# Debating safe injecting sites in Vancouver's inner city: Advocacy, conservatism and neoliberalism

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*North America's first and only legal, supervised injection site is located in Vancouver and has been one of Canada's most controversial biomedical interventions. Emerging from a progressive harm reduction model, and adopted in many cities around the globe from Sydney to Paris, safe injection facilities are considered by many to be the hallmark of innovative programming for the urban poor. In Vancouver, an intense public debate resulted, focusing attention on addictions, the rights of drug users, and the politics of knowledge. Drawing on the work of Nikolas Rose and Michel Foucault, this ethnographic article suggests that the politics of activism and care that have emerged from the Insite controversy among scientists, researchers, and advocates are characterized by a neoliberal logic, which limits the full potential of this health care intervention. This article considers the specific ways in which scientists and advocates inadvertently adopted neoliberal techniques of governing and conservative politics.*

KEY WORDS: *Harm reduction, neoliberalism, scientists, supervised injection sites, ethnography, Canada.*

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The byline headline of an online newsprint source in 2006, which reported on a debate surrounding federal funding for Vancouver's supervised injection site in the Downtown Eastside, read: "Ideology trumps science and reason and compassion in the weird world of Harper's Neoconservatism." It was a reference to the contentious debate that played out between the office of Canadian Prime Minister Stephen Harper and the activists, health care professionals, and scientists working and living in Vancouver's inner city. North America's first legal, supervised injection facility, Insite, is located in the heart of this community and is one of Canada's most controversial biomedical interventions. Praised as a progressive harm-reduction model, it is considered the hallmark of innovative programming and the pinnacle of progressive state interventions for the urban poor. The site aims to reduce harm caused by injection drug use by providing a facility where marginalized citizens can freely inject street-purchased illicit drugs under medical supervision. However, the opening of the site and its subsequent evaluations have been enmeshed in a complex social and political-legal controversy, focusing local and national attention on addictions, the rights of drug users, and the politics of compassion and knowledge.

This article addresses the evaluation of the site by reflecting on the tensions among leftist political views, conservatism, and scientific evidence. My purpose is twofold: First, I offer a social history of the scientific debate, mapping out significant moments and actors as it unfolded publicly; and second, I argue that the politics of activism that have emerged from the Insite controversy are characterized by neoliberal logics, raising important questions about the limits and perils of such scientific and political alignments. My specific aim is to examine the institutional and discursive practices amongst the various characters involved in this public debate, to wrest it from the human rights rhetoric, the scientific discourse, and the criminalization of addictions, and to highlight how the site has become fetishized through scientific and political dis-

course. I consider how a progressive intervention inadvertently, and sometimes more purposefully, supports neoliberal forms of governing and conservative politics (Bourgois, 2000; Fischer, Turnball, Poland, & Haydra, 2004; Shaw, 2012; ). While it resists and challenges federal political Conservative positions, and certainly advocates for the rights of inner-city residents (demanding health care that does not discriminate on the basis of drug use, homelessness, or criminal activity), it has been reconfigured as a site of surveillance, discipline, and regulation (Bunton, 2001; Fischer et al., 2004; Keane, 2003).

## Method

Researching and analyzing harm-reduction strategies requires a combination of field and analytical techniques. The research methodology for this project was primarily qualitative and ethnographic. Between 2005 and 2006, for 16 months, I carried out ethnographic research on the politics of HIV care for Vancouver's urban poor, splitting my research time among AIDS scientists, urban health clinics, and patients living with HIV. As part of the ethnographic fieldwork, I was granted a field placement with the HIV/AIDS, Addictions and Aboriginal Health branch of the provincial health authority, providing an opportunity to conduct research within the organization and with its partners. This component included attending planning and development meetings for public health interventions, interviewing healthcare workers and administrators, comprehensively reviewing grey documents and policies pertaining to inner city health administration, and participating in the development of a strategic plan for HIV/AIDS. The opportunity to observe public health administrators and health care providers in their everyday work positioned me to witness the disjuncture and contradictions between political discourse, public policy, and everyday practice. The supervised injection site fell within the mandate of this branch and thus, during this period, I

worked closely with Insite staff, researchers, and health administrators as I attended planning meetings and interviewed staff and clinicians working at the two managing organizations (the Portland Hotel Society and Vancouver Coastal Health Authority).

The larger project included open-ended interviews with over 50 HIV-positive individuals (2–3 interviews per individual), and interviews with over 50 researchers, public health administrators and clinicians working in HIV/AIDS prevention and treatment in the Downtown Eastside. These interviews were audio-recorded and later transcribed. I also conducted participant observations at six clinics providing HIV specialty care in the Downtown Eastside and at the hospital (including clinical interactions), the provincial HIV/AIDS pharmacy, and the AIDS ward at the hospital, recording information in daily fieldnotes. Additionally, I also attended seminars (e.g., Works in Progress, HIV/AIDS semi-annual updates), rounds (AIDS rounds at the hospital), and conferences where the researchers of the British Columbia Centre for Excellence in HIV/AIDS (hereafter the "Centre" or "Centre for Excellence") presented their findings on HIV and Insite (Canadian Association of HIV Researchers Conference, International AIDS Society Conference, and the International Harm Reduction Conference). Many of these presentations are videotaped and are available for viewing on the Centre for Excellence's website. This project was evaluated and approved by the Institutional Review Board for Research Ethics of Simon Fraser University and the Vancouver Coastal Health Research Institute.

What was most troubling during that period was the manner in which a regional HIV/AIDS plan continued to be delayed, and dismissed from agendas, in favor of focusing almost solely on Insite. Although Insite was an important strategy in a toolkit of interventions, the exclusive focus on injection drug users who lived in precarious conditions (i.e., without

safe housing) meant that HIV-prevention strategies for other at-risk populations—including gay men, Aboriginal peoples, non-injection drug users, and street-involved sex workers—were neglected.[1] Then, the province-wide AIDS strategy was suspended in an effort to focus on supporting and developing the safe injection site while a complex, public controversy about Insite played out in the national and local media.

My aim here is not to examine the neoliberal effects of state policy on the urban poor, nor to question the quality or expertise of the scientific literature emerging from the evaluation of Insite; rather, it is to consider the ways in which neoliberal practices were invoked not only by those opposing Insite, but also by the scientists and activists who advocated for it. I suggest that the two seemingly disparate and polarized positions shared strategies as they fought for very different outcomes. By doing so, this article contributes to important social, theoretical discussions about supervised injection facilities for the urban poor, which have largely been ignored in the academic literature thus far (exceptions include Rance & Fraser, 2011; Small, 2010). Discussions of policy implications (Kelly & Conigrave, 2002; O'Shea, 2007), ethics, community support (Salmon, Thein, Kimber, Kaldor, & Maher, 2007), and evidence (Maher & Salmon, 2007) are plentiful but such studies have emerged from quantitative methods and biomedical paradigms, rather than ethnographic or qualitative methodologies that might be more attentive to theoretical questions about what constitutes "evidence" (Lambert, 2006; Mykhalovskiy et al., 2008), or the relationships between marginality and governance (Feldman, 2001; Willse, 2010), or the influence of neoliberal practices on citizenship (Fischer et al., 2004; Salmon, 2011; Shaw, 2006). To this end, this article discusses the social and political implications of the scientific debate surrounding the supervised injection site in Vancouver, Canada.

## Neoliberal shifts

My argument is based on a specific engagement with the concept of "neoliberalism" and its impact on urban-poor communities. Definitions of neoliberalism that focus on global financialization, political-economic restructuring, creation of or devaluing of labor forces, and the global economic crisis are not helpful in this instance. As others have noted, one of the critiques of the literature that attempts to define neoliberalism is that a wide range of disparate practices, policies, and institutions are lumped under one label, and it appears to be "everywhere but nowhere" (Peck, 2001, p. 446; see also Birch & Mykhnenko, 2010). The usefulness of neoliberalization in this context rises from the debates on regulation, apparatuses of government, and the management of citizens who are politically and economically marginal to the state (Ong, 2006). Many scholars have now highlighted the contradictions and inconsistencies in the ways in which neoliberalism has unevenly manifested itself in spaces across the globe (Greenhouse, 2010; Kingfisher, 2002; Kingfisher & Maskovsky, 2008; Morgen & Gonzales, 2008; Morgen & Maskovsky, 2003; Ong, 2006; Rose & Miller, 1992). They suggest that we think of neoliberalism "as an unstable, incomplete and limited governmental regime" (Kingfisher & Maskovsky, 2008, p. 117) and encourage us to think about the contradictions in the ways in which neoliberalism unfolds in particular spaces, at particular moments (Feldman, 2001; Moore & Fraser, 2006; Salmon, 2011; Shaw, 2010). In Canada's inner cities, health care remains for the most part provincially funded and managed as universal health care; however, a neoliberal agenda has meant that public health programs and the monitoring of patients are shared by or contracted out to non-governmental organizations (NGOs), Christian humanitarian organizations, research institutes, and, to a lesser extent, private corporations, combined with an increasing focus on self-care, or the responsibilization of citizens.

Carol Greenhouse (2010) emphasizes the ability of neoliberalism to reconfigure relationships among individuals and our public relationships. She notes that neoliberal practices transform relationships not only between individuals and states (or governing bodies) but also between "individuals, intimate relationships, communities and intersecting publics" (2010, p. 3); it reconfigures subjectivities (Moore & Fraser, 2006; Shaw, 2010; Sorrells, 2009). More specifically, the effects of a neoliberal logic may deepen the slippages between what we imagine our projects to be and what they are. Kingfisher and Maskovsky (2008) suggest that we need to recognize and document the inconsistencies and lacunae of neoliberalism, but we should also recognize how it shapes our own subjectivity and practices as scholars or scientists. That is, we should consider how neoliberal logics steal their way into projects supported by the democratic left and to which we, as critical social researchers and our colleagues in public health, are committed.

For Foucault (1991), neoliberalism is an art of government, or a political rationality that informs contemporary practices of government (Barry, Osborne & Rose, 1996; Beeson & Firth, 1998; Rose & Miller, 1992). The emphasis on rationality, or thought, emerges from a rich body of literature that suggests an analysis of thought is critical in understanding modern relations and structures of power (Barry, Osborne, & Rose, 1996). Rose and Miller (1992) explain that political rationalities encompass "the changing discursive field within which the exercise of power is conceptualised, the moral justifications for particular ways of exercising power by diverse authorities, notions of the appropriate forms, objects, and limits of politics, and conceptions of the proper distribution of such tasks among secular, spiritual, military and familial sectors" (Rose & Miller, 1992, p. 175). If we understand neoliberal rationalities in this way, we might discern its effects on leftist, academic, and activist politics in harm reduction.

There exists a rich body of research that illustrates the multiple ways in which neoliberal logics shape health care, from lean production in human resource management (Armstrong & Laxer, 2006) to the use of brain scans in diagnosing the mentally ill (Rose, 2010). Understanding how it specifically shapes the delivery of care for the urban poor and drug-using communities is well documented in the areas of harm reduction (Moore & Fraser, 2006; Salmon, 2011), methadone maintenance (Bourgois, 2000; Fraser, 2006), addiction treatment (DeVerteuil & Wilton, 2009), and in homelessness (Feldman, 2001; Willse 2010). This article takes up these arguments to suggest harm reduction as discourse and practice may sustain a neoliberal agenda in both the politics of knowledge and the politics of compassion in Vancouver's inner city, not simply as an "effect" or trace of neoliberalism, but as a field in itself.

Thus, this article critically examines the techniques and practices deployed by scientists and community partners as they have advocated for the injection site, suggesting a subtle slippage in political manoeuvering as neoliberal thought crept its way unexpectedly into counter-politics. The medically supervised injection site emerges from the harm-reduction paradigm. Harm reduction emerged in the 1960s and 1970s as a strategy to minimize harm and prevent HIV/AIDS infection among injecting drug users, one that was considered to be free of moral judgments (Keane, 2003; Roe, 2005). This perspective maintains that providing free, clean equipment and a safe place for those who inject drugs, along with offering treatment and recovery services, is the best solution to a problem that is largely shaped by structural forces. This paradigm tends to be framed politically in the Canadian context as leftist or liberal, with support from peer-based and community organizations such as the Coalition for Harm Reduction and the Vancouver Area Network of Drug Users. While recognizing the importance of a medically supervised injection site as part of a harm-reduction approach to urban health, following the work of Helen Keane (2003) and others, I suggest that a critical inquiry is

necessary and productive in order to more fully understand the local manifestations of the politicization of evidence and harm-reduction interventions (see also Moore & Fraser, 2006; Roe, 2005).

## Inner-city Vancouver

A few blocks away from Vancouver's prosperous downtown business core and lush Stanley Park one finds the now infamous inner city—the Downtown Eastside. This community is home to a long and tireless history of social activism, including labor rights, feminist movements, diversity projects, and housing advocacy. Overwhelmingly, it is constructed as a dangerous space; the media and some research sources highlight issues concerning unemployment, violence, drugs, and disease. It is perhaps known best for its open drug markets, co-epidemics of HIV/AIDS and hepatitis C infection, and abject poverty (for instance, see Kerr et al., 2002; Steffenhagen, 2006). Although it is imagined as a chaotic, disordered, and unregulated space, it is the most intensely regulated and policed zone of the city. It is overwhelmingly made up of displaced Aboriginal peoples, unskilled workers, impoverished new immigrants, students, artists, and others drawn to its edginess, history of activism, and nascent gentrification.

The challenges posed by the Downtown Eastside are complicated. The neighborhood is noticeably a place of economic impoverishment (but certainly not social or cultural). Local residents turn to panhandling, dumpster diving, recycling, buying and selling, prostitution, drug dealing, and other ventures—engaging in the margins of the late capitalist system—in order to supplement the meager income assistance they receive from the Canadian state, which amounts to an annual income of just a little over CA $10,000 if they qualify for disability.[2] This neighborhood is the only place in the city that offers rooms for $350 per month.[3] In the past 10 years, the

neighboring communities of Chinatown, Powell Street, Strathcona, and Gastown have undergone intense gentrification. Dingy neighborhood pubs have been replaced with bright, trendy martini bars; community-based organizations advocating for the poor have been superceded by art galleries; old, unkempt rooming houses have been renovated and resold as single-family heritage homes; and dated restaurants serving greasy egg rolls and chicken fried rice have transformed into upscale, interior design boutiques, selling antiques from China.

Insite's development coincided with Vancouver's bid for the 2010 Winter Olympics. In 2002, the City of Vancouver submitted a bid for the 2010 Winter Olympic Games. For the next eight years, the Olympic vision shaped policing, housing, and drug law enforcement in the Downtown Eastside as city officials attempted to "clean up" the inner city, with a focus on removing public disorder and public drug use. Insite was part of the municipal and provincial strategies that aimed to rid historic downtown communities of the "unsightly"—everything from garbage and panhandling to vagrancy and public drug use, a pattern that had been set with the World Exposition in 1986 (Kelly, 1984). Thus, the timing of Insite's development raises questions about its complicity in policing the poor and the "militarization of everyday life" (Boykoff, 2011, p. 51; Boyle & Haggerty, 2009, 2011; Smith & Cowen, 2010; Tang, 2008). Granted the 2010 Winter Olympics, the city transformed its downtown core—fashioning an Olympic Village less than 500 meters from Vancouver's Hastings Street, the location of Insite.

## A "social experiment"

Although unsanctioned and informal injection sites were operating in the neighborhood, Insite was the first sanctioned site and it opened on September 22, 2003 during the Liberal leadership of former prime minister Jean Chrétien. Safe injection sites had emerged in the mid-1980s in a few European cities

that, like Vancouver, had concentrated urban drug markets that were often public and associated with urban crime, public disorder, and increased rates of infectious diseases, such as HIV and hepatitis C, and have since then been adopted in many other cities internationally (Fischer et al., 2004; Kelly & Conigrave, 2002). Vancouver's site was one part of a larger framework for action by the municipal and provincial governments in response to the public health emergency that was declared in 1997 (Elliott, in press). The site was conceived as a low-barrier intervention where patients would gain access to the facility and services with a minimal amount of interference from staff. In the original proposal and in subsequent articles justifying the site, researchers highlighted the following as evidence that such a site was needed in Vancouver: (1) unsafe injection practices, including the sharing of used needles, the use of dirty water in drug preparation, and the use of non-sterile equipment; (2) high overdose rates among injection-drug users in British Columbia; and (3) public disorder, or "public nuisance," associated with public injection practice (Kerr & Palepu, 2001). In spite of a well-developed needle-exchange program that provided clean needles to drug users, research suggests that injection-drug users in the neighborhood continued to share needles and engage in unsafe drug-using practices.

Like the Medically Supervised Injection Centre located in Sydney, Australia, Insite was implemented as a pilot study, and its long-term feasibility was based on the results of its evaluation (van Beek, Dakin, Kimber, & Glimour, 2014). As a pilot supervised-injection research project, the delivery of health services is meshed with, in fact is contingent upon, a research agenda. In order that it may operate legally, Health Canada granted Insite a three-year Section 56 exemption under the Canadian Controlled Drugs and Substances Act (effective until September, 2006).[4] This exemption was a scientific exemption, as opposed to a medical exemption, which means that the site could not legally operate without the research component. The exemptions were extended—first for

three years, then for one more year, and then for six months. Health Canada provided CA $1.5 million over three years to the Centre for Excellence to evaluate Insite and its impacts on the community (Kerr et al., 2005).[5] The site would be co-managed by the regional health board, Vancouver Coastal Health Authority, and the Portland Hotel Society, a non-governmental organization that specializes in housing the urban poor and embraces advanced market-based principles.

Prime Minister Stephen Harper and his Conservative members, who came into power in 2006 after Insite had been operating for three years, have been particularly unsupportive of Insite; whereas both provincial and national New Democratic Party (NDP) members have publicly voiced support for Insite—often framing it as a matter of human rights for drug users. In 2008, member of parliament (MP) Jenny Kwan submitted a private member's bill to the legislature in hopes of having Insite designated a provincial health facility but the bill was not passed. MP Libby Davies (NDP) also publicly advocated for and supported Insite. CBC News reported her saying, "This has been the most incredible battle … It saves lives" ("*Vancouver's Insite*," 2011). Davies added, "The Conservative government has been relentless in their opposition, so today's decision by the court just feels like an incredible victory. It feels like a great day." Former NDP leader, Jack Layton, also supported Insite (until his death in September 2011). At the federal NDP convention in 2011, members passed a drug policy resolution in favor of Insite (NDP, 2011). Although Stephen Harper's government has not supported the site, other conservative audiences have—including the Province of British Columbia's former Liberal premier Gordon Campbell, former mayors Sam Sullivan and Philip Owen, Vancouver's chief of police and many police members, as well as the Chinese–Canadian business association. Similar to the Sydney Medically Supervised Injection Centre, the political support for the site in Canada has generally been bipartisan, save Stephen Harper's office (Jauncey, van Beek, Salmon & Maher, 2011).

In September 2006, the Harper government announced that, while it was granting a one-year extension to the site itself, it was canceling funding for the evaluation and requesting proposals from other researchers. This ignited a public debate between the principal set of researchers at the Centre for Excellence and the prime minister's office. Concerned that the ongoing evaluation (from 2003 to 2006) of Insite provided by the Centre for Excellence was biased and "ideologically driven" by a harm reduction philosophy, the Harper government sought other research findings on the site—findings that presumably would provide evidence to support its own position (i.e., that the site was not resulting in the predicted positive outcomes). Indeed, the conclusions from the Centre regarding the health outcomes and social impacts of Insite were generally glowing. In May 2006, Julio Montaner, the Centre's director, was reported to have said that Insite was "the single most successful project he had studied" ("*Evidence Demonstrates*," 2006).

The politics of expertise and of evidence intersect this debate—including what constitutes scientific knowledge and who claims ownership and the rights to evidence and knowledge about the community, the evaluation, and the site. It speaks to current scholarship on the politics of expertise (Carr, 2010; Turner, 2001) and public scientific knowledge (Jasanoff, 1987, 2006). Although the Centre and its allies claimed expertise, their results from the Insite evaluation were contested by multiple actors, deconstructed and reinterpreted for specific political interests. The scientists responsible for the evaluation attempted to maintain and protect their knowledge claims that represented their own political investments. Other actors questioned the certainty and validity of the evaluation in an effort to destabilize the Centre's claims and support their own reconstruction of the evidence. The Harper government and the Conservative party had a political investment in scientific evidence that supported their own position surrounding the legislation of illicit drug use and criminalizing addicts. The Centre's researchers had professional investments in the

social capital it produced institutionally and professionally. Finally, larger research and activist communities were drawn into the controversy as the Centre for Excellence and affiliated researchers sought to delineate and legitimize their scientific authority (Wynne, 2003). For instance, at the Canadian Association of HIV/AIDS Research Annual Conference in 2007, affiliated researchers publicly demanded that AIDS researchers "boycott" the federal government's call for new research evaluations of Insite, suggesting that only the Centre for Excellence had the right to speak to the outcomes of the site. In part, this was a call for a public display of support for their colleagues at the Centre, but it was also a strategy to define who had the right to speak on behalf of, and produce knowledge about, the community.

In 2007, the Royal Canadian Mounted Police (RCMP) commissioned and funded Dr. Colin Mangham to analyze the scientific publications that the Centre produced about Insite, resulting in a contentious public debate. Mangham's report, published online in the *Journal of Global Drug Policy and Practice*, was the first public report that openly criticized the scientific evaluation. In the report, Mangham (2008, p. 1) made the following statements:

> Serious problems are noted in the evaluations' reporting and interpretation of findings. Specifically, the published evaluations and especially reports in the popular media overstate findings, downplay or ignore negative findings, report meaningless findings and overall, give an impression the facility is successful, when in fact the research clearly shows a lack of program impact and success. The published findings actually reveal little or no reductions in transmission of blood-borne diseases or public disorder, no impact on overdose deaths in Vancouver, very sporadic individual use of the facility by individual clients, a failure to reach persons earlier in their injecting careers and very little or no movement of drug users into long term treatment and recovery.

Later other Canadian AIDS and addiction researchers stated similar concerns and questions about the evidence; even close scientific allies voiced doubt (Davies, 2007; Wente, 2008). It is clear that Mangham's understanding of harm reduction (to

change behavior) means his article was not simply a scientific review of the evaluation so much as it was a political commentary on the research process and harm reduction more generally. In response to Mangham, researchers at the Centre for Excellence and staff members from the Portland Hotel Society initiated a fierce public response writing letters to the print media and doing public radio interviews that attempted to discredit Mangham as a scientist and also questioned the neutrality of the inquiry (see, for instance, Wood, 2007; Wood, Kerr, Tyndall, & Montaner, 2008). Evan Wood (2007), one of the lead investigators for the evaluation, responded in a commentary stating: "As scientists, we are strongly in favor of scientific debate and academic critique, but we believe what is contained in Mr. Mangham's essay falls well short of this. The paper is fraught with a host of outright factual inaccuracies and unsubstantiated claims," and they continued to dismiss Mangham's criticisms publicly in the media. A highly polarized and uncongenial debate played out publicly through electronic mailing lists, public radio, and local and national newspaper articles.[6] Debates about the site often unfolded amidst nationalist rhetoric. For instance, the Director of the Portland Health Society proudly reflected on how he had been asked by the American Drug Enforcement Agency to travel to Washington, DC to speak about Insite and the approach to harm reduction in the Downtown Eastside. At a public conference, Thomas Kerr, co-investigator on the research project, reflected, "The politics had already started. And unfortunately we had very early on a visit from the U.S. drug czar who declared before any results were available that Insite was nothing more than state-sponsored suicide." Insite provided a foil to the United States' "war on drugs" (Nadelman, 2007; Wodak, 2008). The Canadian federal government's refusal to support the site was framed as a move towards American policy and tactics and was constructed as another example of the "politicization of science." At a news conference marking the fifth anniversary of Insite, Thomas Kerr explained that the Canadian government was not only ignoring science but it was anti-science: "Much like the Bush administration and its treat-

ment of science related to environmental protection, the Harper government has clung to ideology and engaged in a real war on science in this country" (CBC, 2008). On another occasion, Kerr framed his analysis by beginning his presentation with historical examples of the politicization of science—most notably with comparisons to Holocaust deniers and Stalin. These discursive strategies were employed to legitimize their own claims to expert knowledge and to discredit opposing and critical positions.

The comparison to Holocaust deniers and the U.S. approach to drug use and references to the American drug "czar" are important features of this debate because, as discursive strategies, they also helped to define the Centre's researchers and allies as leftist. They quoted Marx ("The philosophers have only interpreted the world in various ways; the point is to change it") and fashioned themselves publicly as leftist scientists (with personal and political ties to the New Democratic Party) who relentlessly challenged the conservative policies of the state (Small, Palepu, & Tyndall, 2006, p. 73). These actors were often framed by sympathetic journalists, and positioned themselves, as "maverick" scientists because their work focused on research subjects whom they often represented as criminal and dangerous, and they worked with community-based organizations who represented the politically, economically and educationally disadvantaged. They spoke not only as researchers but also with or on behalf of the community—important when the expert knowledge of elites is questioned more and more. This is not to suggest that the collaborations were not meaningful in other ways but, following Nikolas Rose (1999), research partnerships with organizations like VANDU and the Portland Hotel Society, groups who represent impoverished and displaced communities, and the framing of Insite as community-driven can also be read as a neoliberal political strategy. "As community becomes a valorized political zone, a new political status has been given to the 'indigenous' authorities of community. For to govern communities, it seems one must first of all link oneself up with those who

have, or claim, moral authority in 'the black community' or 'the local community'" (1999, p. 189). Their collaborations with community-based organizations helped position them as community advocates and socially responsible researchers, but at the same time such collaborations are part of the governing techniques of the state and increasingly required by national funding authorities like the Canadian Institutes of Health Research.

## Defending science

The Centre's response to the criticisms levied by the Conservative government and Mangham's report was strategic and political. They mobilized community partners and allies, attempted to discredit Mangham's research, and politicized the scientific evaluation as they argued for its depoliticization. Contrary to what the Centre's researchers said, it was not a depoliticized science for which they were advocating but, rather, a very specific, authorized version of science—one that is most definitely politically invested. For instance, here is an excerpt from one of the researchers in his testimony to the standing committee on health in the Canadian Parliament (Standing Committee on Health, 2008):

> I respectfully submit that this is the only research on Insite that has passed the test of independent scientific peer review and has been published in recognized medical or public health journals. Today you have heard of studies that have criticized our research and you were told that these studies have been peer-reviewed. This is utter nonsense and factually incorrect.
>
> Today you'll hear anecdotes and opinions regarding the limitations of Insite. I urge the committee to remember that we are discussing very important public health issues, life and death issues, HIV infection, and overdose. Decisions regarding the response to such issues cannot be based on mere opinion and anecdotes; they must be based on the best available scientific evidence …. Accepting anecdote and opinion in this instance would be akin to recommending untested herbal remedies for life-threatening cancers. Again, this is an evidence-based public health program that must be supported.

Kerr and Wood (2008, p. 964) suggested that poor policies in HIV prevention were a result of "the politicisation and misrepresentation of science." The Centre argued that science was being politicized but it was a moot point: science *is* political; that is precisely why researchers employ it in their efforts to inform public policy and why they were testifying in the Canadian Parliament.

A web page dedicated to supporting Insite carefully constructed the evidence as "*T*he *S*cience." The controversy around the evaluation thus became, in part, a debate about scientific authority, the production of scientific facts, and objectivity. Colin Mangham reportedly said: "The fact is, their science wasn't good" ("Researcher Outraged," 2007). For their part, the Centre's researchers claimed the credibility of their scientific assertions by pointing to the venues in which they published—international, peer-reviewed journals. Their framing of the peer-reviewed process did not account for the many critiques outlining the limitations and biases inherent within the process noted by social and biomedical researchers (Relman & Angell, 1989; Sismondo, 2007; Spielmans & Parry, 2010) or reflect emerging tensions in evidence-based medicine and research (Lambert, 2006; Mykhalovskiy et al., 2008). They then attempted to publicly discredit Mangham professionally by suggesting that his work was mere opinion, not empirically grounded research. In response to the questioning of his scientific credentials, Mangham wrote a public letter to Prime Minister Stephen Harper (Mangham, 2007):

> [Y]ou have received a message from Jim Frankish of UBC calling into question the paper I wrote based on work I performed at the request of the Royal Canadian Mounted Police … I assure you this is a valid, honest paper based on my careful review of the 13 published papers done by the team evaluating INSITE. I make it clear in the outset of my paper that it is an informed critique. The fact that it is not in the LANCET or another medical journal is not relevant here. It is in a newer, e-journal, where articles that are published are peer-reviewed by medical and other professionals in the field of substance abuse policy and practice.

In contrast, the Centre's researchers spelled out their legitimate claim to call themselves scientists—a category that they carefully distinguished from proponents or "activists"—as they indicated in an editorial letter to the *National Post* (2007):[7]

To the Editor,

As the external evaluators of the Vancouver supervised injecting facility (SIF) known as Insite, we are responding to your recent editorial (May 29, 2007). First, it is inaccurate and ultimately misleading to say that "the positive claims" of Insite's impact come from "proponents." Insite has been subjected to one of the most rigorous arms-length [sic] scientific evaluations of any public health program in Canada with research externally peer-reviewed and published in the world's most competitive medical journals including *The Lancet*, *The British Medical Journal*, and *The New England Journal of Medicine*. We are no more "proponents" than those undertaking trials of cancer therapies or other medical interventions.

The researchers from the Centre claimed expertise as scientists; but at other times, their community alliances and intellectual allies reinforced their expert claims in other ways. In September 2009, the Portland Hotel Society was considering a lawsuit against the RCMP and Mangham for injuring "the group's character, credit and reputation," even though Mangham's report was not about the Portland Hotel Society but, rather, about the Centre for Excellence's scientific articles (Mertl, 2009). Similarly, PIVOT Legal LLP, a not-for-profit legal advocacy group based in the inner city, requested that the Auditor General of Canada investigate the RCMP for its commission of the report. Their complaint suggested that the RCMP asked Mangham to write a critique of the Centre's scientific publications and requested that there be no mention of the police role in the report. All combined, it was an incredible display of community mobilization and seemingly quite persuasive because on September 30, 2011 the Supreme Court of Canada released its final conclusion on the case. Insite would stay open. The ruling was based on the original trial judge's claim that "addiction is a disease in which the central feature is impaired control over the use of the addictive substance." At last the public debate seemed closed, at

least for this specific site (other Canadian sites have not been approved).

In most public scientific debates, academic articles are deployed to support truth claims that are circulated within these public forums. This includes resources, additional scientific literature, material facts, and, I suggest, scholarly allies. In this way, the Centre attempted to generate one authorized perspective on the site, a perspective that required the careful deployment of knowledge from legitimate left sources (such as Noam Chomsky) and the mobilization of actors from many different positions (Howell, 2006; Joyce, 2006; Mickleburgh, 2006). For instance, a newspaper article that appeared in May, 2008 highlights the international support for the evaluation (Anonymous, 2008):

> Among the commentaries published, Dr. Alex Wodak, Australia's foremost addiction specialist, states that the Harper government has "ignored science, due process, and public opinion while also risking harm to the country's international standing."
>
> Similarly, health scientists from the University of California, Berkeley, and the University of Maryland write that a well-executed piece of policy research on a promising innovation was discontinued for unstated but blatant political reasons.

Support from Australian politicians, former Vancouver mayors, New York state prosecutors, NDP leaders, and the Chinese– Canadian business association was mobilized not only to legitimize the Centre's claims of expert authority but in an attempt to close the debate entirely (Wynne, 2003). Kerr explained, "This is actually a petition that has been signed by over 9,000 scientists, including 49 Nobel laureates, and 63 National Medal of Science recipients." The Centre's evaluation also garnered the support of the popular media, and the *Vancouver Sun* and the *Province* published scathing critiques of Mangham (McKnight, 2007). As Stacy Leigh Pigg (2005, p. 109) explained, "Scientific claims stick when they are taken up by others—not just fellow scientists who judge the findings to be sound but people for whom the insight solves a problem, bolsters a case, or furthers an aim. The finding becomes indis-

pensable to the extent that it is melded with a wide range of interests and actions." Because it is a science with a public interest, recruiting specific scientists and individuals who appear not to have political or personal investments in the safe injection site lends public authority to their truth claims (Wynne, 2003).

## Neoliberalism where you least expect it

The Vancouver scientists and advocates were liberal subjects advocating for progressive policy changes for the urban poor who simultaneously invoked neoliberal discourses, strategies, and collaborators to advocate for Insite. As Moore and Fraser point out, we should not ignore the productive, or empowering, nature of "neoliberal subjecthood" (2006, p. 3036). Enacting the neoliberal subject offers opportunities in terms of "recognition, trust, and legitimation" and I want to suggest here, also for the activist scientists. How might we think about the scientist as neoliberal actor? If we understand neoliberalism to be both "a political discourse about the nature of rule and a set of practices that facilitate the governing of individuals from a distance" (Larner, 2000, p. 6), what are the specific practices of Insite advocates and scientists that might be understood as being informed by neoliberal thought? I have identified two sets of practices in which we see this at work. The first set relates to the way in which biomedical science is enacted and used more broadly; the second set encompasses the ways in which Insite and the Downtown Eastside residents have been framed discursively.

### "The Science"

To start, I want to return to the way in which "The Science" has been invoked in this debate. Aihwa Ong writes that, "neoliberalism can also be conceptualized as a new relationship between government and knowledge through which governing activities are recast as non-political and non-ideological problems that need technical solutions" (2006, p. 3). Scientists with the Centre for Excellence attempted to construct their

scientific evidence as being neutral and apolitical—it was "evidence-based" and "peer reviewed." They constructed their science as a reified truth that stood in opposition to the clearly ideologically driven rhetoric of the state and the state-sponsored research by Mangham. (Remember: "Ideology trumps science, reason, and compassion.") Although the scientists publicly denied that science might be politically or ideologically driven, such statements are clearly part of a rhetorical game in which they participated. These experts proclaimed these foundational scientific truths, highlighting the peer-review scientific process as unbiased, while concomitantly invoking slavery narratives and using genocide and the Holocaust as comparative forms of state violence, and warning readers of new Internet sites that claim to be peer-reviewed journals but were not (for instance, see Small, 2007; Kerr & Wood, 2008).[8]

Furthermore, they polarized the scientific debate so that actors had to position themselves either for the site or against it. There was a silencing of counter knowledges that were not consistent with the truth claims made by the Centre's scientists. Researchers or clinicians who suggested that the supervised injection site had a detrimental impact (e.g., increasing bacterial infections) were publicly ridiculed, scientifically discredited, and treated with hostility. One example occurred at the International Harm Reduction Conference in Vancouver in May 2006 when one of the University of British Columbia researchers stood behind a local clinician and mocked him while the latter was being interviewed by a national television source about the problems of addiction and Insite. Such positioning created an ethical quagmire for those who recognized the benefits of harm-reduction strategies yet diverged from mainstream or "popular" opinions about Insite.[9]

Next, the Centre for Excellence, whose researchers and graduate students conducted the evaluation, has become a neoliberal model of research. The corporatization of university education and research forces scientists to think in terms of the market,

competition, and individualism. As Lave, Mirowski and Randalls suggest, universities have been forced to embrace a "shift towards market-based solutions" and "national science policies have been (and continue to be) molded to encourage private investment in science and university–industry partnerships, through avenues such as strengthening intellectual property and decreasing public funding" (2010, p. 662; see also Fisher, 2007). The Centre partners with large private pharmaceutical corporations to conduct research and has a public relations firm that markets its publications, researchers' profiles, and projects. Likewise, we see the same pattern with Vancouver Coastal Health, the provincial body responsible with the Portland Hotel Society for everyday management of the site. Coastal Health partnered with Goldcorp, a Canadian mining company that was shut down in Guatemala in 2010 due to allegations of human rights abuses and environmental offenses, to establish The Goldcorp Centre for Mental Health, also on Hastings Street. While neoliberal policies are increasingly sneaking their way into public universities and research institutes (like the Goldcorp Centre for the Arts at Simon Fraser University), most critical social scientists continue to see such alignments as negatively impacting public education and science (Cooper, 2008; Lave, Mirowski, & Randalls, 2010).

The partnership with the Portland Hotel Society also reflects a neoliberal rationality in that it is part of the transferring of responsibility for health care from the state to non-state partners. As Susan Shaw (2010) and Vincanne Adams (2013) have both shown, not-for-profit, grassroots and community-based projects may also inadvertently take on the projects of neoliberalism especially among disadvantaged groups. Adams explains, "as this assemblage grows, so, too, does the degree to which our economy turns need and the affective responses it generates into a new source of profit" (2013, p. 8). The Portland Hotel Society is officially a non-governmental organization with a social welfare mandate but it also runs a bank/credit union, coffee shops and an art gallery, and owns

multiple hotels in a prime real estate neighborhood in Canada's most expensive city. A senior administrator with the Portland Hotel Society explained to me that as co-managers of the site they could help reduce the over-expenditures and over-staffing characteristic of the provincial and unionized health board. He explained that the health board "would probably have four nurses on at any time in there, right? We don't need that many nurses. It's too expensive. It's too clinical. It's too medicalized. What happens is they (the hospital) will over medicalize and over resource. That's how they manage problems." Thus, one of the functions of the Portland Hotel Society in co-managing the facility was to reduce costs. The Portland Hotel Society employed labour that was not unionized, which meant they were paid less and were more "flexible." In this way, the community-based institutional partner enacted the neoliberal value of lean production in health care management (Sears, 1999).

## Discursive constructions

The second set of strategies includes the ways in which the evaluation of Insite is framed and the effects it has on the Downtown Eastside residents. Their publications and conference papers construct the local resident as a chaotic, disordered drug user, in need of regulation and surveillance (recall their original justification for Insite – "public disorder") (see also Fraser & Moore, 2008). As I have shown elsewhere, these constructions make their way into policy and bleed into everyday clinical programming as frontline health care workers implement practices often experienced by local residents as paternalistic, coercive, and controlling (Elliott, in press). Clinicians, other health care professionals, and Portland Hotel Society staff regularly characterized Downtown Eastside residents in everyday conversations as "chaotic," "damaged," and "uncontrollable," and explained to me that this was justification for directly observed therapy programs (referred to sometimes as "supervised swallowing"), various security and surveillance practices that monitored visitors in housing facilities, and for programming that enforced compliance with various health care policies (which was not expected from at-risk pop-

ulations who lived outside of the Downtown Eastside). In part, the site works as a comprehensive system of surveillance and regulation because the evidence collected is part of a biopolitical assemblage that justifies particular health care policies and practices in the community (Elliott, in press; Fischer et al., 2004). The scientific evidence from the Centre for Excellence cannot be wrested from the medico-juridico potential for social control in the community (Foucault, 1991; Pigg, 2005). As Susan Shaw explains, liberal nations like the United States and Canada govern "populations," and thus, they rely increasingly on health research conducted with urban-poor groups like "Aboriginals," "injection drug users," and "sex workers," which constructs these groups as being in need of caring and control (Shaw 2012, p. 2).[10] Although anonymous, confidential, and a random sample of all participants, the data is used to inform community policy at the health board and clinical level. And in this way, the scientific discourses also reinforce a negative representation of the community and residents—diseased, disordered, and dangerous.

Fischer and colleagues (2004) have argued that supervised injection facilities can act as a neoliberal project for their emphasis on public order and reducing litter, and their role in reducing the visibility of the urban, drug-using poor. The site served an important role in the surveillance and management of the disordered and chaotic urban poor—it removed drug users from the street. Conservative actors clearly understood this potentiality and its usefulness for "cleaning up" the neighborhood before the 2010 Winter Olympics (Wood, Kerr, Small, et al., 2004). For instance, the Centre for Excellence focused some publications on the impact of the supervised injection site on public chaos and garbage (including syringe disposal) in the community (Wood, Kerr, Small, et al., 2004; Wood, Kerr, Lloyd-Smith, et al., 2004). One clinical epidemiologist involved in the study stated that its impact on HIV infection was absolutely not scientifically measurable and thus there was a shift towards measuring other politically and socially significant impacts—public

disorder, litter, and overdoses. More recently, researchers have argued for the economic sense that Insite offers, suggesting they can calculate the cost savings to urban health from the program (Andresen & Boyd, 2010) and have highlighted how decreasing chaos and public disorder provides an economic benefit to the state.

## Conclusion

Neoliberal technologies play themselves out with contradictory effects, empowering certain groups while they concomitantly govern and regulate other more marginal citizens. I have argued that a neoliberal rationality has infused the politics of science, invoked discursively and in everyday practice by leftist activists and researchers advocating for Insite. Although the principles of the democratic left may have initially spurred the activist scientists to pursue innovative alternatives for prevention and intervention, the gradual effect of engaging in and creating the polarized public debate erodes those very principles. Gaining support for Insite came at a cost: offering it up as a conservative political tool to govern the urban poor, and deploying conservative and neoliberal techniques. It is, as Wendy Brown (1998) has suggested, an example of the ways in which well-intentioned biomedical interventions and political projects inadvertently reinforce the very effects of power they are seeking to eliminate (see also Larner, 2000; Moore & Fraser, 2006). Medical research and public health interventions like the supervised injection site, while emerging from social democratic values for the urban poor, are ideal neoliberal technologies: they survey, manage, and regulate while reducing state -expenditures, relying increasingly on non-state actors to govern, and justifying the unequal biomedical regulation of very specific at-risk populations. In this context, liberal scientists and grassroots organizations inadvertently transmute into neoliberal actors as they paradoxically deploy conservative techniques for their counter-political ends.

Writing an article like this is politically challenging. A number of anthropologists, as Campbell and Shaw (2008) highlight, have been influential in positive drug policy changes and a shift towards harm-education strategies in the U.S., Canada, and Australia. For some readers, this article may seem counterproductive to advocacy and ethnographic research with inner-city communities and the urban poor (Agar, 2003; Bourgois, 2009; Singer, 2008). The problems with the evaluation of Insite are not related to the clinical or social outcome findings, which is what the prime minister's office has suggested. However, we must be cautious about the ways in which we use science and politics to advocate for the rights of the urban poor. The effect of insisting on The Science (capital *T,* capital *S*) parallels the very force with which the researchers at the Centre for Excellence are supposedly at war—the silencing effect of the Conservative neoliberal agenda. Yet, it is also very clear that with the Conservative party in power in Ottawa, critical discussions on progressive harm-reduction strategies are sensitive. Critiques that suggest that harm-reduction interventions may have unpredictable negative consequences, for instance, could be the very arsenal that politicians in this neoliberal era are seeking in their battle against the urban poor. But to reflect critically on harm-reduction strategies or scientific evidence does not mean that one is conservative, it is simply to remain skeptical and cautious of such political maneuvering, and to be aware of how they may inadvertently reinforce the very social inequalities that we hope to eliminate.

## Notes

1. It is difficult to offer a precise count of homeless, injection drug users in the Downtown Eastside. Palepu and colleagues suggest that the rate of daily substance use (not limited to injection drug use) is approximately 29% among Downtown Eastside homeless residents (Palepu et al., 2012).

2. Patients in British Columbia who are HIV-positive usually qualify for disability support—about $825 per month—as part of provincial income assistance. Most individuals living with HIV/AIDS in the Downtown Eastside have been able to qualify for the Persons, with Disabilities (PWD) rate, although recently there have been reports that HIV-positive status alone does not guarantee access to this rate.

3. For detailed and nuanced discussions regarding larger social, political, historical, and health issues in the community, see Culhane (2003) and Robertson (2006, 2007).

4. Health Canada. (2003, June 14). Health Canada approves Vancouver supervised injection site pilot research project [Press release] Section 56, the *Controlled Drugs and Substances Act*: "The Minister may, on such terms and conditions as the Minister deems necessary, exempt any person or class of persons or any controlled substance or precursor or any class thereof from the application of all or any of the provisions of this Act or the regulations if, in the opinion of the Minister, the exemption is necessary for a medical or scientific purpose or is otherwise in the public interest."

5. The Centre is a multi-disciplinary research institute with epidemiologists, biochemists, and social researchers exploring antiviral treatment, drug resistance, adherence, related infectious diseases, vaccine candidates, and behavioral interventions. Its work informs provincial, national, and international policy on therapeutic and preventative interventions for HIV/AIDS.

6. It would be impossible to cite every newspaper article about Insite and its evaluation, but a website dedicated to keeping Insite open lists many of the (usually favorable) articles from the past seven years. See http://www.communityinsite.ca/news.html, accessed November 12, 2009.

7. Distributed on electronic mailing list May 30, 2007.

8. There are many media sources, including newsprint, and social media, which provide examples of how the researchers do this publicly. See, for instance, Thomas Kerr at a University of British Columbia Conference on Insite, http://www.youtube.com/watch?v=m0Ltq7NPGQc.

9. This is not dissimilar to issues raised by Judith Butler (2008) in an article entitled "Uncritical Exuberance," in which she speaks to the post-Obama climate immediately following his election in 2008.

10. Although Insite is a "low-threshold service," which means participants can remain anonymous, the research data is based on randomly selecting clients to participate in the research, giving up rights of anonymity, so that their data can be compared, tracked, and analyzed through provincial databases (doctor's visits, prescriptions, blood work, etc.), what they refer to as "digital tracking" (Wood, Kerr, Lloyd-Smith, et al., 2004).

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