Insite as Representation and Regulation:

A Discursively-Informed Analysis of the Implementation and Implications of Canada's First Safe Injection Site

Author: Alicia Sanderson

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Department of Criminology
Faculty of Social Sciences
University of Ottawa

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Abstract

This study consisted of a qualitative analysis of articles from two Canadian newspapers related to North America's only safe injection facility for drug users, Vancouver's Insite, and examined the texts for latent themes derived from a review of harm reduction and governmentality literature. The investigation asked "*In what ways are Insite and its clients represented in the media and what implications do those portrayals have in terms of Insite's operation as a harm reduction practice as well as a governmental strategy designed to direct the conduct of drug users who visit the site?*" The analysis revealed conflicting representations, some which have positive potential in terms of Insite's adherence to the fundamental principles of harm reduction and others that undermined those principles and suggested that the site may have traditional governmental functions, perhaps indicating less distance between the harm reduction and governmentality philosophies in the discourse surrounding the SIS than expected.

Introduction:

Vancouver's Insite — A Promising New Development in Canadian Drug Policy

North America's first and only safe injection site for injection drug users, called Insite, opened its doors in September 2003 in the East Hastings area of Vancouver located in the city's Downtown Eastside (Vancouver Coastal Health [VCH], 2010a; VCH, 2010b). The Vancouver supervised injection site (SIS) is considered a harm reduction strategy because it is designed to reduce the drug-related harms faced by those who consume otherwise illegal injectable drugs. In aiming to achieve its harm reduction objectives Insite provides 12 sterile booths where clients can come in and inject their drugs in a safe, clean, nurse-supervised environment (VCH, 2010c). According to Vancouver Coastal Health (2010c), the health agency which runs the site, injection drug users utilizing the SIS are also provided with clean needles and other sterile injection-related equipment, such as water, filters, tools for cooking drugs, and tourniquets, as well as access to counsellors should they seek further treatment options. Insite was originally permitted to begin operations under a three-year legal exemption from the *Controlled Drugs and Substances Act* for scientific purposes and has continued to operate due to several extensions of the original exemption (VCH, 2010b). This exemption allows users of Insite's services to bring their illicit drugs into the centre without fear of being arrested. However, there has been much public and political controversy over the site's existence, leading to several heated court battles from 2008 to 2010 in the BC Supreme Court and BC Court of Appeal in which the federal government argued against attempts to eliminate the SIS's need for a legal exemption, seeking to have Insite's legal status revoked altogether and the site shut down permanently. But Insite prevailed and the site was granted a permanent constitutional exemption from the *Controlled Drugs and Substances Act* by the presiding BC Supreme Court judge, a decision which was later upheld

by the appellate court (VCH, 2010b). This was an important victory for Insite as the site exists to reach those drug users who may not have easy access to healthcare services, provides a safer environment for injection drug users who may have HIV/AIDS or other blood-borne diseases and those who are at risk of contracting such illnesses, and prevents fatal overdoses, as no one has ever died on the SIS's premises (VCH, 2010c).

Most of the scientific research on Insite has centered on health benefits provided by the site and public safety outcomes. However, drug policies and programming do not exist in an autonomous domain disconnected from the "broader historical context" in which drug policy changes occur (Mugford, 1993, p. 369). As Mugford points out, by focusing too much on the specific details of particular drug control measures we can "lose perspective" and miss the fact "the broad tide of changes in drug control have little to do with drugs and their properties *per* se [...but are] better understood in terms of large scale changes in society and in systems of social control" (p. 374). Thus Insite does not exist in a vacuum, but is strongly influenced by the social and political context in which it exists. Yet there has been a lack of research on the discourse surrounding Insite — one facet of the social and political context in which the site operates — and how it may influence the shape of the program. Moreover, the mass media provides an easily accessible window to that discourse. As such, the guiding research question of this study is: *In what ways are Insite and its clients represented in the media and what implications do those portrayals have in terms of Insite's operation as a harm reduction practice as well as a governmental strategy designed to direct the conduct of drug users who visit the site?* Furthermore, insights from the governmentality and harm reduction perspectives will be utilized in addressing this question.

Chapter 2 will provide an overview of the governmentality perspective, with descriptions of its unique take on the concepts of government and power. The notion of

biopower and its two corollaries, *biopolitics* and *anatomo-politics* will be reviewed, as well as their relationship to the creation of "the subject" of governmental practices. Next, neoliberalism and its major tenets will be discussed. This will lead to definition and background of Foucault's concept of *technologies of the self*. The chapter will conclude with examples of how the governmentality perspective has been connected to issues of drug use by various scholars.

Chapter 3 will define harm reduction as it relates to illegal drug use and trace the origins of the philosophy. A brief history of drug policy in Canada will also be provided along with a discussion of some of the harms generated by such prohibitionist policies. Furthermore, the major guiding principles of harm reduction will be detailed. The chapter will close with an overview of harm reduction initiatives for injection drug users and the establishment of the safe injection site in Vancouver.

Chapter 4 will discuss the methodology of this study. It will explain and justify the research questions utilized as well as the research method designed to investigate them. Furthermore, the importance role that discourse plays in this study will be discussed. The sample of newspaper articles used for analysis will also be described and the analytical framework utilized to organize the raw data will be detailed. Finally, the limitations of this investigation will be addressed.

Chapter 5 will present the findings derived from the analysis of sample articles. These media representations will be organized according to research question and theme. The presentation of examples will be interwoven with discussion of those findings and further analysis of their implications in terms of the harm reduction and governmentality perspectives. Overall commentary on the findings, their implications and future directions for research will be provided at the end of the chapter.

Chapter 6 will summarize the most important findings of this study. It will also review the major implications of the representations of Insite and its users found in the sample articles. The results of the study will also be linked back to the guiding research question described earlier. Finally, the investigation will conclude with a brief commentary on potential avenues for future research.

Chapter 2:

Review of Governmentality Theory

2.1 Governmentality: Origins and Definition

Michel Foucault's scholarship on governmentality, which began in the late 1970s and early 1980s, has been interpreted and furthered in various ways by different academics across diverse fields such as criminology, medicine and political science, among others. Foucault (1998a) traces the birth of this mentality of government to the 16th century, when traditional forms of sovereign power over territories were beginning to be displaced by the idea of managing the conduct of citizens within a territory rather than just the physical territory itself in order to facilitate more effective rule and the longevity of the state. Most broadly governmentality is the study of the "art of government" (p. 92), also referred to as the rationality of government, or the general system of thought that allows people to think about the practice of government, in terms of who can govern, who or what is governed, and how government should operate (Gordon, 1991). Central to this art of government is how to adapt a familial model of power, with its "meticulous attention" to each and every member, in the management of the state (Foucault, 1991a, p. 92). This involves having extensive knowledge of "that which is to be governed and to govern in the light of that knowledge" (Rose, O'Malley, & Valverde, 2006, p. 87). Most narrowly and erroneously, governmentality has been interpreted as referring literally to the study of the particular governments that run

various states. However, governmentality recognizes "the state" for the abstract construction it is, as government is involved in all social interaction (Nadesan, 2008). Thus, more accurately, governmentality refers to the "conduct of conduct" and the multiple rationalities and technologies used to direct that conduct (Carrabine, 2000, p. 314; Dean, 1999, p. 2; Gordon, 1991, pp. 2-3; Nadesan, 2008, p. 1).

Miller and Rose (1990) identify and explain two lines of inquiry in governmentality that can help to understand how government is put into operation, *political rationalities* and *governmental technologies*. Political rationalities or mentalities can be thought of as the policies of government, or the discourses, knowledges and belief-systems developed by administrators of rule in terms of how the population is problematized for targeted governance and how specific programmes for shaping the conduct of those targeted groups are envisioned (Miller & Rose, 1990; O'Malley, Weir, & Shearing, 1997). This forms the mentality behind government in general and with regards to specific groups. Governmental technologies, on the other hand, are the real practices, people and techniques that transform the ideas that comprise political rationalities into action, such as policing (Miller & Rose, 1990; O'Malley et al., 1997). Another way to imagine this distinction is to think of political rationalities as the ends or objectives of government and governmental technologies as the means to achieve those ends (see Carrabine, 2000 for this kind of analysis in terms of how Strangeways prison operates). Furthermore, technologies can also influence the shaping of rationalities, as there exists a mutually constitutive relationship between governmental rationalities and practices (Brock, 2003).

While official "state" government is certainly a part and often the focus of governmentality studies, it is but one form of government (Miller & Rose, 1990; Rose et al., 2006). Government is comprised of more than just the actions of political elites; it extends

much further into the everyday interactions of men with other men (Foucault, 1982), each with their own means and ends in mind. Governmentality studies reject the idea that the state is the epitome of government, rather opting to view the operation of government as naturally dispersed across society (Miller & Rose, 1990); state and society being one and the same in terms of the potential to govern (Nadesan, 2008). For example, Stephen Mugford (1993) outlines four directions in which the governmental functions of the state have been disseminated: (1) "upwards" to supra-national organizations, such as the United Nations and the European Union; (2) "downwards" into communities through programs like Neighbourhood Watch; (3) "sideways" onto various bodies that co-exist with the state, such as workers' unions and employment-related or voluntary associations; and (4) "out" into the economic practices of the marketplace, where every business and commodity can potentially participate in governmental functions (p. 370). Accordingly, Foucault (1991a) argues the state is no more than a "mythicized abstraction" with more limited importance than many of us may think (p. 103).

Furthermore, government is neither all-knowing nor all-powerful, often being quite ineffective or "impotent" (Foucault, 1989, pp. 183-184). While the discourse and reasoning behind government is "eternally optimistic", putting forth the belief that any and all societal problems can be solved by modifying the specific behaviour(s) of people, government in reality is a "congenitally failing operation due to programming with competing interests and the unanticipated effects of policies (Miller & Rose, 1990, p. 10). Power does not lead an independent existence in a vacuum, as something that can be materially acquired and accumulated (Foucault, 1978). As such, power is heterogeneous in nature (Foucault, 1989), appearing in society through a variety of forms because it is always "born of something else" (p. 187). Power exists only in action (Foucault, 1982), being "produced from one moment to

the next" (Foucault, 1978, p. 93) and only existing in that moment. Another way to illustrate the immateriality of power is to think of power as a consequence rather than as cause of action (Latour, 1986). Bruno Latour argues that power is better conceptualized as the effect of a "collective action" (p. 265), where each person involved in a particular attempt to govern (or a chain of action) provides momentum for the power being exercised. In this "model of translation" (p. 267) if someone does not pick up and transmit the governmental project through their lens to other people further down the chain of action, then the governmental project fails and power dissipates. Power is then paradoxically born of the wills of others, not the person trying to exercise it. If one governs or "has" power it is only because others have empowered him/her by aligning their wills and actions (at least partially) with the ends of that person or project (Burchell, 1991; Latour, 1986). Rather than power being the force behind a change of another's will (as traditional explanations of power would have us believe), power actually derives its existence as a result of other people's actions and thus cannot also be the cause of, or force behind, those actions (Latour, 1986). So, attempts to govern or exercise power occur in any social interaction where one party tries to shift the power dynamic of a relationship by influencing one or more person's will, or in other words, seeks to "structure the possible field of action of others" (Foucault, 1982, p. 790). However, it must be remembered that the exercise of power is never the result of one person's decision(s) (Foucault, 1978).

Therefore, the potential for government (and consequently the exercise of power in a relationship) presents itself in any and all social interactions and networks (Foucault, 1982) where the parties involved do not share the exact same interests. In order to resolve a potential conflict of desires or interests, either one or both parties must bend their will. This concession of will(s) can be the result of a prior consent, but power relationships by nature

are not “the manifestation of consensus” (Foucault, 1982, p. 788). If no change to the field of action occurs (i.e. no one changes their position), then the governmental attempt fails. Of course, this scenario presupposes that the parties are free (i.e. not bonded in slavery), as subjects must have the ability to act contrary or to resist in order for power to be exercised (Foucault, 1982; Burchell, 1991; Dean, 1999). Without resistance there is no power, as power resides in successfully structuring the choices of those who have the freedom to choose otherwise (Foucault, 1978). Moreover, the population is the ultimate target of this governance, with multiple and heterogeneous forces aiming to shape the conduct of each and every citizen through social action (Foucault, 1991a). Government is very rarely the product of a huge masterminded plan aiming at one cohesive intended goal as government is a fundamentally “decentred process” (O'Malley et al., 1997, p. 501). The task of achieving an internal consistency among all governmental projects at a given point in time is always incomplete because of the ongoing and malleable nature of the mentalities and technologies supporting those projects (Rose et al., 2006). Most often power involves a series of complex, never fully-functioning relationships, and as such government occurs subtly through “decoupages” (Foucault, 1989) of institutions and other power relationships established at a given moment in history (p. 186). Thus, if the diverse objectives and multiple attempts of various people/bodies to govern or control others appear to converge, it is often coincidental — not necessarily intended, but a product of that particular moment in time (Foucault, 1978). Integrally linked to government, is the emergence of “biopower”, a concept created by Michel Foucault to describe the ever-expanding complex of new technologies of power aimed at the “management of, and control over, the life of the population” (Nadesan, 2008, p. 2).

2.2 Biopower

"Biopower", first coined by Foucault in volume I of *The History of Sexuality* (1990, p. 140), is an umbrella term referring to all forms of power which target people as living beings, or all forms of power exercised over the population (Carrabine, 2000; Gordon, 1991; Nadesan, 2008). Beginning with the Enlightenment in the 18th century and the subsequent growth of the human sciences, "regularities of human conduct" began to be identified across various fields (e.g. medicine, education, etc.), allowing for standards of behaviour, or "norms", to be established (Nadesan, 2008, p. 179). According to Nadesan, central to the idea of biopower is its operation in relation to the "norm". She elaborates that the force behind biopower stems from its ability to influence people to conform to whatever norm is in question, unlike more traditional forms of power such as the law which derive their force from their punitive nature (Nadesan, 2008). This reinforces Foucault's conception of power as something that can have a positive or constructive impact, in that its exercise has the ability to produce new knowledges or ways of presenting people and issues (Brock, 2003) which in opposition to traditional views that the exercise of power is inherently negative and destructive. Also, biopower may be used to bolster the "interests of capitalist accumulation and market forces" (Nadesan, 2008, p. 3) by harnessing the vitality of the population as a market resource, which originally derived from the need to "securitize" and "legitimize" the modern state (p. 21). This has led to biopower becoming the most prevalent form of power present in modern society, encompassing both "bio-politics" and "anatomo-politics" (Nadesan, 2008), both of which will be discussed more fully in the following section.

2.2.1 Biopolitics and anatomo-politics. The first aspect of biopower, "biopolitics", concerns itself with the creation of "indices of knowledge about populations" (Nadesan, 2008, p. 8). Biopolitics seeks to harness life forces of the population as a whole through

regulatory controls (Foucault, 1990). Experts involved in the gathering of knowledge about the population as a species come from both the private and public spheres, dispersed in everyday life (Nadesan, 2008). Furthermore, we can also become enlisted as active agents in our own self-government (Foucault, 1988a; Nadesan, 2008). Key to the operation of biopolitics, according to Nadesan (2008), is the problematization and targeting of the population as something comprised of certain groups whose potential threat to the well-being of the collectivity needs to be neutralized. It is about uncovering and managing the aggregate characteristics of the species for the prosperity of the state (e.g. birth, death and disease rates). The most obvious example of the operation of biopolitical power is in the cataloguing and classification of groups in the medical field in order to manage their health and consequently their "riskiness". Moreover, another problem is presented by those viewed as "bad subjects" incapable of their own self-government (Nadesan, 2008, p. 215). Rose (1999) highlights the ways in which those who pose a threat to national vitality (due to their dependency on the resources of the state) are problematized and targeted for governance, particularly unemployed youth and welfare recipients. For these people, the more traditional techniques of anatamo-politics are reserved in an attempt to discipline these individuals into conformity with the norm (Nadesan, 2008).

This other complementary aspect of biopower, "anatamo-politics", is comprised of disciplinary technologies that concern and act upon the corporeality of individuals (Foucault, 1990; Nadesan, 2008). Foucault (1990) asserts that anatamo-politics emerged considerably prior to biopolitics and sought to act on the individual's body as if it were a machine, maximizing its operation towards the ends of labour and the like. Anatamo-politics are undertaken to ensure the compliance of subjects with the ends of state security and economic prosperity (Nadesan, 2008). This form of biopower is closely connected with Foucault's

conception of *disciplinary power*, which existed long before biopower. Disciplinary power works upon individuals to train and maximize their efficiency in certain operations that are primarily physical, but can extend to thought, all the while increasing their docility. Disciplinary power is enacted and the rendering of the human body docile is achieved through the ordering of time and space, normalizing observation by authorities, as well as punishment of the individual for deviations from the norm, resulting in an objectified and docile human being (Foucault, 1995). In the end, these complimentary "politics" result in the formation of specific yet multiple forms of subjects and in each situation the required or ideal subject of government varies (Burchell, 1991). Thus, the "subject" as such is utilized as the privileged medium through which biopower functions towards various governmental ends.

2.2.2 The "subject". All the policies and practices of biopower involve the construction of "subjects" by one means or another. Foucault (1982) articulates three common ways in which people are objectified and made into subjects. First, subjectivities can be produced as the result of people becoming the object of inquiry in both the natural and social sciences. Second, a subject can be created by what Foucault terms "dividing practices" (p. 777), which involve the application of categorizations (often binary) that serve to partition the subject within him/herself or separate that person from others. Examples of this kind of division include the use of categorizations such as "sane" vs. "insane" or "beautiful" vs. "ugly". Third, and the most interesting to Foucault, are the ways in which one turns him/herself into a subject (e.g. sexuality) or the various methods by which one works on their "self". This third and final manner in which we turn ourselves into subjects and act in relation to that subjectivity, in contrast to the first two processes of *objectification*, is termed the process of *subjectification*. Rabinow and Rose (2006) explain that subjectification entails modes by which individuals are tasked by authorities "to work on themselves [. . .] in the

name of their own life or health, that of their family or some other collectivity", or perhaps even the population as a whole with respect to certain "truth discourses" or knowledges (p. 197). Consequently, the meaning of the word "subject" as used in the above descriptions is twofold: "subject to someone else by control or dependence [objectification]; and tied to his[/her] own identity by a conscious self-knowledge [subjectification]" (Foucault, 1982, p. 781). In either case, Foucault concludes, a kind of power operates that subjugates the human being and submits them to particular understandings of themselves as a person. As alluded to earlier, each form of government necessitates a different self-image or subject-identity on the part of its targets for the project to be effective (Burchell, 1991). Burchell suggests that an analysis of these aforementioned subject-formation processes will provide us with insight into how individuals are fashioned into particular kinds of subjects through the various ways they are targeted by biopower in society. In affluent Western countries, such as Canada and the United States, endless possibilities are presented for the creation or reinforcement of novel and/or pre-existent subjectivities due to the enormous amount of choice imposed on people in the current political and societal climate dominated by neoliberal principles.

2.3 Neoliberalism

Neoliberalism, a broad epoch of government that we in the West are currently experiencing, first arose as a post-WWII critique of the excesses of the welfare state under the liberal rationality of government (Rose, 1996). The welfare state and the plethora of programs and services provided to those in need or those in a situation of poverty/dependency increasingly came under attack as excessive, expensive, and ineffectual (Pratt, 1999). By the close of the 20th century, the rights and privileges afforded to citizens under the welfare regime were criticized for creating and perpetuating a situation of dependency in subjects (Rose, 1999). The system as it was came to be viewed as

economically unsustainable (Pratt, 1999). Pratt points out that critics of the system maintained that such a level of services would require more and more public resources to continue to operate and this was seen as unrealistic due to increasing unemployment rates and other problems that emerged as the by-product of welfare programming. The neoliberal programs brought into effect from the 1980s to the present day sought to penalize those who took advantage of state benefits and other social programs by cutting resources and tightening eligibility requirements. For example in "From Welfare Fraud to Welfare as Fraud: The Criminalization of Poverty", Chunn and Gavigan (2006) argue that the welfare system has been restructured and regulations tightened in such a way that to simply be the recipient of benefits is to be viewed as suspect; at the very least lazy and irresponsible and at the most criminal. To justify such actions the entire relationship of the individual to the state had to be re-envisioned (Pratt, 1999). Pratt argues that the individual had to be prepared to offer more, while the state would offer less. Nonetheless, neoliberal societies still guarantee a minimum quality of life to all their members; they are simply prepared to offer much less in terms of what is guaranteed.

Biopower is the preferred means for the exercise of power in societies subscribing to this perspective, as opposed to the more traditional sovereign, pastoral and disciplinary forms of government, although they are also present (Nadesan, 2008). Yet, as Rose et al. (2006) argue, it would be a mistake to think that all recent programs of government utilize biopower and should be labelled "neoliberal" in nature, as that would suggest the blanket implementation of neoliberal ideals. It is simply the case that, on a whole, most programs tend to show evidence of some of the principles espoused by the neoliberal governmental rationality. Also, older sovereign and disciplinary forms of power may still be enacted, however the techniques of biopower are considered the most effective because they find their

basis in the ability to "maximize the energies and capabilities of all" (Nadesan, 2008, p. 3), an apparently utilitarian goal. These functions of biopower appear to mesh naturally with the neoliberal philosophy of strengthening the economy of the state by strengthening each individual member. The operation of biopower towards neoliberal ends in these societies further involves the creation and promulgation of the "enterprising individual" (Pratt, 1999, p. 143) or rational *homo economus* (Gordon, 1991) as the privileged subject in neoliberal thought and practice. In examining neoliberalism, one can identify three prevalent characteristics among the programs of this era of government: they are founded on market principles, they employ strategies of government from a distance, and they necessitate the responsibilization of subjects.

2.3.1 Market principles. Neoliberalism is infused with market principles in more way than one. Not only have public and welfare services increasingly become privatized (e.g. the ever-expanding private security and healthcare markets), but the "social" and the "economic" have come to be viewed as at odds with one another (Rose, 1996). As a result, Rose argues, previously social functions are being restructured in accordance with the principles of the market economy. Consequently, "consumption and markets have become powerful new mechanisms for the shaping of conduct" (p. 343), not because these mechanisms are directed by political rationalities but because of the possibilities they present for the transformation of governmental technologies. Rose further asserts that central to neoliberalism and the technologies for the achievement of its goals is the promotion of the entrepreneurial spirit. The idea is that each person has the ability to maximize their potential and success in life by making the right decisions. The market is to be the ultimate guide of broad governmental actions as well as the everyday actions of individuals. Each person is to act in accordance with their individual interests towards their own economic prosperity and

in doing so will support the free market, allowing the state as a whole to prosper. Thus, economics essentially "becomes an 'approach' capable in principle of addressing the totality of human behaviour (Gordon, 1991, p. 43). Individuals are to become "entrepreneurs of themselves" (Rose et al., 2006, p. 90).

On the whole, the efforts of biopower and biopolitics, when adopted for the realization of neoliberal goals, "seek to minimize societal risk and maximize individual well-being" (Nadesan, 2008, p. 3). Nadesan argues that in order to justify expenditures on various social programming wide networks of surveillance are enacted to monitor individual behaviour and allow for the targeted governance of perceived "risky" groups. However, these new risk groups are created by the neoliberal governmentality itself (Pratt, 1999) by reducing individuals to a combination of risk factors (Castel, 1991): characteristics present in certain members of the population which present a potential source of problems for the furtherance of neo-liberal ends. Through this one can see that neoliberalism is inherently pre-emptive in nature, attempting to survey and intervene before the potentiality of risk becomes a reality. For example, healthcare costs are rationalized by only expending resources on those whose "unhealth" potentially threatens the vitality or economic success of the state (Nadesan, p. 94). In this scenario spending money on preventative healthcare for working-age men would be seen as justifiable, whereas spending money on the palliative care of the elderly would viewed as excessive and irresponsible, since the former have a clear utility but the latter no longer have much to offer the nation in terms of strengthening the economy. As Rose (1999) argues, it can be seen that when intervention is deemed necessary, it takes on a purely administrative form by seeking to impact the behaviour of groups that tend to exhibit risk factors before it becomes an issue rather than provide therapeutic treatment for individuals; individuals are not to be normalized after the fact. To pre-empt risk more

effectively, continuous behaviour surveillance and reshaping is designed into the "flows of everyday existence" (p. 234). Within this line of thinking, Rose notes that risk calculation and management becomes an obligation for all — individuals, companies and communities — as opposed to an elite practice of the state.

2.3.2 Government at a distance. Neoliberalism follows a broader trend, argued by Gilles Deleuze (1992, as cited by Nadesan, 2008; Rose, 1999), that began at the start of the 20th century and accelerated quickly in the post-WWII era: a gradual shift from disciplinary-based societies towards "societies of control" wherein the normalization project is no longer the sole domain of experts and institutions, meaning that power shifts in a dynamic fashion across different realms in society. Governance becomes immanent to all "places in which deviation [from the norm] could occur" (Rose, 1999, p. 234). Government is "channelled through a plurality of mechanisms" (Pratt, 1999, p. 144), such as the consumer market and local communities. This results in an abundance of semi-autonomous groups being allocated new responsibilities for the management of the population, permitting the state to distance itself from direct involvement in the government of citizen's behaviour while simultaneously extending the reach of governmental programs (Rose, 1996, p. 350); government is no longer the sole responsibility of the state and its agents. This practice by which one is able to act "from a center of calculation [. . .] on the desires and activities of others who were spatially and organizationally distinct" (Rose et al., 2006, p. 89) through "remote flexible networks" (Nadesan, 2008, p. 4) is termed *government at a distance* (see Miller and Rose, 1990). Government at a distance fundamentally requires that the individuals, groups and organizations that one encounters in everyday life be granted, to a limited degree, the sovereign powers of the state in order for these mechanisms to be effectively utilized in shaping behaviour (Nadesan, 2008). The ultimate way in which this diffusion of

governmental power is achieved is through the neoliberal responsibilization of each and every citizen in their everyday conduct.

2.3.3 Responsibilization. As discussed earlier, neoliberal philosophy requires that the dependent relationship of the subject to the state be re-imagined, granting the neoliberal "juridicial subject" (Pratt, 1999, p. 145) rationality, responsibility, and the freedom to make their own choices because this "free subject" is to be repurposed as a tool for effective government (Dean, 1999, p. 155). Individuals are given the autonomy to make various daily and long-term decisions for themselves but must simultaneously make those choices in a responsible manner in accordance with the neoliberal ideal of reducing risk and increasing rewards. Rose (1999) defines this "responsibilization" of individual conduct as a process whereby:

> Duties, obligations and passive rights are counterposed to opportunities, choices, the engendering of the capacities and competencies for active citizenship in the subject of government, who is then to be a subject of self-government, individual choice and personal responsibility. (p. 257)

Individuals are tasked to engage in risk calculations in their everyday practices as well as long-term activities. Again, the rationale here is that by fashioning productive and responsible individuals the state is facilitating its own success. Hunt (2003) argues that in contemporary society to *not* avoid risk in the course of daily activities is perceived as "a failure to take care of the self" (p. 182) and thus a failure to become a responsibilized citizen.

Unfortunately, those who cannot responsibilize or choose to act in ways that violate established norms face social and/or political exclusion (Rose, 1999). Rose (1999) explains that these exclusionary acts are justified on the basis that those who do not responsibilize represent a threat to the state that citizens require protection from, as even subjects of

neoliberal rule retain the right of state protection from "the dangerous" (Pratt, 1999, p. 145). Accordingly, those who fail to responsibilize are relegated to marginalized, impoverished and chaotic areas (Rose, 1999) where more overt surveillance and repressive disciplinary measures are put into effect (Nadesan, 2008), such as psychiatric institutions and prisons, for the "secure containment of risk" (Rose, 1999, p. 261). However, John Pratt (1999) points out that the perceived risk posed by those who do not responsibilize (e.g. the unemployed and homeless) may not be based so much on the "dangers" they pose to society but because they "pollute" the fantasy of affluence as their very existence represents an "intolerable reminder of the dark side of neo-liberalism" (p. 149). Moreover, the dire situation faced by the excluded is blamed on their own actions (deviations from the norm) or lack of action (failure to responsibilize and manage risk). The neoliberal philosophy downplays "social explanations of human agency" (Nadesan, 2008, p. 212) in favour of conceiving of a wide range of societal issues, such as poverty, as "problem[s] of the excluded" (Rose, 1999, p. 258). For example, Rose (1999) argues that the recent trend in the United Kingdom of classifying the unemployed as "job-seekers" and the homeless as "rough-sleepers" locates problems "firmly within the mode of life of the individual", as if they were freely-made choices or due to some biological defect (p. 254). Failures become *individual failures* and problems become *individual problems*. Thus, it is through this responsibilization process that the "welfare state sheds responsibility for its pastorate by shifting risk and empowerment to its subjects" (Nadesan, 2008, p. 3).

Aside from the exclusion of irresponsible subjects, the neoliberal responsibilization project also results in the growing "moralization of individual conduct" for all (Hunt, 2003, p. 181). This is due to what Alan Hunt (2003) terms the "expansionary logic of responsibilization" (p. 181). This logic dictates that as more potential "risks" to state

prosperity and security are uncovered, subjects are tasked to police an ever-expanding list of behaviours, resulting in their being judged on the basis of their ability to conform to particular regulations. This expansion of moralization occurs due to the "double-sided" nature of responsibilization, wherein a norm or standard of behaviour is established and individuals are judged by that standard whether or not they consciously accepted the responsibility of managing that risky behaviour (p. 183). However, Hunt further argues that we live in an era where overt judgement or moralization of others' behaviour is met with apprehension and distrust by the public. Consequently, he claims the moralizing discourse is disguised deep within an apparently utilitarian discussion of risk calculation and management. As the discourse of risk appears to be a "benign form of moralization" focused on seemingly "objective hazards", it obscures the presence of "normative judgements" (Hunt, 2003, p. 167) and in doing so limits public fallout as well as avenues for subjects to resist (O'Malley, 1999). This is because actuarial methods of government, such as risk management, do not create the same sort of comprehensive identities that older disciplinary methods produce, such as the "criminal" or "patient" identities (Rose, 1999). In contrast, actuarial methods produce what Rose calls "dividuals" (p. 234): incomplete individuals whose identity is comprised solely of a dynamic record of diverse elements they exhibit that are targeted for governance. He claims resistance is made more difficult with actuarial methods because subjects cannot resist in the name of a specific or collective identity, since individuals can possess multiple and fluid identities. By limiting the possibilities for resistance through their ostensibly amoral character, actuarial methods increase their efficiency in terms of governing (O'Malley & Mugford, 1991a).

The irony is that, for a philosophy that advocates the primacy of market principles, neoliberalism has a clearly negative view of risk that fails to fully acknowledge the

potentially positive and productive role risk can play in terms of both entrepreneurship and personal pleasure (Hunt, 2003). Nevertheless, the idea of economic freedom, or the "presupposition of an ethic of choice" amongst active subjects is the foundation of not only neoliberal thought, but the various reformation technologies which are associated with the perspective (Rose, 1999, p. 268). One such class of reformation techniques, Foucault's *technologies of the self*, will be discussed in the following section.

2.4 Technologies of the Self

The responsibilization of the individual is central to the facilitation and operation of technologies of the self. In his earlier works, Foucault focused on "technologies of power" that indirectly constitute subjects through acts of domination and processes of objectification (discussed earlier in regards to the "subject"), but his later writings shifted the spotlight onto complimentary processes of subjectification that directly comprise the subject and identity through one's own actions, namely "technologies of the self" (Foucault, 1988a, pp. 18-19). In describing the difference between *technologies of power* and *technologies of the self*, Foucault (1988a) explains that these latter techniques:

> permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality. (p. 18)

Technologies of the self allow individuals to comprehend and operate upon their "self" in accordance with "certain regimes of authority and knowledge" (Rose et al., 2006, p. 90) through techniques of self-improvement, and in doing so give the impression that individuals are working on themselves and achieving certain governmental ends out of their own self-interest or quest for freedom rather than mere deference to externally imposed normative

standards of behaviour and thought (Rose, 1999; Rose et al., 2006). The history of technologies of the self can be traced through the closely related ideas of *knowledge of the self* (thought) and *care of the self* (action) (Foucault, 1988a). Moreover, Foucault contends that emphasis has oscillated between these two central ideas throughout time, with knowledge of the self establishing itself from the 16th century onwards as the primary guiding principle of technologies of the self in the modern era.

In Plato's dialogue *Alcibiades*, the concepts of knowledge of the self and care of the self were first developed in relation to leading a good political life (Foucault, 1988a). At the end of the dialogue Alcibiades realizes that to lead a political life he must take care of himself and to achieve this he must know himself through examination of his conscious. Here, in this ancient Greek dialogue, Foucault argues that the emphasis is placed on knowing the self in order to take care of oneself, and as a result reading and writing are employed as technologies of the self. According to Foucault, in coming years the Stoics would reverse this trend and instead stress the importance concern with the self in practice, with knowledge of the self becoming the consequence of proper care of the self (soul and body). He details four commonly employed Stoic technologies of the self in relation to these ideas: (1) letters to others and disclosing the self in writing; (2) intensive review of the self and conscience, including an account of one's actions and what one should have done; (3) *askēsis*, a remembering of the self; and (4) interpretation of dreams. While three of these techniques are simple to understand, a more detailed explanation of what *askēsis* is in Stoic culture is required in order to fully understand the goals of these technologies of the self and how they differ from Christian asceticism. For the Stoics, *askēsis* did not involve unearthing a "secret" self only to later renounce it and its flaws, but rather an ever-growing "consideration of [the] self" leading to "mastery over oneself" (p. 35). This process entails the progressive

acquisition and assimilation of truth over time and its eventual conversion into a concrete personal ethic to forever guide action. The aim is to understand this life and reality, not prepare for a future one. Conversely, Foucault claims that Christian technologies of the self seek to purify the individual for entry into the next realm of existence and once again shift the focus onto knowledge of the self in order to achieve these goals.

After his discussion of Stoicism, Foucault turns his attention to detailing two very important early Christian technologies of the self, *exomologēsis* and *exagoreusis*. The first technology which Foucault terms *exomologēsis*, or confession, involves ritual martyrdom and exposure of the self as a sinner. The second, termed *exagoreusis* in Foucault's writings, relates to monastic life. It involves the continual examination of the self through verbalization of thoughts in obedience to a master. Both require a renouncing of the self and again, the focus is on obtaining knowledge of the self. Moreover, Foucault asserts that the idea of continual verbalization of thoughts has come to play a central role in many technologies of the self from the 1600s on, although utilized in a differ manner from its Christian form. Verbalization of thoughts is employed in the modern context without renouncing the self; rather, the process is recast in a positive role, contributing to the formation of the self and identity. The question "what are we?" becomes important. This shift away from a "formal ontology of truth" towards a more subjective experience comes to orient thought and practice in relation to self-examination and formation (Foucault, 1988b, p. 145).

One modern example of Foucault's technologies of the self is explored by Cruikshank in "Revolutions Within: Self-Government and Self-Esteem" (1999). Although Cruikshank calls them "technologies of citizenship" (p. 88), the self-esteem movement in California in the 1980s is shown to be a technology for producing self-governing citizens

while they simultaneously engage in a process of self-discovery and formation. Cruikshank argues that the production of self-esteem is seen as a "social vaccine" of sorts capable of providing protection from all kinds of social ills, such as poverty, teen pregnancy, dropping out of school, welfare fraud, etc. (p. 89). Writing is also implicated as an important means for knowledge and construction of the self. However, there are significant problems with the idea of government through freedom. Nadesan (2008) is critical of technologies of the self, stating that "[s]ome technologies of the self facilitate individual agency while others, under the guise of self-exploration or self-accountability, beget technologies of power that constrain and problematizes self-care" (p. 11). Moreover, technologies that govern through freedom are inherently problematic because each individual begins with a different level of freedom, as freedom is not an absolute, but exists in relativity to others. Kelly Hannah-Moffat (2000) criticizes the female empowerment strategy of the Correctional Service of Canada for appearing more benign, whilst actually reinforcing traditional technologies of domination, such as the prison itself.

2.5 Governmentality and Drug Use

I will now conclude this overview of governmentality with a brief discussion of the manner in which the perspective has been applied to drug use. The governmentality framework can be very useful in analyzing the rationalities and practices surrounding the control of drugs and those who consume them, as well as provide insight regarding the forms power may take in various attempts to regulate drug use. Stephen Mugford (1993) argues that wide-scale trends in the governance of drugs "have little to do with drugs and their properties *per se*", but are "better understood in terms of large scale changes in society and systems of social control" (p. 374). Furthermore, Stephen Mugford and Pat O'Malley (1991; O'Malley & Mugford, 1991b) identify four discourses that are implicated in the control of

drugs and drug use: pathology, profit, state and pleasure. The pathology discourse is argued by the authors to be the most dominant in today's control strategies. It dictates that those who use drugs do so because of some defect or deficit — medical, social, or otherwise. The next common discourse, profit, focuses on the motives of drug traffickers and the characteristics of drug-producing countries. The state discourse focuses on the way drugs are officially legislated and how their control reflects the interests of the ruling elite. Finally the pleasure discourse, the least utilized according to O'Malley and Mugford (1991b) conceptualizes drug use as a normal feature of hedonistic, consumerist society. The authors further argue that the pathology and profit discourses centre on the supply of drugs, failing to theorize demand beyond the *deficit model* that something is wrong with the drug user and/or their life for them to engage in drug-taking behaviours. They suggest, along with Cameron Duff (2004), that a shift towards interventions that employ the pleasure discourse is needed to fully address drug use in society.

Almost a decade after introducing the idea of the pleasure discourse, Pat O'Malley (1999) highlights a shift towards (an at least partial) normalization of the drug user in the drug strategy of Victoria, Australia. Running contrary to contemporary drug policy, O'Malley claims, the Victorian Drug Strategy views the drug user and their use as normal features of society, not inherently good or bad. Within this strategy drug use itself is not problematic, however those who choose to use must self-govern their risk; they are made into normal subjects of government. O'Malley argues that this strategy fosters more effective government from a distance and also minimizes resistance by aligning "the wills of such subjects with the project of harm minimization" (p. 196). He explains that the project appears benign, but instead employs a "strategic moralization" and reserves more traditional methods

of control for those who engage in risky "inappropriate use", or are involved in supplying drugs (pp. 206-208).

O'Malley and Mugford (1991a) also demonstrate how random drug testing practices, instead of representing impartial, actuarial methods, re-moralize drug use in the sphere of employment. They claim that due to the ineffectiveness of such testing methods, in terms of both workplace benefits and prevention of drug use, a moral reason must be the justification for the intervention. The authors argue that drug use is judged to be "un-American" (p. 137). In terms of safe-injection facilities, Fischer et al. (2004), maintain that the risk management techniques employed in this harm reduction method amount to spatial exclusion. Once again, it is argued that the technique may appear benign, but is simply government-at-a-distance that still imposes certain ideas/discourses on its subjects. Moreover for Fisher et al., this may mean that the goals of harm reduction become diluted and remain unrealized. The problem is that harm reduction and actuarial methods may be more "mirage" than reality (Mugford, 1993, p. 373). In the following chapter, a more detailed explanation of harm reduction and the constellation of strategies that comprise it will be provided, as its precepts purportedly form the foundation of the Vancouver (downtown-eastside) safe-injection site (SIS).

Chapter 3:

Review of the Harm Reduction Perspective

3.1 Harm Reduction: Origins and Definition

Harm reduction as applied to illegal drug use is a relatively recently articulated and continually evolving model for addressing the individual and public harms that result from illicit drug consumption and related regulatory techniques that really came to the forefront as a part of the international reaction to the burgeoning AIDS epidemic around the world due to the risk of spreading disease through injection drug use (Marlatt, 1998b). Since the First

International Conference on the Reduction of Drug Related Harm in Liverpool, England in 1990 and the subsequent establishment of the International Harm Reduction Association in 1996, harm reduction has garnered wide recognition as an alternative to traditional prohibitionist drug policies and practices (Marlatt, 1998b; O'Hare, 2007; Riley, 1998). More recently, the UN High Commissioner for Human Rights (United Nations, 2009) and the United Nations Office on Drugs and Crime [UNODC] (2008) have openly expressed support for including harm reduction initiatives as a part of a comprehensive drug control strategy. *Harm reduction* is an umbrella concept that encompasses a wide variety of pre-existing and emerging pragmatic-based drug policies and programs that seek to reduce the harms associated with personal drug use without promoting complete abstinence as a primary objective, and target individuals or groups, the environment, and/or public policy to achieve those goals (Marlatt, 1998a). It is a low-threshold approach designed to provide a broad-spectrum of easily-accessible interventions to "accommodate those who have already 'said yes' [...] when it comes to experimenting with drugs" (Marlatt, 1998a, p. 59); those in the limbo between primary prevention (before first drug use) and rehabilitative treatment interventions (after a commitment to the goal of abstinence). Harm reduction also presents itself as a more compassionate, humane alternative to traditional drug policies because it seeks to normalize the drug user and their demand for drugs as common features of society; drugs are viewed as part of our regular consumption practices as opposed to some sort of aberration (Marlatt, 1998a; Mugford & O'Malley, 1991; O'Malley, 1999; O'Malley & Mugford, 1991b), ideally avoiding some of the morality-based stigmatizations that generate additional harms for drug consumers. Proponents of this paradigm view the "drug-free society" as an unachievable ideal (Marlatt, 1998a, p. 57; Riley, 1998, p. 1). Harm reduction distinguishes itself from "abstentionism" (the dominant philosophy in North America) due to

its focus on reducing drug-related harm to individuals and society rather than attempting to lessen the overall prevalence of drug use in society with prohibitive measures (Riley, 1998, p. 47).

Unfortunately, critics often reject harm reduction as a strategy, viewing it as "overly permissive" or as a thinly-veiled "'front' for legalization" (Marlatt, 1998c, p. 3). Such criticisms contribute to the reluctance of the public and especially conservative politicians to support and implement harm reduction programs, such as safe injection sites, because they are perceived to encourage and perpetuate the risky and harmful behaviours of drug users (Small, 2007; Weingardt & Marlatt, 1998). However, not all harm reductionists advocate for the unrestricted legalization of drugs as a marketplace commodity and even those who support the progressive decriminalization and legalization of drugs in general, such as Line Beauchesne (1997), believe that the choice to legalize "is not, in itself, a solution to the problems of drug abuse" (p. 39), but rather an avenue for it to be recognized as a broader health issue instead of a criminal justice problem. Beauchesne argues that in the event of legalization, marketplace regulation, prevention programs, accessibility to drug-related treatments and services, as well as broader social programs will still be essential to successfully minimizing harms. Moreover, some harm reductionists are even quite opposed to the legalization of all forms of drugs on the basis that such a move is likely to amplify drug-related harms (e.g. O'Malley & Mugford, 1991b). For example, increased availability may be an appropriate option for some types of drugs that are low-risk, such as marijuana, but a completely inappropriate and problematic solution for others, such as crack (O'Malley & Mugford, 1991b). Harm reductionists are scattered across different points on the prohibition-legalization spectrum, each according to how they prioritize the fundamental elements of the harm reduction perspective (for example, do they give practical goals a

higher priority than user-involvement?) and which drug-related harms they seek to reduce (e.g. direct harms from drug use itself or indirect harms from drug policy and legislation), as there is no universally accepted definition or set of standards for harm reduction. However, what links together those harm reductionists in favour of drug legalization is the belief that we as a society need to leave behind prohibitionist drug policies due to the problems they exacerbate and create.

The first seedlings of the harm reduction perspective can be traced all the way back to legislation in the 1920s in the United Kingdom (Riley, 1998). She explains that since that time to the present-day, UK physicians are legally permitted to prescribe any drug, except pure opium, on the basis that the regulated administration of such drugs can help dependent users lead more manageable, productive lives. However according to most harm reductionists the origins of the harm reduction model in its present form came to the forefront in the Mersey region of the UK during the 1980s in the midst of a HIV/AIDS epidemic (Marlatt, 1998b; O'Hare, 2007; Riley, 1998). It is here that a comprehensive range of services was first offered to drug users, including needle exchanges, drug education and counselling, housing and employment support services, and even the medical prescription of illicit substances, such as heroin, methadone, cocaine and other smokable drugs to registered users in the region. The Mersey model of harm reduction programming is premised on the notion that we should attempt to "care" for rather than "cure" drug users (Riley, 1998, p. 51). Coupled with these initiatives is a national police policy to caution rather than initially arrest people caught for the first time with a small amount of drugs for personal use and a non-prosecution policy regarding those in possession of used needles that they intend to take to a program to exchange (O'Hare, 2007; Riley, 1998). Research has supported the effectiveness of the Mersey or Merseyside model in reducing infectious disease, particularly HIV (less

than 1% prevalence), and rates of property crime (Riley, 1998). Such promising findings have lead to the successful adoption of the model throughout the UK and abroad as an archetype of the harm reduction perspective (Marlatt, 1998b; O'Hare, 2007; Riley, 1998).

The Netherlands also stands as a model for the development of successful harm reduction efforts. During the 1970s, the Dutch liberalized marijuana laws in such a manner that it amounted to the *de facto* decriminalization of personal marijuana possession and its purchase and use from "coffee shops" (Marlatt, 1998b; Riley, 1998). Marlatt (1998b) explains that the revised Dutch Opium Act of 1976 sought to reduce the stigmatization of drug users face by changing the way they are dealt with by the criminal justice system by establishing different classes of drugs, with varying rules regarding enforcement. The new act distinguished between drugs of low risk (e.g. marijuana) and drugs of high or "unacceptable risk" in order to better "separate [and therefore manage] the markets in which 'hard' and 'soft' drugs circulate" (p. 32). The police also instituted a policy of permitting dealers to sell out of apartments, as long as they did not create disturbances in the neighbourhood, in an effort to reduce public disorder. On the treatment side, easily accessible services like mobile methadone maintenance buses are offered alongside programs requiring a high level of commitment, such as inpatient drug-free communities or residential treatment centers, in order to provide a full spectrum of help for drug users, irrespective of their level or frequency of use. Marlatt also describes how the efforts of the "Junkiebond", a grassroots "trade union for concerned hard drug users", lead to the implementation of the first needle exchange program in Amsterdam during the 1980s (p. 33).

In North America harm reduction efforts developed in a more restrained manner. They began with the institution of methadone programs in the 1950s and 1960s, and went on to include the implementation of needle exchanges, education projects, and various other

alternative drug treatment programs (Riley, 1998). Sadly, a recent survey of the attitudes and perceptions of public policy elites in Saint John, New Brunswick, conducted by Susan O'Neill (2004) on behalf of the John Howard Society, found that while there may be general support for the philosophy of harm reduction, there is little awareness and knowledge of lower threshold programs that do not involve abstinence as a goal, as well as an overriding prohibitionist attitude towards drug use and related programming, especially where youth are involved. The most recent harm reduction efforts in Canada include the establishment of North America's first legally-sanctioned safe injection site for injection drug users in the downtown eastside of Vancouver in 2003 (VCH, 2010b). This is despite the persistent and adamant resistance among high-level government officials in Canada and the United States to the SIS's operation and its possible expansion to implement similar projects elsewhere (Strathdee & Pollini, 2007).

In the remainder of this chapter, a brief history of drug policy in Canada will be provided, followed by a short discussion of the main problems produced by prohibitionist drug control strategies in general. In addition, this chapter will go on to identify and review four major tenets of harm reduction: (1) humanistic principles, (2) value-neutral discourses, (3) user-focused interventions, and (4) practical/realistic objectives. Finally, examples of harm reduction programs for injection drug users (IDUs) will be provided and the emergence of the safe injection site (SIS) in Vancouver will be detailed.

3.2 Brief Overview of Drug policy in Canada

The final report of the *Senate Special Committee on Illegal Drugs* (2002) identifies three major periods in Canada's legislative history regarding drugs: the hysteria period (1908-1960), the search for legislative justification/reasoning (1961-1975), and the final period of "forging ahead regardless" of the past (1980-present) (p. 247). This review will

trace a similar path, touching on elements from all these legislative phases detailed in the report, presenting the political justification for these drug policies. Canada's history of legislative prohibition against psychoactive substances (drugs) began with the passage of the *Opium Act* in 1908. According to the Senate Special Committee report, the adoption of this law which made the importation, manufacture, and sale of crude and smoking opium illegal was motivated by fears that Asian (particularly Chinese) immigrants' cultural custom of smoking opium was infecting a North American climate dominated instead by the consumption of alcohol or other opiate-based substances for the relief of illnesses and escapism purposes, as opium smoking was viewed as unacceptable and non-Christian. Over the next three years the even broader *Opium and Narcotic Drug Act* was proposed and eventually enacted in 1911. The new act made the use of opium, cocaine, morphine and eucaine illicit unless prescribed for medicinal reasons, expanded police powers to aid in their enforcement of the act, and began the custom of granting the Governor in Council the power to prohibit any new substance without having to go through the procedures to enact new legislation if such a move was judged to be in the "public interest" (Senate Special Committee on Illegal Drugs, 2002, p. 253). In the post-WWI years a series of changes to the *Opium and Narcotic Drug Act*, driven by a multitude of national and international concerns and conflicts, resulted in more prohibitive and restrictive measures against citizens in relation to drugs, including the establishment of the Narcotics Division of the Department of Health in an attempt to centralize enforcement efforts. Cannabis was initially added to the list of illicit substances in 1923 and that restriction remained in place up to and including the first "in-depth overhaul" of the act in 1938, which culminated in the expansion of the act to cover over 15 substances in the schedule of illicit drugs (pp. 255-256). During the mid-1950s, the work of the *Special Committee of the Senate on the Traffic in Narcotic Drugs in Canada*

"unanimously rejected" the idea of establishing locations to provide ambulatory services to those dependent on drugs and also adamantly opposed the UK practice wherein physicians permitted citizens to continue their use of drugs in certain situations by prescribing illicit substances to them (p. 266).

Canada's trend of expanding prohibition of mind-altering substances for non-medicinal/non-scientific reasons continued with the *Narcotic Control Act* (NCA) of 1961, which contained more than 92 drugs in its schedule of controlled substances (Senate Special Committee on Illegal Drugs, 2002). It was enacted in agreement with Canada's ratification of the United Nations' *Single Convention on Narcotic Drugs* that also came into force that year. The subsequent *Food and Drugs Act* of 1961 also covered some substances not included in the NCA. These substances were accepted for addition to the legislation "without debate", nor any questioning "to determine the criteria or reasons advanced [. . .] for subjecting such a large number of substances to the restrictive provisions of the act" (Senate Special Committee on Illegal Drugs, 2002, p. 270). Almost a decade later, the reasoning behind Canada's drug laws finally came under scrutiny with the establishment of the *Le Dain Commission* in 1969, formed to inquire into the non-medicinal use of drugs by Canadians. The inquiry made several negative conclusions regarding Canadian drug policy. It identified the social costs of the practices of the time, including the financial burden to law enforcement, courts, and the prison system, as well as the costs to individual drug users, including the penalties they face upon conviction (e.g. fines or incarceration), the likely loss of employment, and diminished life opportunities due to the stigma attached to having a criminal record (Riley, 1998). The inquiry strongly recommended "a gradual withdrawal from criminal sanctions against users and less coercive alternatives to the criminal law", such as more drug treatment options, due to the "hundreds of thousands of Canadians [that] were

convicted of illicit drug possession with lifetime barriers to personal freedoms" (Riley, 1998, p. ii). Unfortunately despite such recommendations, Riley (1998) notes that the failures of criminalizing drug use have still not been addressed and the "financial and human costs" of such policies continue to grow (p. ii).

One attempt to move forward and create a more holistic, effective approach to drug use was the creation of the National Drug Strategy (NDS) in 1987, later re-titled Canada's Drug Strategy (CDS) after its renewal in the 1990s (Riley, 1998; Senate Special Committee on Illegal Drugs, 2002). It was designed to be a more co-ordinated effort to address both the supply and demand of drugs, with the aim of reducing harms to individual Canadians and families (Senate Special Committee on Illegal Drugs, 2002). Among other objectives, it involved the establishment of the Canadian Centre on Substance Abuse (CCSA) in 1988; a non-governmental organization funded by the NDS "to provide a national focus and leadership in the area of reducing the harm associated with alcohol and other drug abuse" (p. 234) which is still working towards promoting awareness and cooperation today. In 2003, Canada's Drug Strategy was renewed again, with a special emphasis placed on including harm reduction initiatives (O'Neill, 2004). Regrettably, the federal government has not maintained this dedication to a more holistic approach to reducing drug-related harms, as the Harper conservative government (elected in 2006) recently removed harm reduction as one of the four pillars of the national strategy (Dooling & Rachlis, 2010). Now called the National Anti-Drug Strategy, the agenda solely covers prevention, treatment and enforcement in its action plans and allocated $64 million over two years to implement this reformulated drug strategy (Department of Justice Canada, 2007). The most recent legislation enacted regulating drug use in Canada also disregards the criticisms of Canada's prohibitionist drug policies that have been brought to light since the 1960s by failing to

incorporate the recommendations of the *Le Dain Commission* and other experts (Senate Special Committee on Illegal Drugs, 2002). The *Controlled Drugs and Substances Act* (CDSA) came into effect in 1997 and covers six common offences regarding illicit substances, including: possession; trafficking; cultivation; importation; exportation; and obtaining multiple prescriptions for controlled substances from several doctors, termed "prescription shopping" (Riley, 1998, p. 16). The CDSA also has provisions restricting illicit drug paraphernalia and literature, however, those measures relating to literature have been challenged since the legislation's enactment, with one judge striking down the provisions as "unjustifiable violations of freedom of speech as guaranteed by section 2 (b) of the *Charter of Rights and Freedoms*" (Riley, 1998, p. 16). Overall the CDSA, Canada's primary legal instrument regulating drugs, is thoroughly prohibitionist in nature and scope (Fischer, 1997; Riley, 1998).While in previous years Canada's progression towards a health promotion focus "has distanced itself somewhat from repressive American drug policies" (Beauchesne, 1997, p. 32), recent Canadian drug policies (such as the CDSA and the removal of the harm reduction element of CDS, mentioned previously) represent a reversion back to a U.S.-style war on drugs (Wodak, 2008) that threatens that progress. In fact, approximately 95% of the almost $500 million allocated to federal departments from 1999-2000 for illicit drug control was spent on supply reduction, which primarily covers enforcement and interdiction (Auditor General, 2001). Consequently drug treatment, demand reduction efforts and health promotion initiatives such as harm reduction programming, become practically an afterthought with a mere $28 million share of the federal expenditures dedicated to such measures according to the 2001 Report of the Auditor General. The following section will provide a summary of some of the major harms created by the narrow objectives of such prohibitionist drug policies enacted in Canada and elsewhere.

3.3 Harms Generated by Traditional Drug Policies

While there are a multitude of direct harms created by drug use itself in terms of the health of those who consume drugs and markets for the supply of drugs, traditional prohibitionist approaches to dealing with drug use have been woefully unsuccessful in "curbing illicit drug consumption and availability" (Erickson, Riley, Cheung, & O'Hare, 1997, p. 4) and have in fact spawned their own negative consequences, or *indirect harms*. Several researchers and scholars have discussed the indirect harms that stem not from drug use itself, but from the punitive and prohibitive drug policies and legislation utilized in Canada and in the American "war on drugs". Line Beauchesne (1997) notes that multiple Canadian studies, committees, commissions and research projects accessing "the effectiveness of prohibiting certain drugs to prevent associated risks and dangers are unanimous" in declaring these policies to be ineffective in reducing harms and levels of drug use (p. 34). Moreover, Canadian researcher Diane Riley (1998) points out that more often than not the "indirect harms and costs of illicit drugs far outweigh direct harms" and "these indirect harms and costs are the result of drug policy and legislation" (p. 6). Similarly, O'Malley and Mugford (1991b) argue that prohibition is one of two "very negative ways to handle drugs" (the other being unrestricted legalization) because the prohibition route maximizes "extrinsic and indirect costs" (p. 67). So, it can be surmised that such policies have the potential to cause more problems than they solve, as they are "doomed by their incapacity to comprehend the phenomena they seek to control" (p. 49). These indirect harms can negatively impact both individual drug users and society as a whole. All around the world, including Canada, human rights violations occur and go unchecked in the name of the "war on drugs" and the associated punitive policy measures (Riley, 1998).

Riley summarizes that "most countries have already implemented control policies that have a negative effect on the human rights of drug users" and these violations occur in the areas of: detection of drugs/use, due process, detention/incarceration, healthcare, insurance, employment, housing, and mobility, among others (p. 38). Exorbitant amounts of money are allocated to the enforcement of such policies and incarceration of violators. Recall that over 95% of $500 million Canadian federal budget for illicit drugs is spent on enforcement and related issues (Auditor General, 2001). Furthermore the Auditor General reports that there were in excess of 50,000 people charged with drug offences in 1999, resulting in approximately 400,000 court appearances. Punitive drug policies also contribute to prison overcrowding (Jensen, Gerber, & Mosher, 2004). Excessive expenditures on drug control (such as those documented in Canada) occur despite the fact that it is well-established that treatment is a "less costly" alternative to incarceration (Abrams & Lewis, 1998, p. ix) and provides better long-term returns for the investment. Moreover drug prohibition obscures and takes attention away from larger social problems, such as poverty (which is a contributor to drug use), social dislocation of high-risk groups, and the problems posed by the consumption of licit substances, namely tobacco and alcohol (Riley, 1998). The significant harms also generated by licit drug consumption highlights the arbitrary nature of the classification of select substances as "illicit". Declaring substances illicit and prohibiting their possession/use also deprives too many people of potentially beneficial medical treatments (Beauchesne, 1997). Perhaps most ironically, prohibition contributes to the expansion of the black market for drugs, resulting in less control over the potency and composition of substances being sold (Beauchesne, 1997; Riley, 1998), and contributing to a global market of illicit drug sales estimated to have an annual worth of $450-$750 billion with approximately $7-$18 billion of sales occurring in Canada (Auditor General, 2001).

In terms of illicit drug users themselves, prohibition creates a general situation of stigmatization and discrimination for these people. Some of the costs to those who are caught for illicit drug possession/use include: court costs and fines, loss of income/employment, broken family/social bonds, and diminished life chances in general (Jensen, et al., 2004; Riley, 1998). According to Riley (1998), a "trail of information automatically begins when a suspect is arrested" and even if a drug charge is dropped or acquitted there is no way for the accused to guarantee that the information has been destroyed. Furthermore, labelling drug users as criminals creates "antitherapeutic" effects in treatment programs for substance use because of the unequal, authoritative power relationship established between those who administer them and the patients who face discrimination because of their deviant status (Beauchesne, 1997, p. 38). The stigmatization and criminalization faced by drug users also forces them to hide their drug use in underground settings, with the consequence of engaging in more risky drug practices, such as consuming stronger drugs and utilizing more dangerous methods of intake like injection, in order to get their high faster and stay under the radar (Riley, 1998). Unfortunately but not surprisingly, injection drug use is a major contributor to the spread of HIV/AIDS infections domestically and worldwide, having both individual and societal impact. The Public Health Agency of Canada (2009) estimates that of the 2300-4300 new HIV infections in the country during 2008, 17% were due to injection drug use (up slightly from 2005 estimates). In terms of worldwide incidence of HIV, it is estimated that more than 10% of new infections are due to the use of contaminated drug injecting equipment (UNODC, 2008). Finally, the state of general prohibition against drugs makes it difficult to establish harm reduction programs and medical treatments for users (Beauchesne, 1997; Riley, 1998).

Harm reduction seeks to counteract some of the aforementioned harms generated by traditional drug policies, as well as reduce drug-related harm to individual users, and in doing so hopes to establish itself as a more effective alternative to prohibition. At the conceptual level, harm reduction can be said to be grounded by *humanistic principles* that are said to employ a *value-neutral discourse* regarding drug users and their use, resulting in *user-focused interventions* with *practical, realistic goals*. Moreover, it will become clear in the following review that these major elements of the harm reduction paradigm are highly interconnected with one another, rather than being finite, exclusive concepts.

3.4 Humanistic Principles

Proponents of harm reduction, such as pioneering American psychologist and researcher in this field G. Alan Marlatt of the University of Washington, posit the perspective as a more "humane and compassionate alternative [. . . to the] punitive zero-tolerance approach to drug users" (1998d, p. xv). Marlatt (1998d) further argues that this is because the paradigm chooses to provide treatment that promotes the health and autonomy of drug users rather than punish or incarcerate them for their behavioural missteps. Marlatt's account of the First National Harm Reduction Conference in the U.S. sponsored by the Harm Reduction Coalition (1998c) details the manner in which John de Miranda (a substance abuse specialist from California) "characterized harm reduction as a humanistic world view founded on the principles of public health in which the primary focus is on the consumer or client", as opposed to traditional substance abuse treatment programming where the main focus is on dogmatic adherence to the requirements of the program in order to maintain its clinical integrity (p. 14). Yet, while public health principles come into play, harm reduction distinguishes itself from that perspective by its primary emphasis on producing benefits in the lives of individual drug users rather than for the public as a whole, as reducing drug-

related harm to the community maintains a more limited role within the goals of harm reduction programs when compared to public health programs. Harm reduction is comprised of compassionate programming that aims to mitigate the negative consequences of personal drug consumption while maintaining respect for the dignity and rights of the client of said services (Canadian Centre on Substance Abuse [CCSA], 2008; Marlatt, 1998c). The programming put in place by harm reductionists achieves this compassion for drug consumers by not condemning them for partaking in such potentially high-risk behaviours (Marlatt, 1998a) and instead adopting a non-judgemental, value-neutral discourse surrounding the drug user and the fact that they use (CCSA, 2008). Moreover, it is believed that by "[a]voiding the traps of abstract theory or moral philosophy", harm reduction programming can achieve more than the medical or public health perspectives alone (Abrams & Lewis, 1998, p. xi).

3.5 Value-neutral Discourse

Harm reduction can be thought of as a middle-path or alternative to the two most commonly employed and inherently conflicting discourses surrounding drug use: the moral/criminal model which views the user as someone who freely chooses to abuse substances and the medical/disease model which views the user as a victim of an uncontrollable compulsion, or addiction (Erickson et al., 1997; Marlatt, 1998a; Marlatt, 1998c; O'Malley, 1999). The trouble with these traditional formulations, as pointed out by several authors (cited above), is that they either reduce drug use to a pure matter of will making its treatment an individual issue and disconnecting it from wider social problems, effectively demonizing users for their choices (the moral/criminal model), or reduce drug consumption to an uncontrollable force that requires the help of medical authorities to address, thus infantilizing users and making their situation seem hopeless and out of their

control due to their biological weakness/sickness (the medical/disease model). The moral and medical models also lead to advocacy for the complete eradication of drug use in society as it is seen as a moral or biological evil, respectively. In the alternative conceptualization provided by harm reductionists the moral judgement of the drug user and their use is removed (CCSA, 2008; Erickson et al., 1997), as the "focus is not on whether the specific behaviour is good or bad, right or wrong; in harm reduction, the emphasis is on whether the behaviour is safe or unsafe, helpful or harmful" in the individual's life (Marlatt, 1998d, p. xvii). This requires changing the focal point of the drug use discourse from the drug use itself, which is no longer seen as intrinsically bad, to the consequences that arise from that particular behaviour (Erickson et al., 1997; Marlatt, 1998a). Marlatt (1998a) provides the following useful depiction of this change:

> For instance, the shift is from speaking of "drug abuse" to speaking of the "harmful use of drugs," or from labeling [sic] someone a "drug abuser" to calling him or her a "consumer" who experiences helpful or harmful consequences. The word "consumer" seems particularly apt, because people consume both substances and services; drug users also represent a significant economic consumer group [. . .] (p. 58)

So, under this new model the drug user becomes a consumer/client rather than a criminal or an addict. Furthermore, harm reduction utilizes a discourse that acknowledges and accepts that things are not black and white when it comes to drug use (i.e. choice vs. compulsion), but rather infused with shades of grey (Marlatt, 1998c). In doing so, the perspective views drug users as responsible for the choices they do make, but also as "both agents and recipients of environmental influence[s]" that impact the decision to use (Abrams & Lewis, 1998, p. ix). Similarly, O'Malley (1999) explains that the discourse of harm

reduction/minimization "erodes the binary of free will and determinism", as the consumer of drugs is "understood to be variably free and variably constrained" (p. 197). This shift in understanding drug use has occurred due to increased recognition that addictive habits are the product of the complex interaction of biological, psychological, and social factors (Abrams & Lewis, 1998; Erickson et al., 1997), as well as the juridical context in which these factors exist, that manifest themselves in "exquisite variations in choice of behaviour or drug, pattern of use, and reasons for use" (Abrams & Lewis, 1998, p. xii). Therefore, all these complex factors and interactions need to be taken into account when designing interventions for users.

3.6 User-focused Interventions

The harm reduction approach to drug use developed predominantly as the result of grassroots efforts by drug users and their advocates rather than as a part of policies developed by government elites, resulting in strategies that are primarily "bottom-up" rather than "top-down" in nature (Marlatt, 1998a; Marlatt, 1998c). Abrams and Lewis (1998) argue that:

> Fundamentally and perhaps above all, the harm reduction strategy is a movement designed to empower the patient and consumer of health services. It seeks to blunt the power differential between those who administer and deliver health services and those who receive them, to give a voice in the decisions of how, where, and in what manner people are to be treated. (p. xii)

The voluntary and active participation of drug users in their treatment and goals is central to achieving this shift in power and avoiding the pitfalls of dogmatic and coercively structured programming (Erickson et al., 1997). For example, Marlatt (1998d) observed during his time at the Jellinek centre for substance dependence in the Netherlands that the administrators of

the programming "did not talk down to their clients and did not tell them what to do", but instead fostered a partnership to "help their clients help themselves" (p. xv). Due to the complex constellation of factors that influence drug use, harm reduction programs necessitate an individualized approach that acknowledges and responds to the unique needs of each drug user (Marlatt, 1998c). Harm reduction approaches operate with the understanding that what is right and helpful for one client may not be appropriate for another. Additionally, the perspective encourages "low-threshold access to services" (Marlatt, 1998a, p. 54), meaning that there are minimal requirements for clients to fulfill in order to participate in programming and services are designed to meet users at their level or particular situation so that as many people as possible can be reached (Abrams & Lewis, 1998; Marlatt, 1998a). Using the Jellinek example again, Marlatt (1998d) explains that the centre "did not demand that their clients relinquish their existing coping strategies, including drug use, before more adaptive coping resources were set in place" (p. xv). The goals of programming provided by centres like Jellinek are more pragmatic and therefore more easily achieved.

3.7 Practical and Realistic Objectives

Harm reduction programming for drug users "recognizes abstinence as an ideal outcome, but accepts alternatives that reduce harm" (Marlatt, 1998a, p. 50). Marlatt further explains that this principle of harm reduction is in contrast with the moral and medical models that insist on abstinence as the only acceptable outcome, in spite of the high recidivism rates for those convicted of drug offences and the high relapse rates of those drug users that seek treatment to cease use. Accordingly there is a prioritization of goals within the harm reduction perspective (CCSA, 2008; Erickson et al., 1997), for example:

> The first goal of a harm reduction intervention is to attempt to stabilize a client's problem behaviour and to prevent further exacerbation of harmful consequences [. . .] Once the target behaviour is stabilized, the second goal of a harm reduction intervention is to encourage or facilitate reduction of harmful consequences, ranging from small decrements in risk to total cessation of the problem behaviour. (Marlatt, 1998a, p. 61)

This structuring of goals is based on a practical outlook regarding drug use, rather than the "moralistic idealism" of other models (pp. 56-57), meaning that abstinence is not a primary objective. The moral and medical models are premised on the notion that a completely drug-free society is achievable, whereas harm reductionists recognize that people have always engaged in behaviours harmful to their health and well-being and to expect a total cessation of these behaviours by society is an unrealistic, utopian vision (CCSA, 2008; Erickson, et al., 1997; Marlatt, 1998a; Riley, 1998). Harm reduction does not advocate "'macro' or sweeping policy" measures to deal with drug use, but instead seeks to partition drug-relation harms into "manageable components' so that targeted approaches can be designed to address each of them (Erickson et al., 1997, p. 9). Additionally, just because harm reduction recognizes the unachievable nature of the drug-free society does not mean the perspective condones drug use, as its critics would have us believe (Marlatt, 1998a); it is simply a more pragmatic approach to the problem. Some examples of types of programming that utilize a pragmatic approach to those who consume drugs by means of injection are described in the last section of this chapter.

3.8 Harm Reduction for Injection Drug Users (IDUs) and the Evolution of the Safe Injection Site (SIS)

Multiple interventions have been designed to deal with the unique harms faced by illicit drug users who inject their drugs using needles — primarily the higher risk they face of acquiring blood-borne infectious diseases like HIV/AIDS and hepatitis due to the sharing of contaminated equipment. Some types of interventions for IDUs include: mobile and stationary needle exchange programs, involving the distribution of clean needles to drug users and sometimes requiring that users exchange their dirty needles in order to obtain new ones or imposing restrictions on the number of needles that can be obtained; methadone maintenance programs, where the oral opiate substitute is provided to users, with some programs requiring detoxification and abstinence while others are low-threshold in nature; and street outreach programs designed to reach those IDUs that are most difficult to establish contact with, providing them with such things as sterile equipment, education, and support services (CCSA, 2008). A more recent innovation in the area of harm reduction for IDUs is the establishment of legal drug consumption rooms, where users can obtain clean equipment and inject their drugs under the supervision of medical professionals, as opposed to illegal "shooting galleries" often unhygienic run by drug dealers for profit (Riley, 1998, p. 52). These supervised drug consumption rooms (SDCRs) have also been labelled supervised injection facilities (SIFs) and safe injection sites (SISs), among other names. In essence, they take the concept of needle exchanges to the next level by providing a safe and clean environment where users can be monitored for overdose and access other health services, such as drug treatment, if they choose to do so (CCSA, 2008). Legalized SISs can also be seen as protected spaces where drug users are given a temporary reprieve from the harms and repression stemming from the criminalization of drug use in our prohibitionist society, such

as the negative personal and family consequences from police enforcement of drug laws. As of 2008, there are 70 legally sanctioned SISs in operation across Europe, Australia, and North America (Expert Advisory Committee [EAC], 2008).

North America's first and only SIS, Insite, opened its doors in 2003 in the downtown-eastside area of Vancouver as part of a 3-year research pilot project and is operated by the Vancouver Coastal Health Authority (VCH). It operates under a constitutional exemption from the CDSA (EAC, 2008) that allows IDUs to bring their drugs and dirty equipment to the facility without fear of being arrested. It stayed open past 2006 due to a series of extensions granted by the government and continues to operate presently with the backing of a Supreme Court of British Columbia ruling, despite efforts of the current conservative federal government to shut it down permanently (*see* VCH, 2010b for more information). Insite is open 18 hours a day (10am-4am) where IDUs have access to 12 nurse-supervised injection booths, as well as clean injection equipment and 12 onsite treatment beds for those who seek detoxification from their drug use (VCH, 2010a; 2010c). VCH reports that as of August 2007, in excess of 8,000 different individuals have utilized Insite at least once for injection purposes (EAC, 2008). Furthermore, according to VCH, even though several hundred of overdoses occur at the facility each year, no one has ever died on the premises (VCH, 2010c).

Various scientific evaluations of Insite have provided several positive findings regarding its effectiveness in reducing harms, including: a report of 2,171 referrals to addiction and other support services from March 10th, 2004-April 30th, 2005 (Tyndall, Kerr, Zhang, et al., 2006); results indicating that Insite is utilized by hard to reach, high-risk IDU populations, such as those with hepatitis C, HIV/AIDS and young drug users (Stotlz,Wood, Miller, et al., 2007; Tyndall, Wood, Zhang, et al., 2006; Wood, et al., 2005); a finding that

only one out of 1,065 Insite clients interviewed performed their first instance of injecting drugs at the location, suggesting that the SIS does not encourage injection drug use (Kerr, et al., 2007); a 33% increase in enrollment in detoxification services compared to the year before Insite was operational, with a greater chance of those who entered detoxification utilizing other addiction services (Wood, Tyndall, Zhang, Montaner, & Kerr, 2007); a significant decrease in vehicle thefts and break-ins when comparing crime rates from the year before Insite opened to the rates in the year after it opened, as well as no significant increases in other drug-related crimes (Wood, Tyndall, Lai, Montaner, & Kerr, 2006); recorded decreases in the amount of discarded syringes, other injection-related litter, and public injection by users in the area surrounding the SIS (Wood, et al., 2004); a finding that clients who use Insite for 75% or more of their injections are no more likely to experience an overdose when compared to less frequent visitors (Milloy, et al., 2008); interviews with clients revealing that Insite addressed many of the environment factors associated with the high rate of drug overdose among IDUs, indicating that it is a useful tool for reducing the risk to these people and managing the overdoses that do occur (Kerr, Small, Moore, & Wood, 2007); results that indicate that consistent users of Insite (for a ¼ or more of their injections) were approximately three times more likely than inconsistent clients to use safer injection practices, such as not sharing needles, disposing of syringes properly, using sterile water, disinfecting their injection site, cooking/filtering their drugs, and not rushing their injections (Stoltz, Wood, Small, et al., 2007); and the discovery that Insite's clients were commonly able to receive treatment from nurses on-site for infections resulting from their injection drug use (Small, Wood, Lloyd-Smith, Tyndall, & Kerr, 2008), among other findings (*see* Urban Health Research Initiative of the British Columbia Centre for Excellence in HIV/AIDS, 2009 for a comprehensive overview of evaluations conducted on Insite). The

results from the multiple evaluations of Insite, such as those detailed above, represent promising indicators of the SIS's effectiveness and overall success as a harm reduction intervention for IDUs.

Chapter 4:

Methodology

4.1 Research Questions

Recall the general question guiding this research is, "*In what ways are Insite and its clients represented in the media and what implications do those portrayals have in terms of Insite's operation as a harm reduction practice as well as a governmental strategy designed to direct the conduct of drug users who visit the site?"* This question is based on the idea that the wider social and political context must be investigated in order to fully understand Insite as a practice because drug policy does not exist in an autonomous domain disconnected from the "broader historical context" in which drug policy changes occur (Mugford, 1993, p. 369). An analysis of media potrayals helps to provide this context. Using the governmentality framework and harm reduction principles to help analyze the representations of this harm reduction practice and its clients will aid in situating Insite within the larger social and political context in which it operates. This will enable Insite to be linked to broader strategies of social control, thus allowing for an understanding of the SIS not as an isolated practice, but as a product of an era of governance. This guiding research question also highlights the connection between the two theoretical perspectives used in this thesis, governmentality and harm reduction. If one thinks of governmentality as the art of the conducting others' conduct, then the harm reduction perspective can be thought of as a group of governmental strategies designed to direct the conduct of drug users based on a certain political mentality, and Insite itself can be thought of as a particular program or technology

of government. Thus, the governmentality perspective provides a conceptual toolkit (theory) to provide insight into this particular harm reduction program (practice). Through a thorough review of the relevant harm reduction and governmentality literature, five specific research questions were further developed to provide insight into the general research question. These specific research questions will be detailed below.

The first specific research question is *"How is the user of Insite's services represented in the media discourse?"* As mentioned earlier in the literature review, drug users are most commonly portrayed in discourse as morally corrupt criminals (the moral/criminal model) or as compulsive addicts (the medical/disease model) (Erickson et al., 1997; Marlatt, 1998a; Marlatt, 1998c; O'Malley, 1999). In contrast, the harm reduction philosophy dictates that drug users should be treated as clients or consumers of services to avoid the negative stigmatizations associated with being viewed as criminal or diseased and instead empower them with autonomy in regards to the drug-related programming in which they choose to participate (Abrams & Lewis, 1998; Marlatt, 1998a; Marlatt, 1998b; Marlatt, 1998c; Riley, 1998). Another potential representation of the user involves their portrayal as "social junk" or unproductive members of society that "pollute the glittering allure of affluence" making their existence undesirable (Pratt, 1999, p. 149). So, it is important to see what model(s) or discourse(s) representations of Insite's users adhere to in order to assess whether they are productive or counterproductive in regards to the objectives of harm reduction. Investigating this question will help to understand how the user of Insite's services is portrayed to those consuming the media discourse surrounding the SIS and how that portrait may possibly affect the successful operation of this particular harm reduction program.

The second specific research question is *"In what ways are the drug use practices of the clients of Insite moralized?"* Harm reduction advocates a value-neutral, non-judgmental view of drug use (Abrams & Lewis, 1998; CCSA, 2008; Marlatt, 1998a), so any moralization of drug use behaviour would be contrary to the tenets of the philosophy under which Insite operates. Some moralizations of drug consumption practices may be overt in their condemnation of these behaviours. Alternatively, other moralizations may be more subversive in nature, as O'Malley (1999) points out can be the case with harm minimization practices that employ "strategic moralization" in regards to drug use (p. 208). Covert moralizations are still as potentially damaging as overt ones, if not more so, because their less obvious nature means they are less likely to spark controversy or resistance among those who encounter them. Investigating the presence of moralizations is important due to their potential negative influence on Insite's operation or its clients.

The third specific research question is *"Are the humanistic principles of harm reduction expressed in the discussion surrounding Insite?"* This question will inquire into whether the sample articles report on the individual interests of Insite's clients related to the SIS's operation as a harm reduction program or whether the articles report on the collective interests of others, such as politicians and the community, associated with Insite's existence. It will involve looking at what benefits and/or disadvantages of Insite are reported in the media. A humanistic desire to address the immediate health-related harms faced by individuals that result from their drug consumption, while maintaining compassion and respect for drug users instead of wanting to punish them for their behaviour, is said to be at the heart of harm reduction initiatives (CCSA, 2008; Marlatt, 1998a; Marlatt, 1998c; Marlatt, 1998d). However, other collective concerns may be present in the discourse surrounding

Vancouver's SIS, possibly indicating the co-opting of the program for alternative disciplinary or regulatory aims, or a perversion of its intent as a harm reduction initiative.

The fourth specific research question is *"Is the physical space of Insite portrayed as a site of inclusion or exclusion?"* Harm reduction measures should be inclusionary, owing to their low-threshold design that aims to reach as many people as possible in providing services and their non-judgmental nature (Marlatt, 1998a), meaning exclusionary objectives are detrimental to the principles of harm reduction. Additionally, Rose (1999) explains that approaches to controlling ostracized populations, such as drug users, can be inclusionary in character by trying to re-include and re-socialize the subjects of such regulation into society and its norms, or exclusionary in character by further marginalizing and confining those who are viewed as incapable such re-education. So, when considering Insite as a strategy of government this question will also help to illuminate the perceived functions of its physical space.

The fifth and final specific research question is *"How is the presence of Insite and its clients represented as relating to the living environment of the area surrounding the safe injection site?"* Discussion of Insite's connection to order/disorder in the surrounding area indicates an interest in the regulatory effects of Insite, as well as whether it is perceived as successful in achieving social control objectives. The presence of such discussion is not only contrary to harm reduction philosophy but also has implications for Insite's use as a strategy of government. In the following sections, the procedure for investigating the aforementioned specific research questions will be detailed.

4.2 Research Method

This study is exploratory and qualitative in design. It involved a qualitative content analysis of media representations in order to look for latent (or implied) themes and

discourses relating to Insite and its clients. This exploratory, qualitative strategy was chosen because of the relative freshness of the topic of Insite and a desire for richness in detail, as opposed to statistical data. A qualitative content analysis of media representations is appropriate because according to an evaluation of Insite by the Canadian Centre on Substance Abuse (2009) the public obtains most of its information regarding Vancouver's safe injection site from the media and discussions about the program are commonly presented in an antagonistic fashion. Investigation of such media representations, which can be thought of as "re-presentations" rather than snapshots of a static reality, involves analysis of "the conceptual structure that a text invokes in a particular reader" and an acknowledgement of the way these narratives can effectively play a constitutive role in establishing realities (Krippendorff, 2004, p. 63) by providing "spaces in which people can conceptualize reality, themselves, and others" (p. 64). In addition, a collection of written texts (for the purposes of this study, newspaper articles) are not merely a compilation of words, but are "sequenced discourse" or a "network of narratives that can be read variously" (p. 63). Moreover, qualitative content analyses are largely considered "interpretive" and exhibit the following characteristics: intensive readings of fairly small samples of textual documentation, the "rearticulation" and interpretation of given text according to theories or narratives prominent in certain disciplines, and the recognition of the researcher that their own social and cultural knowledge and understandings of things play a constructive role in their analyses (Krippendorff, 2004, p. 17). Qualitative content analysts search for any additional messages or latent themes that can be inferred or extrapolated from the manifest wording of representations. Extracted themes or discourses are usually presented in a findings section using quotations for the analyzed documents (Bryman & Teevan, 2005). An example of a related strategy used by a criminologist to investigate a harm reduction practice

is Bastien Quirion's (2003) qualitative content analysis of the stated objectives of methadone maintenance programs during different time periods in Canadian history, in order to demonstrate the shift from rehabilitation to risk management principles in such programs. In a similar way this study sought to "rearticulate" what were found to be significant sections of newspaper articles on Insite while being "aware of alternative readings" of the printed text (Krippendorff, 2004, p. 65) in light of the research questions posed (described above) and the coding scheme adopted to identify potentially relevant passages (to be described in a later section in this chapter). Finally, as will be discussed more thoroughly in the next section, this research approach can be considered discursively-informed, as *discursive* is a term generally considered "to refer to any approach in which meaning, representation and culture are considered to be constitutive" (Hall, 2003a, p. 6).

4.3 The Importance of Discourse

For Michel Foucault, *discourse* was not just a linguistic term, but a form of representation which produces particular knowledge or "truths" linked to the historical period in which they arise and exist (Hall, 2003b). Discourse is not solely about language and meaning, but how topics and objects of knowledge are constituted and also how that produced knowledge then "influences how ideas are put into practice and used to regulate the conduct of others" (Hall, 2003b, p. 44). Foucault (1991b) explains:

> [. . .] what I am analyzing in discourse is not the system of its language, nor, in a general sense, its formal rules of construction: for I am not concerned about knowing what makes it legitimate, or makes it intelligible, or allows it to serve as communication. The question which I ask is not about codes but about events: the law of existence of statements, that which rendered them possible - them and none other in their place: the conditions of their singular

> emergence; their correlation with other previous or simultaneous events, discursive or otherwise. (p. 59)

Discourse forms an essential basis for what is and is not possible because for Foucault nothing has any meaning exclusive of discourse (Hall, 2003b). It is through discourse that government is made possible, as objects are "rendered thinkable" and "made amenable to intervention" (Miller & Rose, 1990, pp. 5-7). Thus, new "sectors of reality" are structured by discourse (Miller & Rose, 1990, p. 7), allowing power to be deployed in sometimes novel ways (Brock, 2003). Finally, discourse and practice exist in a reciprocal relationship, with the knowledge produced in discourses influencing practices and discourses being further "reinforced" and legitimized by practical interventions (Brock, 2003, p. XXIX). Therefore discourses are an integral part of all government as understood by the governmentality perspective as they express and form a part of various political mentalities of government (discussed in Chapter 3).

4.4 Sample Characteristics

The sample used in this inquiry was purposive in nature and was comprised of articles from *The Vancouver Sun* and *The Globe and Mail*. These two newspapers were selected because the first was provincial in scope (based in the city where Insite is located) and the second was national in focus, thus giving varying perspectives on the issue. Also, both newspapers are considerably popular. *The Vancouver Sun* has almost one million weekly readers of its online and print formats and circulates between 150,000 and 200,000 copies of its newspaper daily (Pacific Newspaper Group, 2011). Readership of *The Globe and Mail* reaches over 2.4 million weekly (The Globe and Mail, 2011) and circulation is between 300,000 and 400,000 copies daily (Audit Bureau of Circulation, 2010). Additionally, the fact that *The Vancouver Sun* and *The Globe and Mail* are owned by

different parent companies factored into their selection, with the aim of being exposed to more diverse views. Furthermore, newspaper articles were chosen for my objects of analysis as opposed to other forms of media representation because they are easily accessible, plentiful, and unobtrusive in nature. Finally, the sample of newspaper documents included news reports, editorials, and published letters to the newspaper, thereby providing discussions on Insite from the perspectives of journalists, politicians, health officials, advocates, drug users and concerned citizens, among others.

The articles for analysis were selected using an electronic search of a full-text newspaper database, *ProQuest Canadian Newsstand*. The search parameters were any article type published in *The Vancouver Sun* and *The Globe and Mail* that appeared from the period of September 15, 2003 (the day Insite was set to originally open) to March 1st, 2010 (after the 2010 Vancouver Winter Olympics) that included "Insite", "safe injection", "safer injection", "supervised injection" or "injection site" in the document title. These initial search parameters resulted in a pool of 233 documents, 148 from *The Vancouver Sun* and 85 from *The Globe and Mail*. The articles were then subjected to an initial reading in order to eliminate those documents that were not relevant enough or were duplicates. Articles not providing any representations of Insite or its users, or not providing enough raw data regarding Insite to illuminate any of the research questions under investigation were eliminated. In the case of duplicate articles that were virtually identical (but published in different editions of the newspaper) the article with the larger word count was chosen for analysis. This resulted in 56 articles being eliminated from the pool of search results. After exclusions were made according to the above criteria, a final research sample of 177 newspaper articles remained, 107 from the *The Vancouver Sun* and 70 from *The Globe and Mail*. A code was then assigned to each article according to the chronological order they

appeared in each newspaper. For example, the oldest article subject to analysis from *The Vancouver Sun* was labelled V-1 and the most current article labelled V-107. The same was done for *The Globe and Mail* articles, labelled G-1 to G-70 in the chronological order they appeared. Any direct quotes from, or specific references to any articles in the sample henceforth will be cited using these article codes for easier readability. The full bibliographic information for the entire sample can be found beside the article code assigned to each article in two tables (one for each newspaper) located in the Appendix to this thesis. The final sample was then subjected to coding using the process described in the next section in order to make them more manageable for analysis.

4.5 Analytical Framework

Each newspaper document was read multiple times for analysis. First each article was read to determine its inclusion in the sample, and then at least twice more in order to sort any potentially relevant text into the appropriate categories/themes. The text extractions were of varying length, from a few words to a paragraph, and as long as they expressed the category of interest they were pasted into a coding sheet for the article they were taken from. A tally sheet was also used to record what categories were present in each article in order to make the re-reading of extractions more manageable by knowing what coding sheets to review in order to locate archetypal or unique extractions for subsequent theoretical analysis and the presentation of results for each category of analysis. The categories for analysis were determined ahead of time based on the review of the relevant harm reduction and governmentality literature, and the themes and discourses pertinent to the specific research questions posed. However the understandings of these categories were refined as the coding process progressed and new examples of the themes were encountered in the texts. In addition, due to the interrelated nature of the research questions, the same extract of text may

provide insight into more than one research question or even be sorted into multiple categories within the same question if conflicting discourses were present side-by-side in the text. Below is an example of the coding sheet used for initial sorting and analysis that details the categories of interest for each specific research question with a description of what was considered an indication of that particular category in the texts. These coding sheets made it easier to go back through and find important entries eliciting further analysis according to the harm reduction and governmentality perspectives for presentation in the next chapter. They also enabled the verification of quotations sorted into the categories to make sure they were coded appropriately and rectify or remove any errors found.

4.5.1 Example coding sheet:

Coding Sheet	
Article Code:	e.g. V-# or G-#
Q1: Insite User Representation	
Moral/Criminal Model	Article text assigned to this category portrayed Insite's users according to the moral/criminal model by representing them as engaging in crime or choosing to engage in deviant behaviour. This category involves more than just references to illegal drugs, but rather must portray the Insite's users through a criminal/immoral lens by connecting them to the bad behaviour. Examples include references to them as "criminals", abusing drugs willingly, requiring punishment, and/or committing illegal acts.
Medical/Disease Model	Statements from articles belonging in this category represented Insite's clients according to the medical/disease model, meaning their use of drugs is something beyond their control. Examples include referencing Insite's clients as "addicts", having an uncontrollable compulsion to use drugs, and/or being diseased/ill.
Client Model	Extractions sorted into this category exhibited the characteristics of the client model by representing Insite's users according to the principles of harm reduction, meaning they are portrayed as being treated with dignity, autonomy, and respect. Examples include references to Insite's users as "clients", discussion of autonomy

	and choice in relation to their participation in services, and/or acknowledgement of their value as human beings.
Social Junk	Text extracted into this category portrayed users of Insite's services as unproductive members of society that do not contribute to its prosperity and thus are "less than" normal citizens or human beings. Examples include references to them as "junkies", portrayals of them as homeless, unemployed, uneducated or crazy, and representations of them as lacking some element of humanity that "normal" citizens exhibit. Basically, any statements that represent Insite's users as trash or society's throwaways belong here.
Q2: Moralization of the Drug Use of Insite's Clients	
Overt Moralization	Representations in this category included statements that labelled the drug use behaviour(s) of Insite's clients as bad, immoral, or criminal in an obvious manner. These negative judgements are clearly visible due to the surface meaning of the words/phrases, in so that they could not be seen as benign. Examples include references to drug use as a "problem", highlighting the illegal status of the drugs used, and/or that which judges drug use as criminal, morally wrong or detrimental to society.
Covert Moralization	Text extractions put in this category, while not as obvious as the judgments sorted into the "overt moralization" category, still portrayed the drug use behaviour(s) of those who use Insite as undesirable in some manner. While these "covert moralizations" may seem innocuous due to the surface meanings of the word(s), words/phrases put in this category could be interpreted as connoting or implying a judgment regarding drug use, as opposed to representations in the "overt" category which are obviously negative due to the denotative meaning of the word(s). Examples include statements that associate drug use with negative imagery, imply that such use is "dirty", unsafe, and/or phrases which imply it is a behaviour which should be stopped.
Q3: Humanistic Principles of Harm Reduction	
Individual Interests (of Insite's clients)	Extractions sorted into this category reported on the concerns, health needs and well-being of clients of the SIS, or the alleviation of immediate harms facing them as they relate to Insite's presence (individual benefits and disadvantages). Examples include a focus on preventing infections and transmittable diseases among drug users, concern for the health and other social needs of clients, and/or a spotlight on "saving lives" by preventing deadly

	overdoses.
Collective Interests	Article text assigned to this category expressed collective concerns or interest in benefits and disadvantages associated with Insite that are external to the individual well-being of its clients. Examples include reporting on Insite's effects on the larger community and public health, fiscal and political concerns regarding Insite's operation, and/or attention to the crime and disorder impacts of Insite's presence.
Q4: Presentation of the Physical Space Where Insite is Located	
Inclusionary Aspects	Statements belonging in this category demonstrated that the aim of Insite is to include its users in society and its support mechanisms. Examples include representations of Insite as "welcoming", a "safe" place, a supportive environment that does not marginalize, and/or a contact/access point for users' inclusion in the community and connection to other potentially helpful services.
Exclusionary Aspects	Text coded into this category expressed an objective to exclude Insite's clients from the public space through their use of this program. Examples include discussion about Insite containing/confining users, removing them from public areas, and/or surveilling their activities.
Q5: Representation of the Surrounding Area	
Insite associated with order in the area	Text extractions put into this category associated Insite with increased order in the area surrounding the program. Examples include references to decreases in public injection, unsafe syringe disposal, people dying on the streets, and /or no increases in drug use or drug-related crime in the area.
Insite associated with disorder in the area	Statements sorted into this category associated Insite with disorder in the area surrounding the program. Examples include references to the drug problem getting worse, high levels of drug-related deaths, and/or depictions of crime/chaos in the surrounding area.

4.6 Methodological Limitations

There are several limitations to the method of research used for this investigation; however, they are reasonably acceptable due to the exploratory nature of the study. These

methodological weaknesses include: issues of repeatability and transparency owing to the subjective nature of this kind of qualitative work, and the usefulness and generalizability of findings and inferences (Bryman & Teevan, 2005). Each of these issues will be briefly discussed and addressed below.

Due to the fact that this study is comprised of the qualitative assessment of potential latent (underlying) themes/discourses that may not be readily apparent to others, the coding and analysis of documents will involve a high degree of personal judgement. The subjectivity is also increased due to the fact that there is only one coder and that the coding is influenced by the theoretical framework chosen for analysis. This also means there is a risk of over-interpreting the data. These factors may make it difficult for others to understand how the study was conducted and repeat the process. To counter these potential problems the theoretical perspective of this study was clearly detailed in the literature review and research questions, the document selection process was transparently described so that anyone could find the same search results using the database and keywords listed, the analytical framework has been laid out in an example coding sheet, and documents in the sample were read multiple times with self-checks performed during the analysis process to increase intra-rater reliability (e.g. targeted electronic word searches and re-reading of coding sheets during further analysis to locate potential errors). Additionally, in response to the potential over-interpretation issue, it must be noted that this study does not seek to be the definitive or only analysis of these documents, rather it is just one possible reading in light of the theoretical framework chosen.

Moreover, this study has limited generalizability. This is due to the fact that the sample chosen for analysis was purposive rather than randomized. Furthermore, the results uncovered through this investigation of representations of Insite and its clients will lack

external validity due to its idiographic nature, meaning that the results and inferences cannot be applied to other safe injection sites, harm reduction strategies, or newspapers in other locations and/or time periods. Also the inferences and conclusions made will be largely speculative in nature, requiring further research to supply more empirical confirmation in order for them to be able to be generalized to broader settings. However, a large sample was chosen in order to make the findings as valid as possible in the given situation. Overall, these limitations are tolerable because this is the first time Insite has been studied in this manner and the research design chosen is still the best way to investigate this unique and relatively new topic in the depth required for generating significant informed discussion, conclusions, and possible future avenues for more targeted, potentially randomized, research efforts.

Chapter 5:

Analysis, Discussion and Implications

In this chapter the findings from the qualitative content analysis of the sample of 177 articles from *The Vancouver Sun* and *The Globe and Mail* will be presented. The findings will be organized according to the specific research questions and the latent themes that were investigated for each. Results will also be discussed with reference to the guiding research question: *In what ways are Insite and its clients represented in the media and what implications do those portrayals have in terms of Insite's operation as a harm reduction practice as well as a governmental strategy designed to direct the conduct of drug users who visit the site?*

5.1 Question #1: *How is the user of Insite's services represented in the media discourse?*

For this research question, four categories of analysis were used to sort representations of the user of Iniste's services. The four categories or themes were: the "moral/criminal model", the "medical/disease model", the "client model", and "the Insite

user as social junk". Each of these categories will be described in greater detail at the beginning of their respective findings section.

5.1.1 Moral/Criminal Model. The moral/criminal model of drug use has been identified by harm reduction authors as one of the two most ubiquitous explanations for drug use in society (Erickson et al., 1997; Marlatt, 1998a; Marlatt, 1998c; O'Malley, 1999). It is a model which views drug users as people who willingly and irrationally choose to abuse drugs despite their illegal nature due to a lack of morality or character (Erickson et al., 1997; Marlatt, 1998a; Marlatt, 1998c; O'Malley, 1999). Yet, in contrast to its aforementioned omnipresence, the drug users who utilize Insite were not commonly represented according to this moral/criminal model in the sample articles that were analyzed. However, there were still some strong examples of representations fitting this model. Drug users who utilize Insite were referred to as "those battling substance abuse" in one article (Art. V-105) and described as exhibiting "moral weakness" by a citizen who wrote to *The Vancouver Sun* (Art. V-91). One citizen wrote that drug use (such as that engaged in by clients of Insite) is a "lifestyle choice that often kills those who partake" (Art. V-75). Also, during the BC Supreme Court battle over Insite federal lawyers reportedly argued "that drug use was a matter of individual choice" to deviate from the law (Art. G-33). The above examples represent the IDUs who use Insite as irresponsibly and incorrectly choosing to deviate from the norm in their consumption of drugs, offending society's sense of morality.

Furthermore, there were several examples that portrayed the clients of Insite as criminals. One citizen wrote that the users of Insite "roam our streets hunting for victims to rob [. . . and those who support] Insite always leave out the criminal element in their rhetorical rants to save the addicts" (Art. V-75), thereby highlighting the fact that these people are often considered and possibly treated as criminals outside of Insite's walls.

Another article built upon this point as it explained that those who use the site "often are forced to commit crime and always need to buy illegal drugs on the street to be there" (Art. V-73), meaning that they essentially have to commit the crime of drug possession before they can gain entry to the SIS since it does not allow drug trafficking on its premises. Others focused on the related crime that Vancouver's IDU population engages in to fund their drug use, such as the president of the Vancouver Police Union who expressed concern that "[w]ith no legal source for drugs, Insite addicts still commit crimes to obtain drugs they use at the facility [. . .] people are still robbed and beaten so addicts can get money for drugs" (Art. G-32; *see* also Arts. V-73, V-75, V-79 for similar comments). Furthermore, another article explained that the SIS attracts "people [. . .] who are just out of jail" and others who are considered high-risk (Art. V-23). The Harper government also appears to hold a criminal view of drug users, as one commentator pointed out that the government continues "to treat addicts as criminals" (Art. V-40). The federal government made reference to Insite's clients as "habitual offenders" (Art. 63) and put forth the argument to the B.C. Court of Appeal that "Ottawa shouldn't make it easier for drug users to break the law" by allowing Insite to remain open past the expiry of its federal exemption (Art. G-69). Moreover, it was reported that "Prime-minister-designate Stephen Harper has vowed to impose stiffer penalties for drug users" during his campaign (Art. G-1). Representations of those who use Insite as morally corrupt or criminal attaches a stigma to these people, with the likely implication that those who support this view will think that they deserve punishment instead of specially-designed programming since their drug consumption is simply a matter of making the wrong choice.

5.1.2 Medical/Disease Model. The medical/disease model is the second commonplace explanation for drug use identified by harm reduction authors and views substance users as acting on an uncontrollable compulsion due to the disease of addiction

which causes their dependency on drugs (Erickson et al., 1997; Marlatt, 1998a; Marlatt, 1998c; O'Malley, 1999). In the articles analyzed this representation overwhelmingly dominated the discourse surrounding Insite's IDUs. The drug users who use Insite were overpoweringly referred to as addicts in most of the articles (Arts. V-11, V-18, V-19, V-24, V-28, V-33, V-36, V-37, V-39, V-41, V-44, V-45, V-46, V-47, V-52, V-53, V-57, V-60, V-61, V-62, V-63, V-80, V-81, V-82, V-83, V-84, V-85, V-92, V-93, V-95, V-98, V-99, G-2, G-4, G-7, G-9, G-10, G-11, G-12, G-14, G-15, G-16, G-17, G-18, G-19, G-21, G-25, G-28, G-35, G-47, G-50, G-51, G-57, G-59, G-68, G-70, etc.). This "addict" label was utilized so frequently, even by supporters of the SIS, that one has to wonder whether it was employed just out of habit or convention in many instances without the realization that it still communicates a specific message and contributes to the discourse surrounding Insite, regardless of the intent of the person who used it to describe the drug users targeted by the program — good or otherwise. They were also described as "drug dependent citizens" (Art. V-55; *see also* G-16) who need to "fix" (Arts. V-93, V-103, G-18, G-25) because they are "hooked" on drugs" (Art. G-64). These examples indicate a compulsion to use drugs. Also, while giving his BC Supreme Court ruling Judge Ian Pitfield described addicts as "clearly suffering from an illness" (Art. V-80), which is congruent with the medical/disease model. Moreover, other articles included depictions of the drug users at Insite as "patients" (Art. V-28) needing "help" (Arts. V-24, V-28, V-39, V-41, V-44, G-47) in order to "heal" (Arts. V-81, V-82, G-47). By representing Insite's clients as people suffering from a disease that needs treatment, it implies that the only way to "cure" them is through the complete cessation of drug use, whereas under the harm reduction model priority is given to immediate goals that are more practical than long-term abstinence (Erickson et al., 1997). Furthermore, the acceptance of their portrayal as patients suffering from a compulsion is likely to put them

in a position of deference to authority due to their perceived lack of rationality, thus contributing to a counterproductive power differential between those receiving and those administering treatments (Beauchesne, 1997).

5.1.3 Client model. The client model is the view of drug use advocated by the harm reduction perspective wherein the consumer of drugs is "understood to be variably free or variably constrained" (O'Malley, 1999, p. 197) as their choices in regards to drug use are the product of a complex array of social and individual factors (Abrams & Lewis, 1998; Erickson et al., 1997). This model is positioned as a middle ground between the moral/criminal and medical/disease models (Marlatt, 1998a), as it views drug users as capable of making rational decisions about their drug use and grants them autonomy in the choices relating to the drug programming they choose to engage in by conceptualizing them as clients of harm reduction services deserving of the same respect as a client of any other service (Abrams & Lewis, 1998; Marlatt, 1998a; Marlatt, 1998b; Marlatt, 1998c; Riley, 1998). The client model was the second most common representation of Insite's drug users in the sample articles. The drug users who use Insite were repeatedly referred to as clients (Arts. V-3, V-9, V-23, V-25, V-107, G-22, G-39, G-46, G-56) and the SIS was often described as providing a service or services to them (Arts. V-8, V-16, V-49, V-64, V-78, V-87, V-88, V-90, V-104, V-105, V-107, G-6, G-23, G-29, G-32, G-38, G-48, G-49, G-52, G-54, G-66, G-67). Additionally, a Hawaiian public health official explained that "many drug-users [such as those utilizing Insite] are quite capable of rational choice" (Art. V-10; *see also* Art. V-14), meaning that the IDUs at Insite can make acceptable or even positive decisions regarding their drug use habits. Also, the SIS was depicted in other examples as acknowledging the drug user's right to make decisions regarding their treatment options. The manager of HIV/AIDS and Harm Reduction Programs for Vancouver Coastal Health

Authority was quoted as stating that if the clients of Insite are "'willing and open, we provide many more opportunities to them'" (Art. V-16; *see also* Arts. V-1, V-2, V-65. V-74, G-6, G-20,, G-29, G-32, G-42, G-56). Another article also described the following scene which indicates a willingness to listen to feedback from clients of the site: "Wilson [a drug user] sat at a booth talking to two nurses about making some changes to the site" (Art. V-7). Furthermore, a client expressed that the SIS fosters a sense of "freedom" within its drug using clientele (Art. G-26; *see also* Art. G-22). Finally, the IDUs were portrayed as having "dignity" at Insite (Arts. V-49, G-56). While the above examples provide a positive representation of the drug users at Insite that is in agreement with the client model promoted by the harm reduction perspective, the dominance of the addict representation as well as the presence of other detrimental portrayals means that even if drug users are treated according to the client model within Insite's walls once they step outside they are confronted with alternate views of their existence that thwart the progress made by the client representation. Furthermore, the portrayal of the drug users at Insite as having rationality and the freedom to choose leaves them vulnerable to attempts to govern their conduct. Rose (1999) argues that by empowering people with choice, ostensibly to foster their freedom, they become subject to regimes of government through that freedom because autonomy comes to be defined as the ability to make responsible choices and self-govern. Pratt (1999) also explains that this process of activating citizens' autonomy enables the neoliberal state to govern from a distance by diffusing the power to govern among its subjects.

5.1.4 Social junk. According to Pratt (1999), "social junk" are those people who affront neoliberal sensibilities and consequently are marginalized, as they represent the "dark side of neoliberalism" due to their inability to function productively in the spheres of employment, housing, education and the like (p. 149). In the newspaper articles analyzed,

social junk was the least common representation of drug users who utilize Insite's services. There were some instances where those who use the SIS were depicted as homeless (Arts. V-7, V-23, G-20, V-17, V-74, G-27) or as "street people" (Art. V-3; *see also* Art. V-78) in both newspapers. Some of the drug users at Insite were also described as "poor and uneducated" by police officers (Art. G-31) and one article portrayed a specific client as "disabled and unemployed" (Art. G-23). In addition, one citizen wrote in a letter to *The Globe and Mail* that the drug users using Insite were "a few hundred desperate souls" (Art. G-64; *see also* Arts. G-32, V-74 for similar ideas), thus highlighting their marginal status. Finally, several articles labelled drug users (such as those who use Insite) as "junkies" (Arts. V-12, V-32, V-91, G-20, G-55, G-64), which could be interpreted as connoting that the drug users themselves are junk or less valuable human beings. O'Malley and Mugford (1991b) also point out that the "'junkie' becomes a negative mythic figure" that has a "myriad of political uses" in the war on drugs (p. 68). The representation of drug users as unproductive social junk could have the implication of them being deemed unworthy of social supports because they failed to capitalize on the opportunities neoliberal societies supposedly provide to every citizen, and as Rose (1999; 1996) observes, neoliberalism does not look kindly upon state-dependency.

5.1.5 Mixed representation. There were a significant number of articles that included more than one of the representation models discussed in this above sections. The best example of this was provided by a citizen who wrote the following to *The Vancouver Sun*:

> So what does a starving, half-clothed junkie do to get the fix he or she needs? The bottom line: Just about anything. Whether it's snatching a woman's purse or robbing a corner store, addicts will always find a way to get their drug of

> choice into their system. It's clear that their minds have been made about engaging in these activities. (Art. V-42)

This example depicts the users of Insite's services as social junk, criminals, and addicts simultaneously. The problem with such mixed representation is that they conflate various issues (e.g. social, criminal, and medical). They may also indicate that some people lack the ability to differentiate between the different representations and rationales for drug use, meaning that the public could probably benefit from clarification and education in order to better understand the different models of drug use and what employing each model implies. Additionally, such representations could be harder for the drug users at Insite to exercise resistance against because they span across multiple models for understanding drug users and consumption.

5.2 Question #2: *In what ways are the drug use practices of the clients of Insite moralized?*

For this research question two categories of analysis were utilized to sort examples from the sample articles. The first category, "overt moralization", was used for statements that outwardly condemn drug use as morally wrong, criminal, or bad in some manner. The second category, "covert moralization", was used for examples that do not explicitly state that drug use is wrong, but connote that the behaviour is undesirable or negative in some manner.

5.2.1 Overt moralization. There were a sizable amount of articles that included overt moralizations of drug use (like that engaged in by Insite's clients). For example, several articles involved references to drug use as a "problem" (Arts. V-5, V-25, V-34, V-63, V-90, G-10, G-58), a "'crisis'" (Art. G-32), or a "'disaster'" (Art. V-28). Generally speaking, when something is referred to as a problem it is considered bad, and a crisis or disaster even more

so. Some articles labelled the consumption of the drugs on Insite's premises as "illegal and immoral" (Art. V-34) or as a "criminal behaviour" (Art. V-84; *see also* Arts. V-40, V-91, G-67, G-69). Also, one citizen voiced the opinion that by "endeavouring to close Insite, Tony Clement demonstrates his government prefers punishment [of drug use] over reducing harm" (Art. G-41), again suggesting that drug use is viewed by some government officials as bad or wrong and deserving of penalties. A different person wrote that it is morally wrong for the government to help people engage in drug use by funding safe injection sites like Insite (Art. G-37). Yet another citizen expressed the belief that drug addicts (like those utilizing Insite), contribute to the "moral and material decay of society" and in the same article referred to drug use as one of the "most abhorrent social evils" (Art. V-91; *see also* Art. G-15 for another "evil" reference). Finally, some of the most vivid condemnations of drug use included: when it was called a "scourge" in an RCMP report on Insite detailed in an article (Art. V-48); when Health Minister Tony Clement was quoted as likening illicit drug use to a "'death spiral'" (Arts. V-88, V-95, G-55); an article that quoted a U.S. official comparing the sanctioned drug-use at Insite to "'state-sponsored personal suicide'" (Art. V-7); and another article that explained that "for conservatives, legalized hard-drug use is a cancer on the body politic" (Art. G-51). These examples basically equate the drug use at Insite to a plague or other deadly epidemic.

The aforementioned overt moralizations work against the non-judgemental, value-neutral discourse of drug use that is a central feature of the harm reduction perspective (CCSA, 2008; Erickson et al., 1997; Marlatt, 1998a). Within the harm reduction philosophy it is no longer important whether a "specific behaviour is good or bad, right or wrong" (Marlatt, 1998d, p. xvii) because removing the moral element is believed to help reduce the indirect harms caused by judgmental and stigmatizing drug policies (Riley, 1998). So to

moralize drug use in the manner described by the above examples is to effectively present drug use as something that needs to be controlled, as it is a threat to the moral standards and health of society. Such obvious moralizations could also contribute to a moral panic regarding drug use like that engaged in at Insite, which may lead to the promotion of strict and punitive control measures that will continue to fail in addressing drug use and its associated harms, as history has demonstrated the ineffectiveness of such strategies (previously discussed in Chapter 3).

5.2.2 Covert moralization. Less obvious, covert moralizations were slightly more prevalent than overt ones in the articles analyzed. Several articles referred to the drug use of Insite's clients as a disease or illness (Arts. V-1, V-71, V-77, V-78, V-79, V-80, V-94, G-34, G-39, G-56) and while this is a medically-accepted way of talking about drug consumption, it still implies that the behaviour is unwanted — a disease on the social body that must be eradicated for the health of the nation and thus carriers of the disease are view as biological aberrations. Other articles described stopping one's injection drug consumption as breaking or kicking the addiction/habit (Arts. V-9, V-85, G-9, G-16, G-19, V-85), suggesting that injection drug use is something that needs to be fought against or vanquished in a forceful manner. Additionally, cocaine and heroin use was called a "dirty business" in one article (Art. G-23) but the cessation of drug use by Insite's clients was referred to as getting "clean" in others (Arts. V-8, V-93), thereby insinuating that their drug use is somehow impure and that stopping the consumption of drugs involves purification. Furthermore, Tony Clement was quoted as saying that Insite is a "'form of harm addition'" because it allows illicit drug use (Arts. V-86, G-52) and others expressed the view that the safe injection site is not safe (Arts. V-11, V-12, G-39) — all examples which intimate that injection drug use is unsafe and thus undesirable. Alternately, Insite was described as facilitating the "safe taking of

drugs on its premises" (Art. V-26; *see also* Arts. V-102, G-65), suggesting that some kinds of drug use are acceptable if done in a manner than reduces harm. Finally, multiple articles labelled some IDUs as high-risk due to their consumption practices, such as public injection or needle-sharing (Arts. V-23, V-29, V-37, V-54, V-55, v-68, V-79) and Insite was reported to reduce such "HIV risk behaviour" in another article (Art. V-71), indicating that some drug-taking behaviours are more risky or unsafe than others.

The last couple examples relating to safer or less risky drug use through utilizing Insite's services could be interpreted as what O'Malley (1999) calls the "strategic moralization" employed by some harm minimization/reduction programs, wherein only certain drug consumption practices are moralized. However this judgement appears benign because it is couched in the actuarial and seemingly objective language of "risk" (O'Malley, 1999), thus "the boundary between objective hazards and normative judgments becomes blurred" (Hunt, 2003, p. 167). The rationale behind this argument being that once risks are identified (such as those relating to drug use), people are expected by others to responsibilize and self-govern those risks (through programs like Insite) regardless of whether they knowingly accepted that charge (Hunt, 2003).

5.3 Question #3: *Are the humanistic principles of harm reduction expressed in the discussion surrounding Insite?*

For this research question two categories of analysis were used. First, the category of "individual interests" was used for examples in articles that highlighted the benefits that Insite provides to individual drug users. Second, the category of "collective interests" was used for statement made in articles that showed concern for how Insite benefits or disadvantages the community or society as a whole.

5.3.1 Individual interests. When the sample was analyzed, articles that discussed the individual interests of clients as they relate to the SIS were found to occur a little more often than articles that discussed the collective interests of the larger community or society as they relate to Insite. Articles that only referenced individual interests concentrated on the benefits or advantages Insite delivers to its clients. Ms. Pongracic-Speier of the Portland Hotel Society (which co-manages Insite) was quoted as stating that the SIS "'has been normalized to be a necessary part of the health-care services in the area'" (Art. G-27) and the mother of a drug user who died of an overdose prior to Insite's opening described it as "a necessary part of better protection" for people like her son in a letter to *The Vancouver Sun* (Art. V-31). Upon the site's opening a drug user was quoted as saying that Insite "'will be safer for these people'" (Art. V-7) and in a later piece written by a recovering drug user, Insite was characterized as "a place where addicts can minimize damage to themselves" (Art. V-32; *see also* Art G-24). Moreover, it was reported that Justice Ian Pitfield "said there was no justification for denying addicts health care services [like Insite] that will ameliorate the effects of their condition" and doing so would be a violation of their constitutional right to life and security, when he made his BC Supreme Court ruling allowing Insite to remain open past the timeframe of its federal exemption from drug laws (Art. V-78; *see also* Arts. V-83, V-98, V-105, V-107, G-43, G-46, G-49, G-54, G-57, G-66, G-68, G-70). All of the above examples demonstrate concern for the health of injection drug users and the necessity of access to the service Insite provides to its clients in order to facilitate better health among these individuals.

In addition to the general advantage of providing a healthcare service to clients in order to minimize the harm they face from their injection drug use, several articles detailed specific health-related benefits that Insite provides to individuals who use the centre to

consume their drugs. First, the SIS was outlined as a place that "provides addicts access to clean needles and assistance from health professionals" (Art. V-62; *see also* G-12, G-40, G-56, G-57). Another article included a quotation from a client of Insite in which she explained that at the SIS "'you've always got clean rigs every single time, and even if you could get clean needles before Insite, you didn't necessarily have a sterile place to do it'" (Art. G-23). Second, it was reported that "a study published in The Lancet found the safe-injection site has reduced overall rates of needle-sharing" between injection drug users (Art. G-6; *see also* V-14). Using sterile needles and other equipment for every injection is an integral part to preventing injection-relation infections and the spread of blood-borne diseases like HIV among individual IDUs. Third, researcher Dr. Thomas Kerr confirmed that "Insite has led to a dramatic drop in [. . .] the transfer of HIV and AIDS through dirty needles" and he also explained that a study found that three years after the site opened the rate of drug using individuals entering detoxification and treatment programs was 33 percent higher when compared to before Insite opened (Art. V-35). Fourth, it was reported that over a million injections have occurred at Insite and the staff that supervised those injections "have managed in excess of 1,000 overdoses without any resulting fatalities" (Art. V-78; *see also* G-11). Finally, the president of the Vancouver Area Network of Drug Users and the BC Association of Methadone Users was quoted as saying regarding Insite: "'This is lives we're saving'" (Art. V-8). These sentiments were also reaffirmed in the following quotation from the mother of recovering drug user: "'It just comes down to saving lives. What can possibly be argued against that?'" (Art. G-12; *see also* V-33, V-43, V-73, V-76, G-24, G-34 for more comments about Insite saving lives). Saving an injection drug user's life is a benefit of Insite that clearly acts in the interest of that individual out of concern for their inherent value as a human being.

These examples are congruent with the humanistic principles of the harm reduction perspective as there is concern for and focus on Insite's ability to better the lives and health of individuals who utilize the service by mitigating the harms stemming from their personal drug consumption, regardless of the fact that this behaviour is viewed as transgressing the norms of society by many (CCSA, 2008; Marlatt, 1998a; Marlatt, 1998c; Marlatt 1998d). There is compassion expressed in these articles for the harmful situations facing these IDUs by people from all walks of society — public officials, researchers and medical professionals, advocates, family members of drug users, and drug users themselves. While the individual interests of drug users did not overwhelm the discussion about the benefits and disadvantages of Insite, hopefully their expression was prevalent enough to help advance harm reduction's message of humanism to readers of the newspapers.

5.3.2 Collective interests. Articles that reported solely on collective interests tended to focus on the collective disadvantages associated with Insite's operation more than its advantages. A couple of the collective benefits reported in the media included a study that found that there were less public injections and syringes discarded in public areas a year after Insite opened (Art. V-13) and a citizen that wrote that the best thing society can do is try to work with addicts through programs like the SIS "to keep ourselves and our streets as safe as possible" (Art. 42). The previous examples focus on keeping the public safe from the dangers posed by injection drug use. However, others disputed the benefits Insite provides to the community. It was relayed that Health minister Tony Clement communicated in a press release that "there was insufficient evidence the program [Insite] reduces drug use and fights addiction [. . . and] added that additional studies are needed on how injection sites affect crime, prevention and treatment" (Art. V-44; *see also* Art. G-13). He was also quoted as saying in relation to Insite that society was "'seeing unprecedented levels of crimes'" (Art.

G-13). This spotlight on crime, drug prevention and treatment effects is outside the immediate purview of harm reduction initiatives, which seek to help drug users in the zone of uncertainty between preventing the first instance of drug use and a commitment to treatment with the goal of achieving abstinence (Marlatt, 1998a) and do not have an agenda regarding crime reduction because that is not a health-related consequence of personal drug consumption. There were also several articles that included criticisms that Insite was encouraging or promoting further drug use rather than rehabilitation or abstinence (Arts. V-34, V-63, V-75, V-92, V-94, V-100, G-61). Again, these criticisms are not really appropriate for harm reduction programs because while they are not anti-abstinence, they are posited as an alternative to traditional abstinence-based drug programming with more practical and realistic objectives that acknowledge and show consideration for the complex situations facing drug users (Erickson, et al., 1997; Marlatt, 1998a; Riley, 1998).

Other articles highlighted the fiscal disadvantages of Insite, which are clearly not related to the interests of individual drug users, but to social and political concerns about the financial burden of the SIS's existence. One person wrote to *The Vancouver Sun* that "[c]ompassion is not infinite nor is the money to [run Insite and] subsidize peoples' moral weakness" (Art. V-91) and it was also reported that Health Minister Tony Clement "has said the clinic's $3-million annual budget would be better spent funding drug-treatment centres" (Art. G-60; *see also* V-6, V-20, V-92, G-61 for more concerns relating to the cost of Insite). Another citizen wrote a letter which voiced the opinion that Insite has contributed to:

> [a] loss of income to Vancouver's economy because tourists are reluctant to spend their time and money in a city that promotes hard drug use [. . . and is] very much a money loser [. . .] for all honest business owners who depend on

> the influx of tourists to provide their bread and butter, not to mention the taxes not collected. (Art. V-100)

The above example demonstrates concern for the interests of business owners and Vancouver as a whole by highlighting the perceived detrimental effect Insite has on the economy. Additionallty, more citizens complained about the lack of overall benefits that Insite provides to society. One person wrote:

> The question is not just whether a hand-holding agency holds hands effectively, but whether it makes a net positive contribution to society. [. . .] Saving one addict is not a net benefit if the permissive official attitude toward drugs draws two more down that alley. (Art. V-57)

Furthermore, another citizen concluded that "the rest of society is harmed by Insite" (Art. V-87).

The examples of collective interests presented in this section reveal a desire to control IDUs in order to minimize the harms and threats they pose to society rather than themselves. They also indicate a lack of humanism because the focus is on what Insite provides to the collective and not to individual drug users, which runs counter to the stated objectives of the harm reduction philosophy. There are other control mechanisms already in place, such as law enforcement and traditional drug treatment programs, which are designed to address collective concerns relating to drug consumption. So this preoccupation with Insite's ability to benefit society may indicate a distortion of the intent of the initiative as a harm reduction program. Yet the frequent presence of such views on Insite is not surprising as newspapers depend on readership to survive. It is not likely that their target audience contains many injection drug users or even people intimately connected to injection drug users, so the

newspapers must relate issues such as the SIS to the lives of the readers in order to hold their attention and avoid alienating them.

5.3.3 Individual and collective interests. Many of the articles analyzed highlighted both individual and collective benefits derived by Insite, sometimes even within the same sentence. For example, it was explained in one article that "Insite enjoys a long list of supporters - law-enforcement officers and political leaders among them - who say it benefits users and the public" (Art. G-50). Other government supporters of the site were reported as endorsing the program because "it prevents overdoses of drugs and the spread of HIV-AIDS" and "reduces the number of people injecting drugs publicly" (Art. V-97), highlighting the benefits to IDUs and the public, respectively. Also, the Vancouver Area Network of Drug Users (VANDU) argued in a constitutional challenge to the federal government's control over Insite's ability to operate that "the site saves lives and money" (Art. V-106). A publicly released report on the benefits of the safe injection site provided support for VANDU's position as it concluded that Insite "provides as much as $4 in benefits for every dollar spent, doesn't cause increased drug use, doesn't appear to affect crime rates, encourages users to get treatment, and saves at least one person a year from dying of a drug overdose" (Art. V-69). Finally, another article declared that multiple "[p]eer-reviewed studies have suggested the program [Insite] minimizes harm to addicts, reduces the spread of disease and directs addicts toward rehabilitation programs while reducing emergency health-care and law-enforcement budgets" (Art. G-28).

It appears from the above examples that people may be justifying the benefits Insite provides to individual drug users by drawing attention to the collective benefits also derived in an attempt to increase acceptance of the controversial site's existence because utilitarian reasoning is generally more palatable to the masses. However, the apparently simultaneous

presence of individual and collective benefits also can be linked to Foucault's concept of technologies of the self, whereby individuals (i.e. injection drug users) are tasked to engage in activities (i.e. utilizing Insite) ostensibly for their own interest and self-improvement (e.g. their health), but in doing so also contribute to achieving broader governmental ends (e.g. public order and saving money) (Foucault, 1988a; Rose, 1999; Rose et al., 2006). So by choosing to engage in the safer injection practices at Insite that function to improve their health and well-being, the clients of the SIS are simultaneously helping to attain broader societal goals without being fully aware of their role in conforming to social norms.

5.4 Question #4: *Is the physical space of Insite portrayed as a site of inclusion or exclusion?*

For this research question, two categories of analysis were utilized. The first category, "Insite as a site of inclusion", was used for representations that demonstrated that the physical space of the SIS attempts to embrace injection drug users in various social networks, big and small. The second category, "Insite as a site of exclusion", was used for portrayals that indicated that the space of Insite is used to separate injection drug users from society by various means.

5.4.1 Site of inclusion. The physical space of Insite was most commonly represented in the articles analyzed as being inclusive in nature. Several articles described Insite as a "clean" space or environment in which users can inject drugs (Arts. V-2, G-11, G-12, G-31, G-32, G-57). Even more articles labelled it a "safe" place (Arts. V-52, V-61, V-77, V-78, V-86, V-90, V-103, G-22, G-29, G-30, G-33, G-70) that provides a "protected environment" for IDUs (Art. V-68) or a so-called "safe-injection haven" (Art. G-27). By presenting Insite as a clean and safe environment, these articles draw attention to the idea that the SIS is

intended to be an attractive space for injection drug users to frequent or a location of refuge from the uncertainties and harshness of the streets.

Another manner in which Insite was represented as inclusive was through its portrayal as a "necessary bridge, offering health contacts and disease reduction to individuals who have yet to engage in treatment, cannot access it or are relapsing from treatment" (Art. V-94). Insite was depicted as providing much needed "access" to nurse-administered care, health-related, and other social services (Arts. V-19, V-23, V-72, V-78, V-83, G-36, G-56), as well as acting as a "link to detoxification" programs (Art. G-32) and "connecting the users of illegal drugs with avenues for treatment" (Art. G-38). Essentially, the space was described as presenting the opportunity to draw IDUs "who have been marginalized back into the public system" (Art. G-57). The aforementioned examples illustrate how the SIS can be seen as a service hub or physical point of contact that could be the first step to reincorporating drug users into various public services offered in British Columbia that they have previously refused or have not been available to them due to a lack of information and/or resources.

Finally, the Vancouver SIS was presented as being inclusive through the human contact it offers to drug users who utilize its services. British Columbia Health Minister George Abbott was quoted in *The Globe and Mail* as saying the following regarding Insite: "'This is an opportunity for us as a society to reach out to them [. . .] to provide that measure of security and stability, to remind them that mental and physical health supports are available to them'" (Art. G-25). Abbot was also quoted as stating that Insite "'gives us an opportunity to meet with people who, otherwise, would be injecting in back alleys'" (Art. G-48). The comments made by the BC Health Minister demonstrate that this government official presents Insite as a way to connect with individual injection drug users on the ground-level and reassure them that there are people who they can turn to for help. The idea

that Insite itself is a place of opportunity for professionals to make contact with IDUs was repeated elsewhere. For example Insite was described as providing “a point of contact with health professionals” in one article (Art. V-2) and as offering “the opportunity to connect with users” by a citizen who wrote to *The Vancouver Sun* (Art. V-53). Spokesman Mark Townsend of the Portland Hotel Society, which is involved in the administration of Vancouver’s SIS, also characterized Insite as “‘a place to connect people with addiction and drug counsellors’” in a quotation (Art. G-16). Furthermore, Townsend emphasized the importance of the human connection Insite offers to its clients in the following statement given to *The Globe and Mail*: "‘When you think of an addict in an alley versus an addict injecting with a nurse, there's more human contact [. . .] You build a relationship with someone and they say, “I'm feeling rough,” and you say, “Would you like to go to detox?”’" (Art. G-56).

Most importantly, an actual drug user who frequents the SIS confirmed the positive effect of the human relationships they were able to establish within Insite’s walls in terms of their overall health and well-being. One article reported that for the BC Supreme Court case regarding the extension of Insite an affidavit was submitted on behalf of a client of the SIS that attested to the fact that “her regular contact with the staff at Insite had prompted her to begin methadone treatment after 13 years of using heroin” (Art. G-26). Moreover, Ms. Tomic, the aforementioned Insite client who signed the affidavit, was quoted as saying: "‘[Insite] is sort of like the show Cheers, for Norm [the local bar-fly. . .] That's how I feel about Insite. I go in. Everybody knows me’” (Art. G-23). It is clear from the previous quote that the site allows this particular drug user to connect with others and feel included in something rather than existing disconnected and isolated from others. Tomic also offered the

following description of how her relationships with the staff at Insite provided much needed support for her in times of struggle:

> "Insite is about a lot more than getting high. The people there are my support system. ... If I feel like using [heroin], I go to Insite and the staff can usually talk me through it. [. . .] If I am feeling depressed or down, I can talk to the staff at Insite. Since Insite opened, my mental and spiritual health and my sense of self-esteem have gotten so much better than they used to be, and that's helping me to stay off heroin and stay as healthy as possible. I don't know what I would do if I did not have my support system at Insite." (Art. G-34).

The previous quotes by a client of Insite demonstrate how the rhetoric of officials that "addicts feel comfortable getting help there [at Insite]" (Art. G-9) is translated into a reality in which Ms. Tomic lives. The discourse is not hollow as it has real effects in the lives of people who utilize Insite's services. Fundamentally, Insite was depicted as offering a "community" for IDUs (Art. G-56) that otherwise may not have a community to turn to for support, as one client believed from the time of the SIS's opening that the site would give injection drug users "a place to go where they are treated like normal human beings [. . . and that for some] 'this might be their only healthy, non-drug- related interaction'" with other people (Art. V-7).

Presenting Insite as place where its clients can be treated like "normal" human beings is much in line with the harm reduction perspective that the program is supposed to operate in accordance with. The harm reduction philosophy seeks to normalize the consumer of drugs and their drug-use behaviours (Marlatt, 1998a; Mugford & O'Malley, 1991; O'Malley, 1999; O'Malley & Mugford, 1991b) by treating them with the same dignity and respect

afforded to any other citizen as opposed to condemning them (CCSA, 2008; Erickson et al., 1997; Marlatt, 1998c), thereby hoping to counteract some of the stigmatization and social exclusion/marginalization they have likely faced in their lives because their drug use is traditionally viewed by the public, officials and even those administering treatment programs as contravening the norms of society (Erickson et al., 1997; Marlatt, 1998a; Marlatt, 1998c; O'Malley, 1999). By establishing real connections and relationships with drug users that are based on their inherent humanity, rather than just the fact that they use drugs, the client of Insite has the potential to be re-included into a community that supports them or even into broader society to some extent. Moreover, Insite's depiction as a protective environment that provides easy access to services conforms to the idea of providing low-threshold entry into harm reduction programs by eliminating requirements for participation in order to reach or include as many potential clients as possible (Marlatt, 1998a). Reattaching injection drug users to public supports and service systems represents an important step in the possible re-inclusion of Insite's clients into society by offering the same choices and opportunities to participate as non-drug users, thereby redressing some of the marginalization they face due to the stigma of their drug consumption.

However, the site's supposed capacity to include its clients by building relationships with them and reattaching those drug users to the public system could have alternative implications as an artful strategy to control or govern their behaviour. Rose (1999) explains that one group of approaches for controlling those excluded from society due to their violation of societal standards "seek to incorporate the excluded" through activity and "reattach them to the circuits of civility" (p. 240). The discourse surrounding these approaches presents the exclusion of people and the problems facing them as the consequence of their inability to manage their behaviour and lives, an idea which

compliments neoliberalism in that societal issues are recast as individual problems resulting from an individual's lack of capitalization of their inherent potential and opportunities in life (Rose, 1996; Rose, 1999; Rose et al., 2006). These re-inclusive strategies of government attempt to reform excluded individuals by providing them with activities and choices that facilitate their autonomy, conceptualized as being able to take responsibility for their conduct (Rose, 1999). For those who are deemed capable of this re-activation and targeted for re-inclusion:

> control is now to operate through the rational reconstruction of the will and of the habits of independence, life planning, self-improvement, autonomous life conduct, so that the individual can be re-inserted into family, work and consumption, and hence into the continuous circuits and flows of the control society. (p. 270)

Therefore within the discourse of these strategies, inclusion is not about accepting previously excluded individuals despite their issues, such as drug use. Rather, inclusion acts as a tool to re-train and govern individuals according the pre-existing norms. Thus in the case of Insite, the apparent inclusionary functions of the site may actually serve to reinforce and facilitate traditional forms of government by reconnecting these IDUs to the public system and fostering the development of relationships that seek to change the clients' drug-related conduct not solely for the reasons of self-improvement and the facilitation of autonomy, but primarily to strengthen the status quo operation of society.

5.4.2 Site of exclusion. In contrast to the inclusive portrayals of Insite discussed earlier, the physical space of the SIS was also represented as a tool to further exclude and isolate injection drug users from broader society in the media analyzed, although this was less common. One article detailed that before it was built "supporters of the legalized

injection site said the site was needed to curb wide open drug use in Vancouver's Downtown Eastside" (Art. G-14). Several articles reported that the utilization of Insite by drug users has resulted in less public injection (Arts. V-13, V-17, V-37, V-48, V-50, V-71, V-95, V-102, G-8, G-10, G-19), thus reducing "the visibility of needle-drug use" in the area (Art. V-40). Then Vancouver mayor Sam Sullivan was also quoted as stating "'we can see less disorder in the streets and alleys from people shooting up'" several years after the centre opened (Art. G-3). It is clear that in the aforementioned examples Insite could be viewed as acting as a barrier that keeps IDUs and their undesirable injection practices out of the public space, even if only temporarily.

Moreover, one citizen expressed the following in a letter to *The Vancouver Sun* (Art. V-42): "Would you rather have addicts sitting on the corner, leaving their needles on the same streets we walk on? Or would you rather have them in a designated spot with proper methods of disposing of the needles?" Wanting drug-users to have a designated spot indicates a desire to exclude or divide them from the non-drug using population. In that case, the SIS becomes a place to confine an unwanted group instead of a space of inclusion and support. It was further explained that clients of Insite are situated "under the watchful eyes of a small team of government-paid nurses and drug counsellors" (Art. V-65; *also see* Art. G-10). Thus, IDUs are able to be monitored within Insite's walls. One recovering drug user and former client of Insite wrote the following regarding the lack of an inclusive environment, meaningful human contact and community inside the centre:

> It's a large, dark metallic room (easy to clean surfaces) with lots of mirrors, a hard floor; nothing resembling atmosphere. It's a frantic, awkward place where there is often someone on the ground, drooling. Conversation between users, rare, is disjointed and without politics, or even purpose. We don't bond

> here, we stick drugs into our arms. Then there are the stoic volunteer health care workers, scrambling in vain to keep things sane, and who don't take crap from the users; they run a tight ship. This place is not cool. (Art. V-32)

This statement supports the quoted opinion of Federal Health Minister Tony Clement that Insite is "'simply warehousing people addicted to drugs for palliative care'" (Art. V-82; *see also* G-47). Overall in these portrayals of Insite as being a space that may contribute to the social exclusion of its clients, the site can essentially be viewed as an apparatus to contain a problematic group of drug users.

These potentially exclusionary elements of Insite run counter to the principles of the harm reduction perspective, which aims to combat the marginalization faced by drug users due to traditional drug policies and repressive governmental practices (Riley, 1998). Additionally, the exclusionary aspects of Insite represented in the media can be interpreted as falling within the second set of approaches for governing those who have been excluded from society, according to Rose's (1999) framework. These strategies "accept the inexorability of exclusion for certain individuals and sectors, and seek to manage this population of anti-citizens through measures which seek to neutralize the danger they pose" (p. 240). According to Rose, those who are deemed unwilling or unable to govern themselves in a responsible manner are cast away from the rest of society and spatially marginalized into undesirable areas, where they can be subjected to harsh measures of control. One such harsh measure involves "more or less permanent sequestration" (p. 270). Insite can be considered in aiding in this spatial exclusion and confinement by keeping those drug users who will not give up their injection drug use out of the public eye and within the walls of the SIS, even if they are not kept there permanently. And while client are immune from arrest and prosecution for possession inside Insite and during their entry into the site, the SIS could be

viewed as helping to identify and concentrate socially excluded injection drug users within the immediate area. Rose (1999) concludes that those who are excluded are "effectively criminalized, as crime control agencies hone in on those very violations that enable survival in the circuits of exclusion: petty theft, drinking alcohol in public, loitering, drugs and so forth" (p. 272). Therefore, Insite may contribute to the enactment of severe social control methods upon its clients.

5.4.3 Site of inclusion and exclusion. Several of the newspaper articles analyzed presented the physical space of Insite as having both inclusionary and exclusionary functions. For example the director of Vancouver Coastal Health was quoted as saying that those who run the SIS sought to make the space "'relaxing enough to make people want to be here [at Insite]'" which indicates a desire to include injection drug users, but in the same article the site was described as a place where the entry and exit doors are "kept locked at all times" which indicates that the site may act as a physical barrier between the drug users and the outside (Art. V-3). Another article explained that the site's environment would "make it easier to put addicts in touch with health services and drug treatment" (inclusion), yet also quoted a politician as stating that there are "'benefits to not having these people out in the community shooting up in public'" (exclusion) (Art. V-11).

While the previous examples seem to express contradictory messages, they could be a sign that Insite is engaging in dual governmental approaches simultaneously. Insite may be a space where the excluded can be assessed to determine which of Rose's (1999) two sets of control approaches, re-inclusion or further exclusion, would be most effective in addressing the danger they pose. For instance, those deemed suitable targets for re-education would be re-included in society through the access to the public system Insite provides, while those viewed as incapable of such change would be kept off the streets, further excluding them

from engaging in public spheres of life. Thus, Insite could be perceived as widening the social control net to reach as many injection drug users as possible, through one set of strategies or another.

5.5 Question #5: ***How is the presence of Insite and its clients represented as relating to the living environment of the area surrounding the safe injection site?***

For this research question, two categories of analysis were used. The first category, "order", was used for representations that associate Insite with an increase public order in the surrounding area. The second category, "disorder", was used for media representations that connect the presence of Insite to disorder in the surrounding community.

5.5.1 Order. The sample articles that discussed the living environment of the area surrounding the SIS overwhelmingly presented it as exhibiting increased order associated with Insite's existence. Article G-17 detailed that "numerous previous scientific studies in medical publications [. . .] found a positive impact on drug users and the surrounding neighbourhood since Insite opened more than three years ago". Furthermore, safety is portrayed as an integral corollary of public order, as aside from the previous scientific findings, three former mayors of Vancouver were quoted as endorsing Insite as "'helping make a very troubled neighbourhood safer'" in a joint letter to Prime Minister Stephen Harper lobbying to keep the SIS open (Art. G-8). The Vancouver Police Department also supported its operation because in their experience on the ground the SIS "makes the streets safer" (Art. G-19). Even a member of the public writing to the newspaper identified Insite as an intervention that is the "best we can try to do [. . .] to keep ourselves and our streets as safe as possible" (Art. V-42). Additionally, one study reported that Insite "enhances public safety" (Art. V-16) and research beginning very early on has reported that the opening of Insite "led to a significant decrease in public disorder" (Art. V-22), with similar findings

echoed throughout the time period in which the sample articles were published (*see also* Arts. V-23. V-24, V-29, V-40, V-41, V-52, V-54, V-55, V-103, V-104, V-106, G-3, G-8, and G-38).

More specifically, many articles focused on ordering aspects of Insite as they relate to the health of the surrounding community. Several studies discussed in the sample articles reported fewer discarded needles, other drug-related litter, and/or less public injection in the surrounding area since Insite's opening (Arts. V-13, V-17, V-42, V-45, V-49, V-50, V-65, V-66, V-71, V-74, V-81, V-95, V-96, V-97, V-99, V-102, G-7, G-8, G-10, G-18, G-19, G-32, G-50, and G-63). Moreover, supporters of Insite expressed beliefs that closing the SIS "will result in increased public drug consumption, increased overdose deaths and increased harm to the entire city" (a former Vancouver police officer, Art. V-38) and will cause injection drug users to "go back into the alleys and die" (an Insite rally organizer, Art. 30), indicating that the site increases order in the community. Also, it was reported that two dozen studies in medical journals suggest that Vancouver's SIS "helped reduce overdose deaths, infectious diseases and crime in the 10-block area that draws drug addicts" (Art. G-20).

It could be that this discussion of Insite's positive public ordering effects is an attempt to justify its existence by providing evidence that the SIS helps more than the individual IDU and contributes to the health and safety of the wider community. The fact that harm reduction proponents engage in research on public order suggests that they may feel the need to provide rationale for the site's operation that will appeal to those who do not see the value in improving the lives of these drug users alone. Discussion of increases in public order provides support for the usefulness of Insite on a more macro level.

Also the repeated focus on the positive ordering effects of Vancouver's SIS can be seen as a way of highlighting the initiative's potential regulatory import, defined here as the

capacity of programs outwardly designed for the benefit of those they target to also be used to govern or eradicate undesirable behaviours those people engage in. This is in opposition to the stated objectives of the harm reduction perspective, which seeks to alleviate the harms faced by individuals related to their drug consumption through their voluntary participation in initiatives (Marlatt, 1998a) and does not desire to control their drug-related behaviours for the benefit of the public. On a micro level, Insite could be interpreted as contributing to the government of individual injection drug users by training them to engage in drug consumption in a manner that helps to maximize the value of their physical bodies in terms of increasing their ability to lead more productive (as opposed to disruptive) lives and contributing to national prosperity. National prosperity is helped by the creation of responsible citizens that are able to regulate their own lives in a healthy and productive fashion, thus requiring minimal state interference and resources, a process deemed responsibilization (Rose, 1999) .For example Godkin, a regular Insite client, described how his drug-related behaviour was affected by his use of Insite even when he is not injecting at the site:

> “But even if I go into an alley to use, I'm very aware of my equipment. I'm picky about keeping my equipment clean. When I'm done with a needle, I put the orange top on, snap the tip off, and drop it in one of the yellow boxes on the poles in the alleys. It's helped me think of the safety of others.” (Art. V-14)

On a macro level, the representation that Insite is related to increased order in the surrounding community indicates that the site may have broader potential in terms of aiding in the regulation of larger issues, such as crime, disease and death rates among the population as a whole. As a result of the micro and macro ordering effects highlighted in the articles,

Insite could be construed as a technology of government where the two poles of Foucault's notion of biopower meet — anatomo-politics and biopolitics. The presence of anatomo-political forces is suggested by Insite's attempts to train the human body by "seeking to maximize its forces and integrate it into efficient systems" (Rabinow & Rose, 2006, p. 196) through such measures as reducing public injection and facilitating proper syringe disposal among its clients (as seen in the Godkin quote). By endeavouring to incorporate the individual into efficient systems that are order-producing, the operations of their body are optimized by reducing their engagement in dangerous injection practices on the streets and also their risk of contracting harmful blood-borne diseases from the improper disposal of needles, subsequently strengthening one's ability to positively contribute to the overall productivity of the nation. Conversely, biopolitics involves the desire to regulate the life forces of the population on a broad scale, such as its longevity and mortality (Rabinow & Rose, 2006), and its operation is suggested through the reduction of rates of disease and death that are a consequence of Insite's contribution to an increase in public order.

5.5.2 Disorder. Despite a fairly consistent portrayal of increased public order associated with Insite's presence, there were some articles that related elevated disorder in the surrounding area after Insite opened. Tony Clement, then the federal Minister of Health, stated that the government was not going to be "bullied" into supporting safe injection sites because they had witnessed "unprecedented levels of crime" in the area surrounding Insite (Art. G-13). These sentiments regarding high levels of crime in the area were reiterated in several letters written by concerned citizens and published in *The Vancouver Sun*. One citizen wrote that "[s]upporters of Insite always leave out the criminal element in their rhetorical rants to save the addicts, and seem to dismiss the associated crime as unfortunate casualties" (Art. V-75), while another citizen sarcastically added that taxpayer money should

be used to set-up “a government-subsidized pawnshop right next door to the supervised injection site to save addicts the walking, and we [the public] could buy back our stereos and jewelry [sic] at half-price” (Art. V-101). Another contributor bitterly mused that “astronomical auto and property insurance rates, the bars and alarm systems on our houses, and the decay of what was once a vibrant part of downtown and our history, are the "benefits" Insite delivers to the non-addict population” (Art. V-87).

Other citizens who contributed opinion pieces focused on the overall deterioration of the surrounding community in which they live. One person wrote that “the drug problem in this city is out of control [... and ...] Insite only encourages it” (Art. V-34). Opinions such as this imply that disorder in the city is only exacerbated by Insite’s existence. Another citizen similarly reasoned that:

> Vancouver's Downtown Eastside is one big rusty fender on an otherwise great cityscape. Spending $2 million a year of my money [on Insite] to throw a coat of paint on a rusty fender does not solve the problem. The rust won't disappear. It will only grow and prosper under that $2-million paint job. (Art. V-6)

In the following excerpt from a published letter, the author more bluntly stated that:

> As a long-time resident of Greater Vancouver, I've had the opportunity to see Hastings Street change from the central shopping area to what looks like a Mad Max movie set. The change in the speed of this decay ramped up when InSite was opened for drug users. A quick drive through the area confirms that the population of addicts there is exploding. (Art. V-63)

Comparing the environment surrounding Insite to the imagery and cityscape in a post-apocalyptic movie and attributing accelerated decay to the SIS’s presence is a very strong

statement to make in opposition to Insite's operation. Unfortunately, personal opinions such as those expressed by the citizens in the above excerpts demonstrate that despite all the scientific evidence backing Insite's positive effect on public order, there will likely be a significant portion of people who ground their views on the SIS in their own personal experiences. This is to be expected because personal experiences are more proximate and relatable for many citizens, meaning that those messages resonate better than the findings of scientific studies published in medical journals that most people outside academic and medical fields would not regularly read. However, such attitudes and their proliferation in the mass media due to their sensationalized nature may create a roadblock to the peaceful and efficient operation of Insite, or even to people accepting the establishment of initiatives similar to it elsewhere in Canada, because of a "not in my backyard" mentality potentially reinforced by what they have read about the negative experiences of other citizens living near the SIS.

Even public officials disputed the findings of scientific studies by citing their personal experiences. One article reported on information provided by an Insite researcher that "peer-reviewed and published scientific studies have shown that [. . .] drug use in the area has been reduced", while in the same article the director of the RCMP drug branch was quoted as saying "'I went for a walk through the East End of Vancouver and I don't see much of an improvement'" as well as disputing the aforementioned evidence that there has been a reduction of drug use in the area (Art. V-47). Another article related that a report on Insite written by RCMP Staff-Sgt. Doucette:

> take[s] issue with the interim evaluation [of Insite], which found a decrease in public drug use and public complaints. But rather than providing scientific evidence to the contrary, the report merely notes that such findings are "not

> supported by independent observations of police officers in the area." (Art. V-48)

Despite the lack of consensus in the above example and between articles regarding the ability of Insite to contribute to public order, the very debate itself nonetheless reveals and reinforces that there is concern and interest regarding the community-level regulatory import of the SIS, which is contrary to the philosophy of harm reduction that Insite is classified as falling under.

5.6 Overall Thoughts

The findings from this qualitative content analysis of 177 newspaper articles from *The Vancouver Sun* and *The Globe and Mail* prompted the following overall observations of interest. There were representations and themes in the articles that support Insite`s functioning as a harm reduction program, including the portrayal of injection drug users as clients of the SIS, a focus on individual benefits provided by the site, and the representation of its physical space as inclusive. However there were even more representations that present potential barriers to the acceptance and successful operation of Insite because they are counter to the principles of the harm reduction philosophy. These include: the portrayal of the drug users who utilize the SIS as criminals, addicts, or social junk; the overt and covert moralization of drug use; a steady concern for the collective advantages and disadvantages of Insite; the perceived exclusionary functions of the site; and the preoccupation with its ability to contribute to order in the surrounding area. Moreover, there were examples in the discourse of Insite which suggest that the program may have the capacity to operate as a form of government that seeks to direct the conduct of injection drug users in order to correct their deviation from the norms of society by means of technologies of the self or more repressive techniques, as opposed to simply accepting their drug consumption behaviour and

reducing the drug-related harms they face. This could indicate that despite the seemingly anti-governmental philosophy that guides harm reduction programs, there may be less distance in principle between this particular harm reduction program and traditional strategies for governing drug use than one would like to think. It may also be the case that Insite exists in a social and political climate, evidenced in part by the media discourse, which simply cannot accept it in its intended form, thus blocking it from reaching its ideal functioning as a harm reduction program due to obstacles created by the discursive representations surrounding the site and its users. Unfortunately, assessing the actual functioning of the SIS is well beyond the scope of this study.

In order to confirm the possible harm reduction and governmental implications of the media representations relating to Insite put forth in this chapter, more research needs to be done to assess how the site actually operates to see if the discourses and themes discussed here translate into real world practices at the SIS, as would be expected due to the understanding of discourse articulated in this study. Interviews or surveys could be administered to Insite staff who work on a regular basis with the drug users who visit the site, as well as to the clients themselves, in order to ascertain first-hand accounts of their experiences with how the SIS functions. Beyond that, Insite will remain a very fruitful topic for future criminological research in the years to come because of its unique position as North America's only legally sanctioned centre that permits the consumption of otherwise illegal drugs to occur within its walls and the continuing public and political controversy over its existence.

Conclusion

This study centered on an investigation of media representations relating to a specific harm reduction strategy currently in operation in Vancouver, the safe injection site called

Insite. 177 newspaper articles from *The Vancouver Sun* and *The Globe and Mail* that focused on Insite were selected and subjected to a qualitative content analysis that searched for latent themes present in the texts that were related to various concepts and principles of the harm reduction and governmentality perspectives. Articles were analyzed in order to illuminate the following specific research questions: (1) *How is the user of Insite's services represented in the media discourse?*; (2) *In what ways are the drug use practices of the clients of Insite moralized?*; (3) *Are the humanistic principles of harm reduction expressed in the discussion surrounding Insite?*; (4) *Is the physical space of Insite portrayed as a site of inclusion or exclusion?*; and (5) *How is the presence of Insite and its clients represented as relating to the living environment of the area surrounding the safe injection site?* It was found through analysis that some of the representations were in support of the principles of harm reduction, but that many could be interpreted as running counter to that philosophy and instead having a connection to various concepts relating to governmentality theory.

First in terms of the representation of the user of Insite's services, the second most common representation portrayed the user of Insite as a client deserving of respect from the service providers and capable of rational, responsible decision-making in regards to their drug use and treatment options. This portrayal was congruent with the harm reduction philosophy. However, the autonomy given to drug users in this representation could also be seen as an attempt to control them through that freedom by activating their ability to self-govern (Pratt, 1999; Rose, 1999). The user of Insite was most dominantly presented according to the medical/disease model, which views the user of drugs as someone suffering from an uncontrollable compulsion or disease. There were also examples of the users of Iniste being represented as criminal or as people lacking morality in their life choices (moral/criminal model) and less frequent examples of the users being portrayed as

unproductive "social junk" (Pratt, 1999, p. 149). These other three categories of representation are all counterproductive to the principles of harm reduction because they reinforce the stigmatization of drug users in one way or another. Moreover, many articles contained several different categories of representation concurrently, demonstrating a potentially problematic conflation of issues.

Second, the investigation into possible moralizations of the drug use behaviours of Insite's clients revealed several instances of negative overt moralizations where their drug use was characterized as criminal, morally wrong, or evil. Such obvious condemnations of drug use work against the value-neutral discourse surrounding drug consumption advocated by the harm reduction perspective. Yet, the moralizations of drug use found in the articles analyzed were more often covert or less obvious in nature, involving language that could be construed as negatively-charged and discussions of safe versus risky drug consumption. The implication of such discussions that use the seemingly benign actuarial language of risk is that they can disguise the social expectation that people self-manage their own risk (Hunt, 2003; O'Malley, 1999).

Third, in regards to the expression of the humanistic principles of harm reduction in the articles, much of the discourse surrounding Insite did demonstrate a compassionate, humanistic focus on the individual interests of injection drug users, such as providing them with healthcare services, distributing sterile implements to reduce their likelihood of contracting or spreading diseases and infections, and saving their lives from drug overdoses. However, there were still a significant amount of articles that highlighted collective interests in relation to Insite, such as fiscal, public health and crime concerns, suggesting a desire to control the SIS clients for the benefit of public. Also, examples that involved the co-occurrence of discussion surrounding individual and collective interests within the same

article could be viewed as a way to justify individual benefits by highlighting more utilitarian ones, or as an expression of Foucault's concept of technologies of the self whereby subjects aid in achieving various governmental goals by participating in activities that are supposedly for their own self-improvement (Foucault, 1988a; Rose, 1999; Rose et al., 2006).

Fourth, the physical space of the SIS was most often portrayed as functioning to include its clients by providing a safe space, offering access to healthcare services, and fostering meaningful relationships and community among service providers and clients. The representation of Insite as inclusive is in line with a harm reduction philosophy that seeks to counteract some of the social marginalization faced by drug users. The physical space of Insite was also portrayed as a way to exclude injection drug users by containing them within the SIS's walls and removing them from public spaces, contrary to the stated objectives of harm reduction programs. Yet, these representations of Insite as an inclusionary and/or exclusionary space can also be interpreted as being related to two of the strategies for controlling socially excluded populations described by Rose (1999): re-inclusion into public networks or further, possibly permanent, exclusion.

Finally, in terms of the representation of the area surrounding the SIS, Insite was consistently portrayed as associated with increased public order due to less public injection, injection-related litter, crime, drug-related disease and deaths in the area. The perceived order Insite provides to individual lives as well as the larger flows and characteristics of the species as a whole has a connection to the governmentality concepts of anatomo-politics, which seek to control the individual, and biopolitics, which seek to control the vitality of the species (Foucault, 1990). Moreover, the very concern with the apparent public order or lack thereof associated with Insite's presence demonstrates an interest in its regulatory import, or

whether this harm reduction program designed for the benefit of injection drug users may also be used to govern their unwanted activities.

Overall, the social and political context in which Insite exists, which partially consists of the media discourse surrounding the site, involves multiple and mixed representations of Insite and its clients. Some of the representations found in the newspaper articles that were analyzed are positive for the promotion of harm reduction principles. However, even more representations suggest alternate agendas and seem to indicate the potential operation of government through freedom, technologies of the self, and other more traditional punitive and prohibitionist methods for governing drug users. So even if there are media representations that support the harm reduction philosophy, they only symbolize a drop in the bucket because they exist in a social and political context that still fundamentally adheres to traditional representations of drug use and does not view the law itself as harm-producing. Moreover, the media discourse surrounding Insite seems to hint that in theory there is less distance between this harm reduction program and various governmentality concepts than would be expected. Bringing the discussion back to the guiding research question of this study — *In what ways are Insite and its clients represented in the media and what implications do those portrayals have in terms of Insite's operation as a harm reduction practice as well as a governmental strategy designed to direct the conduct of drug users who visit the site?* — it becomes clear that besides providing support for the harm reduction philosophy which is supposed to steer Insite as a program, many of the media representations point to how the SIS may work as a shrewd way to construct subjects of government out of injection drug users and control the conduct of those users. As such, suggested areas for future research would involve interviewing or surveying the staff and clients of Insite to confirm whether the findings and implications described in this study resonate with their

experiences of the SIS. Assessing the actual operation of Insite was outside the purview of this research project, so other efforts will need to be undertaken to establish what principles Insite actually functions in accordance with.

Appendix: Bibliographic Information for Sample Articles

The Vancouver Sun

Article Citation	Full Reference (Earliest to Most Recent Article)
V-1	O'Brian, A. (2003, September 15). Safe-injection site set to open today. *The Vancouver Sun* [Final Edition], p. A1. Retrieved from ProQuest Canadian Newsstand online database.
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V-18	Northern Health Authority considering safe injection site for Prince George. (2005, August 5). *The Vancouver Sun* [Final Edition], p. B2. Retrieved from ProQuest Canadian Newsstand online database.
V-19	Should Ottawa copy Vancouver's supervised injection site?. (2005, August 8). *The Vancouver*

	Sun [Final Edition], p. A6. Retrieved from ProQuest Canadian Newsstand online database.
V-20	Woods, A. (2005, December 5). Harper's drug crackdown could cut funds for safe-injection site. *The Vancouver Sun* [Final Edition], p. A4. Retrieved from ProQuest Canadian Newsstand online database.
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