

Narrative Politics in Policy Discourse: The Debate Over Safe Injection Sites in Philadelphia, Pennsylvania

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Abstract

Safe injection sites are spaces where people who inject drugs can do so under the supervision of staff at the sites who attempt to revive them if they overdose. Public officials in Philadelphia, Pennsylvania, have proposed the sites as a means to reduce opioid overdose deaths in the city, a policy proposal that has been politically and legally contested. This article uses the Narrative Politics model to elucidate the concerns, values, and aspirations of the competing narratives in the public discourse over safe injection sites in Philadelphia. Despite the aspirations expressed within the *Harm Reduction* narrative to open such a site, opposition from the *Nimby* (*not in my backyard*) narrative has, at the time of this research, successfully precluded such a step. Other narratives in the discourse include the *Abstinence* narrative opposing safe injection sites and the *Social Justice* narrative opposed to incarceration but also hesitant to wholeheartedly endorse the *Harm Reduction* narrative for its delayed advocacy of compassionate treatment of people who use drugs now that the face of the person who uses opioids is a white one. In addition to juxtaposing competing narratives against one another and considering their alignments, disagreements, and interactions, the authors consider absences and shared presuppositions. The social construction of the purported *drug addict* varies in some ways between and among the prevailing narratives; in other ways, all the narratives problematize “addiction” as an affliction that justifies techniques of discipline aimed at caring for and controlling the population.

Keywords

harm reduction, abstinence, social justice, nimbyism, narrative politics model, policy discourse

Introduction

Safe injection sites (SISs) allow people who inject drugs to “inject self-provided drugs within a supervised framework in enhanced aseptic conditions with medical monitoring and no risk of police

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control” (Potier et al., 2014, p. 49). Staff at these facilities are trained to administer naloxone to reverse overdoses and to provide information on access to substance abuse treatment services (Barry et al., 2019). The main goal of the sites is to keep people who inject drugs alive while connecting them with individuals and groups in the “addiction” services industry. There are currently over 100 SISs operating in 10 countries (Davidson et al., 2018; Kral & Davidson, 2017). Extant research from Canada, Europe, and Australia has shown that the sites have provided a cost-effective way of promoting safer injection conditions, reducing overdose deaths, connecting people who inject drugs to health services, and lessening public nuisance (see Kennedy et al., 2017; Potier et al., 2014, for systematic reviews of the literature). Cost-benefit analyses of prospective sites in Baltimore and San Francisco have found that the sites have the potential to decrease costs to the health care system by promoting safer consumption strategies (Irwin, Jozaghi, Bluthenthal, et al., 2017; Irwin, Jozaghi, Weir, et al., 2017). However, Kilmer et al. (2018) found that evidence on SISs has been limited in quality and number of locations assessed, with much uncertainty in the outcomes.

The U.S. Drug Enforcement Agency has stated that the sites violate the colloquially named “crack house statute” of the *Anti-Drug Abuse Act of 1986*—an amendment to the *Controlled Substances Act* that aimed to shut down locations where cocaine was sold during the height of the drug war in the 1980s (Kreit, 2019). The act states that it is a crime to offer property “for the purpose of unlawfully manufacturing, storing, distributing, or using a controlled substance” (Kreit, 2019, p. 417). However, there are no federal laws explicitly banning or allowing the sites (Beletsky et al., 2008). Although SISs have been politically untenable in the United States, the exigency of the opioid crisis has resulted in efforts to open sites in at least 13 cities and states in the country (Kreit, 2019). Legislation aiming to open legal SISs has been introduced in California, Massachusetts, Colorado, Vermont, Maryland, and New York, with the state legislature in California being the first to pass a bill, which was vetoed by the governor (Kennedy-Hendricks et al., 2019). One underground SIS has been in operation since September 2014 in the United States (Davidson et al., 2018; Kral & Davidson, 2017). Would-be sponsors of SISs have faced barriers to entry such as finding a location, federal government crackdown threats, pushback from communities of color, opposition from political figures, and a lack of financing (Kennedy-Hendricks et al., 2019). Local government officials in Philadelphia, Pennsylvania, have announced plans to establish a site, but one has yet to open (Clark et al., 2018; Kennedy-Hendricks et al., 2019; Roth et al., 2019).

Survey research provides clues about citizen receptivity toward SISs. Support for SISs in the United States is at 29% (McGinty et al., 2018). Barry et al. (2019) found that respondents were more likely to agree with anti-SIS arguments than pro-SIS arguments. In Philadelphia, Eichel (2019) found that 50% of Philadelphians favored SISs while 46% opposed, with high support among those living in the city for less than 10 years and among 18 to 29-year-olds. The lowest level of support was among Blacks and those aged 50–64. A *Philadelphia Inquirer* survey found that 67% rejected Mayor Jim Kenney’s specific plan (described below) for the nonprofit group Safehouse to open a site, while 22% supported it and 11% were unsure (Lai et al., 2019). Among people who inject drugs in Philadelphia, there is widespread support for SISs (Harris et al., 2018). These individuals believe the sites will improve public health and reduce public disorder. People who inject drugs and do not have stable housing indicate they would use the facilities (Harris et al., 2018). Using a convenience sample and street-intercept interviews, Roth et al. (2019) found that 90% of their respondents in Kensington, a neighborhood in Philadelphia, support SISs, and 63% of business owners are in favor. The public discourse on SISs reveals the arguments and sentiments behind these numbers, and some narratives directly contradict survey findings, as we shall see below.

Among the narrative inquiries regarding SISs, several have focused on Australia (Fitzgerald, 2013; Williams, 2016; Zajdow, 2006). Through an analysis of reports and literature on SISs in Australia and Europe, Zajdow (2006) uncovered various policy narratives rationalizing the implementation of a SIS. These rationales were categorized: caring and humanitarian, elimination of public nuisance,

governance of the drug-using subject, and neo-liberal/utilitarian. The author found that the supposedly humanitarian SIS functions to manage and control a rather ungovernable target population. In a similar finding, Fischer et al. (2004) raised the possibility that SISs offer new forms of surveillance that reinforce existing stereotypes and further exclude a marginalized population. The notion that a SIS will eradicate a public nuisance—defined as the nuisance caused by streets littered with drug paraphernalia, publicly visible drug overdoses, crime surrounding open air drug markets, and the actions of people who are on drugs—dominates the debate in the establishment stage (Zajdow, 2006). Public nuisance is often a key concern of local actors in SIS debates (Bancroft & Houborg, 2020; Kolla et al., 2017). During such debates, framing and storytelling strategies are influenced by unique jurisdictional concerns and contexts (Fitzgerald, 2013; Williams, 2016), and the stringency of regulations for program participants often depends on beliefs about the importance of protecting the health of people who use drugs (Zajdow, 2006); thus, context and perceptions of people who use drugs are central components of narrative analyses of SISs.

“Addiction” in the American Context

In the United States, perceptions of people who use drugs and of “addiction” heavily influence debates on drug policy proposals.¹ The National Institute on Drug Abuse (2018) defines addiction as “a chronic relapsing disorder, characterized by compulsive drug seeking and use despite adverse consequences,” which can be likened to “other diseases, such as heart disease” (paras. 1–2). This definition was not established overnight; it has been constructed from an amalgam of different historical and contextual factors that have worked to define addiction and have consequently determined how people who use drugs are treated in the United States. The disease concept has been institutionalized due to twelve-step programs such as Alcoholics Anonymous (AA) (Reinarman, 2005). More recently, the neuroscientific community has helped to buttress the addiction-as-disease thesis by supplying brain scans showing differences in neurological activity between a person who is addicted to drugs and one who is not (Satel & Lilienfeld, 2014). Meanwhile, drug courts have accepted the disease rationale to sentence offenders to substance abuse treatment rather than send them to prison, and drug rehabilitation centers throughout the country have helped to institutionalize the addiction-as-disease model (Dodes & Dodes, 2014; Reinarman, 2005).

Addiction discourse has been used over the years to both punish and rehabilitate people who use drugs, but the two responses to addiction are not mutually exclusive and were actually conceived simultaneously. The medical rehabilitation of people who use drugs developed concurrently with penal institutions in the United States, resulting in practices such as probation and parole under the umbrella of corrections (McKim, 2017). The emerging ideology sought to rehabilitate this target population to allow for a safe reintegration into society. This connection between rehabilitation and punishment for people who use drugs has allowed for these “diseased” individuals to be treated in different ways throughout history. Because the medical and criminal justice models of addiction developed concurrently and within the same addiction-as-disease discourse, they have been used in different ways to achieve similar ends—the care and control of a marginalized group in society. The art of government is all about the care and control of the population (Foucault, 1994), and in modernity, this entails techniques of discipline such as dividing practices (placing older people in nursing homes and those labeled as criminals in prison) and normalizing practices (to reduce deviations from the norm). The rehabilitation industry in the United States functions to divide the population by race and class by sending people experiencing poverty connected to the penal system to publicly funded, inferior treatment programs, while others receive better and more expensive care, and the courts have the power to divide by deciding which people involved in the justice system are deserving of rehabilitation and which should be incarcerated (McKim, 2017).

Politico-moral entrepreneurs in the United States have commonly tied drug scares to “dangerous classes” of people (Reinarman, 1994). Law and order sentiments informed the 1970 institutionalization of the “war on drugs” (i.e., passage of the *Controlled Substances Act*, the scheduling of drugs, and the creation of the Drug Enforcement Agency) and intensified criminalization of recreational drug use of all kinds (Miller, 2020). At the apex of the moral panic surrounding crack cocaine use in the 1980s, Congress enacted the *Anti-Drug Abuse Act of 1986*, thus creating a 100-to-1 sentencing disparity between crack and powder cocaine offenses, and amending the *Controlled Substances Act* to include the aforementioned “crack house statute”—the centerpiece of legal cases related to SISs (Kreit, 2019). Lawmakers at this time framed crack cocaine as much more addictive, potent, and dangerous than powdered cocaine, associating the drug with increased crime rates and acts of violence (Gillmer, 1995), though the literature has shown that etiological factors contributing to violence and crime are much more complex and nuanced (see, e.g., Goldstein, 1985). The intent of abstinence-informed public policy is to cut off the supply of illegal drugs and to incarcerate users, but in practice, a disproportionate number of those incarcerated for violating drug war policies have been people of color (Alexander, 2010), and interdiction efforts have not been effective in halting the supply of illegal drugs (Nunn, 2002). The unique American context—characterized by racially motivated policies, the demonization of people who use drugs, and negative perceptions of addiction—enables and constrains the various narratives involved in the policy debates over SISs, as demonstrated in the current analysis.

The Current Study

This article assesses the dominant narratives used in the media, court and government documents, and official statements made by politicians and public servants regarding the possible implementation of a SIS in Philadelphia, Pennsylvania, where plans to open a site have been met with political and legal opposition (Fosnocht et al., 2019; *United States v. Safehouse*, 2019). Four narratives emerge in the discourse: *Harm Reduction*, *Abstinence*, *Social Justice*, and *Nimby (not in my backyard)*. At the time of this research, the *Nimby* narrative has seemingly prevented implementation of Safehouse, the specific SIS mentioned in the local *Harm Reduction* narrative. The *Abstinence* narrative opposes the sites, and *Social Justice* refrains from providing a full endorsement due to racial insinuations that may be embedded in the proposal. The ideographic connotations of the purported *drug addict* vary in some ways between and among the prevailing narratives; in other ways, all the narratives problematize addiction as an affliction that justifies techniques of discipline aimed at caring for and controlling the population. This article proceeds by describing the Narrative Politics model, explicating the narratives, contemplating the interaction between narratives, and discussing the implications of the analysis.

The Narrative Politics Model: Symbolization and Connotation in the SIS Debate

The linguistic turn in the policy literature “has refocused analytic attention on the ways in which language itself constitutes the social ‘reality’ analysts are studying” (Yanow, 2007, p. 116). In the Narrative Politics model (Miller, 2020), public policy discourse serves as the playing field for narrative contestation, as competing (and sometimes cooperating) narratives strive for domination and policy influence. Narrative is thus a unit of analysis, and discourse is the space in which competing policy narratives interact. The analytical reduction entailed in this framing lends tractability to the inquiry, simplifying what otherwise would remain dense, unfiltered complexity.

A narrative does not have to be a story; a simple chronology could be a policy narrative if it implicates policy action (Miller, 2020). Narrative inquiry in the public policy literature often structures narratives along the lines of literary categories such as characters, heroes, villains, plots, and counterstories (e.g., M.D. Jones & McBeth, 2010; Lejano et al., 2018; Roe, 1994). The approach we take is

different in that it does not attempt to impose such structures but instead attempts to glean from the narratives themselves the meanings that attract subscribers (Miller, 2019). Narratives are the framing devices that aim to achieve a policy action; they are the empirical manifestations of belief systems. Narratives can form alliances and affiliations with other narratives in regard to specific policy actions even as they may develop fissures with respect to other potential policy actions. While the term narrative stabilizes and simplifies a complex field of meanings, utterances, symbolic communications, and political contestations, narratives are nonetheless dynamic, much like language itself. Hence, the Narrative Politics model proceeds inductively by treating as empirical evidence the sayings, writings, and doings that manifest themselves in the progression of the discourse. In addition, this approach pays particular attention to ideography, symbolic connotation, values, feelings, and imagery. The meanings of the writings and sayings of discourse participants are interpreted and curated by the researchers to redescribe the crux of the coherent narratives that emerge—a procedure akin to categorizing the qualitative data gleaned from interviews. The evidence for beliefs and values can be found in the text of the narrative. Categorizing empirical data into narrative categories helps to simplify and make sense of a vastly complex discursive field. For Jessop (2010) the needed simplification is performed by an “imaginary,” one of an infinity of possible meaningful understandings (or misunderstandings) that could be communicated.

Narrative inquiry is necessarily interpretive; researchers function in some respects as a museum curator would (Miller, 2020). The function of a curator is to seek out artworks (narratives), handle them carefully and respectfully, keep an eye out for fraudulent suspects, and present them together (or juxtapose them against one another) at a public showing (in a scholarly journal). The researcher faithfully collects narratives in order to reinterpret them and the policy problem from an extradiegetic vantage point (Claisse & Delvenne, 2017), assessing the narratives on their own terms to provide evidence (or not) of diverse policy agendas and political contestation. Considerations regarding what to leave in and what to leave out persist throughout the preparation.

Narratives are presupposed to be agential actants (Latour, 2005) that engage one another in political contestation. Attributing agency to “cultural variants” is familiar practice in the literature on cultural evolution (Richerson & Boyd, 2005), a practice preceded by Dawkins’ (1976) analogy between the gene as the relevant unit of selection (replicator) in biology and the meme as the relevant replicator in cultural communication. Attributing agency to policy narratives has a history in narrative policy analysis, though it is not necessarily framed in evolutionary terms. For example, Roe (1994) used the organization’s budget to exemplify the agential qualities of narratives. In Sabatier’s (1988) standard approach, advocacy coalitions learn. By contrast, in the Narrative Politics model, policy narratives evolve. Policy narratives must adapt to environmental conditions, including the presence of competing narratives, if they are to survive. Sabatier’s model would have difficulty explaining why a coalition would endure over time despite turnover, morbidity, and resignation. With narrative as the unit of analysis such questions disappear. Instead, we are interested in how policy narratives ascend, why they fade out, and how they interact.

Policy narratives have perlocutionary implications (Austin, 1962); they point toward action and consequences. Such narratives function as rituals of knowledge with each narrative exercising its own form of veridiction that aims toward governance (Foucault, 2014a, 2014b). A sort of instrumental rationality is implied in the perlocutionary ambitions embedded in policy narratives—to secure governing power at the moment of decision. On the way to that moment, policy narratives interact with one another in a policy discourse. The juxtaposition of policy narratives, one against another, reveals the contours, schisms, fissures, and matters of contestation, and possibly as well the matters of consensus.

We use the Narrative Politics model to analyze the debate over SISs in Philadelphia. The data collection procedure began in an exploratory fashion, by first searching national news outlets (*New York Times*, *Washington Post*, *NPR*, *CNN*, and *Fox*) for the terms safe injection site (or facility) and

supervised injection site (or facility) to gain a preliminary understanding of the policy issue; supervised consumption and safe consumption (site or facility) were also used as search functions. Philadelphia was chosen as a case study due to the 2019 court case declaring the legality of a site (*United States v. Safehouse*, 2019) and the continued political contestation present despite this ruling. To comprehensively analyze the local narratives, we searched the websites of several local news stations (*Philadelphia Inquirer*, *WHYY*, *Philly Voice*, *Philadelphia Tribune*, *Philadelphia Magazine*, *Fox 29 Philadelphia*, *CBS Philly*, and *NBC Philadelphia*) for mentions of SISs until March 2020.² Titles of articles were scanned for relevancy, with articles discarded if they did not address the policy issue. Articles were read and videos viewed with an eye for symbolic connotation, imagery, and ideography. More articles were added in a snowball fashion, by clicking on the links provided in several news stories. The final dataset for the news stories included 212 articles and 92 videos, a total of 304 media pieces.

The aim was to use a wide array of news sources to analyze the debate by describing the meanings and symbolizations that gained expression in the local context. News stories (both video and print), op-eds, and editorials were analyzed until no new themes could be found by the authors. Official statements, press releases, and government documents were used to supplement the news stories. The court documents in the legal case involving SISs also provided an understanding of the narratives that showed up in a courtroom setting, particularly the Amicus briefs. Amidst the uncertainty about what to do about the drug policy problem, we found several policy narratives prominent among the contenders in the policy discourse. These narratives are explicated below.

Harm Reduction

The costs of the opioid epidemic have been borne by cities throughout the United States, but the city of Philadelphia has been especially affected. Opioid overdose deaths in the city reached 1,074 in 2017, the highest overdose rate of any large city in the country (Roth et al., 2019). At the end of 2017, Mayor Jim Kenney organized a task force to travel to places such as Vancouver, British Columbia in Canada to observe a SIS firsthand, with the goal of formulating a plan of action for Philadelphia (Knopf, 2018). The taskforce concluded that SISs would help Philadelphia reduce its overdose death rate (Abernathy et al., 2018). According to Mayor Kenney, the city would not directly own or operate the site (Knopf, 2018); thus, the City Council's approval would not be necessary (Whelan, 2019a). At a press conference attended by members of Kenney's task force, City of Philadelphia District Attorney Larry Krasner expressed his support for the plan (Kopp, 2018) and later announced to the press that he would refrain from prosecuting staff or users of SISs (Gregg, 2018). Kenney's proposal was met with legal opposition from the U.S. Dept. of Justice, but in October 2019, District Court Judge Gerald McHugh ruled that the operation of a facility by nonprofit Safehouse would not violate the *Controlled Substances Act*—specifically, it would not violate the “crack house statute” enacted as part of the *Anti-Drug Abuse Act of 1986* (*United States v. Safehouse*, 2019). The judge did not consider the facility to be a place for manufacturing, distributing, or using illicit substances because of its public health-oriented goal, stating, “viewed objectively, what Safehouse proposes is far closer to the harm reduction strategies expressly endorsed by Congress than the dangerous conduct [the statute] seeks to prohibit” (*United States v. Safehouse*, 2019, p. 50)—a victory for the *Harm Reduction* narrative.

Harm reduction measures aim to meet people who use drugs “where they’re at” to reduce the harms associated with drug use (Harm Reduction Coalition, n.d., para. 2). In the *Harm Reduction* narrative, “government’s role is to protect society from the consequences of drug use, but not to eliminate drug use itself (which is seen as unrealistic)” (Ritter, 2011, p. 146). Harm reduction strategies—such as needle exchange programs—have met opposition in the United States because of a moral condemnation of drug use and demonization of people who use drugs (Des Jarlais, 2017). It was not until needle exchange programs displayed their effectiveness in combatting AIDS that harm reduction strategies

gained acceptance (Smith, 2012). Thus, rather than opting for criminalization, the narrative emphasizes the need to safeguard and show compassion for people who inject drugs, regardless of their substance use practices (Clarke, 2016).

At its most basic, the *Harm Reduction* narrative involved in the issue of SISs in Philadelphia can be summarized by Ronda Goldfein, vice president and secretary of Safehouse, the nonprofit tasked with running the SIS: “You can’t recover if you’re not alive” (NBC Philadelphia, 2019). Due to “decades of public health research” demonstrating their effectiveness, SISs are proposed as a prudent way to prevent harm (City of Philadelphia, 2019, p. 1). The *Harm Reduction* narrative stresses the importance of saving lives, evoking feelings of compassion for people who use drugs with stories of lives lost and framing the sites as a means to prevent harm to a demographic that already experiences much suffering: “The bottom line is that overdose prevention sites—which exist in more than 100 cities around the world—offer compassion for fellow human beings . . . Our job as a city is to support efforts to alleviate suffering and to save lives” (Mayor Kenney, quoted in Whelan & Roebuck, 2020, para. 26).

The narrative offers personal testimonies aimed at securing sympathy for and preventing harm to people who use drugs, often naming individuals who have tragically overdosed alone without help from a SIS. Newall (2018) tells the story of a person experiencing homelessness named Johnny whose friend found him overdosed in the street:

Mike had found the body. At first he thought Johnny was sleeping. His head was slumped into his chest . . . Mike started cleaning up Johnny’s stuff, but soon there wasn’t much left. After the coroner’s office took Johnny . . . he remained a John Doe. No one . . . knew his last name. (paras. 11–12)

The matter of loved ones dying alone also appears in a story told by Rendell et al. (2019) about Rendell’s college friend, whose son overdosed in his parents’ bed while they were on vacation. In the *Harm Reduction* narrative, SISs are needed to remedy the fact that “most people who overdose do so alone, and even if naloxone was on the table next to them, they couldn’t administer it because an overdose renders a person unconscious” (Rendell et al., 2019, para. 3). The Editorial Board (2018) at *New York Times* drives this point home:

An overdose is often a lonely way to die . . . If someone notices the signs of an overdose—lips turning blue, restricted pupils, unresponsiveness, a loss of consciousness, among others—it can generally be reversed with drugs like naloxone . . . But someone must be there to notice. (para. 1)

As Philadelphia Health Commissioner Tom Farley stated, “We cannot just watch as our children, our parents, our brothers, and our sisters die of drug overdose” (Board of Health, 2018, para. 7).

Abstinence

The *Abstinence* narrative has traditionally opposed harm reduction measures on the grounds that they are immoral, and they enable addiction (Bowen, 2012; Clarke, 2016). The narrative successfully informed the movement toward alcohol prohibition in the United States during the Woodrow Wilson administration and returned forcefully with President Nixon’s “war on drugs,” leading to the institutionalization of the *Abstinence* narrative in the establishment of the Drug Enforcement Agency in the U.S. Dept. of Justice (Miller, 2020). The *Abstinence* narrative again gained prominence in the Reagan administration—as exemplified by the “just say no” admonition.

In the matter of SISs, the *Abstinence* narrative deploys images of people who are barely alive walking around in neighborhoods as the result of such facilities—sometimes referring to these individuals as “walking zombies” (Argos, 2019, para. 8). According to Rosen (2020), “enabling those suffering from addiction to go to the brink of death is a dubious treatment” (para. 7). And as Walters

(2016) put it, “We do not protect addicts by reviving them from overdose death only to return them to death’s front door, perpetuating the self-destructive cycle of addiction” (para. 4). Deputy Attorney General Jeffrey Rosen (2020; since replaced) and former Deputy Attorney General Rod Rosenstein (2018) represented the U.S. Department of Justice, which houses the Drug Enforcement Agency, in articulating the *Abstinence* narrative. Rosenstein (2018) described SISs as “‘B.Y.O.D.’—bring your own drugs” (para. 5)—drawing on the connotative symbolism of college parties where you can B.Y.O.B. (bring your own beer). Visitors simply walk in, then “stumble out,” thus continuing the “downward spiral of addiction . . . Injection sites normalize drug use and facilitate addiction by sending a powerful message to teenagers that the government thinks illegal drugs can be used safely” (Rosenstein, 2018, paras. 10–11).

Tough-on-crime rhetoric in the *Abstinence* narrative highlights the illegality of SISs. The prosecuting attorney from the U.S. Department of Justice in the *Safehouse* case, William McSwain, stated, “We have a responsibility, obviously, to protect the rule of law in this district. Opening an injection site would make the crisis worse. Normalizing drug use is not the answer to combatting the opioid epidemic” (Fox 29, 2019b). The *Controlled Substances Act*—which established the Drug Enforcement Administration during the Nixon administration—continues to serve as justification for criminal enforcement. As McSwain put it, “When Congress says ‘No,’ no means no . . . [Safehouse] should ask Congress to change the law and hold public hearings and we would welcome that” (Lozano, 2019, para. 8).

Deputy Attorney General Jeffrey Rosen (2019) has signaled that further judicial review will be sought after the *Safehouse* ruling, and facilities in other jurisdictions will be met with immediate action by the Department of Justice. Similar opposition has been mounted at the state level. Pennsylvania Attorney General Josh Shapiro has been an outspoken critic of SISs, mentioning the illegality of the sites and stating, “there’s no safe way to inject yourself with this type of poison” (Spinelli, 2018, para. 9). House Speaker Mike Turzai has called the sites “a stark violation of federal law” (Bass, 2018, para. 8). The Governor has opposed the sites by citing a need “to get people to stop wanting to use those drugs” (Allyn, 2018, para. 3). Democratic state senators Anthony Williams and Christine Tartaglione (2019) proposed a bill to block SISs following the *Safehouse* ruling, urging the state senate not to forget “that heroin remains an illegal drug and a deadly killer” (para. 2).

Among people who use drugs, people in recovery, and drug therapists, hitting “rock bottom” is a phrase used to describe the mental state one must be in before seeking help (McIntosh & McKeganey, 2000). At a meeting between Safehouse and citizens in Kensington, a neighborhood proposed as a location for a site (Wiebe & Solomon, 2018), one opposition speaker stated, “Until you hit rock bottom, you do not get help. A safe injection site that’s allowing people to illegally use drugs does not let them hit rock bottom to go get help” (Fox 29, 2019a). In the *Abstinence* narrative, the hitting rock bottom metaphor attends to the belief that SISs will further perpetuate an endless cycle of drug addiction by allowing individuals to remain addicted to drugs.

Social Justice

Because a disproportionate number of those punished for the possession and sale of narcotics during the crack epidemic of the 1980s were people of color (Alexander, 2010; Nunn, 2002), the *Social Justice* narrative emerged as a response to the racist “war on drugs” and its incarceration policies. The rapid growth in the imprisonment of people of color since the beginning of the “war on drugs” has drawn comparisons to the segregationist policies of the Jim Crow era (Alexander, 2010). The legal debate over SISs in Philadelphia centers on interpretations of the “crack house statute” (Kreit, 2019)—the colloquially named section of the *Controlled Substances Act*—evoking feelings about the “war on drugs” and the concomitant harsh and inequitable treatment of communities of color that occurred through incarceration for drug offenses. Compassion for people who use drugs has allegedly increased

now that the image of the person who uses opioids has become “younger, whiter and wealthier than the face of the crack scourge just three decades ago” (Maye & Frederique, 2017, para. 4). Although in favor of the sites because of the data showing their efficacy, Owens (2019) articulated why the Black community is not fully behind the harm reduction measure:

When white people suffer, the public is called to take immediate action. When Black and brown people die, the sense of urgency isn't reciprocal. When people prioritize the necessity of safe injection sites in a city where Black and brown communities have been calling for a resolution to gun violence, poverty, and anti-discrimination, it feels to us like someone chanting “white lives matter” at a Black Lives Matter protest. (para. 10)

The *Social Justice* narrative highlights the marginalization of communities of color in Philadelphia. By focusing on the racial implications of the policy proposal, SISs are framed as an example of the inequitable administration of drug policies. Pushback against white liberal concerns becomes the discursive reaction. In this iteration of the *Social Justice* narrative, compassionate policy action accompanies white drug addiction: “Drug misuse and addiction among white people is now triggering compassion, but for us black folks it triggers suspicion, fear, the clutch of a purse, and/or the grip of a trigger” (Maye & Frederique, 2017, para. 8).

The debate over Safehouse in Philadelphia presents an occasion to consider racial inequities in the criminal justice system: “[I]f others are to be treated with compassion, we want our prisoners released, we want our records expunged, we want our property returned, and we want our communities made whole” (S. Jones, 2018b, para. 5). S. Jones (2018a) perceives the push for SISs and the evidence used to demonstrate their efficacy to be racist:

It is a racism that says, “I’ve read the books and attended the lectures, and while I understand that your viewpoint is based on hard-won experience, I know what’s best for you and your community. Now get out of the way and let me do it.” (para. 2)

S. Jones (2018b) expresses the disdain felt for these racial inequities by stating “it’s time to take to the streets in protest” if city officials refrain from “righting the wrong of the crack era” (para. 18). Such assertions highlight the context of the *Social Justice* narrative—the need to eliminate the racial marginalization and unfair treatment of communities of color in the criminal justice system, and more specifically, in relation to the administration of drug laws.

Not in My Backyard

“Nimbys” are described as those living close enough to a government project who have the power to stall the project through staunch opposition (McAvoy, 1998). Councilmember Mark Squilla, although originally in favor of SISs in Philadelphia (Wolfram, 2017), has since moved to use zoning laws to block the site in Kensington (Blumgart, 2019). Councilmember Maria Quinones Sanchez, whose district includes Kensington, stated she is not convinced that SISs would work in Kensington, stressing the need to take back the neighborhood and to “reclaim these corners” (Koob, 2019). Sanchez applies the previously mentioned rock bottom metaphor to the entire community:

It’s taken a long time for us to hit rock bottom here. Do we want to now send a message that you can come here and buy the cheapest drugs available and then actually have a place to use them? (Owens, 2019, para. 9)

The *Nimby* narrative underlines the importance of residents and other citizens in the opioid crisis—not just the person who uses drugs. Gonzalez (2019) recalls when he and his son watched an overdose:

“As we witnessed the person laying on the sidewalk while first responders worked to bring this person back to life, I asked my child, ‘Are you OK?’ His response was, ‘It is just another day’” (paras. 14–15). An Amicus brief in the *Safehouse* case quotes a speaker at a community meeting to make a similar point about protecting youth: “It’s not because we don’t care about [people who use drugs]. We’re choosing our children this time . . . This is the one time our kids come first” (Harrowgate et al., 2019, p. 11).³ The head of the Harrowgate Civic Association interprets SISs to be a form of surrender for Kensington: “I think that when people say, ‘[Drug use] is already there, put the site in Kensington’—when people say that to us, it sounds like, ‘Well, it’s their problem. Keep it there. Who cares about Kensington?’” (Whelan, 2019b, para. 6).

Narrative Interaction: Political Competition

The debate over SISs captured the Philadelphia public’s attention with a proposal from Mayor Kenney to allow a site to operate in the city (Knopf, 2018) and has evolved since then. As opposition to the sites has grown, mostly from the ascendant *Nimby* narrative, the *Harm Reduction* narrative has retreated. The public debate at one point centered around whether to open a site in Kensington. But following the final ruling by Judge McHugh in mid-February 2020 (Whelan & Roebuck, 2020), Safehouse suddenly announced it was opening a site not in Kensington, but at Constitution Health Plaza in South Philadelphia (Steele & McDaniel, 2020). A controversy erupted. Among the complaints was that Safehouse sought to open the site without any community meetings or forums (Roebuck et al., 2020). In the words of a South Philadelphia resident and local business owner, “the community felt disrespected” (Steele & McDaniel, 2020, para. 26). As Orso (2020) reported, State Senator Anthony Williams castigated promoters of the site for a botched rollout and for lack of involvement of citizens and local government officials, stating, “a day-care requires more scrutiny than this place” (para. 3).

Similar opposition was mobilized at the city, state, and federal levels. No councilmembers came forward to defend the South Philadelphia plan (Walsh, 2020). Council President Darrell Clarke stated that a majority of Councilmembers disagreed with the sites or were unhappy with the process (Walsh, 2020). There was renewed interest in state-level legislation, and Governor Tom Wolf announced that his administration is reviewing a bill introduced in the Senate (Orso, 2020). U.S. Attorney William McSwain, of the Department of Justice, stated that any means necessary would be taken to stop the sites before the appeals process is done, including arrests, criminal forfeitures, and drug seizures (Whelan & Roebuck, 2020). Then, just as suddenly, the landlord of Constitution Health Plaza in South Philadelphia canceled plans for the SIS due to community concerns (Steele & McDaniel, 2020).

Nimby as a Deterrent to Harm Reduction’s Safe Injection Site

The *Harm Reduction* narrative has not been sufficiently influential to facilitate the opening of a SIS in Philadelphia, arguably due to *Nimby* opposition. Rendell announced in March 2019 that Safehouse had received an offer for a lease at a Harrowgate location just north of Kensington, but the lease was never signed due to pushback from the community (Whelan, 2020). As early as April 2019, Mayor Kenney announced that he would relax the effort to open a site in Kensington to first address the concerns of the community. According to Kenney, “We must balance the needs of those suffering from addiction with the needs of residents whose neighborhoods have been deeply impacted by this epidemic” (Philly Voice Staff, 2019, para. 10).

Some observers see the debates over SISs and the power of the *Nimby* narrative as giving a voice to citizens who have typically been marginalized. As one urban studies professor interviewed by a reporter put it,

[Kensington residents] rarely, if ever, get any sort of chance to weigh in and have a conduit to the media or to City Hall . . . [The supervised injection site debate] incites this impulse—the chance to use this as a megaphone, at least the ability to have a voice. (Whelan, 2019b, para. 11)

In a neighborhood historically impacted by deindustrialization, white flight,⁴ and a failing real estate market, the contestation between the *Harm Reduction* and *Nimby* narratives has generated a different discussion about decades of neglect in Kensington (Whelan, 2019b). Even when the debate shifted to South Philadelphia, where hundreds celebrated after a site was effectively blocked in late-February 2020, the *Nimby* narrative was on display. Following the withdrawal of Constitution Health Plaza's Safehouse location, one neighborhood activist stated:

I wanted to send a message to whoever thinks that they're going to open up. This is what's going to happen to them, also. We're going to come out, we're going to stand united, we're going to have a positive, peaceful front. (Dean, 2020, para. 4)

One thread of the *Nimby* narrative concerns the lack of community involvement, and, after the debacle in South Philadelphia, citizens and public officials are now accusing Safehouse and Mayor Kenney of acting with low transparency (Orso, 2020). Even SIS supporters were caught by surprise by the announcement and then by the subsequent cancellation of the planned site at Constitution Health Plaza in South Philadelphia (Whelan, 2020). Councilmember Kenyatta Johnson, whose district contains the proposed and withdrawn Constitution Health location, communicated that he heard about Safehouse's plan 4 days prior to the announcement, stating, "I was informed that they were already staffed up. If they were already staffed up, that means this process had been prepared for—it had to be taking place back behind the scenes" (Steele & McDaniel, 2020, para. 13). These accusations of secretive operations continued at the state level: "Safehouse was beginning to build public support through a patient and transparent dialogue with Philadelphians before blindsiding residents with this bait and switch . . . trust has been lost" (State Senator Larry Farnese, quoted in McCrystal & Walsh, 2020, para. 16).

The "Nimby syndrome" has a long history in the political science literature. It is sometimes regarded as a democratic phenomenon for enabling the expression of citizens' perspectives and for including people other than experts in the decision process; on the other hand, critics are wary of the irrationality it sometimes entails and question the self-interested politics that drives it (McAvoy, 1998). In the Philadelphia context there was an added implication for democracy in that legislative bodies were excluded from decision making (Whelan, 2019a). The strength of the *Nimby* narrative is on full display in both Kensington, where a lease failed after months of meetings, and South Philadelphia, where efforts were swift and devoid of democratic deliberation (Whelan, 2020). The South Philadelphia fiasco exposed a lack of transparency and openness that are often expected in a democracy.

Contrary to findings in Australia, Canada, the Netherlands, and elsewhere (Zajdow, 2006), there was little evidence of a public nuisance framing gaining traction in the Philadelphia context. This concern does not appear in the raw data, though it may have been an unarticulated concern consistent with either the *Harm Reduction* narrative (SISs reduce public nuisance) or the *Nimby* narrative (SISs generate a public nuisance). Nonetheless, there was insufficient evidence from the Philadelphia discourse to warrant a stand-alone public nuisance category.

Social Justice and Harm Reduction: The Continued Exclusion and Marginalization of Communities of Color

The failed policies of the "war on drugs" era (Alexander, 2010; Nunn, 2002) might be expected to bring an alliance between the *Social Justice* and *Harm Reduction* narratives. Kenney and Krasner

(2018), as a response to S. Jones' (2018b) article, acknowledge policy failures during the crack epidemic and criticize "tough on crime" tactics used in Philadelphia: "While we can't undo years of regressive policy, we can take an intentional approach to treating addiction and drug-related law offenses with that history in mind" (Kenney & Krasner, 2018, para. 9).

A thread within the *Social Justice* narrative allies itself with aspirations of the *Harm Reduction* narrative in the hope that SISs will offer "communities of color an alternative to public use, which exposes them to the risk of arrest and incarceration" (Mohammed & Shaikh, 2019, para. 5). But the *Social Justice* narrative does not deliver a forceful endorsement of SISs. Another thread within the *Social Justice* narrative regards SISs as discriminatory, as "liberal racism" because the compassion for people who use drugs manifests itself only now that "the majority of overdose victims are white" (S. Jones, 2018a, paras. 1, 4). Yet, at a community forum, Philadelphia's Deputy Behavioral Health Commissioner Roland Lamb highlighted the effectiveness of harm reduction measures for all races:

Once we discount white faces because they're dying from drug use, what do we think is going to happen to those faces of color who are using? . . . I'm not in the locking up business. The reality is we have to begin to guarantee the option of treatment for everyone . . . white lives matter, too. (S. Jones, 2018b, paras. 12–13)

From the criminalization of Chinese immigrants by banning opium smoking dens to the harsh sentences imposed on people of color during the drug war, American culture has been vulnerable to anti-drug crusades aimed at demonizing underclasses of people who use drugs (Neill, 2014; Reinerman, 1994). Drug policy in the United States has been used as a tool by those in power to criminalize and thus marginalize groups of people deemed dangerous or threatening—usually those belonging to communities of color (Reinerman, 1994). The *Social Justice* narrative takes note of the disproportionate incarceration rate between Black and white people as a result of the "war on drugs," and frames racism as a systemic problem. Signature slogans such as "Black lives matter" have reshaped the discourse—and its utterance is often met with retorts such as "blue lives matter" or "all lives matter." Compassionate alternatives such as *Harm Reduction's* SIS came to the fore only when opioid addiction was associated with white people. SISs in the *Social Justice* narrative are indicative of the larger problem concerning "diverse communities still being left out of the conversation" (Owens, 2019, para. 12). The *Social Justice* narrative emphasizes the disproportionate impact drug laws have had on communities of color. But this narrative begins to develop a schism on the question of supporting policy action to reduce incarceration rates and save the lives of people of color who use drugs, on one hand—in alliance with the *Harm Reduction* approach—and opposing SISs for glossing over important racial consequences from the "war on drugs," on the other.

Abstinence Versus Harm Reduction: A Dispute Over Views on Addiction

Both the *Abstinence* and *Harm Reduction* narratives aim to fix the opioid epidemic, but there is disagreement over ways, means, and values. Whereas the *Harm Reduction* narrative constructs SISs to be a way to keep people who use drugs alive to give them the opportunity to enter treatment, the *Abstinence* narrative constructs the sites to be immoral and addiction-enabling. The *Abstinence* narrative cites the need to allow people who use drugs to bootstrap and get the job done themselves: "The thing we do not know, the 'X' factor, is how to get an addict to want to quit" (Bykofsky, 2018, para. 14). Conversely, in the *Harm Reduction* narrative, there is a demand to "remove the stigma of addiction and help those who cannot help themselves" (Kenney & Krasner, 2018, para. 8).

The Social Construction of the Person Labeled as an Addict

Despite the differing images of people who use drugs across the narratives, none of the narratives challenge the symbolization entailed in the purported *drug addict*. The repetition of this seemingly neutral, naturalized, everyday term reinforces a social signification resonant in United States culture. The addiction-as-disease framing and the associated “othering” of people who use drugs consistently allows the authorities to exert control over this marginalized group, whether it be through the criminal justice system or through the institutions of medicine (Reinarman, 2005). Whether substance abuse is a moral issue, a disease, a disability, or some other construction, there is a tendency in all the predominant SIS narratives in Philadelphia to define a person by an affliction.

Labeling individuals as alcoholics or substance addicts functions to problematize people who use alcohol or other drugs, licensing the techniques and social mechanisms of caring for and/or controlling the population (Foucault, 1994). Although the *Harm Reduction* narrative seeks to “remove the stigma of addiction” (Kenney & Krasner, 2018, para. 8) and rejects the imagery of “junkie” (Bykofsky, 2018, para. 14) in the SIS discourse in Philadelphia, the narrative nonetheless constructs people who use drugs as individuals “who cannot help themselves” (Kenney & Krasner, 2018, para. 8). The person who uses drugs is still an “other” and thus is subject to new forms of surveillance offered by SISs (Fischer et al., 2004). In countries where SISs are legal, restrictions for participants are less stringent when the health of the person who uses drugs is an important consideration in the establishment of a facility (Zajdow, 2006). In Philadelphia, the *Harm Reduction* narrative’s compassion theme has been unable thus far to surpass the *Nimby* narrative.

As a marginalized group, people who use drugs have historically been demonized and morally condemned in the United States (Des Jarlais, 2017), especially those who use drugs intravenously (Neill, 2014). Moreover, people of color who use drugs have been disproportionately impacted and marginalized by the country’s drug laws (Alexander, 2010; Nunn, 2002)—a point embraced within the *Social Justice* narrative. This point brings the possible hypocrisy of white liberal concerns into focus. Racially unfair practices may continue if “progressive” reforms function as mechanisms of control without replacing traditional structures (Fischer et al., 2004). Ostensibly progressive alternatives like SISs may in effect separate “deserving” from “undeserving” populations of people labeled as addicts—those willing to seek treatment and those not willing (Fischer et al., 2004). Race notwithstanding, SISs can function to construct a suitably reflexive self-monitoring and risk-averse subject. In addition, members of the population of people who use drugs can be incarcerated, thus separating the “good” from the “bad.” How one frames symbolic social constructions such as *safe injection sites* or *drug addict* channels the pathway to possible policy action. Hence, the range of possibilities is both enabled and constrained by the discourse in which problematic behaviors are situated.

Concluding Remarks

The Narrative Politics model is attentive to symbolizations and connotations that reveal meanings, associations, and imagery—moving beyond the scope of, but not excluding, reason and logic in a policy narrative (Miller, 2020). The Narrative Politics model we have deployed is inductive; instead of imposing literary categories or other structural constraints on narratives, the writings and sayings that constitute the narrative are allowed maximum feasible expression in their own terms. The role of the researcher is to be a curator of sorts, pulling from the discourse typifying concepts, logic, facts, sentiments, imagery, ideographs, and symbolism that inhere in the narratives that constitute the discourse. This approach allows one to trace the evolution and interactions of the narratives. We were able to conduct this narrative inquiry without waiting for either enactment or implementation to occur; the analysis succeeded despite the ongoing evolution of the narratives in the policy debate and the continued presence of unresolved politics.

Dodge and Lee (2017) showed in their research on a fracking discourse in New York state that, over time, an episodic ebb and flow takes place in concert with framing and double-interacts (a response to another coalition's attempt to frame an issue). Similarly, the Narrative Politics model presupposes a dynamic, changing political landscape in which the narratives adjust to the ever-changing political environment; there is adaptation and evolution (Miller, 2020). In Philadelphia, the response from citizens was characterized as highly supportive at first. One survey indicated that 90% of residents in Kensington support the site (Roth et al., 2019), though it is difficult to be sure if the residents of Kensington changed their minds or if the original survey was flawed, or both. Yet something changed. The *Nimby* narrative ascended as proposals for locating a site became more concrete and as the Safehouse promoters were perceived to be acting without transparency. The *Social Justice* narrative makes the point that if racial discrimination is to be confronted, communities of color must feel as if they are included in the conversation.

As a matter of unspoken consensus, there seemed to be tacit agreement among the competing narratives about the person labeled as a *drug addict*. We found that all narratives “otherize” people who use drugs by letting stand a hegemonic construction of people labeled as drug addicts and drug addiction, potentially enabling new mechanisms of discipline and surveillance (Fischer et al., 2004). While the *Harm Reduction* narrative's person who uses drugs deviates significantly from the *Abstinence* narrative's criminalized construction, people who use drugs are nonetheless often constructed as being helpless. The implications of this construction of people who use drugs are more evident in countries where numerous SISs have been established. Zajdow's (2006) deconstruction of successful policy narratives showed how people who use drugs become clients—constantly monitored clients at that. The prevailing practice in the United States context, by contrast, has been incarceration—disproportionately Black incarceration (Carson, 2020).

These findings highlight the unique American context in which the narratives are allowed expression. The demonization of people who use drugs in the United States grants certain narratives the ability to amass assent—i.e., *Abstinence* and *Nimby*—while others—*Harm Reduction*—fail to gain the traction needed to sufficiently influence the policy proposal. Future research should explore this context more in-depth, by comparing the Philadelphia discourse to that in other cities in the United States, or by comparing the American debates to those in other countries. The viewpoints of the local actors as told through various storytelling devices are vital components of the discourse involved in considering the enactment and implementation (or not) of drug policy proposals. Future research can also provide an in-depth analysis of the context and history of the individual narrative threads—e.g., tracing the path of the *Social Justice* narrative in the United States from its genesis to the current day to better understand its influences and impacts, and to assess whether similar schisms to those seen in the Philadelphia SIS discourse exist in other drug policy areas and jurisdictions. Furthermore, our analysis critiqued the hegemonic social construction of people who use drugs, thus allowing for the entrance of novel constructions that challenge the perceived powerlessness of this target population and question the dominant construction's mechanisms of control. Considering that SISs have been proposed in several cities throughout the United States (Kennedy-Hendricks et al., 2019), inevitably leading to future debates, it is crucial to keep the history of the country, perceptions of the target population, and the viewpoints of local actors in mind.


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Notes

1. The authors acknowledge that “addiction” is a contested and controversial term. It is used herein instead of terms such as “drug use” to highlight the unique American context in which the SISs debate occurs—a context characterized by negative perceptions of people who use drugs. Also, it is the term specifically used by the National Institute on Drug Abuse (2018) to describe a person experiencing a substance use disorder.
2. We chose March 2020 as the end date because of the introduction of COVID-19 in this month—a shock to the system that changed the political landscape, altered the agenda of news outlets, and drastically modified the discourse. Analyses past this date that focus on the intersection of drug policy and COVID-19 are beyond the scope of this paper but are undoubtedly an area for future research. To capture nascent narratives in the discourse, we did not use a start date for the searches, but the earliest mentions of the policy issue appear in the Philadelphia news pieces in February 2017, whereas mentions of SISs from other news outlets included in the dataset date back to May 2016.
3. This brief was submitted by the Harrowgate Civic Association—representing citizens from a neighborhood just north of Kensington—and was joined by civic groups from Kensington and other nearby neighborhoods in the *United States v. Safehouse* (2019) court case declaring the SIS to be legal.
4. “White flight” refers to the tendency of whites to leave a neighborhood as the population of people of color in said neighborhood increases (see, e.g. Crowder, 2000).

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