). Furthermore, cities in eight countries[2] operate supervised facilities for the consumption of illicit drugs. This iteration of harm reduction provides a relatively safe space – as compared to streets, alleys, etc. – in which to inject or otherwise consume drugs including heroin and cocaine. Users bring their street-bought drugs, often with the encouragement of local police, to these facilities and staff provide sterile equipment and monitor users for signs of overdose. These supervised sites also act as 'low threshold' entryways into a range of medical treatments and social services (Marlatt, 1998; Maté, 2008).

After studying similar policies elsewhere, especially in Germany and Switzerland, Vancouver officially adopted a 'four pillar' drug policy in 2001. It aligns harm reduction with enforcement, treatment, and prevention. In 2003, Insite, North America's only legal supervised injection site was opened in a Downtown Eastside storefront and, from 2005-2008, the North American Opiate Medication Initiative (NAOMI) prescribed heroin to a select number of users in a nearby building. These initiatives would have been inconceivable a decade before and were the result of political pressure exerted by harm reduction advocates. This political element of harm reduction practice continues globally since many jurisdictions still prohibit needle exchanges, not to mention supervised consumption sites and HAT programs. Activism is also broadening in scope, as some call for the end of prohibition and the creation of regulated markets for currently illegal drugs, similar to markets for alcohol and tobacco (Haden, 2004).[3] It was at this vanguard of harm reduction advocacy that Vancouver's Beyond Criminalization meetings were positioned. They were held in parallel with the annual conference of the International Harm Reduction Association (IHRA, pronounced 'Ira'), featured many of IHRA's leading lights, including physicians, public health professionals, bureaucrats, activists, and drug users, and filled a 150-seat university conference facility in the city's downtown business district.

The other public meeting held that evening focused on a quite different approach to the problems of drug use. In the upstairs meeting room of a community center, a dozen people listened to a local community worker's presentation on San Patrignano, an abstinence-based drug treatment center located outside Rimini, Italy to which he had travelled on a fact-finding visit. The presentation involved a detailed description of the San Patrignano 'therapeutic community,' which practices a strict abstinence-based treatment regime for drug users who spend long periods of time, usually years, at the rural facility, isolated from their former lives, learning various trades, and producing products that are sold, often at high prices, to subsidize their treatment (Fieldnotes, May 2, 2006). San Patrignano's operators argue that drug addiction can be cured completely in a relatively short period of time through intensive behavioral, rather than medical, treatments intended to make users behave responsibly. They report that 72% of those who have lived at the community for at least eighteen months have "fully recovered" (San Patrignano, n.d. a). Yet, others have questioned these results and also point to the strict admission requirements that tend to weed out those less likely to show success, particularly San Patrignano's prohibition on drug users with concurrent mental health diagnoses (San Patrignano n.d. b). Critics also point to a history of harsh treatment of residents by their peers and by staff (Arnao, n.d.; McMartin, 2006). While

acknowledging these concerns as valid, the community worker advocated a San Patrignano-inspired model for BC and distributed a business plan for such a community in a rural part of the province (Interview, community worker, 2006). For him, long-term residential treatment – particularly with a skills training component – was a necessary correction to the harm reduction approach that had come to dominate Vancouver's drug policy.

My purpose in this chapter is to use the ongoing politics of drug policy in Vancouver to address a central question of this book: how do transfers of policy models across the globe change the character and conduct of urban politics once they are territorialized in a new location? I argue that 'policy mobilities' (McCann, 2008, 2009) frequently have long-term political consequences for cities, beyond the immediate negotiations over whether or not a policy from elsewhere should be emulated. New points of reference, beyond the immediate local and national political context become embedded in local political debate through travel, representation, repetition, and contest, thus constituting urban politics as both territorial and global-relational. Therefore, it is important to analyze the ongoing resonance of exemplars from elsewhere in local politics. Another key question of this book is: can urban-global relations can be usefully analyzed through detailed, theoretically-attuned empirical case studies? I seek to show that they can by drawing on a three-year qualitative research project involving interviews with user-activists, other policy activists, senior politicians, public health workers, researchers, and police, direct observations at meetings, and archival research.

In the next section, I position my argument within contemporary literatures to the relationality of place and of politics, on urban policy mobilities, and on the governance of public health at and among various scales. Subsequently, I return to Vancouver to discuss in more detail the debate over evidence from elsewhere that occurred during the original campaign for harm reduction at the turn of the present decade, focusing on the role of Frankfurt and Zürich's harm reduction programs as points of reference in the struggle over policy change in Vancouver.[4] I also note how those debates continue to resonate in local politics up to the present. The subsequent section discusses the period after the institution of the four pillars strategy (2001), the opening of Insite (2003), and the initiation of the NAOMI trial (2005) in which critics of harm reduction have increasingly invoked San Patrignano's therapeutic community model as another approach to addiction. The paper ends by arguing that as cities are assemblages of 'parts of elsewhere' (Allen and Cochrane, 2007), their politics include assemblages of reference points from elsewhere that resonate long-term and condition political discourse and policy-making practice to look globally for inspiration and legitimation.

Urban/global: Politics, policy, and health

> *When I speak of urban politics . . . I do not mean the mayor or the city council, though they are one, important form of expression of urban politics. Nor do I necessarily refer to an exclusively defined urban region, because metropolitan regions overlap and interpenetrate when it comes to the important processes at work there. . . . To the degree that the processes are restlessly in motion, so the urban space is itself perpetually in flux (Harvey, 1989, 127).*

It is an axiom of contemporary urban studies scholarship that cities can only be understood in terms of both their 'internal' characteristics and also their connections to other scales, places, and processes. This 'global' sense of urban place (Massey 1991, 1993, 2005, 2007) applies to all aspects of cities. More specifically, in the context of this book, we can see that an approach that takes seriously the dialectics of territoriality/relationality and fixity/mobility offers a great deal of insight into urban questions. As Ward (This Volume) puts it, "[i]f it were ever enough to account for change in the nature of urban development on the basis of analysis generated solely from within cities and the countries of which they are part then that time has surely passed."

A particular understanding of urban politics parallels this global-relational perspective. Harvey's approach to the urban and to the political is hinted at in the epigraph and its resonance can be felt in statements by other key figures in urban political geography. For example, Cox (2001, 756) argues that, "what is commonly referred to as 'urban politics' is typically quite heterogeneous and by no means referable to struggles within, or among, the agents structured by some set of social relations corresponding unambiguously to the urban." This conceptualization of urban politics must be applied to and developed through the study of concrete cases. The case of policy transfer among cities and the political struggles that are interwoven with it is an ideal opportunity to develop analyses of urban politics. Policy actors, broadly conceived to include institutions and individuals within the formal structures of the state, a range of private policy consultants, academics, and activist groups, are continually looking elsewhere to identify, learn about, and in some cases adopt 'best' policy practices (Wolman, 1992; Dolowitz and Marsh, 2000; Theodore and Peck, 2000; Wolman and Page 2000, 2002; Stone 1999; Peck and Theodore 2001, 2009; Peck 2003, 2006; McCann, 2008, 2009; Hoyt, 2006; Ward 2006; Cook 2008). These come in the form of formally drafted guidelines for governance (policies), statements of ideal policies (policy models), or expertise and know-how about good policy-making and implementation (policy knowledge). The politics of policy-making,

where various interests struggle over the character and implications of specific sets of guidelines and visions, as I will illustrate below and as the other authors in this volume discuss, is generally about more than the city. It entails discussions that often range globally, as different local interests interpret and debate the character, outcomes, and local appropriateness of policies developed and implemented at various points of reference elsewhere.

The literature on policy transfer in political science (Dolowitz and Marsh 2000; Stone 1999, 2004; Evans and Davies, 1999; Radaelli, 2000; James and Lodge, 2003; Evans 2004) offers some valuable insights into the range of institutions and actors who transfer policies. It also specifies a range of different types of transfer (voluntary, coerced, etc.), and it sheds light on the conditions that initiate transfers and that determine their success. On the other hand, the literature is limited in three ways: it is unduly bound by narrow typologies of 'transfer agents,' it tends to only see transfers happening at the national and international scales, ignoring interactions among cities in different countries, and it displays what Peck and Theodore (2001, 449) call an "implicit literalism" in its definition of policy transfer which tends to assume that policies are transferred from one place to another relatively intact while ignoring the modifications and struggles that occur along the way. It is often an a-social, a-spatial, and, ironically, somewhat a-political literature (for a full critique, see McCann, 2009). Recent work by geographers and others has sought to overcome these limits and push further on the complex spatialities and power relations of policy transfer (Peck, 2003; Ward, 2006, This Volume; Cook, 2008; McCann, 2008, 2009). For example, the notion of 'policy mobilities' (McCann, 2008, 2009) draws attention to the social and political character of policies, policy models, and policy knowledge as they are produced, translated, transformed, and deployed by various actors in a range of contexts. A key element of this new work is on cities. It has primarily entailed studies of elites who mobilize 'best practices' to foster urban 'livability' and 'creativity' (Peck, 2005), create Business Improvement Districts (Hoyt, 2006; Ward 2006, 2007, This Volume; Cook 2008), or shape new urban forms (McCann, 2009).

Yet, there are at least three related themes that the geographical literature on policy mobilities, or policies in motion, might advance further. First, scholarship on *urban* policy mobilities has only recently emerged and has, understandably, focused on detailing and conceptualizing the actors, mechanisms, and contexts through which policies are mobilized. Therefore, there is a great deal of scope both for further analyses of these transfer processes themselves and for analysis of the local political consequences of policy mobilities – how transfers stem from and shape urban power relations and political struggles. Second, the literature has so far employed a limited, although very

useful, set of examples and case studies, as I note above. There is scope for broadening the range of examples used to analyze inter-urban policy mobilities beyond those that primarily address urban economic development. The study of policies aimed at governing other, not unrelated, aspects of urban life, including environmental concerns, public health, and urban cultures, can inform and benefit from the policy mobilities perspective (see the chapters by Peck and by Keil and Ali in this volume). Furthermore, case studies that address conditions beyond the richest countries are also necessary (e.g., Massey and Robinson, in this volume), as are those that seek to historicize contemporary rounds of policy mobility (Peck, This Volume). Third, the existing literature has largely addressed the role of elites – actors within the state at various scales, business coalitions, professional organizations, transnational institutions, think tanks, and consultants, etc. – in shaping policies and setting them in motion across the globe. This work is absolutely necessary, yet it might be built upon and extended by the study of how non-elites or 'subaltern' groups and social movements inhabit and redirect existing global informational infrastructures and circuits of knowledge or create their own sites and circuits of persuasion in order to upturn established policies and mobilize alternatives (Bosco, 2001; McCann, 2008).

The case of political struggles over urban drug policy provides the opportunity to develop these themes. For Ali and Keil (2006, 2007, 2008; Keil and Ali, 2007, This Volume), 'traditional' concerns in urban studies would benefit from a more sustained attention to public health. Drawing on the notion of urban health governance, they argue that,

> [r]ather than operating solely in between the often contradictory challenges of social cohesion and economic competitiveness, urban governance may soon have to be more centrally concerned with questions of widespread disease, life and death (Ali and Keil, 2007, 847).

Van Wagner (2008, 19) argues that a sharpened focus on urban health allows further refinement of our conceptualization of urban-global relations and suggests that in terms of health, "certain cities emerge as disproportionately influential and [globally] connected," a point that she sees as "important and [that] should be expanded upon … ." Certainly, Vancouver is connected to a global archipelago of cities with similar harm reduction approaches. These cities and their connections with regional and national governments, global institutions like WHO and UNAIDS, and organizations like IHRA constitute a network through which 'best practices' are mobilized in order

to address the health, social, and economic harms of illicit drug use. These circuits, mobilities, and flows are always also shaped by territorial configurations and legacies, that produce uneven landscapes of health regulations, funding regimes, and political opportunity structures, which, in turn, become objects of and tools for political struggle. In the following pages, I will outline the relational/territorial elements of the politics of drug policy in Vancouver both at the time of the transfer of harm reduction into the city and also in the years since.

Looking for a fix: Finding a solution to Vancouver's drug-related health crisis

The search for appropriate and effective approaches to the harmful use of drugs has been a major political issue in Vancouver since the mid 1990s. In 1994, a report from the then chief coroner of British Columbia identified "an epidemic of illicit drug deaths" in the province over the previous six years, marked by an 800 percent increase in fatal overdoses of heroin or cocaine (Cain, 1994, 6). The report also noted that 60 percent of these cases occurred in Vancouver, a city that, at the time, contained slightly less than 14 percent of the total provincial population (BC Stats, n.d.). It went on to critique, "[t]he so-called 'War on Drugs' … as an expensive failure" (ibid., vi), and advocated instead for serious study of the decriminalization and legalization of certain drugs and for strengthening the harm reduction approach that had, since 1987, been the framework for the Canadian government's National Drug Strategy.

Despite this report, Vancouver's public health crisis continued apace through the 1990s. 1,200 overdose deaths were recorded from 1992-2000 (Wood and Kerr, 2006) and its intravenous drug users suffered extremely high rates of life-threatening blood-borne infection, specifically Hepatitis C and HIV, with the annual incidence rate of the latter peaking at 18% in 1997 – the highest rate ever recorded among and IDU population in the developed world (ibid). The epicenter of the crisis was in the streets, alleys, and Single Room Occupancy hotels of the Downtown Eastside. The neighborhood, widely regarded as Canada's poorest (Eby and Misura, 2006), was the site of an open drug scene and has long been home to a concentrated service-dependent population, including many homeless or marginally-housed people with concurrent addiction and mental health diagnoses. The dire conditions on the Downtown Eastside encouraged public discussion of drug policy and reactions to the crisis ranged widely and changed markedly in the 1990s, culminating in strong public support for the new harm reduction policy (*International Journal of Drug Policy,* 2006).

This sea change in public discourse was the result of hard political work by an informal but strong coalition that included a user-run, non-profit support and advocacy group, a group of parents

of drug users, some politicians and officials at all levels of government, social services agencies and NGOs, researchers, and members of the local police force. They shared an interest in changing how drug use was governed in Vancouver. This coalition exerted political pressure on government at all scales to allow the four pillar approach to be instituted in 2001 (MacPherson, 2001). Intertwined with the coalition's political activism at home was a global search for a new policy model that entailed identifying exemplary cases of alternative drug policy, specifically in Swiss cities and in Frankfurt, Germany. The purpose was to educate as many local decision-makers as possible about the benefits and challenges of adopting a similar approach (McCann, 2008).

Largely as a result of this work, harm reduction has become a central part of the discourse and practice of drug policy in Vancouver and opposition seems to have waned in the wake of the apparent benefits of the approach, including a dramatic decrease in drug-related deaths (Matas, 2008) and, more specifically, the demonstrated benefits of Insite, including overdose prevention, counseling, detox, and treatment referrals, reductions in syringe sharing, public injections and public disposal of syringes (Wood *et al*, 2006; IFCS n.d.) and of the local HAT trial (NAOMI, 2008a, 2008b). Nonetheless, skeptics and opponents continue to present their case against harm reduction in terms of their own interpretations of its operation in Vancouver but also their understandings of the merits of drug strategies elsewhere – understandings that have been supported by opponents' own fact-finding trips to places like Frankfurt and San Patrignano. The scheduling of the San Patrignano meeting on the same night as the IHRA-related forum is one inkling of this ongoing debate. Vancouver's drug policy was and continues to be understood and debated *in terms of* other points of reference.

Re: Frankfurt and Zürich

As the harm reduction coalition grew in the 1990s, one of its first goals was to identify a feasible alternative model and a 'real world' example of its implementation. It was clear that the choice of a point of reference was crucial not only in policy terms but also politically. The exemplar had to be able to be made understandable to decision-makers and the general public:

> So [we] … started saying, "Well, who can we learn from? Where are the politics most similar? Where, from all these different things we've heard about from different parts of the world, where do we need to go and learn?" And we really concluded Frankfurt was the spot. That had to do with the federal structure of German government … [and] it was a city that

> wasn't too big … [W]e thought that people [in Vancouver] could kind of get their heads around this city in Germany perhaps a little better than some of the other places that were doing supervised injection at the time. So that's how we picked Frankfurt (Interview, NGO representative #1, 2006).

One key element of this choice was the similar organization of each federal state, both of which has municipal, provincial/länder, and national tiers. This, the coalition believed, would allow common issues of overlapping jurisdictions and multiple service providers and regulatory agencies to be addressed. On the other hand, they also acknowledged that the division of powers and funding among the three tiers differed from Germany to Canada – a point that, as I will discuss below, others subsequently identified as a problem with the pro-harm reduction argument.

If a harm reduction model was to be transferred from Europe, the activists also decided that bureaucratic reports would not be enough to win the inevitable political debate. In order to "debunk anxieties and concerns [and] closed thinking in the bureaucracy" (Interview, NGO representative #1, 2006), it was necessary to make the Frankfurt model more tangible. Two main strategies emerged: find ways to have as many key players as possible visit Frankfurt and find ways to have key figures from Frankfurt visit Vancouver.

> I think that when you tell people that you've actually seen it, they lend greater credence to what you're saying because, before that, well, one of the main questions is, "Well, have you ever seen one [a supervised injection site or a prescription heroin facility]? Have you ever been there?" … Personal experience cannot ever be underestimated, right? And I don't necessarily think it must mean that we go there. Sometimes people [from] Frankfurt could come here and say, "Oh you know this is exactly what's going on." … You know, it normalizes it (Interview, social service agency representative, 2007).

The coalition organized a visit to Frankfurt and included a journalist, a documentary filmmaker, and a police officer in the delegation. After one week, the group returned largely impressed and convinced by their engagement with Frankfurt. Beyond the first-hand stories that they circulated informally upon their return, the trip also produced a positive report from the police officer, material for in-depth articles by the journalist, and footage for a documentary film, which appeared in the public sphere just before the city council was to vote on the adoption of its new drug strategy.

On the Vancouver side of the relationship, a local social services society organized a now legendary conference in which European experts explained their policies to an audience gathered under a tent in a Downtown Eastside park. This suggests that fact-finding trips and consultants' visits are physical, embodied activities that are valuable in policy transfer processes because they add substance to the types of information that can be gleaned from the Internet and policy reports. They are not only about travelling to learn or teach, however. The physical, rather than virtual, experience of place and of process is a powerful element of political persuasion, lending credence to arguments about exemplars elsewhere through visual documentation, personal anecdotal accounts, face-to-face, and peer-to-peer contacts.

Skeptics' reports

Of course, all actors in a political debate can invoke points of reference from elsewhere and offer different experiences and interpretations. Those who questioned the positive narrative of European harm reduction strategies expressed their own interpretations in the political debate leading up to the decision on the new drug policy. First, as is frequently the case in the politics of policy transfer, concerns were raised about the 'fit' between policy models from elsewhere and the local context. For example, a city councilor was funded to visit drug programs in Amsterdam and Frankfurt in 2000. Her report to council (Clarke, 2000), while by no means dismissive of the merits of these cities' approaches, was lukewarm in comparison to the report delivered the previous year by the planner. "To understand the context for what these two cities have been able to do," she argued, "it's important to know they each have the legal jurisdiction and budget for what we in Vancouver would see as a combination of provincial and city functions." Even when the new drug strategy had been approved by the majority of councilors, skeptics pointed out that, as the *Vancouver Sun's* editors summarized it, "the city only has the power to act on four of the approximately 36 points in the proposal and that other agencies – including the provincial government – will have to come on board for it to be successful" *Vancouver Sun*, 2001).

A second specter that haunted pro-harm reduction forces was Zürich's 'Needle Park.' While the coalition had focused primarily on Frankfurt, it had continued to invoke Swiss policy as another example of good harm reduction policy. Opponents, on the other hand, noted that 'Needle Park' was as a failed experiment in urban harm reduction and argued that it was evidence of why Vancouver should not move in this direction. In 1987, as the global HIV epidemic grew, Zürich's authorities decided that it was best to control and concentrate illicit drug use in one location to

reduce its impact on the city as a whole and to best provide services to users. They forced the city's formerly scattered drug scenes to congregate in Platzspitz, a central-city park. The use and sale of drugs was tolerated within the park and a range of social and health services were provided, including needle and syringe exchange, resuscitation equipment, counseling, employment services, shelter, food, toilets, and bathing facilities.

While the initiative allowed greater contact between hard-to-access users and service providers, a 'honey pot' effect emerged, where an increasing proportion of the users came from other parts of Switzerland and, of this population, growing numbers originated outside Switzerland entirely. On the supply side, the park became the focus of increasingly violent competition among organized dealers, vying for shares of a captive market. As the park grew more violent, it became less feasible for service providers to work within it, thus compromising one of its main *raisons d'être*. This combined with the increasingly large numbers of people injecting in the open and the litter-strewn nature of the space led to the media's use of the sobriquet, 'Needle Park,' a nickname that crystallized increasing neighborhood opposition to its existence. The park was closed in 1992 spurring fears among service providers that many users would again become hard to access and would therefore be more vulnerable to HIV infection, overdose deaths and other drug-related harms (*The Province*, 1992; Grob, 1993; Huber, 1994; Foulkes, 2002).

Stories of 'Needle Park' made their way to Vancouver in the early 1990s, via national and local media sources (Drohan, 1991; *The Province*, 1992). A survey of newspapers shows that there was a subsequent lull in references to the Zürich situation, locally or nationally, until 1997, when Vancouver's health authorities declared the health emergency. At this point, there is an uptick in references to the park, both in news reporting and in letters to the editor. The push for harm reduction in Vancouver, which drew from Switzerland's *post*-'Needle Park' experience (MacPherson, 1999, 2001), nonetheless raised fears of a 'Needle Park on the Pacific' (Diewert, 1998), with a similar 'honey pot' effect and related increases in drug-related violence and litter in the Downtown Eastside and its surrounding neighborhoods. As one key proponent argued, skeptics would "point to Zürich. But they'd have their facts wrong. Because they'd heard that Zürich did something and then they'd say, "'That was a total disaster. Look at 'Needle Park.'" And then we'd say, "Well, no, 'Needle Park' was before …" (Interview, drug policy official, 2005). Nevertheless, it is perhaps no surprise that a key element of the pro-harm reduction narrative in Vancouver involved a commitment to 'public order,' to dealing with the open drug scene in the Downtown Eastside, and to reducing the harms caused to neighborhoods by carelessly discarded needles and other risky behaviors.[5]

Switzerland was also a reference point for a third critique of Vancouver's proposed drug policy. Advocates' idea of opening a heroin-assisted treatment (HAT) clinic was intended to address the difficulties faced by chronic heroin users, for whom abstinence-oriented treatment and/or methadone prescription had persistently failed. They were inspired by what they saw as the promising results of a similar program in Switzerland and by plans to replicate it in Germany (MacPherson, 1999). The Swiss trials began in the aftermath of 'Needle Park' and early results, which had begun to be reported before Vancouver's coalition looked to Swiss cities for lessons, suggested that when users were assured a heroin supply that was legal and safe (i.e., of a consistent, known dosage with no adulterants, unlike illicit heroin), they would be healthier, would be more likely to enter treatment programs, including ones based on abstinence, and would be less involved in crime and more likely to maintain housing and legal employment (Fischer and Rehm, 1997; Uchtenhagen, 1997; Marlatt, 1998; Drucker, 2001; Rehm et al, 2001).

Yet, opponents repeated critiques of the methodology of the trial that were laid out in an otherwise cautiously optimistic evaluation conducted by a WHO panel (Ali et al, 1999). They noted that it had not used a randomized control test methodology (in which participants would be randomly and blindly assigned to a group taking prescription heroin or to a control group taking a substitute, such as methadone). For this and other methodological and contextual reasons, opponents contended that HAT was unproven and should not be given credence or resources in Vancouver (Satel, 1998; Lawson, 1999). This was despite the fact that the WHO report suggested that more research trials in other places were exactly what was necessary.

Points of reference and the debate in Vancouver

Vancouver's advocates were suspicious of their critics:

> The naysayers were looking at Europe and they were saying "Yeah, they've got all this [research] but it wasn't sufficiently rigorous …". So, … [the politician who visited Frankfurt and Amsterdam] was standing there and dissing Switzerland's prescription heroin project because … she could pick holes in the scientific methodology. … And so, the people who did not want to go in this direction would use that as the crutch to halt everything (Interview, NGO representative #2, 2007).

This indicates that the debate, in part, involved a struggle to define the parameters of comparison and success that would guide the development of a 'Vancouver model' of harm reduction in reference both to local context and to global precedents. How successful harm reduction was in Frankfurt had to be understood in terms of the structure and capacities of the Canadian state.

Proponents of harm reduction did not necessarily disagree with this point. They were, for example, intent in properly and sensitively embedding the general principles of harm reduction in the local context, or as one key member of the coalition remembered, "at one point I finally said …, 'I don't need a Made in Frankfurt solution, I need a Made in the Downtown Eastside solution.' And we did it" (Interview, user-activist, 2007). Yet, the coalition remained wary of the intentions of those skeptics who seemed to voice support for drug policy innovation in principle but who were, they felt, also looking for any excuse to drag their feet. Referring to the councilor's report from Europe, a coalition member argued that,

> She … went over, and any little sort of whisper or [anything she found that was] not quite exactly perfect or [had] a little bit of debate about [it], her mind would pick that out and bring it back [to Vancouver] … She'd be the 'yes, but' person. And she would always sound like she supported [harm reduction], but in the end it was always 'later'. … So, I think it came down to just morally she couldn't go there (Interview, advocacy organization representative, 2006).

Questions of morality, evidence, and credibility continue to mark the politics of drug policy in Vancouver to this day, as continued references to 'Needle Park' (e.g., Chua, 2006; *The Province*, 2006) and the Swiss heroin trials (e.g., Sabet, 2005; Kendall, 2005; McKnight, 2006) in local media attest. This underscores my argument that reference points of debate that are deployed and contested at the time of a particular policy transfer continue to resonate in and frame the parameters of discussion long after policies from elsewhere are territorialized in a new location.

Re: San Patrignano

It is not only that specific examples continue to be debated over time, however, but also that new points of reference are invoked as debate continues, in order to bolster or to question orthodoxies about how policy should be enacted. San Patrignano, the subject of the smaller of the two public meetings held in Vancouver in May, 2006, is an example of this use of reference points in the

politics of urban policy. A survey of Canadian newspapers identifies only three relevant references to the rural Italian, abstinence-oriented therapeutic community prior to September 2006. There have been over forty since that date, however. 2006 marked the public 'roll out' of San Patrignano as a model alternative or complement to the four pillars, Insite, and NAOMI. Its proponents express skepticism about the benefits of harm reduction and a belief that more needs to be done to treat people with drug addictions, rather than 'maintaining' their addictions through the prescription of methadone and heroin or through supervised consumption. Some see the four pillars approach and particularly Insite as a failure while others see San Patrignano as complementary to harm reduction. One powerful, well-connected advocate of the Italian model argues that Insite should be closed because it has not worked and is a waste of money.

> The reason that we started the supervised injection site – and I was one of the people that advocated for it, I had to go and get money for it from my government … was [to] … reduce street disorder. We thought we would reduce the spread of HIV and Hepatitis C and we thought we would have more people going into detox and to treatment. … And none of those things have happened. You know, street disorder has never been worse. We have Hepatitis C in 90% of the addicts in the downtown core … So we haven't affected a change there. … [W]e've tried it and it didn't work (Interview, provincial politician, 2007).

Politically, the debate involves a distinct turning of the tables. Whereas in the 1990s and early 2000s harm reduction advocates saw themselves as battling against feet-dragging and downright hostile opponents, by the mid-2000s harm reduction had become 'the establishment' in Vancouver, if not elsewhere in Canada. Thus, local critics of harm reduction accuse the harm reduction practitioners of using the powers of the state to drive through their agenda while closing out other opinions. This accusation presents a particular political challenge for harm reduction practitioners and advocates who take seriously the movement's philosophy of non-judgmental pragmatism that encourages an acceptance of any model that might make a difference. Vancouver's drug policy coordinator referred to a proposal to operate a San Patrignano-inspired therapeutic community in rural northern BC as "a compelling idea," that "would be a welcome addition to the array of options that we have for people" (in Bermingham, 2007). Furthermore, his office has recently responded positively to the opening of another therapeutic community for youth in BC (City of Vancouver, 2009).

Nonetheless, San Patrignano tends to be presented as a replacement or corrective to harm reduction by its leading proponents, thus casting the politics of drug policy in a contentious light, which, as I will discuss below, is reflected somewhat in the responses of some harm reduction proponents. First, however, it is worth noting that proponents of San Patrignano are keenly aware of the political power of using a longstanding model from elsewhere to support their position, just as harm reduction proponents understood the power of invoking German and Swiss examples a decade ago. When asked about the benefit of being able to point to a case like San Patrignano when advocating for new policy, one proponent echoed the words of those who had previously invoked Frankfurt as a model for Vancouver:

> It's very useful. First off, you know, it takes quite a lot to imagine this kind of a model. … It certainly makes sense once you get it. … But it's very hard to imagine that you could affect that many people's lives. So it's very important that, you know, as someone that's at the beginning of it, that I have a vision that I can feel comfortable talking about. You know, I've actually seen it. I know it will be different here, but I've seen it. And I can look at their results (Interview, provincial politician, 2007).

Contemporary advocates of San Patrignano also echo the earlier efforts of harm reduction proponents when they acknowledge that only some elements of the Italian approach are suited to Canada and that the model must be modified for its new context. I have already suggested that a key attraction of San Patrignano is its emphasis on treatment and its distaste for harm reduction. A second appeal seems to be San Patrignano's arms-length relationship with state funding. Whereas proponents of this model tend to critique the Canadian state at all levels for an abundance of red tape, its over-focus on harm reduction, its tendency to fund short-term treatment programs, and a general aversion to innovation, San Patrignano offers a private solution. The community takes no operating funds from the Italian government and relies instead of the sales of commodities – everything from wine and honey to horses and bikes – that are produced on-site by those receiving treatment. This suggests that there may be an ideological as well as a moral attraction to San Patrignano among some of its proponents. It offers a vision of drug treatment through the private rather than the public sector. Furthermore, the trades-based instruction and production that characterize the community appeal to many proponents. One in particular, who is himself a skilled

artisan and who has run programs to train at-risk youth, was particularly struck by this aspect of the community when he visited.

On the other hand, proponents of San Patrignano are less comfortable with some of its defining, world-renowned features. For example, they find it difficult to embrace San Patrignano's approach to substances. On the one hand, alcohol (specifically wine, which is viewed as a digestive and served with meals) and tobacco are both permitted at the community. On the other hand, San Patrignano is founded on an aggressive, frequently repeated abhorrence of illicit and medically prescribed drugs and their use. One Vancouver advocate is skeptical of this approach and its implication that methadone cannot be used as part of treatment.

> I think there is great merit for treatments where people are being weaned off of drugs. So for example, somebody is a heroin addict and they go on methadone and they are slowly coming off of it. That seems like a legitimate recovery effort. … Whereas in San Pat, it might be completely, "You wouldn't do it" (Interview, provincial politician, 2007).

The discomfort expressed by proponents of the San Patrignano model suggests again that one of the main reasons for identifying a policy exemplar from elsewhere as a model of how things might be done 'at home' is a strategic and political one. It is likely that as the San Patrignano model is operationalized in BC, it will resemble its ancestor in only some ways, and may resemble other forms of therapeutic community more closely. Yet, the ability to crystallize a political position – one critical of harm reduction and supportive of private, long-term, abstinence-oriented residential treatment – through the shorthand of a model from elsewhere is strategically attractive.

Certainly, it has encouraged various responses in Vancouver. While some harm reduction advocates and practitioners have cautiously welcomed the approach as a complement to existing strategies, others question the model, given the history of abuse allegations at the community and the open questions surrounding its success rate. They are suspicious of the assumptions and intent underlying local San Patrignano advocacy. "I know all about San Patrignano and it's not everything that it's cracked up to be either," says one activist (Interview, user-activist, 2007). Another member of Vancouver's harm reduction coalition argues that,

> the San Pat model … if you try to disseminate it into here, it's not very practical. … It's very expensive and people live there for an awfully long time. And it's kind of a separate isolated

> community. … It feels like it's creating [an] unreal world to replace another unreal one. … It doesn't seem to me to be a long-term sustainable solution. Maybe I love it as an interim … (Interview, advocacy organization representative, 2006).

Yet, for her, the turn among some in Vancouver to the San Patrignano model is another example of intractable differences in belief, where proponents say, "Okay, let's pick that idea that fits into their belief system" (Interview, advocacy organization representative, 2006).

San Patrignano, like Frankfurt and Zurich, remains a point of reference in Vancouver's politics of drug policy. Indeed, one of the plans for a San Patrignano-inspired therapeutic community, although not the one promoted at the meeting in May 2006, has now come to fruition. 'New Hope' operates on a former US military radar station in a rural area outside the northern BC city of Prince George, a 450-mile drive from Vancouver (Bermingham, 2007). The community currently houses one hundred residents, half of whom are from Vancouver. In Vancouver, harm reduction remains a central focus of drug policy and has shown significant success. NAOMI's first phase has ended, leaving in question the futures of the city's chronic opiate users, and the future of Insite is continually under threat from an unsympathetic federal government. Needless to say, debate over the practice and outcomes of harm reduction continues in the city and those involve seldom miss the opportunity to make reference to points elsewhere.

Conclusion

In their discussion of the urban regions as political assemblages, where various forces that might generally be viewed as existing elsewhere or at other scales are seen as assembled in the urban region for the purposes of governance, Allen and Cochrane (2007, 1171) argue that,

> Increasingly, it would seem that there is little to be gained by talking about regional governance as a territorial arrangement when a number of the political elements assembled … are 'parts' of elsewhere, representatives of professional authority, expertise, skills and interests drawn together to move forward varied agendas and programmes. … There is … an interplay of forces where a range of actors mobilize, enrol, translate, channel, broker and bridge in ways that make different kinds of government possible.

This is not to say that the city, or urban politics do not have materiality or powerful consequences.

Of course they do. What Allen and Cochrane, as well as many of the other scholars of urban politics and policy-making I have referred to in this chapter, are acknowledging is that urban politics is always about more than the city, both in terms of its consequences and in terms of its referents.

Vancouver's politics of drug policy is constituted by the very real and very local concerns of the Downtown Eastside but it is also shaped by travels to, stories from, and relations among a range of other places. The city's drug policy and the politics that surround it are studded with these 'parts of elsewhere' and are, therefore, both territorial and global-relational assemblages. Nonetheless, Allen and Cochrane, among others, remind us that it is not enough for us to acknowledge the global-relational character of urban policy by providing detailed accounts of local or territorial politics and then simply gesturing 'up' to the wider global context as 'obviously' playing some constitutive role in the local process. Equally problematic is a focus on global relations among cities that then gestures 'down' to quickly sketched examples from specific cities or territories in order to bolster or validate the global analysis. Contemporary literatures on scale, global cities, and urban neoliberalism have moved beyond the allures of 'gestural analysis' toward well-conceptualized but also empirically detailed investigation of the global and the local as they are combined in certain moments by and for certain interests (Burawoy et al, 2000).

My discussion of the deployment of evidence from elsewhere in the politics of drug policy in Vancouver is an attempt at such an empirical approach that holds in its sights a balance between the place-based politics of one city and the global relations that constitute a global network of cities with similar approaches to drug policy. More specifically, my discussion of the ways in which particular discursive constructions of Frankfurt, Zürich, and San Patrignano get put to work in Vancouver's public sphere speaks to the burgeoning literature on policy transfer, policies in motion, and policy mobilities. There is room in this literature for more detailed qualitative investigations of how the adoption and operationalization of policies, policy models, and policy knowledge from elsewhere shapes urban politics. While the literature has begun to engage this question in a timeframe that is usually focused on the lead-up and immediate aftermath of a new policy's 'importation,' I have argued that the specific exemplars from elsewhere seem to linger long after a policy has been adopted and remolded into a 'local solution.' The Vancouver example suggests they can resonate for a decade or more. The specific time horizon will likely vary depending on context and will, presumably, diminish over time – a temporal version of distance decay. Nonetheless, these parts of elsewhere remain as frames, referents, and points of contention in future policy debates.

Moreover, I also argue that it is not only the *content* of a particular policy debate that

resonates on into the future but also that a particular *form* of argumentation and practice becomes 'lodged,' as Allen and Cochrane put it, in the public sphere. I have found no evidence that the San Patrignano model was a matter of serious public debate at the time of Vancouver's search for a new model of drug policy at the end of the 1990s. Yet, since 2006, it has become a frequently discussed complement, corrective, or replacement for harm reduction. I would suggest that the utility of San Patrignano as a political counter to 'establishment' harm reduction in Vancouver is in no small part the result of previous rounds of 'conditioning' in the public sphere where participants in policy debates have become used to, and might even expect, to be persuaded of the merits of a new policy proposal through references to evidence from elsewhere. In this regard, it is worthwhile, taking a 'long view' of the politics of policy transfer to see it as both relational and territorial but also short-term and long-term.

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Endnotes

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[2] Australia, Canada, Germany, Luxembourg, The Netherlands, Norway, Spain, and Switzerland (Hedrich, 2004).

[3] Not all in the global harm reduction movement would agree with this goal.

[4] These were not the only reference points, although they became the most important. Others included Amsterdam (which has a long history of and global reputation for a non-punitive approach to drug use), Merseyside, UK (where the regional health authority and police force were early proponents of harm reduction in the 1980s), and Portland, Oregon (where the Central City Concern organization has, since the 1970s, developed a continuum of care for marginalized, homeless people who are addicted to alcohol and other drugs).

[5] Proponents also noted that the problems that occurred at 'Needle Park' were not an indictment of harm reduction *in toto*. As a Swiss commentator puts it, "we can learn from the Zürich experiment that tolerating an open drug scene can have fateful consequences, especially when combined with extensive measures of harm reduction. It is not the policy of harm reduction that is questioned, but the policy of tolerating an open drug scene" (Huber, 1994, 515).