

Down here:

Situatedness, struggle, & drug policy in Vancouver, BC

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Global-urban geographies of harm reduction drug policy

- 1990s: Epidemic of HIV & Hepatitis C infection among IDUs in Canada's poorest neighborhood.
- Search for solution beyond criminalization model.
- Users and other activists convince the state to follow European and Australian models (Frankfurt, Zurich, Bern, Sydney).
- 2001: Vancouver institutes its 'harm reduction' policy.
- 2003: 'Insite,' N. America's only legal supervised injection site for illicit drugs, opens under a temporary Federal 'Section 56' exemption to the Canada Health Act.
- Peer-reviewed medical studies credit Insite with reducing deaths & infections, encouraging IDUs to get counselling/treatment, & reducing public injection and related litter on the streets.



The Americas' only legal supervised facility for the injection of illicit drugs



*Education, Prevention,
Enforcement,
& Harm Reduction*





How it works:

- Bring in your 'street drugs'
- Register
- Wait (usually)
- Get a booth & sterile water, needle, etc.
- Inject
- Hang out in the 'chill room' (hopefully)
- Leave



- “[T]hose who seek to create a better world have few more powerful tools than precisely the language of rights, no matter how imperfect that language may be Rights establish an important *ideal* against which the behavior of the state, capital, and other powerful actors must be measured – and held accountable. They provide an institutional framework, no matter how incomplete, within which the goals of social struggle can not only be organized but also attained” (Mitchell, 2003: 25).

Outline

a. Introduction & Conceptual context

Harm Reduction, policy mobilities, & the Right to the City

b. Empirical context: Drugs & Canada's poorest neighbourhood

The Downtown Eastside, epidemic disease, & policy change

c. Situating struggle and policy transfer at Oppenheimer Park

(1) The politics of grief & shame

(2) The 'tent event': The park as a 'globalizing microspace'

(3) Memorialization and rededication

d. Discussion

Harm Reduction

- A public health approach to the problematic use of illicit drugs that understands use and addiction as health rather than criminal issues.
- It advocates for public health policies, facilities, and practices that reduce the harms of drug use.
- Harms to be reduced include: Infection & overdose death, costs to the health care system, drug-related litter, and 'disorder' in public spaces.
- Examples of HR: Needle exchanges, pill testing at raves, and, more controversially: distribution of 'crack' kits, and the establishment of legalized, supervised drug consumption rooms.
- A key idea: people's lives need to be stabilized before they can make decisions about their health.

How can we conceptualize the development of a harm reduction policy in Vancouver?

Policy Transfer / Policies in Motion / Policy Mobilities

- The longstanding political science literature on policy transfer offers pointers but it (1) is narrow and elite-focused in its definition of 'transfer agents;' (2) it understands transfer as an international process; (3) it does not see transfer as a socio-spatial, situated, and political process.
- 'Urban policy mobilities:' socially produced and circulated forms of policy knowledge that travel through, connect, and shape various spatial scales, policy communities, and institutions.

Urban/Global Policy Mobilities (or, beyond the traditional approach)

“[We must] develop adequate conceptualizations and robust empirical assessments of policies ‘in motion’, including descriptions of the circulatory systems that connect and interpenetrate ‘local’ policy regimes” (Peck, 2003).

“[We need analyses of] the strong diffusion channels and distribution networks that exist to facilitate the transfer of policies of a particular type from one place to another. 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 (Ward, 2006)

Urban/Global Policy Mobilities (or, beyond the traditional approach)

- The mobilities perspective sees mobility as a “meaningful and power-laden geographical phenomenon” involving “the displacement of an object from A to B” in which “the type, strategies and social implications of that movement are considered” (Cresswell, 2001 & 2006)
- ‘Urban policy mobilities:’ socially produced and circulated forms of policy knowledge that travel through, connect, and shape various spatial scales, policy communities, and institutions.
- New policies must be proposed, learned, & struggled over somewhere. For example, in conference settings, government meeting rooms, public spaces. Places that Larner and Le Heron (2002, 765) call “globalizing ‘microspaces.’”

Policy Transfer / Policies in Motion / Policy Mobilities

- Agents of drug policy transfer / diffusion: A contingent mix of politicians; policy professionals (e.g., planners, social workers) and public health departments, police departments, business owners, AIDS activists, & drug policy activists, including users.
- The diffusion & (uneven) geography of drug consumption rooms: Early examples in Germany and Switzerland (mid 1980s) then diffused to Australia, Canada, Luxembourg, Netherlands, Norway, & Spain). A total of 8 countries, and approximately 70 facilities, all located in cities.

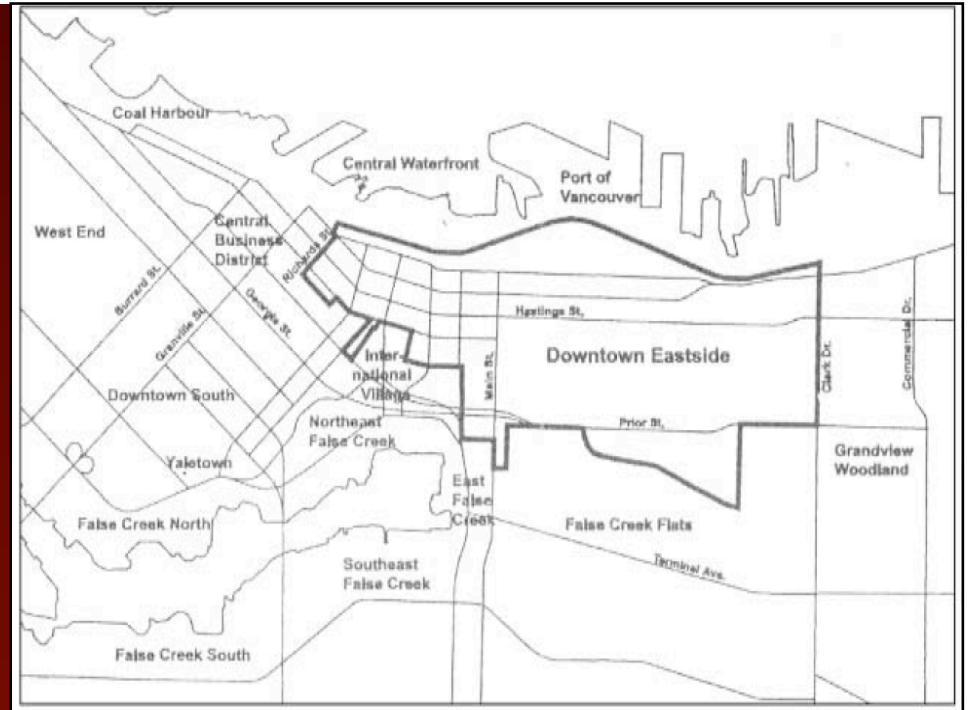
My purpose:

To explore the idea that The Right to the City is scaled, relational, and continually being made through struggle (the city as oeuvre).

- The Right to the City (i.e., to inhabitation) and what Lefebvre thought of as its logical extension, the Right to Difference (to be free from externally-defined impositions of identity) must be thought of as global-relational (the city and the urban are neither bounded nor localized).
- 'The global' can be a resource for 'local' cries and demands
- 'Subaltern' groups can 'inhabit' global circuits that are usually seen as the preserve of elites

Down here dying.

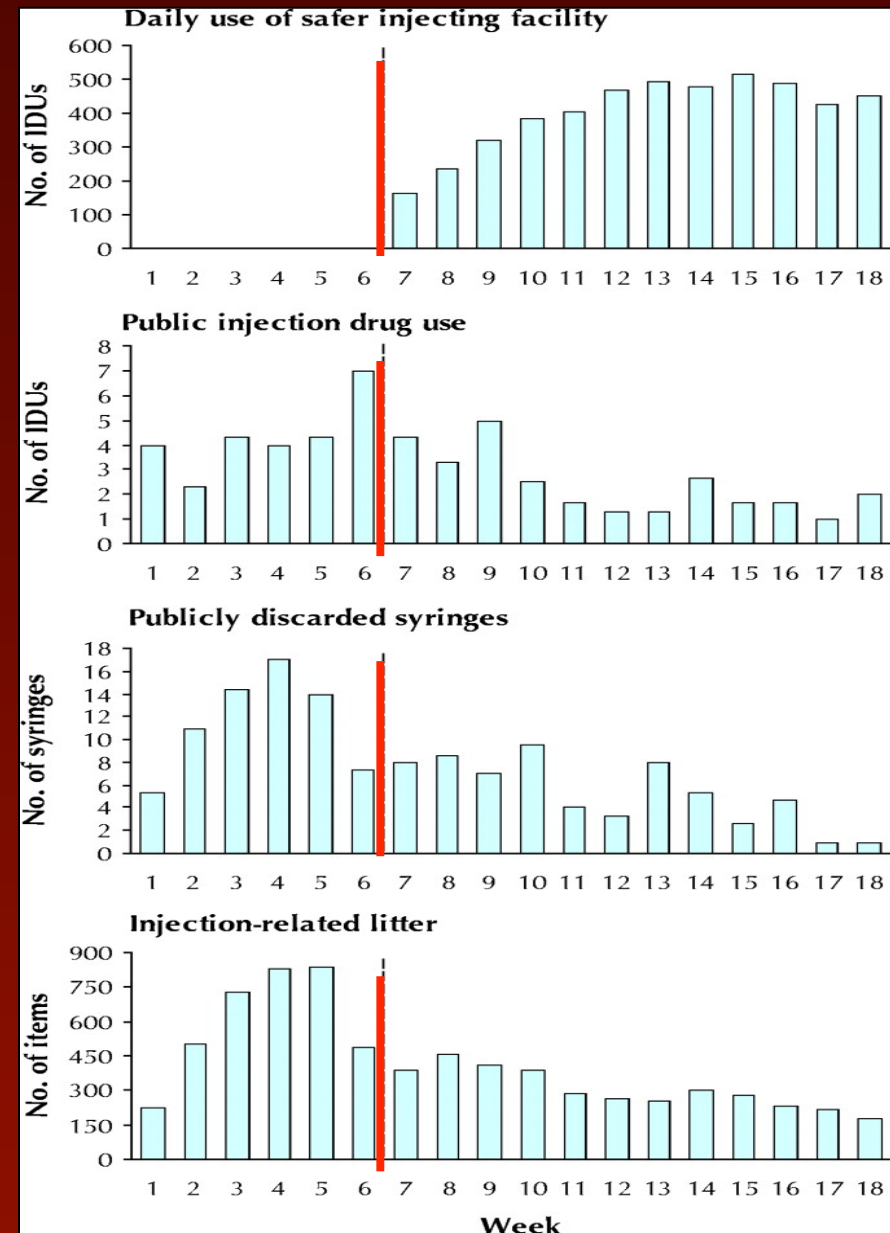
- 1997: 18% HIV incidence rate among IDUs
- 1992–2000: 1,200 documented overdose deaths in a neighbourhood of 16,000 people
- Increased homelessness
- Severe shortage of clean needles



- Political movement to change the situation

April 1st 2004 – March 31st 2006

- 7, 278 registered individuals (avg. 607/day)
 - 4, 084 referrals to medical services and counseling (40% to addiction counseling)
 - 453 overdoses
 - Zero deaths
-
- Political 'culture change' at the city and provincial levels



Wood, E. et al. CMAJ 2004;171:731-734

Oppenheimer park



Oppenheimer park



The politics of grief and shame

"And at that time, on the hundred block of Hastings, there was just thousands of people openly shooting and smoking crack and it was quite a scene. And so then . . . we did an event in the summer of '97 called "A Thousand Crosses" and . . . we put a thousand crosses up in Oppenheimer Park and it was sort of a memorial for those people that had died of overdose, drug overdose. It was so high. And getting higher. And following that, I wanted to raise this cry with the demonstrations that we had done and with the thousand crosses, the conditions down here were beginning to register with people beyond the Downtown Eastside" (Activist).

- Being *visible* in public space; taking space for representation is crucial

The 'tent event'

"We decided that we wanted to have an event to at least bring the community together. To have that as a starting point. Because if we have a united community then maybe more can be done. So we did an event at Oppenheimer Park. . . . We didn't want it to be in any of the sort of traditional places. Like, to make it in Oppenheimer Park, to make it in a tent, made it very neutral and made it truly a community event" (Event organizer)

Van Sun
Nov 21 '98

Crime fight called threat to tourist trade



NICK DIDL

WARNING FROM AFAR: Werner Schneider shares his experience with Frankfurt's drug-control programs on Vancouver

German expert faults city's war on drugs

DAVID HOGGEN
VANCOUVER SUN

Vancouver's approach to controlling illegal drug use is probably doomed to failure and could actually harm the city's status as a tourist destination, a German expert on drug use says.

"What I see in Vancouver is that the war on drugs threatens the most important business that you have, which is tourism, which is reason enough for the city to seek new options," said Werner Schneider, Frankfurt's drug policy coordinator.

Schneider told a Vancouver audience of about 500 people that Frankfurt followed a similar path of making drug use illegal.

The so-called "war on drugs" policy not only failed to control drug use in Frankfurt, it threatened the city's status as an international banking centre.

"It's the visible drug dealing and using, it's the crimes against property and people and it's the spread of terrifying disease [AIDS] that are the result of anti-drug policies," Schneider said.

"It's not the junkies which threaten the business; it's the war on drugs."

He told the crowd of east-side Vancouver residents, drug addicts and community activists jammed in a leaky tent in Oppenheimer Park Friday that Frankfurt eventually realized it wasn't winning the drug war.

He said Frankfurt adopted new drug policies that were based on the premise that: "Instead of repeating those useless attempts over and over again we should accept drugs in our society and create a new legal environment in which the spread of drugs can be reduced."

The changes in the community and in the health of users have been profound.

Crime rates have dropped significantly. There is less need for users to break into homes, businesses and automobiles, because police don't take drugs away from users.

Fewer addicts are dying of overdoses, because they are injecting in safe houses with first aid attendants present.

The spread of HIV is under control in the drug community, because addicts use clean needles. International bankers and their clients feel comfortable again in Frankfurt without the intimidating presence of drug dealing and drug using in the downtown financial district.

Schneider and the other drug experts were brought to the Downtown Eastside by the

Frankfurt's d

- Safe fixing sites
- Housing for addicts
- A decision that users be prosecuted for drugs for personal use
- A decision that not take drugs as a business
- The creation of a needle exchange program
- And the commitment of the federal government to legalize marijuana, be relatively harmless

Carnegie Commission and the Port of Vancouver plan to develop a how to tackle the problem.

The 'tent event'

"It was a real watershed in terms of making connections. And so people like me, who were at that point really interested in this issue and had heard of these cities, suddenly got to talk to the chief of police from Frankfurt and make these connections and exchange business cards with people . . ." (Senior drug policy official, July, 2005).

"We would just cling to [this information] ... [I]t's really empowering for users to understand that drug users elsewhere were being treated as citizens, citizens that are deserving, you know, [with] compassion." (VANDU organizer)

Memorialization and rededication



Making a difference

Well . . . I think that the efforts of VANDU and others to change that rhetoric initially was really important. It was really crucial. I had been an addict myself and was down here. Pre-VANDU, pre-any harm reduction and all that. And being a junkie, wondering around in New York, Toronto, or here, I would sort of, I would never have believed an organized groups of addicts could come together and accomplish something beyond what, beyond the necessities of the everyday life that you are in. And yet I saw it happen, I experienced it happen. And it was a powerful thing . . . (Activist)

“I can really look at the mirror in the morning and say, ‘I save lives. I make a difference.’ And as long as I can keep feeling that way, I’m going to [remain political]. Because when we have a bad day, we go in the alley and die. As opposed to, maybe you having a bad day and having one pork chop instead of two, three fingers of scotch instead of one. You know, there’s a big difference.” (User-activist).

Discussion

- The struggles of street-involved drug users for basic health facilities exemplifies the struggle for the Right to the City.

However . . .

- Harm Reduction itself is more complex than I have suggested.
- Working 'in and against the state' has mixed consequences and it depends on which state
- Gains that are made are frequently tenuous, provisional, and under threat:

Political / ideological threats;

Lack of funding for treatment and for housing.

Concluding Points

- The city, and struggles for the Right to the City, are situated (relational, 'local' and 'global').
- The Right to the City connotes a right to inhabit, to be recognized as human, to be treated equally, to draw sustenance from the urban scale but also from other scales.
- It involves continual struggle "in and against the state"
- The Right to the City is always contested, tension-filled, fragile, threatened, and in process.