Working Paper

Empathy, Evidence, & Experience

Learning from overseas to respond to street-based drug injecting in Dublin City Centre†

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Abstract

Using the case of the campaign to establish a Supervised Injecting Facility (SIF) and reduce harm for people who use illicit drugs in Dublin, Ireland, this paper makes three related contributions to contemporary literatures. First, by detailing the history of the campaign and paying particular attention to the ways it was influenced by learning from models elsewhere in the world, the paper adds a spatial perspective to research on the intersections of public health and social movements. Second, the paper addresses the policy mobilities literature's minimal engagement with the role of counter-hegemonic ideas and national states in shaping inter-local policy circulations. It provides detailed empirical analysis of the influence of counterhegemonic ideas and activists' referencing of those ideas through appeals to empathy, expert evidence, and experience to influence formal state institutions, including the legal system and the national state. Third, the paper addresses ongoing discussions of 'failure' in policy-making by arguing for a critical, contextual approach to the spatialities and temporalities of attempts to change entrenched policy and regulatory models. The case study is based on one author's direct involvement in the campaign for a SIF and on semi-structured research interviews with twelve key actors conducted since 2015. The research also involved an analysis of relevant documentary materials spanning the period 2012-2021 and both authors' participation in a drug policy forum in Dublin in January 2017, involving local and international actors.

Keywords: Supervised injecting facilities; harm reduction; policy mobilities; politics; expertise; Ireland

Introduction

Contemporary Ireland is a country synonymous with social change. In 2015, citizens voted to legalize same-sex marriage and, in 2018, an overwhelming majority voted to repeal the 8th amendment to the constitution, legalizing abortion. These changes reflect a transformation in the character of Irish society as social and religious conservativism have waned. Attitudes toward people who use drugs (PWUD) have also changed as the range of harm reduction options – programs and services that reduce the harmful effects of using illicit drugs, rather than primarily focusing on decreasing or prohibiting use itself – being discussed seriously in the public sphere and in policy circles has expanded. While the idea of providing a legally sanctioned, supportive, and relatively safe facility for PWUD to consume the substances they purchase on the unregulated market would have been entirely foreign to most people in Ireland as recently as 2012, such a site has now been legalized by the national government and funding is allocated to create a pilot Supervised Injecting Facility (SIF, usually spoken as a word rather than three individual letters) in an existing social services organization on the banks of Dublin's River Liffey. Yet, in over four years since the SIF's approval, it has not opened, leaving PWUD in Dublin still out on the street.

Harm reduction and the SIF idea have not been developed within a closed Irish context. Rather, local debate about drug policy transformation has been conditioned by the strategic combination of empathy, evidence, and experience from the Irish context and from further afield. Harm reduction is an increasingly global movement and, as Bewley-Taylor (2012, 37)

argues, it is “broad and fluid, and is inevitably given different meanings by different actors.” It is, simultaneously, “a principle, concept, ideology, policy, strategy, set of interventions, target and movement” (AL Ball 2007, 684-685). Harm reduction is defined by its pragmatic, non-judgmental approach to drug use and its proponents point to evidence of its success using evidence from harm reduction initiatives like needle and syringe distribution, naloxone provision, supervised consumption (of which SIFs are one part), and decriminalization. Evidence suggests that these initiatives reduce overdose deaths, blood-borne infection, public litter, open drug scenes, and health care expenses, while increasing rates of entry into other social and health programs, including detox and recovery (International Harm Reduction Association n.d.).

Harm Reduction is also defined by its uneven geography (International Harm Reduction Association 2020), which can be seen in the distribution of countries where supervised consumption facilities operate legally (some are restricted to injecting (SIFs), others also accommodate smoking and inhalation and are called Supervised Consumption Sites or Drug Consumption Rooms). There are 150 legal consumption sites in 12 countries, including Australia, Canada, Germany, the Netherlands, Spain, and Switzerland (International Harm Reduction Association 2020, 22-23; International Network of Drug Consumption Rooms n.d.). These sites are crucial to the movement’s collective ‘mental map’ and they constitute key reference points within its networks of supportive communication (McCann 2008, 2011b; Temenos and McCann, 2015).

In this paper, we will use the debate over supervised drug consumption in Ireland, to discuss how the SIF model has come to be legalized by the Irish government. The case involves not only the mobilization of a new model from elsewhere but also an advocacy and persuasion campaign to educate politicians, other key stakeholders, and the public on the principles, details, and benefits of supervised consumption. Moreover, the pursuit of a formal legal and political strategy, including crafting model legislation that national politicians could propose to parliament, was a crucial element of SIF advocacy.

The discussion makes three contributions. First, it adds to harm reduction literatures by approaching this public health and social movement through insights from urban political geography – detailing the political and spatial strategies used by advocates to operationalize the idea of supervised consumption in the Irish policy-making context. Second, the paper advances the policy mobilities literature (McCann 2011a; McCann and Ward, 2011; Temenos and McCann 2013; Peck and Theodore 2015; Ward 2018) by emphasizing both the importance of persuasive ideas (particularly counterhegemonic ideas) in policy change, rather than only formally constituted policies and models, and by highlighting the crucial role that formal state institutions, including the legal system often play in inter-local policy mobilization (Bok and Coe 2017). Third, reference to the barriers and slow-downs that have faced the project of establishing a SIF in Dublin, even after national government approval, offers an opportunity to conceptualize the role of (apparent) failure in policy mobilities.

We focus on Dublin city centre, Ireland’s most prominent site of public illicit drug use and the focus of most advocacy and policy-making. We draw upon Tony Duffin’s direct involvement in the campaign for a SIF as a key figure in the advocacy campaign and on fourteen

semi-structured research interviews, conducted by Eugene McCann with twelve key actors in Dublin in December 2015 and January 2017. Interviewees included: managers and frontline workers in local organizations that provide services to PWUD; advocates for harm reduction, supervised consumption, and drug policy change; representatives of business groups; local and national politicians; a senior police officer; and a drugs and crime researcher. Stances toward harm reduction and drug policy change varied across the group. In this paper we focus on the advocates of the SIF while using information from interviews with others as context. Interviews were recorded, transcribed, and subsequently analyzed thematically (Boyatzis 1998, Liamputtong 2020), identifying recurring, expected, and emergent themes. The research also benefited from the participation of both authors in a day-long forum on drug policy in Dublin in January 2017, which gathered local actors and international experts to discuss supervised consumption and the decriminalisation of drug possession for personal use. A survey and analysis of documentary materials, including government documents, reports, news media articles, and relevant websites spanning the period 2012-2021 underpinned the research. The analysis is further informed by McCann's long-term study of the mobilization of the supervised consumption model globally.

The paper's next section provides a conceptual framework that elaborates the notion of moving ideas, draws on sociological approaches to expertise, evidence, and experience, and addresses the question of the national state in policy mobilities. We then outline the general social and political context in which the campaign for a SIF played out in Dublin. The subsequent section analyzes the advocacy campaign through three related frames: the mobilization of empathy, evidence, and experience by local advocates; their long-term coalition-building and persuasive communications strategies within the city and Ireland more generally; and their innovative approach to legislation. It then discusses the years after legislative approval and a consideration of pathways forward for advocates facing the sort of bureaucratic hurdles that have been confronted by supervised consumption campaigners in others cities in the past. We conclude with a critical reflection on policy 'failure' and its implications for research on the politics of policy circulation and innovation.

Moving ideas: Circulating knowledge through local and national politics

Harm reduction is a set of moving ideas, of which supervised consumption is one. They are moving, both in the sense that they are persuasive – they move people to action for change – and also in the sense that they move among places. Some of these ideas operate as principles, others are partially-formed programs for action, often combining elements from reference points elsewhere (McCann, 2011b; Robinson 2015), while some others become formalized as models or written policies. This is an intentionally broad definition of what the policy mobilities approach is and what it can analyze.

Counterhegemonic ideas on the move

Most work on policy mobilities highlights the power of hegemonic institutions in propelling certain policy models around the world. The literature has developed valuable foci on 'fast

policy' ideas, travelling through well-funded informational infrastructures, that are largely neoliberal (Peck and Theodore 2015). Policy mobilities scholars have paid less attention to the circulation of *counterhegemonic* ideas and their role in the politics of policy-making (but see Massey 2011; Lauermann and Vogelpohl 2019). Counterhegemonic ideas question, challenge, and expose the contradictions, ironies, and hypocrisies of contemporary policy orthodoxies. They also stem from and facilitate visions of alternative, more just futures. The central political-geographic concerns of policy mobilities also apply to these ideas and can help tease out the socio-spatial relations through which they are constituted.

Certainly, harm reduction, as a set of public health and political ideas that challenge the orthodoxy of criminalization and abstinence at the heart of the global 'war on drugs,' is mobile and counterhegemonic. Supervised Consumption Sites, including SIFs, have then been mobilized as policy models and molded into numerous locations (McCann & Temenos, 2015). For example, one of the most renowned SIFs, Vancouver's Insite, is a global product – a gathering of principles, practices, evidence and expertise from places like Geneva, Frankfurt, and Sydney, even if it is, at the same time, a product of local advocacy and civil disobedience (McCann 2008; 2011b; Boyd et al 2009; Lupick 2018).

Persuasion via evidence, and experience

Persuasive ideas stem from and are conditioned by expertise, evidence, and experience. In most debates over policy change, arguments for maintaining existing policies or transforming them seek credibility and persuasive power through appeals to expert knowledge and to evidence of the outcomes of similar policies elsewhere. Drawing on the sociological 'Studies of Expertise and Experience' literature (Collins and Evans 2002, 2007), Kuus (2014, 3) argues that expertise is,

> the social processes by which certain knowledge claims come to be considered authoritative … expertise is not a thing but a social relation: not something that one has but something that one uses or performs.

This resonates with Majone's (1989, 10-11) assertion that, distinct from data or information, evidence "is information selected from the available stock and introduced at a specific point in an argument in order to persuade a particular audience." Questions of authority and persuasion are, thus, central to a critical approach to expertise and evidence-based policy-making as relational and political (Standring 2016, 2021).

The political in this context is two-fold. It connotes governance: harm reduction defines an optimal set of practices, regulations, and orientations through which the lives of a particular population – PWUD – should and can be saved, improved, and governed. These ideas are operationalized through institutions like public health authorities, planning departments, courts, and social service agencies, shadow state institutions in the non-profit or charitable sectors, and through self-organized groups of people who use drugs themselves. In a second, connected, sense, harm reduction is a political idea in that it addresses power structures and makes claims about rights, responsibilities, and livelihoods – primarily, the right of people who

use drugs to live and to have equal access to appropriate health and social services without stigmatization and criminalization (Jürgens et al 2010).

This sociological approach to expertise provides a valuable framework through which to think about the geographies of knowledge production and circulation in policy change. Indeed, Kuus (2014, 40) emphasizes that "[p]olicies have social lives and these lives are geographically patterned." The circulation of policy knowledge is enacted by 'transfer agents' (Stone 2004), including individual experts (e.g., private consultants, and specialists in non-governmental and advocacy organizations and think tanks) as well as institutional actors, like politicians, and the networks in which they are embedded. These experts circulate "[i]deas, paradigms, lessons … [i]nstruments, legislation, [and] policy approaches" (Stone 2004, 562) from place to place to influence policy-making. Many of these expert mobilizers are legitimated and credentialed through institutions, like universities or professional accreditation bodies, but expertise – specialized knowledge – is also held by various people outside of these more formalized contexts, including 'street-level' bureaucrats, such as social workers and frontline health professionals (Lipsky 2010), and those whose lives are governed by specific policies and regulations, such as PWUD. Indeed, evidence and expertise tend not to be persuasive unless linked to experience. As Pearce et al (2014, 164) argue, "evidence best informs policy when it is attentive to local contexts, lay knowledge and political demands alongside the more abstract, technical data which is often assumed to be the bedrock of EBP [evidence-based policy-making]" (see Strassheim 2015; Strassheim and Kettunen 2014).

The national state and policy mobilities

One of the original motivations of the policy mobilities approach was to add inter-local circulations to the orthodox policy transfer literature, which tends to focus on the diffusion of policy models among national states (Peck and Theodore 2001; McCann and Ward 2010). Yet, this contribution was never intended to elide the role of national states in facilitating, channeling, and authorizing policy innovation. While some policy mobilities scholarship does emphasize the national state (e.g., Geddie 2015; Peck and Theodore 2015; SJ Ball 2016; Bok and Coe 2017; Croese 2018), it is worth guarding against a general tendency to leave the national state as backdrop in studies of inter-local policy mobilities. Indeed,

> '[T]he national' should be more decidedly part of the analysis of ... cities, not only as a pre-given regulatory framework ..., but also as a contested terrain of policy-making and an idea around which actors – including mobile 'transfer agents' who are assumed to play a key role according to policy mobilities scholars … negotiate their strategies (Varró and Bunders 2020, 210).

Clearly, it is impossible to discuss drug policy without taking the national state seriously, given that national states are signatories to various agreements and conventions that constitute the international drug control regime (Bewley-Taylor 2012) and that decisions about which drugs are legal or illegal is a national matter.

An attention to the circulation of *counterhegemonic* ideas that question and envision alternatives to the contemporary international drug control regime, necessitate a broad

definition of 'policy actors' and 'transfer agents' to include many who operate outside formal state institutions, at the national and other scales. Yet, even in the case of many social movements and other non-state actors, when they articulate their evidence, and experience from nearby and elsewhere, they do so to resist, pressure, and rework formal state policies from outside and inside (Temenos 2017). In the context of drug policy, an attention to the state at the national and other scales necessitates a consideration of the legal system – something that has gained little attention in the literature (but see: McAuliffe 2013; Trapenberg Frick et al 2015; Fry et al 2015; Fairbanks 2019; Wells 2020).

1,944 days and more: A timeline of the SIF proposal (2012-2021)

We begin by providing an overview timeline of the statements, events, and actions leading from an original vision for a "pilot medically supervised injecting centre," in Dublin, which advocates planned to be a mobile unit, contained in a van or similar vehicle, to reach various parts of the city and ideally avoid the sort of opposition from nearby residents and businesses that a fixed site might attract. The original proposal featured in a strategic plan published by Ana Liffey Drug Project, a provider of 'low threshold - harm reduction' addiction services (Ana Liffey 2012a). In its position paper on the need for supervised consumption in Dublin, published later in 2012, Ana Liffey drew on studies that link the "spread of blood borne viruses among injecting drug users [to] ... elevated levels of risk behaviour among street injecting populations" (Ana Liffey 2012b, 5).

The history of advocacy for supervised consumption has often involved advocates highlighting harms to the wider population, and to businesses, caused by public drug use; and the harms PWUDs encounter when forced to consume drugs in public or semi-public places. This combination of harms and the long-running inability of criminalization to improve the situation (indeed its tendency to exacerbate drug-related harms) often garners political support. Ana Liffey's proposal identified the need for an injection facility, based both on concerns about public injecting and a related 'perception of lawlessness' expressed in reports from the City of Dublin in the late 2000s and early 2010s. It also stemmed from the organization's studies of their own clients, over half of whom reported using drugs in public places in 2008. The organization had worked directly with people who engaged in street-based injecting through its thirty-years history. Its staff had attended too many funerals of fatal overdose victims, empathized with PWUD, and understood the growing international evidence of the benefits of SIFs. Between 2012 and 2014 there were 25 drug related deaths among PWUD in public spaces in Dublin and 18 drug-related deaths among people who inject drugs who were in touch with homeless services in Dublin (Health Research Board, n.d.; National Social Inclusion Office n.d.; O'Carroll 2021). A recent report by an Irish government agency emphasizes the continued problem while reiterating the call for "the establishment of a pilot medically supervised injecting facility" (Evans et al 2021, 14): 376 people died from overdoses in 2017 and, while overdose death rates from injecting have declined since 2015, 16% of deaths from injecting in 2017 occurred in public spaces (Ibid. 4-10).

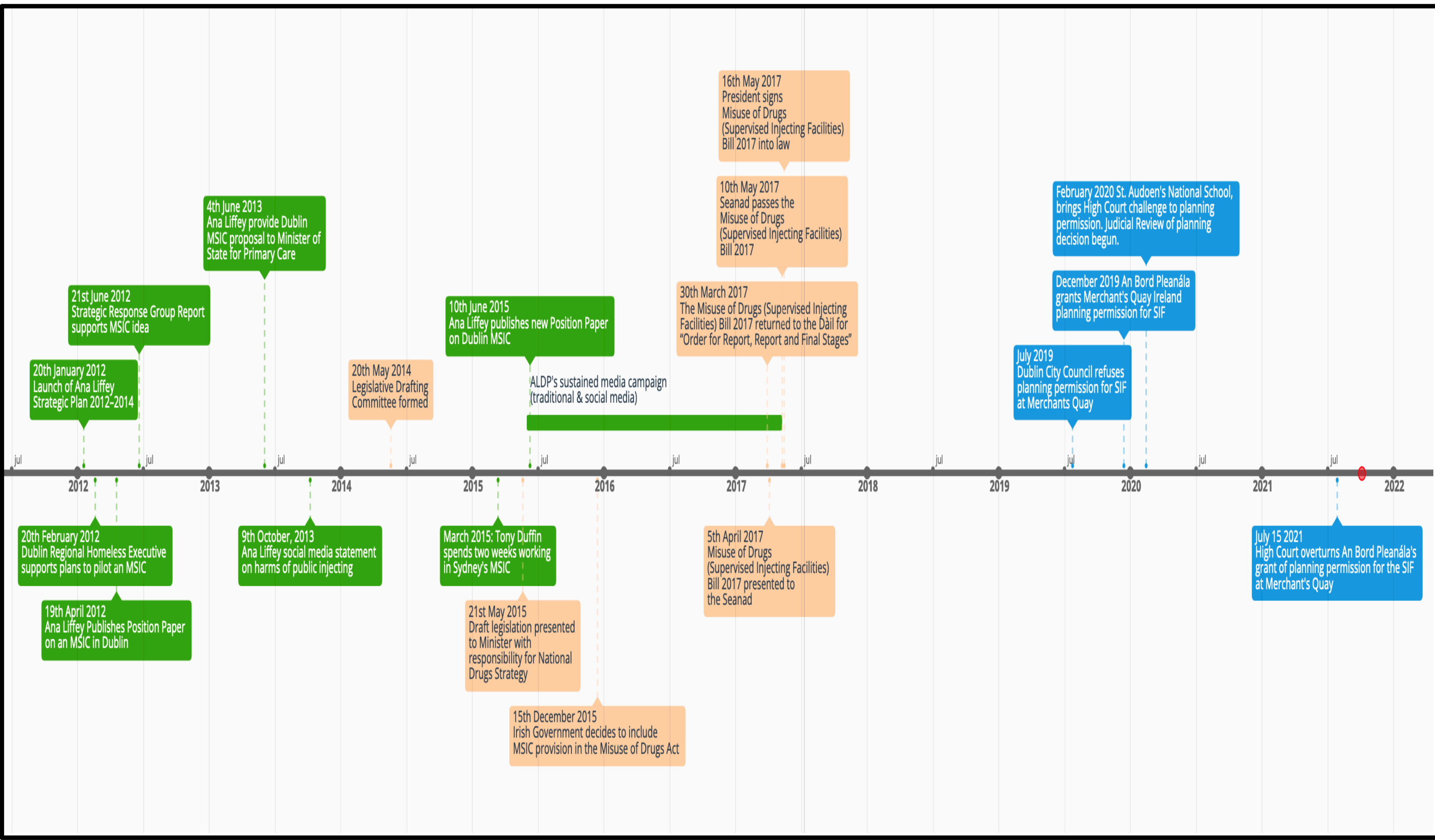
As Figure 1 indicates, Ana Liffey spent 2012 and 2013 establishing its case for a pilot SIF to be approved and funded by the national government (Ana Liffey 2012c). By 2014-2015, the organization deepened its expertise in the supervised consumption model, increased media

Figure 1. Timeline of key events in the advocacy for a SIF (2012-2021)

Green: Learning, coalition-building, & communication;

Beige: Legislative campaign;

Blue: Post-legislation developments.



engagement, and updating its position paper (Ana Liffey 2015). Having thus established its expertise, Ana Liffey developed a sustained communications strategy, involving ongoing interaction with various stakeholders as well as engaging frequently on social media and with traditional media (over 120 media interactions from September 2014 – September 2017, according to Ana Liffey's records, but this is likely an incomplete list).

Ana Liffey also pursued a related legislative strategy in partnership with the Voluntary Assistance Scheme of the Irish Bar Council. Ana Liffey's then Head of Policy, Marcus Keane, a barrister, worked on this initiative to create draft legislation that could be presented to politicians and, if enacted, would establish a legal framework within which a facility would operate (Bar Council of Ireland 2015). The Minister with responsibility for National Drugs Strategy, Aodhán Ó Ríordáin, received the draft in May 2015 and the Irish government decided to legislate for the provision of SIFs in December 2015, initiating an approximately eighteen-month period of deliberation and progression.

In May 2017, President Michael D. Higgins signed the legislation into law as the Misuse of Drugs (Supervised Injecting Facilities) Act 2017 (Government of Ireland 2017b). President Higgins' signature paved the way for the government to allocate €1.5 million in the 2018 Health Service Executive budget for the operating cost of the pilot Supervised Injecting Facility (Government of Ireland 2017a). A tender process was then initiated for organizations interested in creating a facility modelled after the one in Sydney. Merchants Quay Ireland secured the tender in February 2018 (RTE 2018) and applied for planning permission from Dublin City Council in September 2018. Permission was granted, on appeal, by An Bord Pleanála in December 2019, but a subsequent challenge by representatives of a neighbouring school delayed the opening of the facility. This delay was extended in July 2021 when a Judicial Review hearing required further information from both parties to be submitted by a date in October 2021. These delays have led once more to discussions about the relative merits of a mobile, rather than fixed-site facility (Keane 2021; McCullagh 2021; Simons 2021).

The campaign to reduce drug-related harm in Dublin

In the remainder of this paper, we will detail three aspects of the advocacy for supervised consumption in Dublin between 2012 and 2018: the mobilization of the model from elsewhere; the development of a loose, but supportive coalition in Ireland; and the development of the draft legislation. We will return, in the conclusion, to the ongoing post-2018 impasse and its implications for conceptualizing 'failure' in policy-making.

Mobilizing expertise on supervised consumption: Empathy, evidence, and experience

Ana Liffey's staff developed their knowledge of harm reduction and supervised consumption through the Internet, particularly social media, to tap into what they describe as a global community of harm reductionists. This movement subscribes strongly to the goal of evidence-based policy-making. Evidence for the effectiveness of SIFs has been developed through numerous research studies, published in a range of international peer-reviewed journals and in

evaluation reports (Belackova and Salmon 2017), most notably referring to Sydney's Medically Supervised Injecting Centre (MSIC) (KPMG 2010) and Vancouver's Insite (Urban Health Research Initiative 2009). The evidentiary imperative was apparent to Ana Liffey from early in the campaign. One of its first actions was to review evidence from Sydney, especially (Ana Liffey 2012a). Moreover, echoing the experience of Vancouver, Ana Liffey conducted surveys of public injecting (Keane et al 2017) to justify their argument for a facility and to provide the basis for 'before and after' studies of its effects after opening. This research convinced advocates that while a SIF might not eradicate street-based injecting, it could improve its associated harms.

According to an Irish government minister, evidence was also crucial at the national governmental level, since, if the law was to be changed to permit SIFs while remaining in compliance with Ireland's obligations as a signatory of international drug control treaties, those changes must be founded on scientific evidence (Interview, Catherine Byrne, 2017). The politics of evidence has long been a feature of harm reduction advocacy (e.g., Hyshka et al 2013) and the Irish case has been no different. For Marcus Keane, then Ana Liffey's Head of Policy, this has always been a focus in building a case that would convince the national government:

> [W]e've been very good and conscientious about building our case and part of the reason that we've got traction with it, I suppose, is that what we're saying is pretty unimpeachable, from a factual point of view. The evidence says [opening a SIF] is what we should do. It's a pretty open and shut case (Interview, 2015).

Yet, while scientific peer-reviewed evidence is a crucial resource for supervised consumption advocacy, other modes of justification and persuasion are necessary. The history of SIFs in cities like Sydney and Vancouver (Van Beek 2004; McCann 2008; McCann and Temenos 2015), emphasizes that policy-making is a political process involving emotive appeals as much as evidence-based arguments. As Majone (1989) argues, evidence is more than simply data, since it is always related to the arguments being made and the contexts in which they are articulated. Thus, key Irish decision-makers needed to be convinced by a combination of evidence from experts and also expertise developed from visceral understanding. As Dawn Russell, Ana Liffey's Head of Services, argued, "knowledge comes from experience" (Interview 2015).

One important type of experience is gained from visiting SIFs elsewhere and talking with the staff and participants or, sometimes, the experience of working in a site itself. Advocates used stories of these experiences to demystify the SIF model and, in a topological sense, to bring successful exemplars closer to Dublin. Crucially, advocates chose Sydney's MSIC as a key model because it operates in a similar legal system to Ireland's and it had been independently evaluated since its establishment in 2001, thus adding to its credibility. So, a small medical facility on the other side of the world was made understandable to and much discussed among Dubliners after 2015, just as existing sites in Europe had consumed the attention of Sydneysiders in the lead-up to the MSIC's establishment.

Ana Liffey's CEO, Tony Duffin, arranged to work at the MSIC for two weeks in March 2015 as a full member of its team, shadowing other staff and working alongside them to learn

how the facility operated. He worked at the reception, registration, and intake desk for participants using the site; in the injecting room itself, which entailed engaging with participants, providing them with needles and other equipment necessary for injecting, and witnessing them injecting; and engaging with participants in the aftercare area, where they are encouraged to stay as a precaution against overdose and as an opportunity to engage with staff around wider questions of their health and their connections to other social services. Duffin also shadowed Marianne Jauncey, the MSIC's Medical Director, to learn the administrative aspects of her job. Moreover, Jauncey made introductions to actors who had helped get the MSIC opened or worked to keep it open after 2001.

Duffin returned to Dublin overawed and with so much information that he initially found it difficult to fully articulate what he had learned. Yet, as he resumed his advocacy work, he assumed a new-found position of practical experience from which he spoke: in meetings with Ministers, journalists, and colleagues, he was able to draw on personal knowledge to explain and articulate the reality of the SIF. Furthermore, his time in Sydney allowed him to develop trust and common reference points that facilitated subsequent long-distance consultations with the MSIC staff. As drug policy researcher Johnny Connolly (Interview, 2015) put it, bringing back video, photographs, and accounts from Sydney, was "an essential part of the sell." This form of 'policy tourism' (González 2011; Cook and Ward 2011; Wood 2014) made him a central persuasive voice in the burgeoning debate over the proposal in Dublin.

Other Ana Liffey staff have visited consumption sites elsewhere, including those in Paris and Vancouver. In each case, their expertise is different from Duffin's and, therefore, the lessons they learned differed. Their combined experience made Ana Liffey the centre of knowledge on supervised consumption in Ireland at that time. Yet, as the policy mobilities literature emphasizes, models do not return with policy tourists all at once, fully formed, or readily implementable (McCann 2011). Ana Liffey's staff recognized that the mobilization and translation process is more iterative, fragmentary, and fraught with challenges. Bits of ideas and models must be assembled in a politically-effective, legally-permissible, and practically-implementable form in the new location. As Byrne put it, "the model has to be shaped for where you are … It's alright to look at places and listen to what they're doing, but we have to find a model that suits us. We're not Sydney, we're not Copenhagen, we're not Canada ... This is not one size fits all."

Policy tourism does not necessarily only entail advocates travelling elsewhere to experience it. Some successful campaigns for supervised sites also involved visits from experts based in places where the sites already exist, thus allowing them to speak face-to-face with local actors (McCann 2008). While perhaps less viscerally profound than direct experience of a SIF, visits of travelling experts are more efficient ways of creating bonds of trust and flows of information than expecting all the key actors in a specific place to visit a model elsewhere. Recognizing this, Ana Liffey, supported by the Open Society Foundation, convened the Dublin Drug Policy Summit in 2017 (Ana Liffey Drug Project 2017). It brought Jauncey from Sydney, among other external experts, to the city to meet over three days with key local actors and the media. This allowed significant information to be circulated, trust to be built, and the notion of a SIF to be demystified (on conferences in policy mobilities, see: Cook and Ward 2012; Temenos 2016). As chairperson, Eva Maguire (Ana Liffey Drug Project 2017, 4), reflected in her foreword

to the published report on the Summit, “there was great energy in the room” and, she noted, “we had the benefit of the expertise and insight of international academics and practitioners ... to help Ireland, as a country learn from their experiences as we consider the practicalities of policy change.”

The local politics of policy mobilization: Coalition-building and strategic communications

Novel ideas are most likely to be effective in changing policies and practices if they are employed to influence the state (Temenos 2017). In Dublin this political strategy involved a loose coalition of like-minded actors, based on relationships extending back before the SIF proposal, and a carefully constructed communications strategy.

Coalition-building was key to the SIF campaign. Service provider organizations, including Ana Liffey, Merchants Quay, the Peter McVerry Trust, a housing charity, and the CityWide Drugs Crisis Campaign, a community network, built alliances among each other, with local and national politicians, and with the business organization Dublin Town BID, who supported the idea of Mobile SIFs and whose CEO had served on Ana Liffey’s board. Minister of State Aodhán Ó Ríordáin noted the advocates’ credibility and reputation for issue-focussed fairness, he believed their way of drawing him in was “quite brilliant”:

> “…they had everybody singing off of the same hymn sheet – from the Guards [police], to Dublin City Council, to the business community, to themselves - they were all saying the same thing. There wasn’t a case of, ‘we are a drugs lobby group and we feel this’ and then waiting for the business group to have their point of view. They did all the spade work; they did all the discussion beforehand” (Interview January 2017).

According to Johnny Connolly (Interview, 2015), Ana Liffey’s alliances, built on their credibility as service-providers, were very good and effective.

The development of a ‘core coalition’ must be coupled with a persuasive communications strategy to convince a wider range of service providers, bureaucrats, politicians, media outlets, and the public that SIFs offer a solution to a set of interrelated problems for PWUD and for the rest of society. Ana Liffey understood that this involves the construction of persuasive narratives that combine expertise, evidence, and experience to foster trust and credibility. Keane explained Ana Liffey’s approach:

> “…when I go and meet business groups, I don’t talk about … people injecting down lanes. I talk about foot-fall and I talk about public amenity and I talk about tourism and tourist dollars and all that type of stuff. Whereas, if you’re talking to healthcare professionals, you’re talking about necrosis and abscesses, wound issues, HIV and Hep C. … So know your audience, make your own news, and ... be very careful and ... you need to be credible …” (Interview, 2015).

Advocates also appealed to their audience’s empathy for marginalized and stigmatized PWUDs. Mirroring CityWide’s longstanding anti-stigma campaign, Ana Liffey emphasized the humanization of people as well as talking about evidence. They pushed back against sweeping

Figure 2. Tweet and detail of its photographs, part of Ana Liffey's campaign

and stigmatizing characterizations of PWUDs as 'zombies,' for example, and instead told stories of people with full lives, albeit with multiple and complex needs. Similarly, advocates like Ó Ríordáin resisted a focus on the drug itself, like heroin, and instead, emphasized, "we're trying to save lives ... that kind of rhetoric about saving lives … resonates with people. … it's kind of hard to argue against it" (Interview 2017). In this way, the Irish advocates drew on the successful humanizing communication model that helped legalize same-sex marriage by emphasizing that people who would benefit from the legalization were "people ... inside our families, not outsiders" (Interview, Anna Quigley, CityWide, 2017).

Like marriage equality campaigners, SIF advocates paid close attention to how their argument would be represented in the media. In line with their strategic plan, Ana Liffey's advocacy and media engagement increased. To that end, the organization sought advice on its media strategy from a public relations expert, who gave their advice on a pro bono basis. Its engagement spanned a wide gamut of media and, particularly social media, in 2015-2019. For example, Duffin used Twitter to disseminate a series of photographs and videos of evidence he found of public drug use – mostly discarded needles and associated equipment, contrasted with a photograph of a clean SIF injecting booth (Figure 2).

Upon returning from Australia, Duffin was available for media interviews. Notably, in an interview with the right-of-centre national tabloid newspaper, *The Herald*, Duffin was able to present a matter-of-fact description of the operation of a SIF, a foreign and perhaps disturbing concept to most of the newspaper's readers: people arrive, are registered by staff, use drugs they would use anyway, clean up, are monitored and chatted with by staff, and leave (or are given medical attention). The journalist concluded the article with little of the handwringing or stigmatization that might have been expected. Instead she simply quoted Duffin: "Since 2001 the Kings Cross centre has dealt with 4,700 overdoses but none of these has been fatal ... " (Larkin, 2015).

Of course, coalition-building and strategic communication always face critique and counter-arguments. These have grown relatively late in the process, close to the time when SIFs were legalized and then after the Merchants Quay location was chosen. Prominent critics have included some central city business groups, who worry that the SIF will affect commerce, and two City councillors. Ana Liffey's approach to detractors has been to respectfully attempt to engage and change opinions. As we will see below, this has not always been successful.

The national state and moving ideas: Drafting and passing legislation

The policy mobilities literature is marked by a relatively thin engagement with the role of national states and legal systems in the circulation and local embedding of policy models. As the Irish case emphasizes, it is impossible to ignore the national level when discussing drug policies, since national states control the regulation of psychoactive substances. The case is notable for the way local advocates drafted new legislation, as a key part of their advocacy strategy, to create a legal framework for the establishment of SIFs, rather than simply relying on temporary exemptions to existing laws to allow operation, as was the case for the first eight years of Vancouver's Insite, for example.

Marcus Keane, recalls researching different SIF models to assess how they might fit into the Irish legal context: "Taking models from other jurisdictions tends to be useful in a more general rather than a specific sense, because the laws obviously differ." After examining the Canadian and German cases and finding them inapplicable to the Irish context, Keane decided that since Australia, like Ireland, is a common law jurisdiction,

> New South Wales was obviously the most relevant. You have the MSIC in Sydney and … it is legislated for; there was an Act there that you could look at, and you could see how it worked. ... [We found the case] very helpful for … identifying the types of things that were likely to be [legal] issues, in terms of … the precise wording … [but], you can't really take the Australian language and shoot it straight into the Irish context. There was a piece of work to be done around that (Interview 2015).

The legal work involved identifying existing elements of Irish law that would prevent SIFs from being established – what Keane calls "red-line issues," as well as some other barriers. The point, in drafting a legal opinion and legislation, would be to navigate and overcome the problems. "There were two red-line issues that we ran into – that you couldn't possibly run a consumption room under, with the law as it was, without contravening the [1977 Misuse of

Drugs Act],” Keane explained. One related to the prohibition of the possession of controlled substances and the other outlawed allowing criminalized activities in a space one controls. For the advocates, “The first thing is to get the legislation over the line, get the legislation in place. Once that is in position, then that starts the whole discussion on where [the SIF should be located], how, who funds it,” etc. (Interview, Marcus Keane 2015).

Both getting the new legislation in place to allow a SIF to operate and then getting the facility located and operating in Dublin involved a great deal of formal political advocacy and negotiation. As Keane puts it, “What you always need in anything like this, and any aspect of policy change; is you need a politician to run it. Because I can say what a policy should be, or someone else in the civil society organisation can write a policy and say, ‘look at this policy,’ but only a minister with a portfolio, can say what the policy is, and that’s very powerful” (Interview, 2015).

This emphasizes the role of national politics in the development of counterhegemonic drug strategies. As discussed above, the politician was Minister Ó Ríordáin of the Labour Party, whose position as a Minister of State in the Department of Health with responsibility for the National Drugs Strategy (2015-2016) allowed him to advance the case for SIFs. His successor in overseeing the Drugs Strategy, after a national election and change in government, was Minister Byrne (2016-2017) of the Fine Gael party who supported the proposed legislation through to enactment. Ó Ríordáin became a senator soon thereafter and continued to support the cause.

Anna Quigley of CityWide emphasized that the politicians were able and willing to move ahead quickly with the legislation, after receiving it from Ana Liffey and the Voluntary Assistance Scheme of the Bar Council, because of the long-term organizing of the advocacy coalition. Politicians were already ‘on board’ and did not need to be educated. The smooth transfer of the portfolio across Ministers of opposing political parties speaks to the advocates’ strategy of engaging across political divides. As Ó Ríordáin put it, “I don’t consider myself being in opposition to the new minister… I want to help in whatever way I can to get it [the SIF legislation] over the line” (Interview 2017).

The gap between strategic intent and implementation: National policy meets local planning

The legalization of SIFs led to a budget allocation and, after a tendering process, the choice of Merchants Quay’s Riverbank Centre as the location for the pilot site. This started a local planning process, in which Dublin City Council evaluated the planned seven-booth SIF, operating nine hours per day, seven days a week, for an estimated one hundred clients per day in the basement of the Centre, which also houses other services for homeless people and PWUD. In July 2019, the city council refused permission for the centre, citing an “overconcentration of social support services in the ... area,” the lack of a “robust policing plan,” and arguing “that the proposed development would undermine the existing local economy, in particular the growing tourism economy” while “hinder[ing] the future regeneration of the area” (Dublin City Council quoted in Power 2019). Merchants Quay appealed the decision to An Bord Pleanálam (ABP), the national planning appeals adjudicator,

the powers of which are designated by the Oireachtas, the national legislature. In December 2019, ABP struck down the City Council's decision, upholding Merchants Quay's appeal, and granting planning permission for the injecting facility.

By February 2020, however, a new barrier emerged: the neighbouring primary school, St. Audoen's National School, filed a High Court challenge against the planning permission, arguing that: a clinical psychologist the school board had retained judged that the SIF's presence would adversely influence the pupils by exposing them to illegal and 'anti-social' behaviour and making them believe that those activities were acceptable; the facility would contribute to existing 'anti-social' behaviour in the neighbourhood in the absence of a policing plan; the injection of heroin is illegal and, thus, the decision to grant planning permission is void; ABP is not competent to judge the potential harms to children; and granting planning permission was unlawful because the permission allowed the site to operate for three years, while the Minister had only granted an eighteen-month licence (*The Irish Times* 2020).

Mr. Justice Simons (2021) held the hearing of the Judicial Review in mid-July 2021. He focussed on two aspects of the complaint: the impacts on the schoolchildren and the discrepancy in the length of the planning permission. He found both to have merit. He noted that ABP had not considered the effects on the children in its decision to grant planning permission for the SIF: "Indeed, there is no reference at all in the decision to the school or its pupils" (Ibid. ¶3) and,

> "The failure to properly address the school board's submissions and to explain the reasons for which they were not accepted represents a breach of the statutory requirement to state the main reasons and considerations for the decision. This breach is enough, on its own, to invalidate the planning permission" (Ibid. ¶69).

On the question of the discrepancy between the eighteen months and three years during which the SIF might operate, Simons continued, "*in the absence of any explanation for same*, the decision to permit the authorised use for three years is unreasonable" (Ibid. ¶70, original emphasis).

Reaction to the judgement was swift (McCullagh 2021). In an insightful Twitter thread, Dublin barrister Tricia Sheehy Skeffington (2021) argued that the High Court decision "is not an anti-injection centre decision, but an anti-shoddy-decision-making decision." Marcus Keane (2021), for his part, argued in a thread of tweets that,

> "It is a technical, legal issue – it does not mean that there will be no SCS at the proposed site. … the most likely result is that the matter will be remitted to @anbordpleanala for reconsideration … However, this will take time … This is time we don't have."

He continued with a legal analysis and call to action:

> Fortunately, there are other options. Mobile units work well in other jurisdictions, and can easily be progressed here. Other than the need to provide an address, there is nothing in the enabling legislation that requires a SCS [aka SIF] to be at a fixed as opposed to mobile premises. … we don't have to wait. Mobile units can and do work, and … government can get them implemented in the interim. Let's go.

Interestingly, on August 31st, 2021, International Overdose Awareness Day and approximately six weeks after the court decision, Ana Liffey, with the support of Dublin's Lord Mayor, officially unveiled its latest contribution to service provision for PWUDs in Dublin: 'The VanaLiffey' (Ana Liffey Drug Project, 2021), a "mobile harm reduction unit" in a donated ambulance and supported by the Health Service Executive. It allows staff to reach PWUDs across Dublin. It is not a mobile SIF, but it can accommodate people sitting inside it and provides clean needles, syringes, and crack pipes, other necessary supplies, naloxone, a medication that can reverse opioid overdose, and a contact point for staff to offer advice and connections to other health and social services. The VanaLiffey indicates both the ongoing work of harm reductionists in Dublin and highlights that the state is not a unitary formation but a much more complex set of institutions and people who are often aligned variously around pressing social issues. Therefore, the state-oriented politics of policy innovation frequently involves aligning certain elements of the state with alternative visions of governance.

Discussion: Policy, politics, and 'failure'

The three-pronged strategy of developing expertise through engagements with colleagues elsewhere, building a local coalition, and taking the initiative in drafting new legislation was successful in having a new act signed into law, allowing SIFs to operate legally. Yet, more than four years after the law took effect, there is no SIF operating in Ireland. What are we to make of the gap between the 'paper success' of the legislation and ongoing failure to open a SIF? What does it mean for the conceptualization of the geography of moving ideas?

While the policy mobilities literature has been critiqued for 'successism,' (i.e., tending to study models that have successfully manifested in various locations), a focus on counterhegemonic ideas and their engagement with the state necessitates a nuanced engagement with failure (Chang 2017; Bok 2020; Temenos and Lauermann 2020). Ideas like harm reduction, or the decriminalization or legalization of currently criminalized drugs, do not speed around the world, blown by the 'tail winds' of support from powerful institutions (Peck and Theodore 2015). Rather, they tend to move slowly or appear to stall and fail. Yet, in studying these moving ideas, it is important not to take the notion of failure for granted nor to see it as an absolute end-state. Wells (2014, 479) argues that policy-making and 'policy-failing' are complexly intertwined: "systematic regulatory failing is endemic to governance and likely constitutes the actual essence of policymaking efforts." Indeed, for her, policy-failing is "an *ongoing* and unstable process" (ibid., 488 our emphasis; see Baker and McCann 2020; Landau 2020; Longhurst and McCann 2016).

The question of failure is particularly important in the study of moving drug policy ideas. Advocates of SIFs are familiar with the stomach-churning ups and downs described in the previous section – sensations heightened by the fact that lives are at stake. Yet, if we take Wells' argument that policy-failing is ongoing and unstable, it is problematic to assume, *prima facie*, that the campaign for SIFs in Ireland has failed. There are at least two cases that would suggest a more nuanced approach is necessary.

First, the example of Melbourne is instructive (Baker and McCann 2020): like Sydney, a SIF was approved in 2000, but for various local political reasons it did not open. This became a generative, rather than outright, 'failure' over the next fifteen years. The debate that occurred and the learning that it involved resonated among harm reduction advocates and professionals. It established longstanding coalitions of like-minded people which, in turn, influenced how harm reduction services have operated in the city since. A resilient, pragmatist, and flexible service landscape emerged in the face of changing drug consumption trends, the development of other types of harm reduction services and, in 2018, the opening of a supervised injecting facility in a different part of the city from the originally-planned location. The Melbourne experience is reflected in Johnny Connolly's argument that, even if Dublin's SIF does not materialize, there will be no real impact on the harm reduction movement in Ireland because, "there's a long-term strategy" (Interview 2015).

Second, a different strategy to address apparent failure has been employed by SIF proponents in cities where their introduction has undergone various challenges, resistance, and foot-dragging. In Sydney, Vancouver, and, most recently, Glasgow (Clements & McKay 2020) service-providers and PWUD have responded by establishing unsanctioned sites, both to provide life-saving services and to exert pressure on governments to fulfil commitments to fund and establish legal facilities, or at least provide appropriate services to PWUD. In Sydney and Vancouver, these unsanctioned sites were crucial to the established ones opening and, more recently, in Vancouver and elsewhere in Canada, unsanctioned versions of consumption sites have quickly been authorised by governments in the face of an ongoing drug poisoning crisis. Yet, it seems unlikely that the strategy of opening an unsanctioned site, whether fixed or mobile, or other forms of civil disobedience will emerge in Dublin. From early in the advocacy process, there has been a strong commitment to working inside all state systems, e.g., legal structures, municipal processes, etc.

While contributing a spatial-political perspective to the harm reduction literature, this paper also strengthens discussions of policy mobilities by considering the particular strategies, contexts, and politics of counterhegemonic policy circulations and related questions of 'failure.' We suggest that 'failure,' narrowly defined, is a conceptually limited and politically disabling frame through which to think about the politics of policy-making. Rather, we argue that a critical analysis of the apparent failure of counterhegemonic ideas to take hold in a specific context offers three sets of opportunities for analyzing moving ideas. First, examining 'failed' policy innovations highlights the obduracy of entrenched interests, norms, and regulatory structures, thus raising questions about hegemonies through the analysis of counterhegemonies. Furthermore, examining 'failure' as a powerful discourse that does political work in the world is an equally important element of a critical research agenda. Just as oppositional political movements mount external critiques to destabilize settled orthodoxies within powerful institutions, studies of these movements can generate new questions and insights for engaging with established power. Second, an attention to failing, as a part of ongoing politics and policy-making, rather than focussing on failure as an end-state, highlights its generative potentialities, since efforts and arguments that challenge hegemonies also set the stage for future activism among those brought together in coalitions. In this sense, then, the study of counterhegemonic policy mobilities underscores the necessary political focus of

the policy mobilities literature. Third, studying failing demands and rewards attention both to the temporal, as well as spatial, framing of research studies and to the essentially heuristic character of the boundaries of case studies. While it is often necessary to constrain a research study spatially and temporally, it is also analytically and politically important to acknowledge the *limits* to the limits one imposes on the case. Certainly, in the context of counterhegemonic politics, it is rare for activists to be constrained by apparent failure. As the cases of Melbourne, Sydney, and Vancouver suggest, activists are frequently forced to play the long game, even as, in the case of drug policy, their friends and families die around them. Failure for them is not an option, even if it is traumatic. Therefore, critically conceptualizing the politics of policy innovation likely must entail an acceptance of emergence beyond the bounds of a single case and it would likely benefit from long-term engagement with the case or a return visit to it, if possible.

Certainly, as we have shown, advocates of SIFs in Ireland remain motivated and are looking beyond the High Court decision. Moreover, they are looking beyond the Covid pandemic with the belief that crises can precipitate "the rapid collapse in policy barriers" to harm reduction (O'Carroll et al 2021). During the Covid crisis, Dublin has witnessed speedy implementation of innovations directed toward PWUD, including housing strategies, opioid maintenance programs, Benzodiazepine stabilisation and the easing of access to naloxone. It previously seemed unlikely that these harm reduction measures would be possible in the short-term, but they now exist to be fought for and preserved after the crisis. Failure does not seem to be an option.

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