

Everyday proper politics: rereading the post-political through mobilities of drug policy activism

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This paper explores the connections between activism for drug policy reform and the post-political conditioning of urban politics. The emergent literature on policy mobilities is brought into conversation with post-political analyses on the constitution of the properly political, arguing that there has been much focus on moments of rupture in the seemingly post-political condition while ignoring ongoing political resistances, what I call ‘everyday proper politics’. Resultant analyses of urban politics are therefore often incomplete. This paper moves to address the gap between rupture and resistance through a global examination of harm reduction; a policy, practice and philosophy that embodies contemporary (post-) political contradictions. It is an evidence-based public health policy often enacted through medicalised practices across state, public and private space, yet its history and philosophy are rooted in radical understandings of participatory democracy. Exploring activism for harm-reduction policies and the ways they are made manifest in cities globally begins to unravel the paradox of radical care practice and liberalised notions of self-care that harm reduction embodies. Harm reduction, as it is mobilised across cities with divergent histories, localities and political contexts, demonstrates that its post-political framing does not foreclose a radical politics of public health but rather can enable it. This paper demonstrates that public health and post-politics intersect at the important points of health, wellbeing and urban development. In a post-political condition, public health agencies assume the role of technical experts under the auspices of advanced neoliberalisation. Yet when questions arise regarding the management of drug use, drug users’ right to health and resources that engage and facilitate these activities, it becomes apparent that there indeed remain properly political battles to fight, battles that attract extra-local audiences and coalitions from both sides of the debate that to attempt to influence policy outcomes in places far away.

Key words post-politics; policy mobilities; comparative urbanism; drug policy; harm reduction; urban politics

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Introduction

Recently, urban political geographers have begun an exploration of contemporary urbanism through a (de) politicised conditioning of governance characterised as post-political (Clarke 2011; Rancière 2010; Swyngedouw 2009 2011). Urban government is understood as transformed from a mediator between clashing interest groups with fundamental ideological differences into a manager of technical processes and policies focused on developing economic growth in cities (Rancière 2001; Swyngedouw 2011). The result is the figurative closure of public spaces where political tensions can be played out. Simultaneously, geographical engagements with Rancière’s theory of politics and the democratic moment have signalled a foreclosure of existing debates on fundamental questions of human rights, social justice and subjectivity or ‘proper politics’ (Dikeç 2013; Rancière 1999 2000 2001 2010; Swyngedouw 2009 2011; Žižek 1999). What is left, they argue, is a

post-political condition where such debate is reduced to moments of violent rupture through public demonstrations. Ruptures are increasingly apparent and questions remain as to how they form, whether they are the only space left for proper politics to be enacted, as well as whether the properly political can be enacted and constructed in smaller, less globally visible spaces leading to political change.

This paper examines these questions through the often-neglected spheres of drug and health policies, in particular through activism for harm-reduction drug policy. The ongoing movement for drug policy reform seeks to change prevailing legal, moral and social codes, what Rancière (1999) would term the police order, of how drugs and people who use them structure urban life. This movement is characterised less by large political demonstrations, and more so by small-scale and seemingly mundane interventions such as the provision of clean needles or sanctioning legal spaces for health care amid local opposition. Such rhetorical

and material interventions are the focus of this paper, which considers how traditionally political actions such as protest are not an end result but part of an ongoing process of everyday political acts to bring about larger scale social justice interventions. The dual focus on enactment and change in this process means that answers to these questions can be both concrete through examining daily political acts as well as open-ended when considering what may lead to change, positive and negative effects of such changes and whether they can be sustained.

Scholars of post-politics contend that the post-political condition is characterised by a rise in specialised knowledge claims that dictate who can participate in political engagement and muting those who are not fluent in specialised technocratic language of democratic argumentation. Post-political understandings of state governance hold that the exclusion of people from the state blocks debate over *what* should be governed in favour of discussion of techno-managerial questions regarding *how* best to order and police social lives. This conceptualisation of post-politics has become a frame for exploring diverse issues such as climate change (Swyngedouw 2011), urban development (MacLeod 2013), conservation (Celata and Sanna 2010) and spatial planning (Allmendinger and Haughton 2012). By contrast, social policies have been less explored within this framework. Harm-reduction practices – public health interventions into the lives of drug users to reduce social disorder and epidemiological risk – are immersed in discourses that can be characterised as post-political, the framing of which is used to advocate for drug policy reform. While harm reduction as policy and public health practice has been largely framed in medical discourse, harm-reduction philosophy is historically rooted in radical participatory democratic practice via peer-to-peer education and exchange (Smith 2012). Contrary to many accounts of post-politics then, I argue that attention to advocacy for and practices of public health drug policy illustrates that fundamental political debates over rights and freedoms do in fact remain in public discourse. Harm reduction, as it is mobilised across cities with divergent histories, localities and political contexts, demonstrates that its post-political framing does not foreclose a radical politics of public health but rather can enable it.

Intrinsic questions over what should be governed and why, rather than how people and processes should be ruled, remain at the forefront of democratic discussions. Following scholars such as Gill *et al.* (2012) and Lees (2013), I argue that even under a seemingly post-political condition, there exist properly political spaces of resistance, and subsequently continued empirical analysis is crucial to a nuanced understanding of contemporary urban political geographies. This paper

develops the argument in two ways. First, it brings post-political theorisations to bear on the political geographies of public health drug policy. It shows that the construction of harm reduction as an evidence-based intervention is a politically powerful tool, rather than an abdication of political purchase. The relationship between ‘proper’ and what I call ‘everyday’¹ politics as social producers of cities and urban life can then be usefully understood through a focus on the counter-mobilities of policy reform debates. ‘Counter-mobilities’ references Katz’s (2001) notion of counter topographies. Counter-mobilities are the resistances, disruptions and alternative pathways used in activism for policy reform by people in disparate locations. This analytic is a way to extrapolate the properly political work that makes up policy mobility beyond as well as between state-to-state movements.

Second I bring literatures on post-political geographies into conversation with a policy mobilities approach, which investigates the social processes of circulating policies and policy knowledge to understand the uneven processes of policy advocacy, production, travel and implementation. Doing so demonstrates that mobilising harm-reduction policies works toward maintaining democracy as Rancière (2001) understands it through a concerted effort of drug policy reform. Policy mobilisation in this instance is a form of counter-mobility, a deliberate strategy working against the dominant police ordering of society that overrides the democratic rights of drug users. While mobilised policies are advocated for via particular strategies, networks and resources within and across particular places, harm-reduction policies and the advocacy networks producing them also work together with urban public health institutions to open space for proper politics. The inter-city politics of public health initiatives, and harm reduction in particular, engages in an embedded relationship creating and engaging with politics at multiple scales and in different registers, elucidating what McCann (2011, 109) calls the ‘connective tissue’ between the global and the local as well as between political rupture and resistance.

To illustrate the complex situation in which the advocacy for, and the carrying out of, harm-reduction drug policy (post-political, technical endeavours, for the most part) constitutes the properly political in everyday politics, the next section discusses geographical engagements with the post-political. I then explore the political geographies of public health and drug policies, focusing on harm reduction, followed by a discussion of how a policy mobilities approach enhances understanding of how the post-political operates in urban governance. The fifth section grounds my argument by drawing on empirical research on harm-reduction drug policies across three diverse cities, Calgary, Canada, Santo Domingo, Dominican

Republic and Luxembourg, the Grand Duchy of Luxembourg. The paper concludes by pointing to future directions for productive conversations on post-politics, drug and health policies, and policy mobilities.

The post-political turn in geography

Post-political geographies understand proper politics as a localised and rare phenomenon, its existence ephemeral and subjugated to the supposed necessities of economic growth processes.

Post-politics thus emphasises the need to leave old ideological divisions behind and confront new issues, armed with the necessary expert knowledge and free deliberation that takes people's concrete needs and demands into account. (Žižek 1999, 236)

Harm reduction, as policy, as public health practice and as a social movement provides a foil with which to engage ideas around the evacuation of the political within politics. It is a post-political technology as Žižek describes. Harm reduction as it has been mobilised is technicalised, providing expert medical knowledge. It is the provision of materials and services with the express intention of reducing pathological spread of blood-borne disease. Further to its embodiment as a set of practices, harm reduction is a policy designed for risk reduction and management over entire populations of (often marginalised) people. It is, however, also a highly contested practice, eliciting dynamic reactions to its philosophy and its practice, which operates in opposition to the prevailing criminalisation approach to drug use (McCann and Temenos 2015). Harm reduction is also a social movement in which drug users are active participants in managing their own day-to-day drug use while simultaneously working to combat stigma around poverty and substance use and change legal frameworks for the individual possession and use of drugs (Friedman *et al.* 2001, Temenos 2016). Harm reduction, then, is political in every sense of the word.

The post-political condition for both Rancière and Žižek reduces governance from an enactment of inclusive, democratic values, to a technocratic administration of pre-determined operational methods: a policing of societal arrangements. The police, rather than considered an arm of the state, constitute any form of the state that manages and orders how societies are governed. This includes political discourse, bureaucracies and policies. Scholars whose interest in understanding the underlying spatial dimensions of justice have begun to question the theoretical utility of framing discussions of politics around a post-political debate (cf. Nolan and Featherstone 2015). Lees' (2013) investigation into ongoing state-led gentrification

processes in Britain, for example, firmly rejects the notion of the post-political condition. The apocalyptic spatial grammars invoked in such a framing effectively foreclose an understanding of everyday practices as political. Thus when the 'moment of rupture' occurs, usually in the form of a mass demonstration, the questions being asked focus on locating where resistance comes from, and neglecting questions of how to sustain such a crisis of politics into a force of structural and material change. Further, the discursive framing of the post-political as a 'condition' evokes malaise, pathologising the current state of politics and foreclosing alternate opportunities for resistance and rupture.

Purcell (2014) offers a reframing of Rancière's theory of democracy that seeks to extend it beyond the moment of rupture to include pathways to create revolutionary social change. Likewise, Davidson and Iveson (2014) argue for a spatialisation of a theory of post-politics in order to understand what radical theorisations might then emerge from a post-political consensus. As Lees (2013, 20) observes, 'The problem with post-political rhetoric is that it is all or nothing, and implies that short of a total revolution nothing can be done. This amounts to a politics of despair.' Darling's (2014) exploration of asylum seekers' everyday acts of citizenship expands this line of thinking and looks at ways of performing resistance that provide ongoing momentum to political acts. His aim is 'to highlight the ever-present potential that such acts hold for politics' (2014, 88). It is, he argues,

a potential which is too easily denied through a focus on a revolutionary framing of politics but which is present in the ways that transitory and disparate acts may call into question the distributions, assumptions and 'givens' of a perceptual order ... there is a recognition that political acts may be prosaic and yet still alter a perceptual field in some way, rather than demanding that such acts only ever be revolutionary in nature and effect. (2014, 88)

The concerns voiced in these debates over what is discounted in the political field stem from a wider critique of democracy. Democracy, once seen as an emancipatory movement with which to make public a pluralistic voice of the people, is increasingly acknowledged as a regulatory frame with which to roll out neoliberal economic regimes (McNay 2014).

Bringing these arguments to bear on everyday spaces of urban public health, I argue for a more nuanced understanding of post-political conditions within politicised spaces. Examining an evidence-based policy like harm reduction brings into focus tensions between post-political conditions – such as the undisputed HIV pandemic – that are also highly politicised spaces of urban public health – such as legalised drug consumption rooms – which foster the provision of the tools and services available to address the spread of disease. In a

critique of the post-political, care must be taken not to reproduce the all-or-nothing ontologies that emerge from this sort of framing. Examining the tension between a post-political state of existence and a politicised space of contention helps us to more fully understand the strategies employed as continual political manoeuvres within contemporary urban politics.

Harm reduction and global health

Technocratic practices that make up day-to-day governance are a prime target of the post-political critique. They range from implementing zoning bylaws, issuing building permits and running community consultation processes, to administering flu vaccinations, installing hand-sanitising stations at public parks and providing sharps containers in public washrooms. Despite the prosaic nature of public service provision, regulations and decisions that govern the ways in which services make up places are imbued with intentions that are not always entirely rational (Proudfoot and McCann 2008). Therefore, in order to increase understanding of urban development and politics in cities, more attention needs to be paid to the politics inherent in the management of health and health services in the city. Pierce *et al.* argue that it is important to do so while distinguishing formal politics located within the sphere of institutional decision-making processes and the informal politics that occur through public opinion, forums, the media and so forth,

because they signal the boundaries of arenas of decision-making regarding issues such as notions of well-being, suitability of programs for particular health outcomes, siting of services, and definitions ... Understanding the locus of decision-making, the mechanisms for participation, and the institutions and actors engaged in negotiation all offer a means for better conceptualizing and analyzing the production of geographies of health. (2012, 1087)

This distinction allows for a clearer analysis of formal politics in conjunction with everyday practice to better understand how these relationships are connected across institutional, public and home spaces. Formal politics can be either properly political or post-political, depending on the context (Rancière 1999). Yet scant attention has been paid to either form in the local politics of health policy reform within geography.

It is important to understand that the development imperatives of cities and the social relations that combine to inform lived experience require an understanding of the politics and practices of particular health geographies that feed into the make-up of a place. For example, a key component of harm reduction's early acceptance in places such as Frankfurt and Zurich was the proximity of financial districts to the parks used to openly buy, sell and consume drugs (McCann 2008; Riley *et al.* 1999). The proximity and

visibility of behaviours explicitly forbidden by the state was an impetus for provisional support of social workers who sought to disrupt drug markets and create safer spaces for people consuming drugs. The scale of the visible drug scene was so large that traditional criminalisation approaches to drug use were ineffective, and thus the territorial embeddedness of the drug scene, and the capital affixed in the finance district, necessitated an alternative approach (Harvey 1989; McCann 2008).

Like planning departments at city hall, public health service providers are faced with increasing pressure from higher levels of government to take on more responsibilities for risk management, while simultaneously facing increasing budget cuts. And like harm reduction, urban public health institutions exhibit a paradox whereby their mandate is to serve at a population level, but their rhetoric is couched in the liberalised languages of individual rights, personal agency and choice. Exploring harm-reduction policies as they are made manifest in cities globally begins to unravel the paradox of radical care practice and liberalised notions of self-care that harm reduction embodies (Temenos and Johnston 2016). Harm reduction also presents itself as an alternative health policy rather than a policy of criminalisation. As policy it works to produce a 'solution' to the 'problem' of illicit drug use, and create an alternative geography of social justice.

Public health and post-politics intersect at the important points of health, wellbeing and urban development. In a post-political condition, public health agencies assume the role of technical experts and practitioners under the auspices of advanced neo-liberalisation. Yet when questions arise regarding the management of drug use, drug users' right to health and the resources that engage and facilitate these activities, it becomes apparent that there indeed remain properly political battles to fight, battles that attract an extra-local audience, and coalitions of advocates from both sides of the debate to attempt to influence policy outcomes in places far away.

Properly political battles: policy mobilities, politics and everyday activism

As I've already noted, social policies have yet to be given full consideration within literatures on post-politics. Yet, as I demonstrate, the ways that such policies play into urban development, economic, as well as environmental policies, are important for understanding the complexity of how urban life is structured and for understanding and identifying where properly political debates are played out. Debates over drug policy reform are at their core arguments for radically rethinking how psychoactive substances and

more importantly, the people who use them, are conceptualised within society and the law. The legalisation of drugs is intended to lead to the destigmatisation of drug users, their increased access to health care, the removal of barriers to 'escaping' poverty and a reduction in violence caused by the underground economies of the drug trade and the militarised responses to it. These fundamental questions of governance and citizenship have the potential to be rethought through a series of (technical) policy decisions around the legalisation of drugs. As such, they are political debates that are an integral part of the drug policy reform movement.

In geography, there is burgeoning interest in the social processes that dictate how policies are constructed, where and how they are conceived, whether and how they are mobilised, and the political consequences of policy governance processes (McCann 2011; McCann and Ward 2011; Peck 2011; Temenos and McCann 2012). Drawing on this policy mobilities approach rearticulates political agency into post-political policy climates through a focus on the spatial practices and geographic differentiation of the spread of policies such as harm reduction. Attention to the movements and meanings of policy mobilisations brings about a clearer, situated understanding of how taken-for-granted, often depoliticised planning knowledge is constructed and transferred over time and across inter-urban and transnational contexts. Contexts that have required mobile policies to be technical, existing 'independently of local political context' (Clarke 2011, 38). In order for policies to successfully circulate, they must be made to be mobile (Peck 2011). That is, policy elements must be able to be dismantled for easy transportation elsewhere. They are rarely moved and implemented as a whole, rather individual elements are utilised in a way that works into existing infrastructures and spatio-institutional contexts (Temenos and McCann 2013). Globally, the politics involved in advocacy for harm-reduction drug policies are present within diverse spaces of public health. There are connections between political debates across institutional contexts and neighbourhood politics.

Scrutinising drug policy activism across multiple sites with distinctive histories, politics and subjectivities draws out the messy relationships between policy, politics and relational place-making. Defined by idiosyncratic histories, and discursively produced through inter-referencing, even a 'home-grown' policy model is global in Massey's (1991) relational sense of place; policies cannot be constructed as local without reference to other places. Activism for policy reform is likewise hewn from ideas championed by global advocacy networks and the existent politics embedded in policy-making decisions, which are not always immediately contentious. When mobility is considered in the

policy process, the properly political can be seen emerging within informational infrastructures. Such mobile arrangements are 'a subset of powerful, inter-dependent, knowledge-based systems that organise production consumption, travel and communications round the world' (Urry 2007, 273). Everyday acts of political resistance can be understood to provide specific disruptions into the police order of these infrastructures in city and state politics.

Attention to policy mobilities develops a more nuanced understanding of how post-politics is deployed as an alternative-less accompaniment to neoliberal government policy. Bringing these conversations together uncovers the everyday 'proper politics' that go into the making and unmaking of policy models. This paper seeks to understand harm-reduction drug policy *across* cities in the Caribbean, Europe and North America. The purpose is not to engage in a rote comparison of the similarities and differences of policy implementation in each place, but rather to focus on the relationship between policy and politics, and the spatial implications of this relationship. In the remainder of this paper I outline and analyse three empirical vignettes in order to illustrate how attention to policy mobilisation strategies uncovers the extant forms and spaces of everyday proper politics.

Rereading the post-political through everyday spaces of harm reduction

This work is drawn from a three-year project that examined the spatial strategies of transnational advocacy networks' drug policy reform movement across cities in North America, the Caribbean and Europe. The cities examined were chosen for two reasons. First, they are all sites of harm-reduction practices and advocacy. Second, they are all different politically, regionally and demographically. Their differences allow for an analysis of how policy moves across different urban contexts using a comparative method that places the *relationship* between the city and the policy as the object of analysis, rather than comparing cities or policies individually. Curating, or as Robinson (2016) has recently coined it, 'composing', a comparative study that draws together seemingly incommensurable cities reorients and expands the analysis of the post-political/properly political nature of policy implementation. This approach draws on both recent calls for a relational orientation to comparative studies as well as traditional methods of comparison (cf. Robinson 2016; Ward 2010).

Data for this project were collected between 2011 and 2013. The project draws on mixed qualitative methods, including textual analysis, 72 semi-structured interviews with policy-makers, activists and health service providers including peers,² and participant

observation across harm-reduction sites in the cities. While cities were selected because of differences in population, ethnic make-up and geographical location, there are also some areas of overlap. In all three countries, drug policy is set and administered by the national government. This includes supply and demand reduction efforts as well as regulating and policing drug trafficking and consumption. International and domestic law enforcement agencies, including municipal police forces, are mandated to enforce national drug laws. Health policies are also set by the national government in the Dominican Republic and Luxembourg, and by the national and provincial government in Canada. The administration of public health services, however, differs from place to place. In Calgary, provincially run Alberta Health Services (AHS) operates clinics and also contracts out operations to various non-governmental organisations. In the Dominican Republic, public health services are provided mainly by non-governmental organisations, and major health clinics and hospitals are run by the national health system. In Luxembourg, public health services are operated by the national health system, with some outreach services contracted to non-governmental organisations. In all three cases, drug treatment is available through contracted non-profits and for-profit private clinics. It is common in all three cases to travel out of urban centres to receive private treatment.

Municipal governments in each place have relatively weak decision- and policy-making power in regard to health service provision and drug policy. They do, as will be seen in the case of Luxembourg, have power over municipal spatial planning. All three cities have an elected council and mayor (in Luxembourg, the mayor is the head of the majority party). Yet the relationship between the formal politics of state-making, which in these literatures has been largely considered to be post-political, and the everyday politics enacted through a multitude of urban spaces such as the street or public health clinics simultaneously contributes to the making up of these places. The subsequent analysis directs attention to the properly political relationships inherent in the encounters between post-political and properly political policy, practice and protest. This is important because, as Wilson (2016, 7) writes:

Encounters between different individuals, agencies and activists, not only produce urban space but generate ideas, build new relations, destabilize boundaries and generate hope, to enable new articulations of power.

The analysis and discussion below draws out the importance of these encounters, highlighting new articulations of power through everyday institutional spaces as well as destabilisation in constructing properly political debates through everyday political acts.

The politics and failures of inter-referencing strategies

Since 1998, harm reduction has been a part of Alberta's official health policy. And since 2008, harm-reduction services in the three largest cities of Calgary, Edmonton and Red Deer have included the provision of 'crack kits' containing clean materials needed for the safer smoking of crack-cocaine – including clean pipes, mouth pieces and cotton swabs – to stem the spread of hepatitis C and HIV. In July 2011, that service was abruptly ended in Calgary, through a mundane governance tool: a memorandum citing concerns for legal repercussions of the practice. Halting Calgary's crack kit programme occurred days after health officials from Vancouver, in neighbouring British Columbia, referenced Calgary's highly successful, long-running programme when announcing the implementation of its own pilot programme distributing crack kits. Announcing the study, the regional health authority laid out how this project was in line with Vancouver's Four Pillar drug policy, one of the pillars being harm reduction. Officials then employed a previously successful political strategy for managing local opposition to harm-reduction public health practices, the reference of a successful model from elsewhere (McCann 2008). This case highlights the mutable positioning of public health practices, such as the provision of crack kits as politically powerful tools that can quickly become more-than-technical directives, as they first appear when they are mobilised under political debate. This inter-referencing strategy had previously been employed by activists lobbying the state for drug policy reform and once successful was taken up by state employees to frame a new controversial service as less sensational. Vancouver officials specifically referenced Calgary's success, a city generally perceived as socially and politically conservative.

Vancouver city and health officials, their work supported by the Canadian Harm Reduction network and the Canadian Drug Policy Coalition, didn't anticipate the negative backlash it would create back in Calgary. Within a week of Vancouver's announcement, which was picked up by international newswire services, AHS ceased the distribution of crack kits in Calgary in response to the local public outcry. This is notable because they did not put a blanket provincial ban on the service. The Canadian Harm Reduction Network and other prominent actors involved in Canadian drug policy reform rallied against this decision. Op-eds appearing in local and national newspapers debated not only whether public tax dollars should be spent on people who use drugs, but whether they even deserved the right to healthcare services (a right enshrined in the Canadian Charter of Human Rights and Freedoms, and countless UN documents) (Breckenridge 2011;

Klaszus 2011; Weismiller 2011). Policy advocates often see inter-referencing strategies as a key technique for mobilisation success (Bunnell 2015; McCann and Temenos 2015; Peck 2011). They are also, as Clarke (2011) notes, a post-political technology that enables a seemingly unobstructed flow of ideas from one place to another. However, Vancouver health officials mobilising the idea of Calgary as a depoliticised provider of health care caused a longstanding successful harm-reduction policy at the point of origin to be suspended in a moment of what Wells (2014) has termed 'policyfailing', a point at which a policy is stalled, stopped or overcome in some way. In this instance, the political rupture was relational, sparked by actions in Vancouver and agitated by conservative citizens in Calgary. AHS's negative response to an established practice highlights the potential for disruptions to be produced and which contribute to ongoing political fights that affect health service provision. In this case, the politics of a city elsewhere set in motion a subsequent policy failure at the point of origin.

This moment of policyfailing in turn set in motion a series of interpersonal mobilities based on existing activist networks. Harm-reduction advocates descended on Calgary from across Canada for meetings with AHS. In Edmonton (the provincial capital), where crack kit distribution is funded via a non-profit rather than through AHS, distribution continues and they too sent government employees and non-profit health service providers to Calgary to advocate for the reinstatement of the programme. When I asked during an interview about the controversy, one respondent commented: 'Yeah, thanks for that', referencing my location in Vancouver,

I just got back from a week of meetings, trying to talk sense into some of those officials down there ... I wasn't the only one ... they were all there [referencing other prominent activists], but there's an election coming up, so maybe we'll reopen it again after the fall. (Interview service provider 2011)

The autumn of 2011 was an important one for harm reduction in cities across Canada. Beyond several provincial elections, a landmark supreme court ruling established the legality of Vancouver's drug consumption room; a long-term longitudinal study of the need for harm-reduction services in three major Canadian cities was released directly following the ruling (TOSCA 2012); and locally, there was concern from service providers that crack users in Calgary would switch from inhalation to higher risk injection drug use due to the availability of clean needles, while there were no longer clean pipes available. These events led to the reopening of public and media debate on the crack kit programme in Calgary; however, the programme remains suspended. The public outcry against

the provision of crack kits points to a rupture in the post-political status quo. Stopping the service in Calgary was a palliative move on the part of AHS and the responses of service providers and activists nationally demonstrate the political implications of the disruption for access to health care. Namely that the contested nature of harm reduction is still fragile, and that the policy stoppage had materially negative consequences for drug users.

The dual role of public health officials and city employees as both post-political technicians (working to reduce the spread of blood-borne disease) and as properly political agents counter-mobilising specific cartographies of harm-reduction policy (to advocate for drug users' right to health) is emphasised by the decision to steer negative media attention away from the imminent release of the aforementioned report recommending drug consumption rooms in Toronto and elsewhere. The decision to reference the Calgary programme was a deliberate strategy not only due to its characterisation as a socially conservative place, but also because of the deliberate effort to keep Toronto, a city with a similar model of crack kit distribution that had been running for a much longer time, off the map. Thus the failure of harm reduction in Calgary in order to continue its ongoing success elsewhere underlines the distended terrains of activism within harm-reduction drug policy reform.

Everyday proper politics and the ruptured materiality of needle exchange

In contrast to Calgary, harm-reduction drug policy in Santo Domingo, Dominican Republic is not written into law. Access to health is a much more contested political debate and seemingly technical acts such as needle exchange reject a post-political framing. Located in transnational institutions such as UNAIDS or WHO, and local NGOs that are funded through international development, harm-reduction policies operate in the city in direct contravention of Law 50-88 on Drugs and Controlled Substances, which forbids the possession of paraphernalia used for the consumption of illegal drugs. It is also the sole piece of legislation that governs interaction with drugs, including the regulation of their production, distribution and consumption. Although injection drug use was reported in the Dominican Republic as early as 1993 (Stimson 1993), the national government did not acknowledge its existence.

Despite official state opposition to harm-reduction policies and practices, a public health approach to drug use has found support in local state governments, and its operation within a legal grey area is permitted through ongoing activism directed at local law enforcement and community members, opening spaces for political debate through urban public health initiatives.

Harm-reduction services in Santo Domingo are provided via the peer-run Fundacion Dominicana de Reduccion de Daños (FUNDOREDADA), and its umbrella organisation Centre for Integrated Training and Research (COIN), begun in 1988. Services focus on health, wellbeing, access to work and education, and the realisation of human rights. Thus harm reduction was imported to the Dominican Republic through top-down transnational NGO policy, not unlike many other public health services in the Caribbean. COIN quickly began focusing on HIV education. This was the primary focus of harm reduction throughout the Dominican Republic and drug-user communities did not become a specifically targeted group until FUNDOREDADA's incorporation. The inclusion of people who use drugs was a technical as well as political decision. Drug users are defined by more than their drug use, and thus many who fall into the categories of, for example, 'youth', also use drugs. One activist noted:

We have drug users in all vulnerable populations so it was something that if we develop strategies that work in the country that will be useful for many populations then we can call and help all drug users. And people [the wider community] can then understand this is important, to work with drug users and to work with people who they do not think it ok [deserve to receive treatment]. (Interview harm reduction activist 2012)

While the decision to focus on drug users as a target population was practical in many ways, for example it crosscut traditional understandings of population-level intervention, it was also deeply political. In targeting drug users, the organisations understood it as a move to destigmatise people who use drugs and stimulate effective conversation about drug use in the community. It was a strategy to enable the public to view this population as worthy of receiving health interventions.

FUNDOREDADA is a grassroots organisation founded in 2008. Started by a former drug user, its initial aim was to raise awareness among drug users that non-faith-based drug treatment options were available. FUNDOREDADA operated without funding until 2011 when it partnered with COIN to begin a syringe exchange programme in Santo Domingo. The lack of institutional focus on drug users as a vulnerable population was in large part because of the lack of injecting practices, and inhalation remains the primary form of illicit drug use. In the past decade, a shift toward creating services for drug users has begun to emerge across the Dominican Republic. As a post-political strategy, shifting the population focus increases organisational efficiency. Yet there is also an ideological shift in the practice occurring slowly at an organisational level.

It's been very successful in bringing together efforts to educate people about the issues. Institutionally I mean.

When we got ... [funding] we were saying 'Hey, we will have an alliance with the other side ... and we were all scared. Will we be able to actually do this? ... And then we realized that there is a large number of institutions that were ready to work on HIV and drugs ... Friday I was visiting the police department ... and everyone was really like 'Yeah that's great we really need that!' We were expecting some repercussions like ... 'you're going to let them use drugs', you know? But they were like 'No, it's good as long as you don't let them sell drugs.' People were much more open-minded than I expected in communities that hadn't worked in HIV prevention before. (Interview harm reduction advocate 2012)

Successful institutional partnerships are cited in harm-reduction work as being key to overall policy success (Bueno 2007). Moreover, when considering the highly punitive nature of Dominican law (Ramirez *et al.* 1994; Swanson 2013), the increase in local and national institutional partnerships indicates an important ideological shift towards understandings of human rights for vulnerable populations. This work is nascent and ongoing. For example, a 2012 survey reported systematically high rates of discrimination against drug users by police, medical providers, employers and their families (COIN 2012). Efforts to mobilise harm reduction amid structural and societal stigma can then be understood as a political act, aimed at disrupting the consensus around drug users as people incapable of acting, and who instead should be acted upon.

FUNDOREDADA emerged in this context. Operating on precarious funding, this peer-to-peer exchange programme serves several neighbourhoods in Santo Domingo with no legal protection to do so. Volunteers and employees collect used syringes in clear two-litre plastic drink bottles. 'This way they can see that this is real and it's happening, and it's not just one or two people' (Interview harm reduction activist 2012). The 'they' in this quote refers to the local community, the police and to local and national government, all of whom have resisted the acknowledgement of injection drug use in the Dominican Republic.

In Santo Domingo, the power of evidence emerged early within the harm-reduction story. Harm reduction, as a UNAIDS and WHO recommended strategy for HIV prevention, allowed for its importation into a conservative society without much resistance. It was done through institutional rather than activist means, yet more recently it has been pushed by activists who are committed to the local community of drug users and to addressing changing patterns of drug use. Further, and to the surprise of harm-reduction service providers, the implementation of harm-reduction services found local, if not national, institutional support. It is this unexpected government support that highlights the ongoing political work of organisations such as

COIN and FUNDOREDADA. Visible collection of used syringes on a daily basis is then read as an ongoing disruption into the supposed consensus of criminal models of drug policy through the mobilisation of an alternative public health policy, in this case syringe exchange. Santo Domingo highlights the grassroots political activism enacted under the rationality of public health service provision.

The emergence of harm reduction came into practice, despite punitive state law, without much opposition because it emerged under an umbrella of HIV prevention strategies and was imported through non-profit rather than government or local political agents. COIN's connection to humanitarian efforts in the Caribbean coupled with FUNDOREDADA's grassroots origins imbued the partnership and subsequent operationalisation of harm reduction with a tacit political mandate to concurrently operate outside of, alongside and in opposition to the state. This operates similarly to the ways in which other non-state organisations such as faith-based treatment programmes are able to provide non-traditional care practices because of their separation from the state and their ethical mandates (for example see Williams 2015). The quiet importation of harm reduction prepared the field for the more radical practice of syringe exchange, which has faced community opposition, while receiving tacit institutional support. This case exhibits a key part of harm reduction's success as a political strategy: the technicality of harm-reduction practice is what gives it political power. In other cities, such as Luxembourg, universal access to syringes is relatively uncontested, and is codified in practice and in policy. Perception, permanence and transience play important roles within the politics of harm-reduction practice. Despite distinct differences between drug policy models in Santo Domingo and Luxembourg, as I show below, contestation over people who use drugs remains a political question.

Bridging post-politics and the political: siting harm reduction in Bonnevoie

Harm-reduction policy in Luxembourg is comprehensive. State-funded, integrated health and social service systems provide harm reduction at all levels within Luxembourg City. Low-threshold drop-in centres, fixed-site and mobile needle exchanges, opioid substitution therapies and supervised consumption are available in the city. For well over a decade, harm reduction in Luxembourg has been a successful post-political provision of public health for marginalised communities. This is not to imply that its implementation is perfect or easy in any way. Yet, early institutionalisation of a comprehensive policy demonstrates how a political will to provide access to care can lead to an everyday politics that is played out in institutional and

neighbourhood spaces, yet which only becomes visible when it is contested.

Abrigado, Luxembourg's only drug consumption site, is situated halfway down a grassy knoll along Route de Thionville, one of the main traffic arteries into the city. The building, the second temporary site for the health service, is a portable structure. Abrigado is a multi-service low-threshold facility that opened first as a shelter in 2003, adding a drop-in café, needle exchange and a supervised injection room in 2005. When the new location opened in 2012, it added a supervised inhalation room. From the street, one looks across a grass field, on which poppies bloom when they are in season. Abrigado sits roughly 500 metres from the site of its original structure, also made of portable containers and now gone.

Set at street level and surrounded by a high barbed-wire fence, the original structure's entrance faced the road. Anyone sitting in a car stopped at the traffic light on the corner was able to look over and see Luxembourgers lined up and waiting to enter the facility. A service provider at the original site said:

And we also don't want to show it directly like shopping in the public like this is now ... [We need] privacy for the clients. And at the moment the cars can see every person that comes into the building, it needs to be a little bit [down the hill] ... now you can see directly in the front at the main door where you are standing ... sometimes the families don't know about [clients' drug use] and then because this institution and if the first door is on the street then everyone can see when they're driving by, 'okay this person is going in and therefore they are a junky'. (Interview harm reduction provider 2011)

Situating Abrigado further down the hill and rotating the entrance so that it was no longer visible from the street were decisions made in consultation by the manager of Abrigado, public health and administration bureaucrats, signed off by the minister of health, and constructed by architects, contractors and builders.

These basic principles of site and situation are rooted in answers to pragmatic, managerial questions: What is the greatest energy efficiency for a structure? How can environmental risk to the building be reduced? How can the building's utility be increased? All of these very practical questions were considered in the planning and execution of Abrigado's physical structure. Yet, the decisions that resulted from these considerations were not just a technical point of governance in the post-political sense, they were also a decision rooted in a harm-reduction policy focused on patient rights to privacy and drug users' rights to dignified and appropriate access to health care. And, in part, a result of an ongoing political battle surrounding the siting of a permanent location for Abrigado.

Since the 2005 establishment of the space, a permanent site has been sought in the neighbourhoods of

Bonnevoie or Hollerich, closest to the train station, and the urban areas of highest drug use. They are also where the majority of harm-reduction services are located in Luxembourg. The decision to site the permanent location in Hollerich, close to the train station, rather than at its current site in Bonnevoie, was in part due to the availability of city-owned property in the largely industrial neighbourhood, which has a low population compared with the rest of the city (Ville de Luxembourg 2008). Despite the practical nature of this decision, community opposition resulted in a lawsuit. The proposed fixed site is located across the street from the corporate headquarters of a Luxembourg-based engineering company. The company opposed the land re-zoning that council passed in 2009 with a lawsuit citing a lack of congruence between the planned usage of the site (for residential housing) and the planned multi-service unit (housing and medical services for drug users). In 2010, a judge ruled in favour of the engineering firm. This decision forced the city and the Ministry of Health to instead construct a second temporary facility at the Bonnivoie site on Route de Thoinville, the current Abridago.

Abridago (the Portuguese word for 'bridge') was given its name when this site opened in February 2013. Almost half of Luxembourg's population is foreign born, and Portuguese nationals make up 82 percent of this number (Statec 2013). Portuguese-Luxembourgers also make up a large percentage of Abridago's client base. The naming of Abridago evokes a double meaning. First, the site is a 'bridge' for clients who want to move from the street into a bed, or treatment. It connotes the possibility of social mobility. Second, the site's temporary status can be read into the name, it is a 'bridge' to another, permanent site somewhere and sometime in the distant future. In the meantime, the Hollerich site was revisited, and a new application for re-zoning was approved in March 2013 (Luxemburger Wort 2013).

The re-zoning measure is currently under its second appeal. Luxembourg, a destination for drugs shipped through Santo Domingo, exhibits similar community opposition to the management of health services for people who use drugs. The city that, unlike Santo Domingo or Calgary, supports harm reduction as both a cost effective and an ideologically important intervention in the lives of its citizens and is working in opposition to parts of its community. While this may initially seem like a post-political gambit on the part of the government to maintain the status quo, it in fact highlights harm reduction as a radical act of public health through its commitment to providing universal access to health care, yet it places harm reduction as a philosophy and social movement outside of any sort of revolutionary framing, such as scholars of post-politics would contend. The site of everyday politics is in this

instance played out in institutional spaces of health care provision.

The incremental politics of harm reduction in Luxembourg is located in the court system. Even here, tensions between techno-social practices, policy and planning are mobilised as political tactics to force contentious debates, proper politics. The institutional activism that emerged to introduce harm reduction into Luxembourg, which is under threat from business interests, is legitimately contested on the grounds of land use, rather than amid discussions of health service provision for drug users, and local NIMBY policing is thus extending to a national court debate. Establishing a permanent site for Abridago does not impede the running of an established firm in the city, and yet its existence in visible proximity to local and national business interests has sparked national conflict over health and land use, with the state coming down on the side of harm reduction.

Conclusion

Having considered what is lost when an understanding of the political only looks for moments of rupture in the status quo, what becomes clear is that a mobilities perspective can extrapolate the specific ways in which everyday acts and technical practices are political actions that are ongoing and incremental. A policy mobilities perspective exposes the proper politics that occur on a daily basis in and through what a more conservative definition of the political would characterise as parochial technical acts, whether inter-referencing techniques that expose elemental political debates within the city, or land use planning guidelines that allow for NIMBY politics to transfer debates into state institutions. The introduction to this paper posed questions that focused on the everyday enactment of proper politics and how such enactments can lead to meaningful change. If the properly political is about 'the actual political process through which those that have no part claim their place within the symbolic edifice of the police and become part of the state of the situation' (Swyngedouw 2009, 614; Ranci ere 1999), then addressing these questions highlights the opened possibilities for the everyday political. Advocacy for harm reduction is a global effort with local effects, and encounter with it operates in and contributes to the making up of properly political public and institutional spaces.

Clarke (2011) contends that urban policy mobilities is a useful way to understand the foreclosure of politics within policy-making processes. However, this paper poses an alternative, yet complementary, reading of these converging epistemologies, arguing for a more nuanced understanding of the political in everyday urban governance. Looking at harm reduction as it is

mobilised across cities with divergent histories, localities and political contexts highlights three aspects of the proper politics of urban public health as it exists within post-political conditions. First, it is evident that the construction of harm reduction as an evidence-based technology is a politically powerful tool. The use of Calgary's success as a metric of justification for a crack-pipe programme in Vancouver, for example, illustrates the power that a government-provided service has in the proliferation of harm reduction in places beyond its local jurisdiction. In Santo Domingo, this power emerged early. Harm reduction, as a UNAIDS and WHO recommended strategy for HIV prevention, allowed for its importation into a conservative society without much resistance, through institutional rather than activist means. Further, and to the surprise of harm-reduction service providers, the implementation of harm-reduction services found local, if not national, institutional support. In Luxembourg, where comprehensive harm-reduction services are provided by financially and philosophically supportive national and local governments, harm reduction perhaps exhibits this paradox more acutely. It is neither mobilised nor immobilised. Rather, harm reduction in Luxembourg is protracted. With the policy and planning for service expansion already in motion, local political opposition has significantly slowed, though not stopped, harm-reduction policy within the country. The political opposition of local business and community groups has stalled the large expansion that securing a fixed site would enable, yet the service has not been stalled completely. Service provision continues and has even expanded the most controversial aspect of the service, the supervised consumption space from one room to two. These examples demonstrate the power that the technocratisation of harm reduction serves: it does not foreclose a radical politics of public health, but rather can enable it.

Second, the three examples show that understandings of the relationship between formal and informal politics as social producers of cities can be usefully understood through the work of urban policy mobilities. While mobilised policies are advocated for via particular strategies, networks and resources within and across particular places, in relation to public health, harm-reduction policies and the advocacy networks producing them also work together with urban public health institutions to open space for proper politics. Proponents of harm reduction argue that the criminalisation approach to drug use has been inadequate to address the health issues of drug users. They argue that harm-reduction approaches to drug use open space for the drug user to regain their dignity, and engage in society equitably, exercising a greater degree of control over their lives. Their fundamental argument then, is about equity and access to human rights. This struggle

is the stuff of proper politics: the fight to change the terms of debate through objects such as policy and the strategies that are employed to engage policy and its outcomes in particular ways. In these cases, the debate is played out in urban spaces of public health, often overlapping with the very spaces of economic redevelopment that are the focus of other more common political and social justice debates such as gentrification, environmental justice and sustainability (Krueger and Gibbs 2007; Lees 2013; Pulido 2000).

Third, the relationality of inter-city politics surrounding public health initiatives is properly political in multiple registers. In one case it involves mobilising a public health practice across provinces – where it has become a regional issue articulated through national advocacy networks. A media gambit and proven political strategy for Vancouver in the past – the reference of elsewhere – also had the effect of disrupting a perceived consensus around a technical practice – distributing sterile smoking equipment to reduce epidemiological risk – and a re-politicisation of an established harm-reduction practice elsewhere, highlighting the mutable positioning of technicalised practices, which can quickly become more-than-technical directives, and mobilised under political debate. Debate that is (re)mobilised in local, national and international media, and literally inspires movement (for example, as travel to Calgary) producing face-to-face engagement with the debate over social justice.

Nick Clarke argues that policy

has been reduced to questions of science and technology, and strategies of populism and moral absolutism at the expense of discussion and struggle over questions of value and priority. (2011, 35)

This assertion can be pushed further by the inclusion of harm reduction and public health in political questions of contemporary urbanism. I suggest that the paradox of harm reduction, as a radical social movement that's rationale is based on scientific evidence, while its political struggle is played out in a so-called post-political arena of urban governance, exhibits not an enclosure of space for proper politics, but an opening for their emergence elsewhere within urban governance structures. Future research needs to account for the role of such everyday spaces in the construction of the political in order to overcome totalising visions for the future that current accounts of the post-political condition engender. Methodologically, this entails expanding the scholarly gaze to encompass seemingly incommensurable places, such as Santo Domingo, Luxembourg and Calgary, in order to understand the full extent of how politics is understood and negotiated globally.

Finally, I contend that the struggles and policies that accompany proper politics are manifest across cities

and other boundaries in, as Clarke suggests, a mutually constitutive relationship of policy mobility and post-political conditions, but *also* carving out their own pathways, creating space for properly political contestation over fundamental struggles of equity in unexpected and new ways. Empirical investigation of strategies for harm-reduction drug policy reform across three immensely different contexts therefore exposes the political possibilities that are emergent in everyday practices. Scholars have yet to fully consider health, drug or social policies in readings of the politics and governance of place. The multidimensional nature of the properly political can, as I have shown here, be further understood by expanding this line of inquiry, to look at the relationally situated travels of policy activism to understand what it means for urban spaces of public health.

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Notes

- 1 I define 'everyday' politics to be the ongoing mundane acts that are in some form or another intentionally politicised, or executed in resistance to a status quo. The notion of the everyday has mainly been associated with moral and ethical, rather than political practice. For an overview see Smith (2009) and Hall (2015).
- 2 A 'peer' is a current or former drug user. For reasons of confidentiality, peers are not identified in this work.

References

- Allmendinger P and Haughton G** 2012 Post-political spatial planning in England: a crisis of consensus? *Transactions of the Institute of British Geographers* 37 89–103
- Breckenridge D** 2011 Pipe program not all it's cracked up to be *The Calgary* 11 August (<http://www.calgarysun.com/2011/08/08/pipe-program-not-all-its-cracked-up-to-be>) Accessed 20 June 2012
- Bueno R** 2007 The Latin American harm reduction network RELARD: successes and challenges *International Journal of Drug Policy* 18 145–7
- Bunnell T** 2015 Antecedent cities and inter-referencing effects: learning from and extending beyond critiques of neoliberalisation *Urban Studies* 52 1983–2000
- Celata F and Sanna V S** 2012 The post-political ecology of protected areas: nature, social justice and political conflicts in the Galápagos Islands *Local Environment* 17 977–90
- Center for Integrated Training and Research (COIN)** 2012 Drug use and HIV/AIDS prevention among high-risk populations: situation analysis and strategic framework September 2012 Center for Integrated Training and Research, Santo Domingo
- Clarke N** 2011 Urban policy mobility, anti-politics, and histories of the transnational municipal movement *Progress in Human Geography* 36 25–43
- Darling J** 2014 Asylum and the post-political: domopolitics, depoliticisation and acts of citizenship *Antipode* 46 72–91
- Davidson M and Iveson K** 2014 Occupations, mediations, subjectifications: fabricating politics *Space and Polity* 18 137–52
- Dikeç M** 2013 Beginners and equals: political subjectivity in Arendt and Rancière *Transactions of the Institute of British Geographers* 38 78–90
- Friedman S R, Southwell M, Crofts N, Paone D, Byrne J and Bueno R** 2001 Harm reduction – a historical view from the left: a response to commentaries *International Journal of Drug Policy* 12 259–63
- Gill N, Johnstone P and Williams A** 2012 Towards a geography of tolerance: post-politics and political forms of toleration *Political Geography* 31 509–18
- Hall S** 2015 Everyday ethics of consumption in the austere city *Geography Compass* 9 140–51
- Harvey D** 1989 From managerialism to entrepreneurialism: the transformation in urban governance in late capitalism *Geografiska Annaler Series B: Human Geography* 71 3–17
- Katz C** 2001 On the grounds of globalization: a topography for feminist political engagement *Signs: Journal of Women in Culture and Society* 26 1213–34
- Klaszus J** 2011 Bring back the free crack pipes *Calgary Herald* 5 September
- Krueger R and Gibbs D** eds 2007 *The sustainable development paradox: urban political economy in the United States and Europe* Guilford Press, New York NY
- Lees L** 2013 The urban injustices of New Labour's 'new urban renewal': the case of the Aylesbury Estate in London *Antipode* 46 921–47
- Luxemburger Wort**, 2013 'Fixerstuff': il n'y a plus qu'à attendre le permis de construire *Luxemburger Wort* 4 March (<http://www.wort.lu/fr/luxembourg/fixerstuff-il-n-y-a-plus-qu-a-attendre-le-permis-de-construire-5134dfb3e4b081d79b246d1f>) Accessed 20 April 2014
- Massey D** 1991 A global sense of place *Marxism Today* June 24–9
- MacLeod G** 2013 New urbanism/smart growth in the Scottish Highlands: mobile policies and post-politics in local development planning *Urban Studies* 50 2196–221
- McCann E J** 2008 Expertise, truth, and urban policy mobilities: global circuits of knowledge in the development of Vancouver, Canada's 'four pillar' drug strategy *Environment and Planning A* 40 885–904

- McCann E** 2011 Urban policy mobilities and global circuits of knowledge: toward a research agenda *Annals of the Association of American Geographers* 101 107–30
- McCann E and Temenos C** 2015 Mobilizing drug consumption rooms: inter-place networks and harm reduction drug policy *Health and Place* 31 216–23
- McCann E and Ward K** eds 2011 *Mobile urbanism: cities and policymaking in the global age* vol 17 University of Minnesota Press, Minneapolis MN
- McNay L** 2014 *The misguided search for the political* Polity Press, New York NY
- Nolan L J and Featherstone D** 2015 Contentious politics in austere times *Geography Compass* 9 351–61
- Peck J** 2011 Geographies of policy: from transfer-diffusion to mobility-mutation *Progress in Human Geography* 35 773–97
- Pierce J, Martin D, Greiner A and Scherr A** 2012 The spatial justice of mental health: how local development politics shape public health outcomes *Annals of the Association of American Geographers* 102 1084–92
- Proudford J and McCann E** 2008 At street level: bureaucratic practice in the management of urban neighborhood change *Urban Geography* 29 348–70
- Pulido L** 2000 Rethinking environmental racism: White privilege and urban development in Southern California *Annals of the Association of American Geographers* 90 12–40
- Purcell M** 2014 For a politics we have yet to imagine *Space and Polity* 18 117–21
- Ramirez M G, Ramirez A and Los Santos A** 1994 Analisis de la aplicacion de la ley 50-88 en nuestros tribunales Unpublished doctoral thesis Universidad Central del Este, San Juan De La Maguana
- Rancière J** 1999 *Dis-agreement: politics and philosophy* Rose J trans University of Minnesota Press, Minneapolis MN
- Rancière J** 2000 Dissenting words: a conversation with Jacques Rancière *Diacritics* 30 113–26
- Rancière J** 2001 Ten theses on politics *Theory and Event* 5 doi:10.1353/tae.2001.0028
- Rancière J** 2010 *Dissensus: on politics and aesthetics* Continuum, London
- Riley D, Sawka E, Conley P, Hewitt D, Mitic W, Poulin C and Topp J** 1999 Harm reduction – concepts and practice: a policy discussion paper *Substance Use & Misuse* 34 9–24
- Robinson J** 2016 Thinking cities through elsewhere: comparative tactics for a more global urban studies *Progress in Human Geography* 40 3–29
- Smith C B** 2012 Harm reduction as anarchist practice: a user's guide to capitalism and addiction in North America *Critical Public Health* 22 209–21
- Smith S J** 2009 Everyday morality: where radical geography meets normative theory *Antipode* 41 206–9
- Statec Institut national de la statistique et des études économiques** 2013 *Luxembourg in figures* English Version Luxembourg
- Stimson G V** 1993 The global diffusion of injecting drug use: implications for human immunodeficiency virus infection *Bulletin on Narcotics* 45 3–17
- Swanson K** 2013 Zero tolerance in Latin America: punitive paradox in urban policy mobilities *Urban Geography* 34 972–88
- Swyngedouw E** 2009 The antinomies of the postpolitical city: in search of a democratic politics of environmental production *International Journal of Urban and Regional Research* 33 601–20
- Swyngedouw E** 2011 Interrogating post-democratization: reclaiming egalitarian political spaces *Political Geography* 30 370–80
- Temenos C** 2016 Mobilizing drug policy activism: conferences, convergence spaces and ephemeral fixtures in social movement mobilization *Space and Polity* 20 124–41
- Temenos C and Johnston R** 2016 Constructing the liberal health care consumer online in **Giesbrecht M and Crooks V** *Place, health, and diversity: learning from the Canadian experience* Routledge, Abingdon 163–82
- Temenos C and McCann E** 2012 The local politics of policy mobility: the education of attention in developing a municipal sustainability fix *Environment and Planning A* 44 1389–406
- Temenos C and McCann E** 2013 Geographies of policy mobilities *Geography Compass* 7 344–57
- Toronto Ottawa Supervised Consumption Assessment Study (TOSCA)** 2012 St Michael's Hospital University of Toronto
- Urry J** 2007 *Mobilities* Polity, New York NY
- Ville de Luxembourg** 2008 Foyer d'accueil d'urgence pour toxicomanes: analyse de sites alternatifs 11 February
- Ward K** 2010 Towards a relational comparative approach to the study of cities *Progress in Human Geography* 34 471–87
- Weismiller B** 2011 Free crack pipe service discontinued in Calgary *Calgary Herald* 20 August
- Wells K** 2014 Policyfailing: the case of public property disposal in Washington DC *ACME* 13 473–94
- Williams A** 2015 Postsecular geographies: theo-ethics, rapprochement and neoliberal governance in a faith-based drug programme *Transactions of the Institute of British Geographers* 40 192–208
- Wilson H F** 2016 On geography and encounter. Bodies, borders, and difference *Progress in Human Geography* doi: 10.1177/0309132516645958
- Žižek S** 1999 *The ticklish subject: the absent centre of political ontology* Verso, London