Available online at www.sciencedirect.com
SCIENCE DIRECT®
International Journal of Drug Policy 15 (2004) 357–365
THE INTERNATIONAL JOURNAL OF DRUG POLICY
www.elsevier.com/locate/drugpo

Drug use, risk and urban order: examining supervised injection sites (SISs) as 'governmentality'

Benedikt Fischer[a,b,c,*], Sarah Turnbull[a], Blake Poland[a,d], Emma Haydon[a,c]

[a] *Department of Public Health Sciences, University of Toronto, Toronto, Ont., Canada*
[b] *Centre of Criminology, University of Toronto, Toronto, Ont., Canada*
[c] *Centre for Addiction and Mental Health, Toronto, Ont., Canada*
[d] *Department of Geography, University of Toronto, Toronto, Ont., Canada*

Received 9 February 2004; received in revised form 13 April 2004; accepted 14 April 2004

Abstract

This paper problematises the emergence and functioning of the recent phenomenon of 'supervised injection sites' (SISs) as a case study of post-welfarist governmentality. We propose that SISs arose as an unprecedented intervention in the late 20th century to deal with the increasing challenge of 'urban drug scenes' towards public order interests 'entrepreneurial city'. Under predominant discourses of 'public health' and 'harm reduction', SISs became possible within a wide variety of political interests as a technology for purifying public spaces of 'disorderly' drug users to present the 'new city' as an attractive consumption space. Thus, SISs can be meaningfully understood as one element of socio-spatial 'exclusion' of marginalised populations from urban cores to ghettoised, peripheral spaces, even as they more benignly seek to better meet the unique needs of drug user populations. Further, the inner workings of SISs illustrate these facilities as powerful surveillance and discipline sites, defining the drug user as an agent of omnipresent risk being responsibilized in the care of the self and body, but also multiple aspects of behaviour and lifestyle reaching beyond drug use; thus construing the drug user as a 'normalised' citizen/consumer. We suggest that pressures to answer to powerful interests promoting 'order' are concretised as practices of 'risk management' 'on the shop floor', raising serious questions about the extent to which the ability to meet user needs is compromised in the interest of social control, surveillance, 'management', 'education', and 'rehabilitation', particularly in the current socio-political context (characterised as it is by a persistence, and indeed concomitant hardening, of repressive measures 'on the street').

Keywords: Supervised injection sites; Governmentality; Urban health; Public order; Injection drug use; Exclusion

Introduction

The socio-theoretical framework of 'governmentality' has fundamentally challenged modern assumptions regarding the state, society and subject, resulting in categorically new perspectives on 'power' and the logic and ways in which subjects are governed in late modern contexts. The purported evolution from punitive to disciplinary to actuarial strategies of governance stresses the making up of populations via actuarial techniques, dispersed networks of order far beyond or outside the realms of the state and the law, an ever broadening role of 'health' logics as a rationale of regulation and order as well as an increased emphasis on socio-spatial regulation. In this context, supervised injection sites (SISs) for intravenous drug use are a novel phenomenon calling for examination. As the predominant rationale in public discourse, SISs have been introduced as public health measures intended to reduce the substantial morbidity and mortality and other harms associated with injection drug use (IDU) (an effect that has been examined and demonstrated in recent studies, see below). However, little attention has been given to their implications as a substantial shift from the punitive repression of injection drug use (IDU) to the government of drug use as a form of regulated risk consumption and socio-spatial ordering under the guises of public health. In this paper, we propose

* Corresponding author. Fax: +1 416 260 4156.
E-mail address: Benedikt_fischer@camh.net (B. Fischer).

0955-3959/$ – see front matter © 2004 Published by Elsevier B.V.
doi:10.1016/j.drugpo.2004.04.002

and illustrate that SISs can be meaningfully understood to emerge from within an ongoing politics of socio-spatial order in the 'new city', and that their operations rely primarily on disciplinary technologies responsibilising the drug user as an agent of risk related to health. Further, we argue that rather than replacing existing punitive control of illicit drug use, these new and ostensibly more 'progressive' practices of governance coexist alongside more traditional forms of repression (i.e., law enforcement), and indeed can be seen to mask and allow them to continue. On this basis, we emphasise the need to conceptualise and reflect on the implications of SISs as a contributing element in the governance of drug use in post-welfare contexts and raise important questions about the political agendas behind the ostensibly progressive interventions, the possible discrepancies between SIS interventions in intention and practice.

Drug use and 'governmentality'

Over the past two decades, the perspective of 'governmentality' has opened a paradigmatically new perspective on the nature of and the relationship between state and society, the key rationales and tools of government, and the concrete sites and technologies employed in the formation and governance of social subjects (Garland, 1999; Rose & Miller, 1992). Some of the fundamental propositions of governmentality under neo-liberal conditions concern the retreat of the 'state' as the focal site of welfarist provision as well as punitive control, the emergence of public-private 'partnerships' or technologies of governance linked primarily to rationalities of the apprehension and management of 'risk', and an increasing reliance on mechanisms of the subject's 'government of the self' by way of responsibilisation and the partaking in social life as an exercise of disciplined consumption (Garland, 1999; O'Malley, 1993; Rose, 2000).

Only recently – yet sparsely – has the area of 'substance use' been recognised as a key site of 'governmentality', in the light of these socio-analytical frameworks (see, e.g., Mugford, 1993; O'Malley, 1999; Valverde, 1998). Several case studies demonstrate how the hegemonic control of the state over the definition and control of the drug user as a 'deviant' (traditionally expressed through discourses of 'addiction' or 'drug user'; see Bunton, 2001; O'Malley, 1999) has been challenged and eroded by new social movements (with IDUs being major proponents therein), the manifest failure of more punitive law-and-order regimes in the face of an increasingly intractable social problem, and the emergence of discourses of empowerment and harm reduction, emphasising as they do a more 'understanding' and ostensibly less moralised approach to drug use. As a result, in emerging post-welfare arrangements the drug user has increasingly become 'normalised' as a responsibilised agent whose prime responsibility – and 'right' – it is to manage the risks to self and others associated with his/her drug use (Erickson, Riley, Cheung, & O'Hare, 1997; Miller, 2001; Riley et al., 1999). Technologies of 'harm reduction' emphasise the 'empowerment', skills or 'helping' of drug users as "responsible, informed and autonomous choice makers" and consumers of risk (O'Malley, 1999) towards enacting 'controlled', 'safe' or 'responsible' drug use, supported by education, public health or treatment measures; these rationales now even allow for concepts like 'controlled' or 'safe' drug use, as determined by health or social assessments of behavioural consequences rather than the normative standards of deviant behaviour (Bunton, 2001; O'Malley, 1999). These emerging logics of self-control increasingly position drug use (and drug users) under the multiple 'gazes' of the health professions (public health, health promotion, etc.) within the context of a broader new moral economy emphasising the virtues of knowledge and care of the 'self', reducing risk and minimising collateral impact as setting the standards for the conduct of the responsible drug user (Miller, 2001; O'Malley, 1999; Valverde, 1998). These overarching objectives are facilitated through the drug users' embrace by heterogeneous alliances of 'helping' rather than punishing professionals and institutions, working to strengthen the drug users' own ability and performance as a "civilised, rational self-controlled body" (Bunton, 2001, p. 235; see Fischer, 2003).

Nevertheless, despite appearances to the contrary, these disciplinary strategies never fully replaced traditional tools of punitive control aimed at the drug user. Indeed, by making drug users less visible (through the presentation of a more 'inclusive' and 'empowering' face associated with controversial and 'progressive' interventions such as SISs), the continuation of repressive drug control laws and their enforcement as a central technology of state power aimed at drug users as deviant identities has been made possible and sustained. Therefore, the current landscape of substance use control describes itself as one in which *both* traditional repressive and emerging disciplinary technologies of control have formed a pervasive embrace in the contemporary government of substance use (Fischer, 2003).

The 'new city': the changing contexts of socio-urban space

IDU in Western industrialised nations has traditionally been a phenomenon located in urban environments (Bless, Korf, & Freeman, 1994; Fischer, Rehm, & Blitz-Miller, 2000; Garfield & Drucker, 2001). Specifically, the larger changes in the governance of drug use and the concrete case study of SISs we are describing are distinctly embedded in environments of urban life. Over the past several decades, the contexts and dynamics of socio-urban existence have undergone dramatic changes. Various authors have labelled these developments as the emergence of the 'new' or the 'entrepreneurial' city (Hall & Hubbard, 1996; Harvey, 1989; MacLeod, 2002), producing new mechanics and constellations of urban order.

It has been suggested that this transformation towards the 'new city' has been triggered by the increasing fiscal pres-

sures of urban jurisdictions, an intensifying concentration of poverty, crime and decay in urban centres, and a flight of middle-age and -class populations to the suburban periphery (Flint, 2002). The main promising remedy propagated under neo-liberal constellations was to reshape the city from a site of crisis defined by the destitute and desperate into a socio-political entity of competitiveness, commodification and 'attractiveness' in terms of economy, consumption, and leisure; thus, re-gaining its appeal to corporate, young and wealthy citizens and consumers (Kübler & Wälti, 2001). Consequently, key agendas and processes of decision-making in the 'new city' have increasingly become controlled and exercised by private–public partnerships or 'market'-driven entities, focusing on the facilitation of economic activity or emphasising the city as a space of consumption (MacLeod, 2002).

The reforming of the 'entrepreneurial city' inevitably led to a variety of social tensions, many of which are likely best conceptualised through an analysis of order and space (Flint, 2002; Perry, 2000). The triangular dynamics of increasing private ownership and control over various facets of city life, the shortage and high demand for prime urban spaces, and the extreme socio-economic diversity of urban 'citizenry' fuelled constellations of intensified urban conflict (Blomley, 1994). In many instances, these dynamics led to the creation of aggressive regimes of control of space enforced by both public and private institutions (i.e., under the umbrella of disorderly 'community policing'), focusing primarily on the disturbing elements of populations, including drug users, the homeless, sex workers, 'squeegee kids', etc. (Hermer & Mosher, 2002). The 'crack-downs' of these new urban order regimes against such disorder populations fit emerging ideology that disorder is the 'seed' of (i.e., gateway to) more serious crime, and subsequent increased public order will reduce crime (the now infamous 'broken windows' thesis—see Kelling, Coles, & Wilson, 1996; White & Sutton, 1995).

Specifically, the government of space – or socio-spatial governance – is playing an increasingly crucial role in shaping urban social order (Blomley & Sommers, 1999; Flint, 2002; Hall & Hubbard, 1996). Thus, the concept of 'place' has assumed considerable relevance as a form of urban capital (Harvey, 1989). Increasingly, local social and political movements mobilised decent citizens and property owners to 'take back' public spaces (streets, plazas, parks), which had apparently been 'stolen' by the disorderly, deviants and criminals (Fischer, 2001; Mitchell, 1995), with the homeless as moralised and displaced (and displaceable) objects of social guilt and abject disgust (Kawash, 1998; Ruddick, 1996). The dynamics of urban aesthetics, gentrification and spatial order intensified mechanisms of inclusion and exclusion as vehicles for the establishment and maintenance of (a particularly classed, raced and gendered conception of) socio-spatial order in what has consequently been labelled as the 'dual city' (Fischer & Poland, 1998; Poland, 1998; Sibley, 1995, 1998; Young, 2002). One illustrative local example of socio-spatial ordering and conflict within 'the new city' can be seen in the recent gentrification and revitalisation of the Gastown area of Vancouver's downtown eastside, a part of the city traditionally fraught with poverty and disadvantage yet increasingly populated by young and/or middle class professionals, small businesses, condominium and 'urban loft' owners and so on (Smith, 2003).

The processes of 'exclusion' as well as 'spatial governmentality' have assumed key relevance as "mechanisms of social ordering" (Merry, 2001, p. 16) in the context of the 'dual city' (see Perry, 2000). The city of the 21st century is increasingly described by a disappearance of genuine public spaces of collective activity or consumption, building ever more on spatially demarcated or 'gated' communities – extending far beyond business to housing, shopping, leisure, culture, even infrastructure – of privileged, selected or paying 'members' (Merry, 2001; Mitchell, 1995; Perry, 2000). In turn, it is those populations considered dangerous, unsafe or disturbing to regimes of commodified order which remain on the outside or 'excluded' (Merry, 2001; White & Sutton, 1995; Young, 2002), and are marginalised to the peripheral spaces not yet colonised or claimed by dominant interests in the context of socio-urban conflict (Feldman, 2001; Young, 2002).

Consequently, the 'dual city' is characterised by a mapping of socio-spatial order relying on the inclusion of those persons and activities beneficial to its agenda of consumption, yet increasingly facilitating the concealment and displacement of elements of the 'Other' towards realms of the periphery and the margins.

The emergence of SISs in search of urban order

The idea of SISs first emerged in select European cities – specifically larger urban centres in Germany, the Netherlands and Switzerland – in the mid-1980s, where now an estimated 50 or more SIS facilities have proliferated (Broadhead, Kerr, Grund, & Altice, 2002; Fischer, Rehm, Kim, & Robins, 2002). According to the predominant history account, SISs emerged in European urban areas as a response to a major and intensifying mortality and morbidity crisis linked to the phenomenon of IDU populations (Dolan et al., 2000; Fischer et al., 2002; The Lindesmith Centre, 1999). Specifically in the late 1980s and onward, numerous Western jurisdictions started reporting substantial increases in IDU related overdose deaths, infectious disease transmissions (e.g., HIV, hepatitis), and other health problems (Dolan et al., 2000; Fischer et al., 2000; Nadelmann, McNeely, & Drucker, 1997); in parallel, there was a general disenchantment with regards to the value and impact of law enforcement as a meaningful and effective approach to 'the drug problem' (Fischer, 1995; Nadelmann et al., 1997).

More specifically, in many of the European metropolitan contexts, the illegal drug use problem presented itself in the form of large concentrated 'urban drug scenes' (Bless et al., 1994), most of which included hundreds or even thousands

of disorderly and unhealthy illicit drug users, activities of drug use and dealing, and solicitation and petty crime on a 24-hour basis mostly in popular urban spaces (Dolan et al., 2000; Kemmesies, 1997; Zurhold, Degkwitz, Verthein, & Haasen, 2003). In both Zürich and Frankfurt, for example, the 'open drug scenes' occupied areas close to the main train stations and adjacent park areas, entailing major disturbances of corporate and retail business activities, tourism and residential life, and eventually putting local governments under substantial and often vociferous pressure to take action (Fischer, 1995). As Broadhead et al. describe, "[drug] injection in public spaces results in large amount of litter that is unsightly and costly to collect. . . [and in addition] congregations of injectors are widely regarded by the public at large as a nuisance and a threat" (2002, p. 341f).

It was in light of these major public order disturbances – resisted by unusually broad 'urban citizen' alliances consisting of city government officials, police, as well as organised residents and businesses – in the late 1980s that local administrations started to consider 'radical' interventions to deal with a problem that seemed increasingly intractable to traditional law enforcement responses (Fischer, 1995; Nadelmann et al., 1997). In Frankfurt, the now mythically famous 'Monday Round' of such stakeholders formed to develop measures to address a situation in which "inner-city areas have been de facto expropriated by injectors, including whole sections of municipal parks, street corners, vacant lots, sidewalks and alleys" (Broadhead et al., 2002, p. 342). Surprisingly, even right-wing municipal governments and law enforcement officials assumed supportive positions of SISs (The Lindesmith Centre, 1999).

On the surface, SISs are typically presented and rationalised as an intervention to reduce mortality and morbidity among IDUs. In fact, several studies suggest such benefits, although in many cases the attribution of such positive effects to the implementation of SISs specifically has been difficult (Kimber, Dolan, van Beek, Hedrich, & Zurhold, 2003; MSIC Evaluation Committee, 2003). Although the concerns of public order are typically presented as secondary in the descriptions of SISs, their promise to restore order to embattled city spaces has likely been of primary importance towards the creation of the new political alliances promoting, and eventually implementing, the SIS idea. In fact, every SIS proposal or description explicitly includes – and, depending on the audience, emphasises – the reduction of public order or nuisance problems as one key objective; however, typically, it is rarely emphasised as the primary objective (Dolan et al., 2000; Fischer et al., 2002; Kimber et al., 2003; Stoever, 2002).

Indeed much can be learned with regards to the prominent role of 'order' in the concept of SISs by an examination of the 'house rules' governing the conduct of users, which stipulate that they are: (a) prohibited from dealing drugs on site, or from injecting anywhere except in specifically designated rooms; (b) prohibited from threatening or intimidating staff members and other clients, and from using loud or offensive language; (c) required to clean up after their use of an injection space and to dispose of all used materials in garbage containers before leaving; and (d) encouraged to assist in keeping SISs clean, and to collect drug-related debris in the SIS' vicinity (Broadhead et al., 2002). Most SISs employ an escalating punishment system on the violators of the behavioural codes defining conduct in the facility (Zurhold et al., 2003). These can range from warnings to temporary bans to a full prohibition of access to the SIS facility or with the help of police—even a deportation from the local jurisdiction where the SIS is located if the user does not meet local residency requirements (Fischer, 1995; Stoever, 2002).

SISs also provided opportunities and benefits to the agendas of the multiple institutions involved in the idea, as they had great appeal as a 'partnership' initiative of the political 'middle ground' (Stoever, 2002) in which all participants could see political and organisational gain (compare Fischer, 2003). Importantly, the SIS idea was framed so as not to threaten the agenda of police as the major 'owner' of the 'crime problem of drug use', instead including them as key 'stakeholders' besides the many social and health stakeholders actively promoting and embracing the SIS idea. As Stoever aptly describes, "public order concerns are especially relevant [in the consideration of SISs]. . . . The mutual interests of drug service institutions and the police are served by these facilities, and that is why they have been implemented successfully in five cities" (2002, p. 602).

One aspect that illustrates the underlying tensions and multiple agendas served by SISs is revealed in the observation that despite a supposed 'client-oriented' philosophy, the design of the SIS is strongly shaped by the interests and sensitivities of those who provide them, and perhaps less so by the needs of those who use them (Fry, 2002; Fry, Fox, & Rumbold, 1999; Kerr, Wood, Small, Palepu, & Tyndall, 2003). The fact that SIS users continue to be forced to purchase and use highly contaminated substances on the black markets for exorbitant prices, or cannot receive injecting help from staff or peers may be seen as an essential paradox of their functioning and objectives, or a fundamental failure to address the primary causes of disease or death among IDUs. Furthermore, the predominant objectives of institutional surveillance and order within SISs – operationalised through regulation of individual use, space and time, material sterility, stalls, mirrors, etc. – are ignoring or undermining many of the distinct social or cultural norms and dynamics embedded in the IDU life world (Grund, 1996). Aims, expectations and interventions in the behavioural space of SISs seems to be so powerfully determined by a rational and mechanically calculating agenda of 'risk reduction', silencing distinct social and cultural dynamics inherent to the authentic real-life context and experience of illicit drug use. In fact, it appears that many IDUs decline the offer to use SISs, since their design and rules may express mainly others' concepts of 'safety' and comfort and not their own, and deny them practices to remedy these shortcomings (Fry, 2002; Fry et al., 1999; Kerr et al., 2003). Such discrepancies are likely

linked to the fact that the definitions of good order and acceptable practice of SISs may be largely driven or limited by institutional liability risks or political concerns rather than 'client needs' (see, e.g., Health Canada, 1999).

Thus, SISs became appealing as an effective measure against the contamination or 'dangerisation' of urban space by drug users who would disturb neo-urban functionality, safety and aesthetics, and were formed on the basis of mutually beneficial partnerships of interest between institutional stakeholders who had previously opposed each other in the constellations of repression as the main response to 'the drug problem' (compare Fischer, 2003). Furthermore, the establishment and shaping of the facilities were and are primarily driven by the interests of stakeholders, and to a lesser extent by the needs of and input from the IDUs who would be using the facilities, especially where these agendas would stand in evident conflict.

SISs in operation: surveillance, risk and responsibilised citizens

Scientific and popular discourses over the past few decades have impressively shaped and reinforced the identity of the injection drug user as a 'site' of extensive and omnipresent risk. The constant forces of psychoactive dependence, contaminated drugs or paraphernalia, the stressors of enforcement, the lack of access to hygiene or housing present the injection drug user as a subject permanently confronted with death or disease (Alcabes & Friedland, 1995; Cherubin & Sapira, 1993; Coutinho, 1998). SISs present themselves as 'helpful', indeed, empowering, facilities or resources, with an omnipresent air of concern for the at-risk drug user. Implicit in the mechanics of SISs – and an overarching theme in 'the new public health' – is that users are encouraged to appreciate the realities of their health, and to "take responsibility for the care of their bodies and to limit their potential to harm" themselves or others through taking up various "preventative actions" (Petersen & Lupton, 1996, p. ix). SISs are thus socio-spatial environments with both an expressed and implicit agenda of 'risk reduction' and related norms, shaping both opportunities and expectations towards the subjects in their embrace. The expectation of SIS users to facilitate and secure "healthy bodies [by way of] health choices" (ibid.) – concretely, to avoid overdose deaths; to avoid transmission of infectious disease; to avoid drug amounts or combinations harmful to mental health; to wait for the immediate and intense psychoactive effects of the injection to pass in order to avoid risk of accidents; among others – is produced on the basis of thoroughly monitored and regulated knowledge of risk and behaviour. In effect, the inner operations of SISs present themselves as infinitely detailed and regulated projects of knowing, tempering and reducing risks related to IDU. SISs are elaborate operations or 'factories' of health, facilitated by a diverse combination of 'helping' professions and experts (including public health nurses, addiction counsellors, social workers making up a widely dispersed continuum of 'judges of normality'; see Foucault, 1977: 304).

It is instructive to examine in greater detail the actual concrete daily *practices* associated with these new sites of surveillance and responsibilisation. Even before engaging in any 'injection' related activity, the injection drug user's conduct in the SIS environment changes considerably from a law- and rule-less 'out there' to a thoroughly regulated procedure. Although harm reduction discourses generally put great emphasis on the importance of 'low threshold' design, the question of mere access to SISs is already shaped by rather selective dynamics of legitimate inclusion. For example, prior to granting access, some SISs require "clients to be registered [and to] demonstrate that they are injectors, city residents and of minimum age" and that they "sign up for admission [to the SIS] on a first-come, first-serve basis" (Broadhead et al., 2002: 346). Once these barriers have been passed, users are then allowed to "enter the injection room after their name or some other identifier has been called [. . .where. . .] a staff member may ask clients to display a registration card, to register at that time, to sign a liability release form, or to provide some other information" (Broadhead et al., 2002, p. 336). It is also seen as vital that staff can "monitor clients with ease [. . .and minimise] the need for clients to loiter outside [. . .to. . .] protect a SIS's public image and relationship with neighbours" (ibid.).

SIS facilities also construct the user's identity as both an agent of 'risk' as well as an eligible 'client' through a wide range of information collected, such as IDU history, drugs used, health problems, needle sharing, and more. While waiting for access to the injecting room, the 'client' is offered a wealth of resource tools towards possible reduction of IDU-related risks including "preferred type of syringe, water, dissolving agent, cooker, cotton filter, tourniquet, alcohol wipes, bandages"; moreover, staff provide information and advice on safer injecting practices, such as "how to inject properly or how to best use aluminium foil when chasing the dragon" (Stoever, 2002, p. 601). In the injection room itself, the ability of surveillance to "monitor clients" and respond to risk "at all times" is the predominant concern (Stoever, 2002, p. 601). Specifically, SISs typically have a dozen or so 'injecting stalls', which include a chair, a stainless counter and large mirror mounted to the wall. The stalls are normally organised in a half-circle around an elevated 'monitoring post' – a kind of 'inject-icon' arrangement (cf. Foucault's 'panopticon') – from which staff constantly watch all users in the room, using the mirrors in the stalls as a main aid for surround view on each individual. Time for injection in the facility is typically limited. When finished, injecting clients are encouraged to "go to waiting room and stay . . . until they are stabilised" under the close monitoring of staff (Broadhead et al., 2002, p. 340), thereby extending the risk surveillance embrace to a point where possible harm consequences cannot be attributed to the SIS facility.

IDUs are thoroughly educated and monitored with regards to their drug injecting practices within the SIS, yet

no staff – or other SIS client – is permitted to actively assist with such practices (compare Broadhead et al., 2002; Kimber et al., 2003). As such, the SIS constitutes itself as a facilitator of drug using subjects responsibilised in the duty and ability to reduce their own risks, but determinately resists an active role in providing or executing such interventions (see O'Malley, 1999). Instead of policing or enforcing behaviour (other than transgressions of explicit codes), the focus is on the self-reliant and routine acceptance, internalisation and practice of new subjectivities of risk management. This appears to be the recurring theme in SISs as well as other 'new public health' mechanisms presented as empowerment—to convince people to responsibly take up their own governance and welfare.

It is also noteworthy that SIS efforts to shape 'healthy subjects' reach well beyond specific concerns surrounding drug use, specifically to encompass "changing users' attitudes [which] should lead to improved health behaviours" or "[enhanced] health competencies" (Stoever, 2002, p. 601), including ". . . teaching personal hygiene . . .safer sex . . . [and] self help [including] housing, food, unemployment benefits and social welfare concerns" (Stoever, 2002, p. 600ff), as well as the honing of "injectors' abilities to follow through and adhere to appointments, regimens and schedules" (Broadhead et al., 2002, p. 340). Nor are traditional (welfarist) values or ideals of addiction (or abstinence) treatment absent from the agenda: SISs are framed and promoted as an 'access point' to drug users who have so far resisted or been unavailable to treatment (Dolan et al., 2000; Fischer et al., 2002).

It is safe to conclude that, notwithstanding claims of an "acceptance oriented and non-judgmental" stance towards the drug user (Stoever, 2002), the SIS client is subjected to a new set of intricate values and rules, which draw elaborate lines of normative boundaries of 'good citizenship' across this population. While 'harm reduction' discourse may be "value-neutral" (Erickson et al., 1997, p. 8) with regards to drug use *per se*, the practices of harm reduction in general and SISs in particular have mobilised an elaborate new moral code of what defines a responsible, well-behaved and safe drug user and have thus created a pervasive new "moral enterprise" enacting its own distinct set of norms and values (Petersen & Lupton, 1996, p. xii, see Miller, 2001). This new moral enterprise – as inherent to many 'harm reduction' programs – is shaped by the subject's efforts to enact his/her responsibility of reducing acute drug related risk as well as a wider code of 'lifestyle' or 'attitude' norms defining the drug user as a self-caring and health-concerned and thus 'good' citizen, a concept of 'self' now closely aligned with the hegemonic (or mainstream's) concept of the 'healthy citizen'. It is via the norms and practices of the SIS where the drug user is made up as a citizen subject, the product of an elaborate regime of "discipline [which] results in the securing of normalisation by embedding a pattern of norms disseminated throughout daily life and secured through surveillance" (Hunt & Wickham, 1994, p. 49f).

Discussion, implications, conclusion

The phenomenon of SISs, as it has emerged over the past two decades in various places, must be examined and understood, in the context of the 'new city' and its driving forces and efforts towards the production of socio-spatial order. Under post-welfare conditions, the 'dual city' has re-shaped itself as an entity of commodified urban existence, business and leisure, increasingly facilitated or enforced by private and economic agendas and interests; in these contexts, order has become both a desirable commodity itself as well as prerequisite of un-disturbed consumption (Flint, 2002; MacLeod, 2002).

The production of order in the 'new city' is closely linked to mechanisms of exclusion, predominantly focusing on the concealment or exclusion of 'disorderly populations' (Fischer & Poland, 1998; Merry, 2001). This new urban order is increasingly defined through various forms of 'gated communities' of existence, work, leisure or consumption within the metropolis, with access restricted to select or privileged populations (Young, 2002). More importantly, these order efforts have actively begun to target and remove "urban undesirables" from commodified urban life-spaces, therefore linking forces of order with those of marginalisation (Feldman, 2001, p. 74; see Young, 2002). The new city is home to a strategic project of "cleansing [its environment] from evidence of social disarray", systematically displacing the disorderly, and thus drawing strict boundaries of legitimate and illegitimate members "between centre and periphery within the metropole" (Feldman, 2001, p. 70ff). Many of these displacement efforts are occurring under rationales of 'public safety' targeting "quality of life" or 'public order' crimes, effectively construed as threats to "commodified units of space" (Feldman, 2001) and furthermore precursors to or incubators of crime and urban decay (Fischer, 2001; Wilson et al., 1996). As such, the new city has also become a project of the "purification of public space" (Fischer & Poland, 1998; Sibley, 1998), in which deviant and undesirable populations are increasingly marginalised into socio-spatial "ghettos" at the margin. While it may be argued that the (inner) city has traditionally and always – even under welfarist rule – been the home of the outcast and marginalised, we suggest a key difference is evident today. Whereas previously, the marginalised naturally filled void public spaces deserted by privileged classes who had retreated to privately delineated enclaves (Perry, 2000), today these 'public spaces' are being 'taken back' by the wide-scale efforts of commodified urban reordering (gentrification), thus further pushing the marginalised towards undesirable or concealed spaces at the margin (Blomley, 1994; Young, 2002).

It should not be surprising that drug users have become a primary target for such efforts of urban order. Their defining activities – petty crime towards funds for illegal drug purchases and unaesthetic appearance and demeanour – in large concentration in urban business, residential and leisure cores highlighted them as major disturbance variables in the

new city's aspiration to be "attractive" to investment and urban renewal (Kübler & Wälti, 2001). In addition, previous efforts to tackle "the drug problem" by way of repression had not only proven ineffective, but were increasingly perceived to worsen these negative consequences (Fischer, 1995; Nadelmann et al., 1997). In this context – regardless of or despite their benevolent intentions – we propose that the emergence of SISs is best understood in the context of their aim and value of spatially regulating – or "concealing or displacing [. . .] rather than eliminating" (Merry, 2001, p. 17) – the offensive activities of IDU in the context of socio-urban spaces.

But the concealment or exclusion of drug users from commodified urban spaces is only one part of the governmental mechanisms mobilised by SISs (or other designated spaces for drug user populations that may contribute to these 'out of the core' peripheralizing effects, e.g., drop-in centres, shelters, etc., Feldman, 2001). One main aspect of the socio-political appeal of SISs has been that they powerfully promise to 'do good'—both for their drug user clientele as well as 'the community' via the reduction of crime, disorder, health care costs, etc. (Dolan et al., 2000; Fischer et al., 2002). SISs' productive internal disciplinary practices towards these objectives – beyond or in addition to their external efforts of population-based exclusion – can be seen to provide an illustrative example of Foucault's "swarming of disciplinary mechanisms" (Feldman, 2001, p. 70) or the complementary strategies of governmentality by "making up and acting upon a population and its constituents to ensure good and avert ill" (Rose, 1996, p. 328). Under the benevolent – indeed 'progressive' – rationality of health promotion and public health, SISs act as a disciplinary panopticon towards shaping an informed, responsibilised and well disciplined drug-using agent (O'Malley, 1999). This new identity of the drug user as a 'disciplined citizen' (at the margins, nonetheless), shaped by the intrinsic order environment of the SIS, is in keeping with subjects' responsibilisation and self-management involving the "inculcation and shaping of responsibility for good health and good order . . . by means of expert knowledge" (Merry, 2001, p. 19). In this 'government at a distance' in the context of the SIS, actors of the 'helping' or 'supervising' professions seldom decisively intervene, but mostly select, educate, inform, empower, advise, refer, and monitor; crucial intervention occurs primarily when the self-risk reducing agent has fatally failed (rescue) or broken fundamental rules (punishment or banishment) and consequences of institutional liability are looming. As such, SISs may also be well described as a "late 20th century postmodern form of social control that targets categories of people using actuarial techniques . . . and develops specific locales for prevention rather than the normalisation of offenders" (Merry, 2001, p. 19). Similar descriptors have been used to characterise the design and operations of late 20th century penology (Simon, 1993), illustrating, we believe, the increasing coalescence of overtly punitive and disciplinary practices and rationalities.

Indeed, it should be emphasised that governmental and disciplinary mechanics as exemplified by SISs have not replaced the 'privilege of the law' shaping more traditional strategies of punitive control over drug use as deviance, i.e., by way of repression and law enforcement (compare Hunt & Wickham, 1994; O'Malley, 1999). Rather, as observed for other contexts, these governmental technologies appear to have become interlinked and complementary rather than sequential or substitutive. When outside the disciplining realm of SISs or other measures of 'harm reduction' – whether by choice or by exclusion – the illicit drug user continues to be subjected to repressive drug laws and their enforcement. In fact, given the intensified public order campaigns in urban spaces, these efforts of repression have become intensified rather than mellowed in many urban centres with illicit drug users as one main target population (see Fischer, 2001; Hermer & Mosher, 2002; Kübler & Wälti, 2001). The seemingly contradictory dual thrust may, ironically, be very functional insofar as it effectively separates those who show promise of rehabilitation from those who cannot or will not submit to the new regimes of 'progressive' rationality. Those willing to utilise SIS facilities are bound more closely into existing and new systems of surveillance and control, and the system can celebrate their successful rehabilitation, presenting a benign and 'helpful' persona for the consumption of the middle class, suggesting benevolent intentions, efforts and effects. Meanwhile, those drug users who reveal themselves to be unable or unwilling to take advantage of the new progressive possibilities remain vulnerable to the more punitive measures in the name of public order and safety. They are more receptive targets for the labels of 'high-risk', 'beyond help', or even 'dangerous' to concepts like public safety and so on, and so repressive measures may appear all the more justified (and simultaneously concealed behind the 'progressive' face of the SIS) for use towards them. For example, in Vancouver's downtown eastside following the announcement of the approval of the SIS facility, the police sought and implemented a substantively increased police contingent and presence in the area (Chief Constable of Vancouver, 2003). Thus, we can postulate that far from replacing punitive measures, the benevolent technologies of SISs – as well as other harm reduction measures – actually may enable and legitimise the maintenance or even amplification of repressive measures directed at those drug users (still considerable in numbers) who are unwilling or unable to partake of the new opportunities for 'healthy self-transformation', or, in other words, accentuate a separation between the 'willing' and the 'lost' or 'better' or 'worse' within this population at the margin.

While we by no means intend to summarily dismiss the good intentions and positive contributions SIS facilities have made, nor the underlying harm reduction philosophy, towards reducing disease, death and suffering related to drug use, we wish to draw attention to: (a) the possible distance between the rhetoric and practice regarding client-centeredness and value neutrality; (b) the many ways in which SIS structures and practices function to construct a suitably reflexive self-monitoring and risk-adverse subject; (c) the alignment of SIS practices and 'societal' interests in the concealment and dis-

placement of 'problem' inner city populations; and (d) the counterintuitive ways in which ostensibly 'progressive' alternatives like SISs may function to separate 'deserving' from 'undeserving' populations, rendering increasingly repressive and violent spatial purification practices even more thinkable (and politically palatable). A reflexive stance regarding these possibly counter-intuitive dimensions of SISs is, we believe, a fundamental prerequisite to the fashioning of a more socially just and democratic practice.

Acknowledgements

Dr. Fischer acknowledges funding support from the Canadian Institutes of Health Research (CIHR). Ms. Haydon acknowledges graduate studies support from the Ontario Women's Health Council.

References

Alcabes, P., & Friedland, G. (1995). Injection drug use and human immunodeficiency virus. *Clinical Infectious Diseases*, *20*, 1467–1479.

Bless, R., Korf, D., & Freeman, M. (1994). *Open drug scenes: A cross-national comparison of concepts and urban strategies*. Amsterdam: The Amsterdam Bureau of Social Research and Statistics.

Blomley, N. (1994). *Law, space, and the geographies of power*. New York: Guilford Press.

Blomley, N., & Sommers, J. (1999). Mapping urban space: Governmentality and cartographic struggles in inner city Vancouver. In R. Smandych (Ed.), *Governable places: Readings on governmentality and crime control* (pp. 261–287). Aldershot: Ashgate.

Broadhead, R. S., Kerr, T. H., Grund, J. -P., & Altice, F. L. (2002). Safer injection facilities in North America: Their place in public policy and health initiatives. *Journal of Drug Issues*, *32*, 329–355.

Bunton, R. (2001). Knowledge, embodiment and neo-liberal drug policy. *Contemporary Drug Problems*, *28*, 221–243.

Cherubin, C., & Sapira, J. (1993). The medical complications of drug addiction and the medical assessment of the intravenous drug user: 25 years later. *Annals of Internal Medicine*, *119*, 1017–1028.

Chief Constable of Vancouver. (2003). *Administrative report 2003 police sworn staffing request for downtown eastside*. Vancouver, BC: Vancouver City Council.

Coutinho, R. (1998). HIV and hepatitis C among injection drug users. *British Medical Journal*, *317*, 424–425.

Dolan, K., Kimber, J., Fry, C., Fitzgerald, J., McDonald, D., & Trautmann, F. (2000). Drug consumption facilities in Europe and the establishment of supervised injecting centres in Australia. *Drug and Alcohol Review*, *19*, 337–346.

Erickson, P., Riley, D., Cheung, Y., & O'Hare, P. (1997). *New public health policies and programmes for the reduction of drug related harm*. Toronto: University of Toronto Press.

Feldman, A. (2001). Philoctetes revisited: White public space and the political geography of public safety. *Social Text*, *19*, 57–89.

Fischer, B. (1995). Drugs, communities and 'harm reduction' in Germany: The new relevance of 'public health' principles in local responses. *Journal of Public Health Policy*, *16*, 389–411.

Fischer, B. (2001). Community policing—Some observations and reflections on its social, legal and democratic implications. In S. Einstein & M. Amir (Eds.), *Policing, security and democracy: Special aspects of 'democratic policing'* (pp. 35–60). Huntsville: Office of International Criminal Justice.

Fischer, B. (2003). 'Doing good with a vengeance': A critical assessment of the practices, effects and implications of 'drug treatment courts' in North America. *Criminal Justice*, *3*, 227–248.

Fischer, B., & Poland, B. (1998). Exclusion, risk and governance: Reflections on 'community policing' and 'public health'. *Geoforum*, *29*, 187–197.

Fischer, B., Rehm, J., & Blitz-Miller, T. (2000). Injection drug use and preventive measures: A comparison of Canadian and Western European jurisdictions over time. *Canadian Medical Association Journal*, *162*, 1709–1713.

Fischer, B., Rehm, J., Kim, G., & Robins, A. (2002). Safer injection facilities (SIFs) for injection drug users (IDUs) in Canada: A review and call for an evidence-focused pilot trial. *Canadian Journal of Public Health*, *93*, 336–338.

Flint, J. (2002). Return of the governors: Citizenship and the new governance of neighbourhood disorder in the UK. *Citizenship Studies*, *6*, 245–264.

Foucault, M. (1977). *Discipline and punish*. London: Peregrine Books.

Fry, C. L. (2002). Injecting drug user attitudes towards rules for supervised injecting rooms: Implications for uptake. *International Journal of Drug Policy*, *13*, 471–476.

Fry, C. L., Fox, S., & Rumbold, G. (1999). Establishing safe injecting rooms in Australia: Attitudes of injecting drug users. *Australian and New Zealand Journal of Public Health*, *23*, 501–504.

Garfield, J., & Drucker, E. (2001). Fatal overdose trends in major US cities: 1990–1997. *Addiction Research and Theory*, *9*, 425–436.

Garland, D. (1999). Crime control, governmentality and sovereignty. In R. Smandych (Ed.), *Governable places: Readings on governmentality and crime control* (pp. 15–45). Aldershot, UK: Ashgate/Dartmouth.

Grund, J. (1996). *Drug use as a social ritual: Functionality, symbolism, and determinants of self-regulation*. Rotterdam: IVO-Addiction Research Institute.

Hall, T., & Hubbard, P. (1996). The entrepreneurial city: New urban politics, new urban geographies? *Progress in Human Geography*, *20*, 153–174.

Harvey, D. (1989). From managerialism to entrepreneurialism: The transformation of urban governance in late capitalism. *Geografiska Annaler, Series B: Human Geography*, *71B*, 3–17.

Health Canada. (1999). *Application for an exemption under Section 56 of the controlled drugs and substances act for a scientific purpose for a pilot supervised injection site research project*. Ottawa: Drug Strategy and Controlled Substances Programme, Healthy Environments and Consumer Safety Branch.

Hermer, J., & Mosher, J. (2002). *Disorderly people: Law and the politics of exclusion in Ontario*. Halifax: Fernwood Publishing.

Hunt, A., & Wickham, G. (1994). *Foucault and law: Towards a sociology of law as governance*. London: Pluto Press.

Kawash, S. (1998). The homeless body. *Public Culture*, *10*, 319–339.

Kelling, G., Coles, C., & Wilson, J. (1996). *Fixing broken windows: Restoring order and reducing crime in our communities*. New York: Free Press.

Kemmesies, U. (1997). Compulsive drug users in the Netherlands and Germany: The open drug scenes in Amsterdam and Frankfurt am Main. *International Journal of Drug Policy*, *8*, 187–200.

Kerr, T., Wood, E., Small, D., Palepu, A., & Tyndall, M. (2003). Potential use of safer injection facilities among injection drug users in Vancouver's downtown eastside. *Canadian Medical Association Journal*, *169*, 759–763.

Kimber, J., Dolan, K., van Beek, I., Hedrich, D., & Zurhold, H. (2003). Drug consumption facilities: An update since 2000. *Drug & Alcohol Review*, *22*, 227–233.

Kübler, D., & Wälti, S. (2001). Drug policy-making in metropolitan areas: Urban conflicts and governance. *International Journal of Urban and Regional Research*, *25*, 35–54.

MacLeod, G. (2002). From urban entrepreneurialism to a "revanchist city"? On the spatial injustices of Glasgow's Renaissance. *Antipode*, *34*, 602–624.

Merry, S. (2001). Spatial governmentality and the new urban social order: Controlling gender violence through law. *American Anthropologist*, *103*, 16–29.

Miller, P. G. (2001). A critical review of the harm mimimization ideology in Australia. *Critical Public Health*, *11*, 167–178.

Mitchell, D. (1995). The end of public space? People's Park, definitions of the public, and democracy. *Annals of the Association of American Geographers*, *85*, 108–133.

MSIC Evaluation Committee. (2003). *Final report of the evaluation of the Sydney Medically Supervised Injecting Centre*. Sydney: University of New South Wales.

Mugford, S. (1993). Social change and the control of psychotropic drugs—Risk management, harm reduction and 'postmodernity'. *Drug & Alcohol Review*, *12*, 369–375.

Nadelmann, E., McNeely, J., & Drucker, E. (1997). International perspectives. In J. H. Lowinson, P. Ruiz, R. B. Millman, & J. G. Langrod (Eds.), *Substance abuse. A comprehensive textbook* (3rd ed., pp. 22–39). Philadelphia: Williams & Wilkins.

O'Malley, P. (1993). Containing our excitement: Commodity culture and the crisis of discipline. *Research in Law, Politics, and Society*, *13*, 151–172.

O'Malley, P. (1999). Consuming risks: Harm minimization and the government of drug users. In R. Smandich (Ed.), *Governable places: Readings on government mentality and crime control*. Aldershot: Ashgate.

Perry, R. (2000). Governmentalities in city-scapes: Introduction to the symposium. Symposium on city-spaces and arts of government. *Polar: Political and Legal Anthropology Review*, *23*, 65–73.

Petersen, A., & Lupton, D. (1996). *The new public health: Health and self in the age of risk*. Thousand Oaks: Sage.

Poland, B. (1998). Smoking, stigma, and the purification of public space. In R. Kearns & W. Gesler (Eds.), *Putting health into place: Making connections in geographical research* (pp. 208–225). Syracuse, NY: Syracuse University Press.

Riley, D., Sawka, E., Conley, P., Hewitt, D., Mitic, W., Poulin, C., et al. (1999). Harm reduction: Concepts and practice. A policy discussion paper. *Substance Use & Misuse*, *34*, 9–24.

Rose, N. (2000). Government and control. *British Journal of Criminology*, *40*, 321–339.

Rose, N., & Miller, P. (1992). Political power beyond the State: Problematics of government. *British Journal of Sociology*, *43*, 173–205.

Ruddick, S. (1996). From the politics of homelessness to the politics of the homeless. In R. Keil, G. Wekerle, & D. Bell (Eds.), *Local places in the age of the global city* (pp. 165–172). Montreal: Black Rose Books.

Sibley, D. (1995). *Geographies of exclusion*. New York: Routledge.

Sibley, D. (1998). The problematic nature of exclusion. *Geoforum*, *29*, 119–121.

Simon, J. (1993). From confinement to waste management: The postmodernization of social control. *Focus on Law Studies*, *8*, 4–7.

Smith, H. A. (2003). Planning, policy and polarisation in Vancouver's downtown eastside. *Tijdschrift voor Economische en Sociale Geografie*, *94*, 496–509.

Stoever, H. (2002). Consumption rooms—A middle ground between health and public order concerns. *The Journal of Drug Issues*, *32*, 597–606.

Valverde, M. (1998). *Diseases of the will: Alcohol and the dilemmas of freedom*. Cambridge: Cambridge University Press.

White, R., & Sutton, A. (1995). Crime prevention, urban space and social exclusion. *Australian and New Zealand Journal of Sociology*, *31*, 83–99.

Young, J. (2002). Crime and social exclusion. In M. Maguire, R. Morgan, & R. Reiner (Eds.), *The Oxford handbook of criminology* (3rd ed., pp. 457–490). New York: Oxford University Press Inc.

Zurhold, H., Degkwitz, P., Verthein, U., & Haasen, C. (2003). Drug consumption rooms in Hamburg, Germany: Evaluation of the effects on harm reduction and the reduction of public nuisance. *The Journal of Drug Issues*, *33*, 663–688.