Political struggles on a frontier of harm reduction drug policy: Geographies of constrained policy mobility

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Abstract

This article contributes to the conceptualization of how policy models circulate by analyzing the ‘frontier politics’ that occurs when a mobile policy meets resistance and constraint. We argue that advocates of harm reduction drug policy operate within a constrained political-institutional environment, but one that is not closed or predetermined. We make the argument in reference to struggles over harm reduction drug policy in Surrey, BC, a suburban municipality in Greater Vancouver. Thus, even at frontiers, policy change may occur, even if slowly, incrementally, or cautiously. In conclusion, we reconsider questions of constrained mobility, policy assemblages, and frontier politics to reflect on the character of, and possibilities for, policy change.

Keywords: Policy mobilities; harm reduction; drug policy; frontier politics; geography
Introduction

In 2001, Vancouver, British Columbia (BC) adopted its landmark Four Pillars Drug Strategy, intended to comprehensively respond to the harms of illicit drug use through not only law enforcement, but also education, prevention, and harm reduction. Harm reduction – often the most contentious pillar – is a public health approach to illicit drug use that seeks to reduce its harms to individuals and society without necessarily reducing drug consumption or enforcing abstinence as a goal. Policy actors, including people who use drugs (PWUD), public health workers, non-profit organizations, health researchers, policy professionals, and politicians, reformulated models from Europe and Australia to produce a local response to overdose deaths, epidemic levels of HIV and hepatitis C infection, public street disorder, and crime in Vancouver’s Downtown Eastside neighbourhood (McCann, 2008). A key part of the new approach was the opening, in 2003, of North America’s first Supervised Injection Facility, ‘Insite,’ where people who use drugs may inject street-bought substances with clean needles under the supervision of trained staff, but harm reduction also includes the provision of clean needles, other necessary equipment, opioid substitution therapies, and access to low-threshold services for PWUD. Harm reduction is an official part of BC provincial health policy. Yet, more than a decade after its adoption, the geography of harm reduction implementation remains uneven and politically contested, especially in suburban and exurban municipalities across the Greater Vancouver region. Harm reduction’s mobility, after reaching Greater Vancouver, has been significantly constrained.

Our purpose is to detail and analyze the city-regional political geographies of constrained policy mobility in Greater Vancouver. Specifically, we focus on the ‘frontier politics’ of policy mobilization across an urban region: struggles that occur when the harm reduction model is resisted in suburban jurisdictions. Through a case study of Surrey, BC, a rapidly growing suburban municipality, we examine the politics of this policy frontier. We argue that, as in the case of many other policy models, harm reduction advocates operate within a constrained political-institutional environment and advance their policy model cautiously and incrementally – neither fully successfully nor unsuccessfully – within spaces of contest. In this
regard, ‘policy mobility’ can be seen to be a fundamentally political-geographical process and analytical perspective.

We follow the travels of harm reduction drug policy through policy-making sites and situations in order to understand the motivations, contexts, and effects of its mobilization and mutation (McCann & Ward, 2012; Peck & Theodore, 2010a, 2012). The study is based on one year of mixed-method research (2014-2015), including 45 semi-structured key-informant interviews (43 unique interviewees, including policymakers, business elites, non-profit service providers, and activists), observation of 15 meetings (14 business community or police-convened neighbourhood stakeholder meetings and one of a peer group of PWUD). These methods were coupled with a descriptive statistical analysis of the suburbanization of poverty in the region from government welfare data. Methods also included substantial archival research into government records (primarily correspondence and internal memos) obtained through 5 Freedom of Information requests, 315 media articles, and over 100 policy and planning documents and meeting minutes. Interviews and documents were coded, analysed, and triangulated for recurrent and divergent discourses and themes (Flowerdew & Martin, 2005).

We begin by situating our discussion within contemporary literatures on the geographies of policy and by elaborating our notion of policy frontiers and assemblages. Subsequently, we outline the socio-economic and drug policy contexts of Greater Vancouver, specifically focusing on Surrey. The case of Surrey is then used to discuss three aspects of the politics of drug policy in Surrey: how certain actors promote a more punitive crime reduction agenda in opposition to harm reduction; how other actors advocate for increased harm reduction services as an alternative to a criminalization and abstinence-oriented agenda; and how the negotiation between the two approaches is expressed in Surrey’s built environment. In conclusion, we return to questions of constrained mobility, policy assemblages, and frontier politics to reflect on the character of policy change across regions.
Urban and regional policy, policy mobility, and policy frontiers

For critical human geographers, space is not simply a bounded territorial entity but relationally constituted through the diverse flows and movements of people, ideas, and resources from close-by and far-afield. The policy mobilities approach conceptualizes the spatialities and relationalities of ‘making up’ (Ward, 2006) or ‘worlding’ (McCann, Roy, & Ward, 2013; Roy & Ong, 2011) cities through the global-local circulation of policy models, their mutation as they travel, and the politics of fixing or assembling them in place (Baker, Cook, McCann, Temenos, & Ward, In Press; Baker & Ruming, 2014; Gonzalez, 2011; McCann, 2011b; McCann & Ward, 2011, 2012, 2013; Peck, 2002; Peck & Theodore, 2010a, 2010b, 2010c).

Policy mobilization is, then, a fundamentally political and power-laden process, shaped by the political-economic and historical contexts in which it operates, and by the situated practices of various policy actors. Thus, the policy mobilities approach provides a grammar with which to discuss the productive tension between inter-local relationalities and local and regional territorialities (McCann & Ward, 2010). The approach has, nonetheless, been criticized for, among other things, its tendency to focus on policies that have actually moved (Jacobs, 2012). This concern has always been recognized (McCann, 2008) and the policy mobilities literature has addressed the critique (McCann & Ward, In Press) and has begun to engage questions of policy immobility and differential rates of policy mobility to some extent (Clarke, 2012; Jacobs, 2012; Temenos, 2014; Temenos & McCann, 2013, p. 253). This paper contributes to the discussion on policy mobility with reference to drug policy in Canada’s third most populous urban region.

The policy mobilities approach understands policy to move among places through the work of a range of ‘policy actors,’ including politicians, bureaucrats, and activists. These actors engage in various forms of learning, comparison, translation, and education as they identify, package, and promote particular policy models through persuasive narratives about their capacities and effectiveness. Through this process, policy ideas and models are drawn from elsewhere or from global information ‘clearing houses’ and reshaped to address particular
definitions of local problems. The approach draws inspiration from, and complements, the critical policy studies literature, which is similarly concerned with questions of power and state transformation. Critical policy studies scholars understand policy as a social organizing principle and means of framing social relations (Shore, Wright, & Pero, 2011), as an activity that defines problems to be ‘fixed’ (Bacchi, 2009; Ball, 1993; Rose & Miller, 1992), and as written but also contested and reworked through everyday practices (Lipsky, 1980; Proudfoot & McCann, 2008). Thus, the study of how policies are made and moved illuminates how power relations are organized and reproduced. The notion of ‘assemblage’ helps highlight and conceptualize the related making and moving of policies. Policies are developed in reference to and through the mobilization of elements and resources from nearby and elsewhere. They are often then purposively moulded to new local contexts by a wide range of policy actors, still with reference to more widely dominant ideologies (McCann & Ward, 2011a; Peck & Theodore, 2015).

More specifically, “policy activists” – officials and bureaucrats working within state institutions who are committed to the implementation of a policy agenda (Yeatman, 1998) – are often key to the mobilization and assemblage of policies and, as Allen and Cochrane (2007, p. 1171) argue, the making of city-regions themselves. Crucially, the notion of “regional assemblages” (Allen & Cochrane, 2007, p. 1171) illuminates how policies are produced across city-regional territories and how the work of assembling them interrelates with a region’s scaled political and institutional architecture. Assemblages are products of the work of various policy actors who draw ideas, models, and knowledge from close by and elsewhere and knit them together into a regionally-specific, often uneven, policy approach. This is a thoroughly political process, at the nexus of space and polity. It involves a politics of the exemplar (McCann, 2011c), in which debates and struggles revolve around differing policy models and their attendant ideologies, evidence, and interests.

The idea of a ‘policy frontier’ is a useful addition to the policy mobilities lexicon because it speaks to the politicized barriers that can slow down or stop the moving and making of (certain) policies, especially ones that contradict dominant ideologies. The term ‘frontier’ brings a great deal of conceptual and political baggage with it, not least in its colonial connotations.
Therefore, it must be deployed advisedly. Nonetheless, the idea helps in thinking about how mobile policies encounter resistance, barriers, and challenges as they are mobilized. ‘Frontier politics’ is not predetermined and remains politically open:

[Frontiers are liminal zones of struggle between different groups for power and influence – each seeking to expand their influence by shaping these zones on their own terms. In this view, the frontier is a fuzzy geographic space where outcomes are uncertain. Whereas borders and walls create well-defined barriers to be breached or defended, frontiers have a complex geography whose very outlines are the products of contestation. Contestation may break out within seemingly stable localities, threatening to fracture frontier zones from within or to extend them to new territories. (Leitner, Peck, & Sheppard, 2007, pp. 311-312)

Therefore, a policy frontier can be defined as a “fuzzy geographic space” where the future of policy change is neither certain nor predetermined. Policy frontiers, and practices that encounter resistance (e.g. needle exchanges), are themselves part of wider city-regional struggles over social justice (Jonas, 2012) and are central to understanding “new expressions of territorial cooperation and conflict” within metropolitan governance (Harrison & Hoyler, 2014, p. 2249).

**Surrey and Vancouver in relational context**

As the region’s two largest cities, Vancouver and Surrey are often discussed in tandem. Surrey’s population in 2011 was 468,250 (compared to Vancouver’s population of 603,502) and is the fastest growing municipality in the region. The median household income in Surrey was $60,168, and the median individual income was $23,983 in 2005 (Statistics Canada, 2007).\(^1\)

Surrey’s growth machine – a loose alliance of actors with coinciding interests in increasing the market value of local land – seeks to emulate Vancouver’s development model by attracting

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\(^1\) Unfortunately, due to data quality concerns with the introduction of a voluntary survey in 2011, rather than a mandatory census, we use income data drawn from the 2006 Census of Canada.
investment in high-end, high-rise downtown condos. On the other hand, while Vancouver has combined its entrepreneurialism with an innovative harm reduction approach to open-air drug scenes, Surrey’s elites speak of Vancouver’s harm reduction approach, and particularly its Downtown Eastside neighbourhood with its concentration of social and health services, as a model to be avoided (Longhurst, 2015). North Surrey’s Whalley neighbourhood is similar to Vancouver’s Downtown Eastside socially and economically, with visible homelessness and an open-air drug scene. Surrey as a whole exhibits the highest percentage increase in the regional share of income assistance (welfare) recipients, rising from 17% to 22% between 1995 and 2013, while Vancouver’s share has decreased from 35% to 29%.² Whalley, meanwhile, is being redeveloped to resemble downtown Vancouver physically, but Surrey’s social and health strategy stands in marked contrast to its regional rival, despite similarities in its social problems.

Figure 1 about here

Harm reduction is a public health approach to drug use – in our study, particularly the consumption of illicit drugs by low-income people, often in public spaces. It focuses on the mitigation of drug-related harms, not the prevention of drug use itself. Harm reduction practitioners do not oppose abstinence as a goal for some participants in their programs, but they contend that it is only one point on a continuum of care and that it should not be a litmus test for admission into programs, nor should it be the only goal of such services. Neither should drug use be criminalized, they argue (Erickson, Riley, Cheung, & O’Hare, 1997). Harm reduction is commonly associated with needle and syringe exchange programs, methadone treatment, pill testing at music festivals, and more controversially, with supervised injection facilities. It is a mobile policy model, travelling among certain locations around the world (McCann, 2008, 2011a; McCann & Temenos, 2015) and a social movement, with a human rights and social justice orientation recognizing PWUD’s right to health care and inclusion in society and in decisions about their own care (Temenos, 2014, 2015).

² Calculated by the authors using average annual caseloads from unpublished BC Ministry of Social Development and Social Innovation data obtained upon request from the Ministry.
The City of Surrey’s discomfort with this model sits awkwardly within the institutional organization of health care in BC. Harm reduction is embedded in official provincial health policy in BC (Ministry of Health, 2005), which delegates regional health authorities to deliver harm reduction programs. Nonetheless, harm reduction principles are not accepted equally among municipalities across the province. A case in point is the Greater Vancouver region, which straddles two health authority jurisdictions: the Fraser Health Authority (FHA), including Surrey, and the Vancouver Coastal Health Authority (VCHA), including Vancouver. The health authorities are responsible for working with municipal (local) governments to ensure programs are available and equitably distributed across their jurisdictions. Written policies do not always match on-the-ground practice within specific political contexts, and numerous municipal governments in the suburban FHA region, including Surrey, have used zoning bylaws to either prohibit or geographically constrain needle exchange programs and methadone dispensaries (Bernstein & Bennett, 2013). In the period 1995-2009, FHA recorded the highest hepatitis C rates in the province (Katic & Fenn, 2014), suggesting that harm reduction programs are problematically limited. While programs have been improving, increasing needle distribution is understood by the FHA as necessary to reduce the spread of blood-borne infections. One health authority official pointed to significant improvements, but conceded, “We have a lot of work to do” (Interview, health authority official, 2014).

Thus, while harm reduction services are available in Surrey, they operate in a constrained political and institutional context without official acknowledgement or support from the local government (Geddes, 2010). In Surrey, criminalization and abstinence models define most politicians’ understandings of illicit drug use and PWUD. During the early 2000s, when key Vancouver politicians were successfully advocating for the inclusion of harm reduction into their drug strategy, Surrey’s policymakers expressed strong disapproval of Vancouver’s approach (Reevely, 2002). As Surrey’s then-mayor put it, “We don’t believe in harm reduction, and we don’t believe in safe-injection sites” (quoted in McMartin, 2003). Over the years, Surrey’s political elites have remained opposed to harm reduction policy interventions and often invoke an imaginary of Vancouver’s Downtown Eastside as a place of
concentrated inner city poverty, addiction, and criminality and, therefore, as a problem that Surrey must avoid if it is to successfully redevelop its new City Centre.

Nonetheless, opposition to harm reduction in Surrey, while dominant, is not complete. Front-line health and social service workers, health officials, and poverty and drug policy activists continue to advocate for harm reduction services. They see the resistance to harm reduction approaches as detrimental to the welfare of marginalized citizens, particularly homeless PWUD, who they feel should be provided services in their own neighbourhood. As one staff member from an advocacy organization noted, “...there’s an awful reflex in the hinterlands to say all drug problems are [Vancouver] Downtown Eastside problems, and people should go downtown for services” (Interview, advocacy organization staff, 2014).

**Political struggles on the drug policy frontier**

Surrey, then, is a policy frontier: a complex, mutable zone shaping and being shaped by struggles over the policy responses to illicit drug use among people who are often low-income. These struggles involve a range of individuals and institutions on both sides of the harm reduction and crime reduction divide, with some working across the two perspectives. Those working to institutionalize harm reduction try to educate policymakers and coordinate meetings among front-line harm reduction service providers, for example, but they are faced with an array of opposing forces and strategies. On the other hand, those intent on maintaining the institutional dominance of abstinence and criminalization approaches face few actors explicitly working to resist their efforts. Advocacy for policy change in Surrey operates in a severely constrained environment. Without the support of local politicians and police and a strong cadre of advocates in civil society – all key elements of drug policy change in Vancouver in the early 2000s – harm reduction advocates and practitioners in Surrey are primarily dedicated to promoting acceptance of their model within health and social services institutions (e.g. internally educating health authority nurses and staff). In the remainder of this section, we discuss the complexity of Surrey as a drug policy frontier, focusing first on the dominant political discourse of crime reduction, not harm reduction, then outlining attempts by harm
reduction advocates to embed their model more firmly in Surrey. Subsequently, we briefly discuss the way in which these struggles are manifest in Surrey’s built environment.

*Emphasizing crime reduction, not harm reduction*

In the fall of 2005, city councillor Dianne Watts became Surrey’s mayor. She was elected on a bold crime-fighting and city-building agenda, intended to transform Surrey from a supposed suburban ‘backwater,’ defined by poverty and crime, into the region’s largest city with a sparkling new downtown (Luymes, 2008). For her, crime is reduced by addressing its “root causes,” specifically drug and alcohol addiction: “The relationship between crime and drug addiction is complex and intertwined and must be dealt with together” (Watts quoted in City of Surrey, 2007b). Just as her counterpart in Vancouver had acted ‘extrospectively’ (Peck & Tickell, 2002; McCann, 2013) to find a harm reduction model a few years before, Watts engaged in a very public campaign to scan the global policy landscape for crime reduction best practices:

> We really needed to [go] ... out and [find] what are the best practices out there? What can we make work for our city? Every city is unique. So if you know what is going to work you bring it back and begin to develop a strategy that you feel will speak to your community and the need of your community. (Watts quoted in Jenion, 2010, pp. 137-138)

Surrey’s Crime Reduction Strategy (City of Surrey, 2007a) draws on UK crime reduction programs and New York City’s approach, including ‘quality of life’ policing and CCTV surveillance, specialized ‘problem-solving’ courts, drug testing upon arrest, court-ordered and private treatment programs, and youth drug and crime prevention initiatives among other anti-crime policy innovations (The Leader, 2006, 2007a, 2007b). Yet, a number of the proposed policy initiatives have not been implemented since they require funding and implementation from provincial and federal levels of government. As one local politician conceded, political elites travelled to the UK as a political performance to demonstrate action on crime: “The whole trip ... it’s to be able to demonstrate you are doing something, instead of just doing it”
(Interview, city councillor, 2014). Nevertheless, the mobilization of models from elsewhere that were represented locally as global best practices reinforced and repackaged an ongoing ideological agenda favouring criminalization and abstinence approaches.


Surrey’s policy approach to the issue of illicit drug use is, then, a strong criminalization and enforcement assemblage, bringing together an anti-harm reduction federal police agency, bylaw and fire departments, and local politicians with close ties to conservative provincial and federal political parties (Dhillon, 2015). These are key institutions constraining the movement and adoption of harm reduction into the city.

Advocating for harm reduction before crime reduction

In this context of dominant, institutionalized criminalization and abstinence-oriented approaches, how do advocates of an alternative harm reduction model gain a foothold in Surrey? Following our argument that policy frontiers are not clear and straightforward barriers but, rather, zones of contestation, it is perhaps not surprising that harm reduction approaches
do exist in Surrey. FHA policy activists (front-line and mid-level staff), non-profit, FHA-funded service providers, and peer drug user\(^3\) groups (that also receive FHA funds) practice harm reduction approaches. These policy advocates struggle to embed harm reduction policy learning within FHA by educating nurses, doctors, and substance use counsellors, and by advocating for harm reduction in meetings convened by local policymakers, police, and the business community. Additionally, in ways similar to the criminalization-oriented actors discussed above, these actors are connected to harm reduction networks that facilitate learning among practitioners and PWUD across Greater Vancouver, as well as through conferences and even experience working within HIV prevention/harm reduction advocacy organizations elsewhere, particularly, but not exclusively, in BC.

Furthermore, peer drug user groups play a significant role in political struggles to strengthen harm reduction in Surrey. This also involves attempts to educate policy actors and it includes advocacy for the rights of PWUD to access life-saving and life-enhancing health services. Practical efforts often include peer distribution of harm reduction supplies (e.g. sterile needles) and education and support intended to prevent overdoses and infections among fellow PWUD. FHA staff members and advocacy organizations emphasize the crucial role of drug user activism in the mobilization of harm reduction in Vancouver’s Downtown Eastside (Boyd, MacPherson, & Osborn, 2009), but bemoan its absence in Surrey:

A lot of users [in the Downtown Eastside] are advocates – strong advocates for the rights of drug users. We don’t really have that here [in Surrey]. There’s nobody here that has really been standing out and making a point, and having a following here. It’s really kept under the thumb and kept down. (Interview, front-line FHA worker, 2014)

This assessment notwithstanding, there are two peer drug user groups advocating for harm reduction in Surrey. One group is closely associated with a Vancouver-based drug user

\(^3\) We use the term ‘drug user groups’ although we recognize that defining people as ‘drug users,’ as opposed to people who use drugs, can problematically essentialize them – defining them as if they are nothing but their relationship to psychoactive substances. Our intention here is simply to point out focus of the groups in question.
group that played a key role in Vancouver’s drug policy change. This organization often uses a somewhat adversarial approach to organizing, placing them at odds with the City of Surrey, police, senior FHA officials, and even sometimes potential allies including non-profit harm reduction service providers. Surrey’s police force, the federal Royal Canadian Mounted Police (RCMP) view this drug user group as an “advocacy organization”, and have appeared not to welcome them at neighbourhood stakeholder meetings (Field notes, police-convened meeting, 2015).

After several years convening meetings with PWUD in civic facilities, including the public library, this group leased a commercial storefront for a meeting space and drop-in centre. The space was located in Whalley, adjacent to the homeless shelter and needle distribution facility in the heart of the neighbourhood’s open drug market. In just over a month the lease was terminated and the organization was told to vacate the space (Katic & Fenn, 2014). Interviews and email correspondence obtained through a Freedom of Information request reveal that the City of Surrey pressured the landlord to terminate the lease because a prominent activist was from the Vancouver-based drug user group, and city councillors and senior bureaucrats feared they were distributing harm reduction materials, such as clean injecting equipment, and would operate a supervised injection facility (FOI request available from the authors). The significant concern and involvement by the City of Surrey’s senior bureaucrats illustrate the degree to which a group associated with Vancouver’s Downtown Eastside, in the minds of Surrey’s political elites, was seen as a threat to the City of Surrey’s drug policy approach. Even one of Surrey’s more progressive councillors justified the City’s response:

[E]very city should have a harm reduction plan that the community buys into. Until you have that community buy-in, forget it. So if any harm reduction plan is willing to come in, and can see that it has to be a made-in-Surrey solution, I’m all up for that conversation ... If you want to come into the community as a radical and say that you [Surrey people] are all bad human beings for not signing up for this [harm reduction approach], I don’t want to talk to you then because ... you’re not being helpful to
anyone ... [and] I understand why local residents and businesses don’t want it in their neighbourhood. (Interview, city councillor, 2014)

Emphasizing the strength of feeling on the issue at the City of Surrey, the politician went on to acknowledge that the City had pressured the private landlord to end the lease, even though the space was being used as just a space for PWUD to meet. For the city councillor, harm reduction initiatives must be,

supervised by [the FHA and service should be provided] ... in an area where there isn’t impact on neighbourhoods, and where people who are brought in ... are actually counselled to give up the habit. That has to be a part of it. (Interview, city councillor, 2014)

The City of Surrey’s resistance to harm reduction services, learning, and advocacy, except within very tight limits, affirms the dominant criminalization/abstinence drug policy model. Harm reduction advocacy of the type favoured by this Vancouver-connected group is framed as “radical” and “[coming] into the community” from outside, specifically Vancouver (Interview, city councillor, 2014, as quoted at length above). One member of an advocacy organization lamented, “As much as we’ve gained ground in legitimizing harm reduction, have we legitimized anything really beyond one little injection room in Vancouver if drug users can’t even rent a space [in Surrey] to meet? What kind of citizenship is that?” (Interview, advocacy organization official, 2014). Despite the setback, the peer drug user group continues to meet and search for a permanent meeting space and one activist from the group identifies the lack of a permanent meeting space for PWUD, similar to what exists in Vancouver’s Downtown Eastside, as a significant barrier to drug policy change in Surrey (Interview, activist, 2014).

A second, more conciliatory, peer drug user group also advocates for a harm reduction drug policy approach in Surrey. This group is non-adversarial in its engagement with the City of Surrey, business community, police, and the non-profit harm reduction service provider. Mid-level and senior City of Surrey bureaucrats will engage with this group because of its non-confrontational approach. Although it is a newly established group, working to develop into a
non-profit organization, it has contributed to incremental change. One of the group’s activists attends stakeholder meetings convened by a predominately conservative business community, and there appears to be a general willingness to have the organization at the table, even if some business members are opposed. The financial and in-kind support provided by the City of Surrey, FHA, a non-profit service provider, and Simon Fraser University allowed this drug user group to organize a harm reduction public education lecture series, bringing in a leading public health expert with ties to VCHA and the University of BC. The drug user group opted for an arguably moderate title for the seven-lecture series – “Drugs, Families, and Society”.

Nonetheless, one activist from the Surrey-based drug user group noted that the barrier to harm reduction in Surrey is “... the lack of ‘open support’ [from the] mayor and city council” but the group has “begun to work with the City of Surrey ... from the Social Planning Department to the Crime Prevention Department ... to aid in the creation of a focused, [meaningful] foundation where necessary social changes can be spawned” (Email correspondence, drug user group activist, 2015).

As a policy frontier, Surrey is a complex place of negotiations, positionings, mobilizations, barriers, and differing strategies that do not simply cleave along criminalization/harm reduction lines but also have complex resonances across this divide. Some policy actors believe they can advance policy change through cautious incrementalism, and they have made some advances. Yet, interviews suggest that while the City of Surrey will not erect explicit barriers to harm reduction services – such as bylaws preventing clean needle distribution – it will use less explicit tactics to restrict the movement of harm reduction into Surrey. It must be remembered, of course, that these political negotiations have material effects, both on the health of PWUD in the city and on the character of the city’s built environment. It is to this aspect of the policy frontier that we now turn.

‘Spatial incrementalism’ and the politics of harm reduction service visibility

The limited success of incrementally institutionalizing harm reduction services in Surrey seems to rely, at least in part, on their invisibility in the built environment, or on the services
appearing to be abstinence-based, or to be serving existing crime reduction objectives (see Temenos, 2014, in the role of visibility and invisibility in the politics of harm reduction drug policy). Two examples of the harm reduction service infrastructure are illustrative: mobile needle distribution and a sobering centre.

In 2005, the City of Surrey attempted to force the closure of the local needle distribution program by requiring the harm reduction service provider to conduct a costly “community impact study”. The service provider successfully challenged the City in provincial court, but politically conservative local elites and politicians have long seen the city block where the needle distribution and low-barrier homeless shelter and drop-in centre are located as a “communal hang-out for druggies” (Interview, politician, 2014). Homeless camps, loitering, and open drug use are issues of significant concern for politicians and business groups, particularly because these activities are visible. Indeed, the service provider, which operates the services on leased City of Surrey-owned property, will soon be displaced to a different part of the city. A new purpose-built facility will be constructed only for the shelter in the new location, while condominium towers are planned for the existing site where the shelter, drop-in centre, and clinic and needle distribution are located (Interview, service provider senior staff, 2014). Research has not revealed any plans for the relocation of the clinic and needle distribution program. Key politicians and senior bureaucrats intend for fixed-site needle distribution to cease, but the future of this service remains uncertain and is likely subject to political negotiations between the City, the Business Improvement Association, FHA, the service provider, and drug user groups.

In turn, the service provider has used FHA funding to begin operating a mobile needle distribution and health outreach van. This is also a pragmatic response to the expansive suburban geography and the dispersed nature of poverty and PWUD across the municipality, compared to a more concentrated geography in Vancouver. These mobile services are relatively invisible, compared to fixed-site needle distribution from a storefront, and are not subject to the same type of critique from politicians and the business community. In one way, the mobile van demonstrates a strategic attempt to institutionalize harm reduction service provision, and
yet it escapes political contestation because of its relative invisibility, as opposed to using the visibility of PWUD and harm reduction services as a spatial strategy to raise awareness and spark debate (Temenos, 2014).

A second example of invisibility as a strategy for embedding harm reduction in Surrey, is the city’s sobering centre, an FHA-operated facility intended to divert intoxicated individuals – largely chronic substance users – out of emergency rooms or jail cells. For local political elites the sobering centre is primarily characterized as a crime reduction intervention, originating as a policy recommendation from the Crime Reduction Strategy (City of Surrey, 2007a, p. 26). While the facility is exactly what the name suggests – a place to sleep and sober up under medical supervision – it operates under a low-barrier, harm reduction philosophy aiming to provide non-judgemental care, counselling, and supports, including the informal distribution of needles and syringes, for those actively using substances. Additionally, while alcohol or illicit substances may not be consumed on-site, they can be stored there until people leave.

The sobering centre is located on the same site as an abstinence-based residential addiction recovery program operated by an abstinence-based non-profit which is funded by FHA and strongly supported by local political elites. The non-profit service provider is uneasy about the sobering centre’s harm reduction approach. Yet, in many ways, the co-location of abstinence-based and harm reduction services illustrates Surrey’s drug policy assemblage: criminalization, abstinence, and harm reduction drug policy approaches drawn from disparate places co-exist in tension. Abstinence is favoured by the City of Surrey, but nonetheless, harm reduction is cautiously and incrementally institutionalized by a scaled network of actors and institutional arrangements (i.e., FHA staff and funding from the provincial government for delivery of harm reduction services in partnership with a non-profit service provider). These services rely politically on limited visibility and the ability for local policymakers to publicly represent the sobering centre as an abstinence-based program and crime reduction

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4 In abstract terms, this is also a description of Vancouver’s Four Pillars approach. In both cities, enforcement, prevention, treatment, and harm reduction are brought together and exist in tension. In concrete terms, however, the weight given to each and the tension among them are different from place to place.
intervention, even when it functions otherwise. Nevertheless, a local politician expressed frustration with the philosophy of the low-barrier or harm reduction service approach, which allows – and encourages – repeat visits from chronic substance users who are at risk of harm:

According to Fraser Health Authority, and they are the experts, I’m not, but every opportunity to interact with one of those folks is yet another opportunity to just sort of steer the ship just a little bit. So I’ve got to take them for their word on that. [But] I don’t see the big success stories coming out of that at all. (Interview, city councillor, 2014)

In both these cases, a strategy of ‘spatial incrementalism’ – embedding controversial services in the local built environment in ways that are less visible – might be allowing the harm reduction model to be slowly and cautiously institutionalized within a relatively conservative context.

Conclusion

This paper discusses how space and (drug) policy are co-constituted in and through the work of numerous actors. It introduces notions of policy frontiers and constrained policy mobility into ongoing discussions of how best to conceptualize if, and how, policy models circulate. It also discusses the uneven, relational, political landscapes of drug harm reduction policy models across Greater Vancouver, with a particular focus on drug policy advocacy and implementation in Surrey, BC. We argue that the frontier politics that emerges when a mobile policy model encounters political and institutional barriers and resistance constitutes a policy frontier – a “fuzzy geographic space” where outcomes are not predetermined and where policy change may occur, even if slowly, incrementally, or cautiously.

At the regional scale, in the context of our case study, but also at other scales, including the international, frontier politics (expressed through policy actors’ everyday interactions, professional practice, and political negotiations) produces an uneven and dynamic policy assemblage. In the case of Greater Vancouver, various actors operating in and beyond the region shape its uneven regional harm reduction assemblage. Surrey is policed by a federal police force, operating, at the time of the research under an anti-harm reduction conservative
federal government; Vancouver has a local police department generally supportive of harm reduction. Surrey lacks a strong history of progressive political activism, and local politicians with ties to conservative provincial and federal policymakers, construct powerful imaginaries of a permissive Vancouver drug approach that is at odds with a more ‘family-oriented’ Surrey. These representations justify continued official adherence to enforcement- and abstinence-oriented approaches even as others in Surrey – from public health practitioners to harm reduction advocates – find opportunities to engage in what they characterize as more pragmatic approaches. Yet, these opposing forces, for and against harm reduction, should not be conceptualized as irreducible and oppositional elements of a dualism. Of course, they are in one sense – opponents and supporters of harm reduction are unlikely to be reconciled easily – but, at the same time, these forces can be usefully conceptualized as a relational dyad (Sayer, 1991; McCann & Ward, In Press). In relation they constitute a dynamic policy landscape which, through its relationality and dynamism, holds out the prospect for change.

The policy mobilities literature understands change as mutation: policies mutate as they move from place to place and they re-mould the places, institutions, and political regimes through which they travel. For Peck and Theodore (2015, p. 137), “no policy is ever literally ‘transferred’”:

Instead, a more appropriate metaphor might be that of ‘transduction’ ... referring to the process in which viral vectors introduce foreign DNA into a receiving cell, leading to genetic mutation. If policy models can be seen, correspondingly, to establish webs of viral connection, they do so through processes of always-imperfect translation that nevertheless result in transformative change and continuous adaptation.

“Imagined in this way,” they continue, “policy mobility comes to resemble ... a moving landscape, or an evolving ecosystem.” This argument resonates with our notion of a policy assemblage, but it is not to suggest, however, that policy change is a ‘natural’ process. It is a social one in which social actors continually experiment to mould new models into their
particular situations, often in contradiction to other ongoing experiments (Peck & Theodore, 2015).

The history of harm reduction activism, from its origins in Europe, to its current uneven spread across the world (Harm Reduction International, 2015) emphasizes that its advocates know that models from one place cannot be imported unchanged into another. Rather, the character of programs like needle exchange, drug consumption rooms, etc. must be experimented with, advocated for, and moulded to fit local cultures of drug use, health care systems, regulatory regimes, political contexts, physical spaces and ‘drugscapes’ (McCann & Temenos, 2014). This lesson applies even across urban regions. It is quite possible that what harm reduction looks like in one part of a region might be different from its character in another. It is a matter of mutation, not replication. Thus, if harm reduction were to gain a firmer foothold in Surrey, there is no necessary reason to believe that a ‘Vancouver model’ would emerge, despite the dominant political narrative in Surrey. By the same token, while certain commonalities connect the strategies used by harm reduction advocates in different places, the particular balance of these strategies – work within institutions at various scales, protest politics, civil disobedience, appeals to scientific evidence, emotional narratives, etc. – will also differ from place to place.

In every place, alternative policy models will encounter barriers, but, as we have argued, policy barriers, boundaries, or frontiers are not absolute or insurmountable. Rather, they are spaces of constraint and parts of dynamic (changing and changeable) assemblages. They constitute spaces in which alliances can be built, debate can occur, and experimentation can take place. In the case of drug policy, these policy frontiers are quite literally spaces of life and death.
References


Figure Caption

*Figure 1*. Vancouver and Surrey. Cartography: John Ng, Department of Geography, Simon Fraser University.