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Title: Harm Reduction Policing: From Drug Law Enforcement to Protection

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Harm Reduction Policing: From Drug Law Enforcement to Protection

Abstract

Several drug policy researchers have noted that the concept of harm reduction could be applied to the field of drug policing in order to assess the negative consequences and potential benefits of policing in this area. However, the application of harm reduction principles to drug policing has only been realized to a limited extent in the current responses to drug use and markets. Accordingly, studies that empirically investigate already existing policing practices, which might be described as operating within such a harm reduction framework, are relatively scarce. In order to address this gap, this article provides an investigation of how policing of an open drug scene has been organized in Denmark since drug possession has been partly decriminalized, following the introduction of drug consumption rooms in Copenhagen. The policing of this open drug scene was investigated through document analysis, interviews and observations with a patrolling police officer. The article argues that decriminalization has resulted in a shift in the “logics” of policing by enabling the production of an alternative “governable identity” for the drug-using subject, where people who use drugs could more readily be perceived as citizens with rights, rather than just as offenders. Accordingly, in this new logic the violence and victimization experienced by marginalized people who use drugs could more readily be identified as proper objects for police action. The case demonstrates that major shifts away from policing practices that harm marginalized people who use drugs are possible and, by describing these practices, the aim of the study is to contribute to our knowledge of how the police can become potential allies rather than adversaries in harm reduction initiatives and broader public health concerns.

Keywords: policing, harm reduction, decriminalization, open drug scenes, Denmark

Introduction

Contemporary drug policy is still largely based on prohibition in most parts of the world, and the majority of drug policy expenditure worldwide goes towards law enforcement, even though several studies have indicated that these investments do not achieve the intended goal of deterring people from using or trading in drugs (Babor et al., 2010; Hughes, Moxham-Hall et al., 2017; Friedman, Cooper et al., 2006). Moreover, drug law enforcement has been shown to make drug-related problems worse, with numerous studies documenting how drug law enforcement can result in negative influences on the health and wellbeing of marginalized people who use drugs and how it can undermine harm reduction programs (Maher & Dixon, 1999; Small, Kerr et al., 2006; Wood and Kerr, 2005).

However, in recent years the legislative approaches to the regulation of drugs is increasingly being debated globally, and the “war on drugs”, waged by former US president Richard Nixon at the beginning of the

1970s, is increasingly being discredited (Collins, 2016). The Global Commission on Drug Policy has repeatedly called for decriminalization since their first report in 2011 (Global Commission on Drug Policy, 2011), as have several United Nations agencies, such as the UNAIDS, the World Health Organization, the United Nations Development Programme and the Office of the United Nations High Commissioner for Human Rights (Eastwood, Fox & Rosmarin, 2016). Consequently, interest and experimentation in legalization and decriminalization has been growing and several countries are changing their drug policies in this direction. Uruguay and Canada have fully legalized the consumption and sale of recreational cannabis nationwide and the recreational use of cannabis has been legalized in several states in the USA, even though cannabis is still considered illegal under federal law. Additionally, the possession of illicit drugs has been officially decriminalized in Portugal since 2001.

In addition to this, several states operate with various forms of “de facto” decriminalization, where drug possession is still prohibited but without this prohibition being fully enforced. As of 2016, more than 25 countries globally have introduced some form of “de facto” decriminalization or removal of criminal penalties, encompassing what has been called a “quiet revolution” in the field of drug policy (Eastwood, Fox & Rosmarin, 2016). An example of such limited, site-specific “de facto” decriminalization is the introduction of official drug consumption rooms (DCRs), also called safe injection sites (SISs), as these licensed DCRs usually operate with some kind of exemption from general drug law enforcement. Such facilities have been established in several Canadian, Australian and European cities and are currently being debated in the UK and the US as well.

In 2012, legislation that allowed drug consumption facilities was passed in the Danish parliament. The target group for these facilities was people over 18 years who had a “strong addiction as a consequence of a long and persistent abuse of drugs” (Law on euphoriant substances §3b). In connection to the establishment of drug consumption facilities, it was stressed that the police should not “normally” charge for possession of illicit drugs for personal use in the “immediate vicinity” of the DCRs if the person in question belonged to the target group of the facilities (Ministry of Health, 2012). The local police together with the municipality were to decide how “immediate vicinity” should be properly interpreted for operational purposes in their specific context. In Copenhagen a fairly broad definition was decided upon and most of the neighborhood of Inner Vesterbro was included in a so called “non-enforcement zone”, where the possession of illicit drugs was effectively “de facto” decriminalized for the target group of the DCRs. These changes in the legislation thus codified and legitimized some of the less punitive policing strategies towards marginalized people who use drugs in the open drug scene, which the local police had gradually employed since the establishment of the first unofficial DCR in 2008 (Houborg, Frank & Bjerger, 2014).

Against this background, this article provides an empirical investigation of how policing of this open drug scene has been organized since drug possession has been partly decriminalized, following the introduction of

several DCRs in the area since 2012. In doing this, the article draws on the concept of “harm reduction policing”.

Harm Reduction and Policing

The concept of “harm reduction” has generally been used to describe policies and programs aimed at reducing the harms associated with drug use, *without* necessarily eliminating or reducing drug use itself (Andersen & Järvinen, 2007; Des Jarlais, Friedman, and Ward, 1993; Riley et al., 1999). The concept has traditionally been most closely associated with measures aimed at reducing health risks for people who use drugs, such as DCRs, low threshold drug treatment, methadone substitution therapy, needle and syringe provision and disposal programs, and education on safer drug use practices and techniques. However, several drug policy researchers have argued that the principles of harm reduction also could fruitfully be applied to the field of drug policing in order to assess the negative consequences and potential benefits of policing in this area (Dorn & South, 1990; Maher & Dixon, 1999; Greenfield & Paoli, 2012; Spooner, McPherson, & Hall, 2004; Stevens, 2013). According to Caulkins and Reuter (2009) the principles of harm reduction provide “a framework for explicitly taking into account both the benefits and the potential adverse consequences of policing” (p. 21). This entails acknowledging that drug law enforcement can cause or increase various drug-related harms, such as the health harms associated directly with drug use as well as increase the violence associated with drug distribution (Shiner, 2016). However, the application of such harm-reduction principles to drug policing has only been realized to a very limited extent in the current responses to drug use and markets (Caulkins, 2017). Accordingly, studies that empirically investigate already existing policing practices, which might be described as operating within such a harm reduction framework, have also been very limited.

Most existing studies of the consequences of policing for drug-related harm have focused on identifying harmful policing activities that should be avoided in order for the police to avoid creating additional drug-related harm for people who use drugs, such as rushed injection because of fear of confiscation or arrest, as well as the use of others’ or discarded syringes, if carrying of such equipment is considered suspicious and a cause for arrest (Aitken et al., 2002; Beletsky et al., 2014; Burris et al., 2004; Davis et al., 2005; Cooper et al., 2005; Kerr et al., 2005; Maher and Dixon, 1999; Kerr et al., 2005; Small, Kerr et al., 2006; Wood & Kerr, 2005; Wagner, Simon Freeman & Bluthenthal, 2013; Werb et al. 2008). Furthermore, it has been argued that in addition to changing how the police deal with drug *users*, the police could also change how they deal with drug *distributors* (Dorn & South, 1990; Curtis & Wendel, 2007; Caulkins & Reuter, 2009; Stevens, 2013). Dorn and South (1990) have argued that, given that we cannot totally prevent illegal drug markets and given that drug distribution may be organized in ways that are more or less harmful, such as with or without shootings and violence, the police should aim to organize practices in a way that pushes drug markets in the least undesired direction. In this regard, a review of studies that investigate the effect of drug

law enforcement on drug market violence has documented that intensified drug law enforcement and crackdowns on drug markets are unlikely to reduce drug market violence and that disrupting drug markets can actually increase violence rather than reduce it (Werb et al., 2011). Accordingly, given that drug markets cannot be eradicated through crackdowns and drug law enforcement practices, a harm reduction approach to drug markets would seek to push the markets towards less noxious and violent forms in order to reduce overall drug-related harms.

In conclusion, most of the existing literature on policing and drug-related harms has identified ways in which the police produce or increase various types of harm for people who use drugs and the general public, and has warned against intensified drug law enforcement and crackdowns on drug markets. Studies that investigate how the police actively engage in harm reduction and are actively committed to reduce drug-related harm, rather than drug use, are relatively scarce. This perhaps reflects an empirical reality where the police do not engage very systematically in such endeavors. Caulkins and Reuter (2009) have listed some existing ways in which the police are already engaged in harm reduction practices, such as by warning users about tainted batches of drugs on the market, assisting in the case of overdoses and targeting particularly violent drug dealers. Nonetheless, detailed empirical studies of such policing practices and their organization as well as their potential for reducing drug related harms are limited in number. Some recent studies have documented increased cooperation between police and supervised injection facilities in several countries, as well as a reorientation away from traditionally prohibitionist approaches to drug law enforcement in some police forces where DCRs have been established in their areas of operation (Watson et al., 2018; Landsberg et al., 2016). However, the changes in police practices documented in these studies typically consist of the police refraining from actions that might produce or increase drug-related harm, rather than policing practices that actively seek to reduce it.

Against this background, this article aims to expand, develop and advance the concept of “harm reduction policing” by providing an empirical investigation of how policing of a local open drug scene has been organized since drug possession has been partly decriminalized in a neighborhood of Copenhagen.

Harm Reduction and Governmentality

In order to be able to critically reflect on the harm reduction policing practices that were employed by the local police in the open drug scene of Copenhagen, this section will provide an overview of the recent debates, reassessments and criticisms of the concept of harm reduction. Much of this literature draws on Foucauldian and post-Foucauldian studies of governmentality; that is to say, studies of how the modern subject is governed in advanced neo-liberal states (Rose, 1999; Rose & Miller, 1992; Rose, O'Malley & Valverde, 2006; Dean, 2010).

A central feature of this literature is the argument that in neo-liberal states, there has evolved a logic whereby citizens are increasingly "responsibilized", meaning that they are prompted to regulate and be responsible for their own choices and the associated risk of these choices. This neo-liberal rationality has increasingly taken over from the former welfarist logic, which emphasized the responsibility of the State to take care of the citizens. While in the welfarist logic, a person who injected drugs would commonly be perceived as a "slave" and "victim" to addiction, in this newer form of logic, and especially under harm reduction policy, people who inject drugs are more readily seen as responsible for their own health and are accordingly prompted to self-regulate in order to minimize health risks (Moore, 2004). This reflects the wider developments of advanced neo-liberal states, where subjects are increasingly governed through their own freedom and are encouraged to take responsibility for their own governance.

Based on these observations, it has been argued that, while harm reduction proponents will often proclaim their approach as essentially neutral and amoral, the harm reduction approach is in fact based on a prescriptive morality of citizens to be healthy, risk-averse and responsible (Miller, 2001). Furthermore, it has been argued that the discourse of harm reduction inscribes an essentially neo-liberal subject in people who use drugs, an autonomous, rational, independent and calculating subject, which might result in not adequately acknowledging the material constraints on human agency and wider structural issues of inequality (O'Malley, 2002; Keane, 2003; Moore, 2004; Moore & Fraser, 2006; Roe, 2005).

It has also been argued that even though harm reduction initiatives such as DCRs have typically been presented as public health initiatives, aimed at reducing morbidity and mortality connected to injecting drug use, they will often have a simultaneous promise of restoring public order in city centers. Although these concerns about public order have typically been presented as secondary to the health benefits to people who use drugs, according to Fischer et al. (2004), it was their promise of restoring order in city centers that was probably the most important factor in the creation of the broad political alliances that lobbied for the implementation of DCRs. According to Fischer et al. (2004) the phenomenon of DCRs should be understood as a case of post-welfarist "governmentality" and should be seen in the context of broader urban renewal trends, where the urban cores of inner cities have increasingly been purified, and deviant and undesirable populations have gradually been dislocated to the margins and hidden away. People who inject drugs, according to Fischer et al. (2004), presented a major disturbance for local governments in their aspiration to become attractive for investment and urban renewal, and thus the DCR presented itself as a viable strategy for displacing this population away from attractive urban spaces. Additionally, Fischer et al. (2004) argue that people who inject drugs are "disciplined" heavily while inside harm reduction facilities according to specific rules for their behavior and when they exit these facilities, whether by choice or exclusion, they are still subjected to repressive drug law enforcement.

Echoing the Foucauldian critique of the individualized risk rationality present in many harm reduction programs, Rhodes (2002; 2009) has also offered an assessment of the current harm reduction thinking and practice as being too preoccupied with the autonomous, rational and risk-averse individual. Instead, he argues for a shift in scale in harm reduction practices away from the individual level and towards wider social and structural issues. Rather than focusing on the risk behavior of the individual drug user, Rhodes (2002; 2009) argues that harm reduction practices and scholarship should consider the wider “risk environment” in which people who use drugs are embedded. Thinking and acting on the individual level is seen as inadequate in explaining or encouraging harm reduction and prevention. Additionally, focusing on social environments and structural issues as implicated in drug-related harms constitutes a resistance to the neoliberal visions of risk rationality and the emphasis on individual responsibility and action inherent in some harm reduction programs and scholarship. Moreover, by investigating the broader social and structural features, this approach also points to “non-drug” and “non-health” interventions that might have large implications for the generation and alleviation of drug-related harms, such as housing issues, poverty, drug legislation and enforcement, laws and bylaws targeted at homeless people and access to healthcare. Rhodes (2002; 2009) argues that the aim of drug policy should be to create “enabling environments” for reducing drug-related harm, through the identification and removal of those barriers that might exist to effective harm minimization, such as harmful and ineffective policing practices, as well as the development of wider policies regarding housing, labor market reform and drug laws.

Post-Foucauldian governmentality studies provide a fruitful analytical framework for analyzing the harm reduction policing practiced in this case, as this analytical perspective offers tools for effectively breaking down governance projects into their different dimensions in order to assess them. In this regard, an analytically relevant method is to distinguish between the “logics” (sometimes referred to as “rationalities”) and the “techniques” (sometimes referred to as “technologies”) of governance (Rose & Miller, 1992; Valverde, 2011; 2014). The logics of governance refer to the aims and assumptions about what or who is to be governed and to what ends, while the techniques of governance refer to those specific measures taken to implement the objectives of the governing project. In this regard, it will be investigated what specific policing practices or “techniques” were utilized in carrying out harm reduction policing in Copenhagen, such as “techniques of responsabilization”, and how these were achieved in practice. In addition, it will be investigated how the decriminalization of drug possession enabled a wider shift in the “logics” of policing, by enabling the production of an alternative “governable identity” for the drug-using subject, where the drug user could more readily be perceived as a citizen with rights. Accordingly, in this new logic the violence and victimization that marginalized people who use drugs experience could more readily be identified as the proper object for police intervention.

Drawing on the findings of the case study reported in this article, as well as on the wider critiques of harm reduction programs and practices reviewed above, the harm reduction policing practiced in this case will be discussed. It will be argued that, by targeting the wider “risk environment” in which people who use drugs were embedded, the policing practiced in this case actively sought to reduce drug-related harm, which other health-based and individualized harm reduction programs do not actively target, such as the violence and victimization that marginalized people who use drugs experience. The article concludes by arguing that the case study demonstrates how major shifts away from policing practices that harm marginalized people who use drugs are made possible and, by describing these practices, the study contributes to our knowledge of how the police can become potential allies rather than adversaries in harm reduction initiatives and broader public health concerns.

Study Background and Context

During the conduct of this study there were five operating DCRs in Denmark, with two of these operating in Copenhagen. The latest DCR in Copenhagen, H17, was established in 2016. This DCR was the largest in the Nordic countries with a size of approximately 1000 m² (1,195 square yards). The DCRs in Copenhagen are far busier than their counterparts in the rest of Denmark. In 2014, 87% of those people who use drugs that had a registration with a drug consumption facility, had one with a facility in Copenhagen and 94% of the registered usages of the facilities were in Copenhagen (Ministry of Health, 2015). This reflects the fact that Copenhagen is home to the largest open drug scene in Scandinavia. An open drug scene is a public or semi-public place where drug use and dealing is prevalent and highly visible. These scenes can be found in most large cities around the world, but they vary considerably in size and in the drugs that are being consumed there (Bless, Korft & Freeman, 1995).

The main open drug scene in Copenhagen is located in the neighborhood of Vesterbro just south of the Copenhagen Central Station. This drug scene emerged during the 1980s when homeless people and marginalized people who use drugs relocated to the area as a consequence of increasing gentrification and urban renewal in other parts of the city (Frantzsen, 2003, 2005; Jepsen & Laursen, 1998; Houborg, Frank & Bjerger, 2014). Historically the Vesterbro neighborhood has been distinctively working class and housing options were limited to small, run-down apartments. However, in the early 1990s urban renewal and gentrification also reshaped Vesterbro. Small rental apartments were joined together, renovated and transformed into expensive privately owned apartments. As a consequence of this, the apartments on Vesterbro today are some of the most expensive in the city. These changes have changed the demographic of the housed public in the neighborhood, which increasingly consists of people with an income that exceeds the average income of a Danish citizen (Henriksen, 2002). Marginalized people who use drugs and homeless people nevertheless still congregate in the neighborhood and a number of charities and organizations working for these groups are still present in the area. The drug scene is thus not located in a secluded area or

in a skid row district, but rather people who inject drugs, families with small children, bar owners and young entrepreneurs all share the same space.

The relocation of drug scenes from other parts of Copenhagen to Vesterbro in the 1980s resulted in widespread complaints from residents and local businesses in the neighborhood, which led the Copenhagen police department to develop a response to the public drug use and nuisance associated with people who inject drugs in the area. This strategy was called Drug Strategy 90 [*DA: Narko Strategi 90*] (Frantzsen, 2003; Jepsen & Laursen, 1998). The strategy relied on intense drug law enforcement and patrolling of the neighborhood in order to charge anyone in possession of illicit drugs as well as an intensified investigation and prosecution of drug dealing performed by a special drug squad. The overall strategy towards people who use drugs was to “stress” them in order to disperse and prevent them from congregating in central parts of the neighborhood (Houborg, Frank & Bjerger, 2014). Overall the policing of the open drug scene could be characterized as punitive and repressive throughout the 1980s, 1990s and most of the 2000s.

However, in 2008 a drop-in center and health clinic for people who use drugs were established in Vesterbro by an NGO (DUGNAD) and commissioned by the municipality. In this center an unofficial and illegal DCR was established by NGO activists. This unofficial DCR was tolerated by the authorities and initiated a gradual change in the police practices towards people who use drugs on Vesterbro (Houborg, Frank & Bjerger, 2014). While the local police increasingly refrained from punitive and repressive policing practices, other sections of the police were still engaged in drug law enforcement. In particular, the police section dealing with organized drug related crime continued to enforce drug legislation in order to investigate issues of drug supply and dealing, and this section was still operating in the drug scene at the time of this study. In 2011 another unofficial and illegal drug consumption facility was established by an NGO (Foreningen Fixerum), who had remodeled an old ambulance into a mobile facility that could provide people with sterile equipment and supervision while injecting drugs (Houborg & Frank, 2014). At this time a legislative process had simultaneously started to officially allow municipalities to operate DCRs in Denmark.

At the time of this study, the local police station of Vesterbro and the Inner City area of Copenhagen was located at the Copenhagen Central Station. This station had a small unit of 10-15 officers that worked in shifts in the daytime. The whole area of Vesterbro and the Inner City was divided into different “sectors”. Two police officers were assigned to each of these areas and had main responsibility for the ongoing policing and community engagement in these areas, somewhat akin to what has become known as Neighborhood Policing in the UK (Innes, 2005). This organization was named the “Your Officer” initiative and it was employed throughout Copenhagen. The goal of the concept was to “bring the citizens and the police closer” by making the police engage in “dialogue” and “cooperation” with citizens and local actors in the community (Copenhagen Police Webpage: <https://politi.dk/koebenhavns-politi/om-koebenhavns-politi/din-betjent>). The neighborhood of Vesterbro was divided into two sections by the police: the inner and outer

parts of the neighborhood. The outer part was the most gentrified part of the neighborhood, while the inner part, bordering the Copenhagen Central Station, was less gentrified and was also the location of the open drug scene. Two officers in the local police were assigned to handle community relations and proactive policing in the inner part of Vesterbro. During a period of 8 months in 2018 one of these police officers was observed by the author while on foot patrol in the area on 10 occasions (59 hours), and two in-depth, audio recorded interviews were also conducted with this officer as well as with senior police. In addition to this, interviews with different police, government, non-government, health and business stakeholders were conducted. Observation of a network meeting with local business owners was also conducted (1.5 hours) as well as observation with two municipally employed security guards (5 hours). In addition to this, weekly reports that document the workings of the local police on the drug scene from week to week have been collected and analyzed.¹

While it would have been desirable to observe both police officers patrolling the specific area, as well as those officers that did not have this area as their specific responsibility but nevertheless carried out patrolling of it regularly, this was not possible because the researcher had been granted permission by the police to follow only one specific officer. Interviews and conversations with this police officer, as well as with senior police, suggested that this particular officer, who was highly regarded by the department, may have been *more* committed to "harm reduction policing" than his colleagues. Consequently, his practices should be seen as the most pronounced version of harm reduction policing among the local police, rather than as an expression of the typical policing practices of all officers employed in the department. Furthermore, the findings are not analyzed in order to generate universal knowledge about the nature of policing of open drug scenes, but rather to provide concrete, practical and context-dependent knowledge about a specific policing project and the policing practices associated with it.

The Techniques of Harm Reduction Policing

The open drug scene was policed by a range of different bodies and actors. These included the general emergency dispatch motorized vehicle patrol cars, the special section investigating organized (drug) crimes and the motorized patrol carried out by the local, community police in a police van. Not all of these different police units were operating in accordance with principles of harm reduction and consequently drug law enforcement did still occur inside the decriminalization zone. In particular, the section of the police who investigated organized drug crime were still engaged in drug law enforcement and would regularly arrest users and confiscate their drugs in order to investigate organized drug distribution.

¹ In keeping with Danish regulations concerning ethical conduct in research, written agreement to conduct the study was reached with the Copenhagen Police and with the individual police officer. Project data were stored according to the rules of the Danish Data Protection Agency.

However, aside from the investigation of organized drug crime and the occasional confiscation of drugs by ordinary patrolling police officers, the general proactive drug policing had changed markedly. Throughout the 1980s, 1990s and most of the 2000s, the police would seek out anyone in possession of drugs and apprehend them in order to disperse people who use drugs away from the attractive urban spaces (Houborg, Frank and Bjerger, 2014). But with the introduction of DCRs in 2012 and the simultaneous de facto decriminalization of drug possession, the possession of drugs was no longer necessarily seen as a police concern in itself. In addition, the local, community police were actively engaged in reducing drug-related harms in the neighborhood, without engaging in drug law enforcement and without a goal of reducing the amounts of drugs being used. In particular, the foot patrol policing engaged in alternately by two seasoned police officers represented a radical shift in the logic of policing people who use drugs in the open drug scene away from repression and drug law enforcement and towards harm reduction. Consequently, the policing practices of one of these police officers will now be described.

As a long-serving police officer, he had experienced the changing approaches to the homeless and marginalized people who use drugs in the neighborhood. When he started in the police force, he had dutifully carried out the previous zero-tolerance strategy, which resulted in hundreds of fines and the confiscation of drugs. However, through the years he had become increasingly disillusioned with the “war on drugs” and questioned the effectiveness of deterrence. He had gradually stopped enforcing the drug legislation and changed his approach to people who use drugs. With the introduction of official DCRs in 2012 and the accompanying decriminalization of drug possession for the target group of these facilities, his non-enforcement of the drug legislation was effectively codified. Here, some of the central strategies that this police officer utilized in his policing will be outlined in relation to people who *use* drugs, and in relation to people who *supply* drugs.

Policing People Who Use Drugs

With the introduction of DCRs in 2012 and the associated de facto decriminalization of drug possession, the possession of drugs was no longer necessarily seen as a police concern in itself. To some extent, the importance of drugs themselves had been de-emphasized in this way. However, the presence of drugs could still be defined as a cause for police intervention depending on the context. In other words, if drug use took place in specific places or with specific tools, it could still become problematized.

Public injecting drug use was, for instance, still an action that was seen to call for police intervention. This was mainly because of the potential nuisance for residents in the neighborhood that this could entail. The police were trying to shield the residents from encountering public injecting drug use and, perhaps more importantly, traces of such public drug use, especially including used syringes, as these were perceived as potentially dangerous because of their ability to transmit HIV and other infectious diseases. Consequently, it was important for the police to reduce the prevalence of injection in public as well as the amount of drug

waste and used syringes on the streets. Because of this, the police officer would engage with those he found injecting when he was patrolling the neighborhood. However, he would act differently depending on the specific context that the drug use took place in:

It is afternoon and we're walking down the street. A young couple with two children are strolling slowly behind us with a baby carriage. When we turn around the corner, I see two men squatting down at a doorstep, preparing to inject. The police officer approaches the two men and says that it is not a very good place that they have chosen to sit. I have met one of the men several times when patrolling with the police officer. They have a good relationship and I remember that the police officer helped the man with getting some papers he needed not too long ago. The other man says "yes, we know, we just thought that this was a secluded area". The family with the baby carriage passes us and one of the children, a young girl, is looking curiously at us, while her mom takes her hand and drags her along. The police officer says to the men that they should find another place to "do their thing". He stands and waits for them to pack up their equipment and leave. (Field note)

In this case the police officer reacted specifically to the fact that the two men were preparing to inject in a publicly visible place. In addition to this, they were injecting there at a time when people were returning from work, in the afternoon, which made them visible to an even greater extent. The family with the baby carriage made this especially evident and undermined the argument by the two men about being in a "secluded area". It was seen as problematic that the men were injecting in such a visible place and this was seen as a public nuisance that called for police intervention. However, the fact that the two men brought up whether the place was secluded or not suggests that this might have made a difference as to how the police officer would have acted. In another case, the drug user we came upon was in a less populated and visible space.

We're walking in the Meatpacking District close to the drug consumption room H17. I see a man squatting on the platform in front of the storage rooms. We slowly approach the man. The police officer says "hello" to the man and asks whether he is about to inject here. The man does not speak Danish and probably belongs to the group of failed asylum seekers that are becoming more and more visible at the scene. He says, in English, that the drug consumption room H17 is closed. The police officer says, in English, that he should try one of the other drug consumption rooms then. The man says that they are all closed, but the police officer does not seem to believe that and argues that "if you get sick, someone is there" and says "you can't be injecting here, because this is someone's business. The man says "sorry, sorry" and begins to pack up his equipment. (Field note)

In this instance the drug user was in an isolated place, but this introduced some other potential harms to the situation. For example, if the drug user were to leave behind used syringes and/or other drug waste, this might lead the authorities to close the business, because of the danger of contamination (e.g. if the owners

were storing food items in the containers). In addition, the police officer also considered the risk of potential harm that the drug user could impose on himself. As the police officer argued that being in an isolated area posed a greater risk to him if he accidentally overdosed, as no one would necessarily find him before it was too late.

In other instances, the police officer would let the person finish injecting their drugs. This would happen if they were sufficiently hidden from the public as to not upset anyone and cause a nuisance, but at the same time were in a place where someone would find them if they should accidentally overdose. In some instances, if the drug user had been excluded from all of the DCRs because of behavior that was not accepted at these facilities, or did not want to enter these facilities because they found them too stressful, the police officer would suggest that they should go to the health room for people who use drugs and inject in that general area, since there it would not bother the housed public and there would be health professionals present in case of overdose. Both the potential nuisance for others and the health risks for people who use drugs themselves factored as relevant harms in the discretionary decision making of the police officer.

The police officer was also in a process of “responsibilizing” the marginalized people who use drugs and making them behave according to his own dual logic of minimizing their own risk of overdosing with no one present, as well as minimizing the public nuisance that their drug use could cause. In other words, the police officer engaged in a process of “subjectivation”, by attempting to make the people who use drugs perceive themselves as self-governing individuals that would conduct themselves in an appropriate manner and cause as little nuisance to their surroundings as possible as well as reducing their own risk of harm (Rose, 1999). In this way, they were enlisted in “the process of their own government” (O’Malley, 2002, p. 9). They were no longer dealt with as legal subjects to be governed toward the end of punishing them for their law breaking, a practice that was temporally oriented towards criminal offenses committed in the past. Rather, the logic of policing was oriented towards the future and their practices of injection were dealt with as a risk, both to themselves and their surroundings, which was to be policed in a way that minimized the risks and potential harms.

Policing People Who Supply Drugs

As part of policing an open drug scene where drug possession had been partly decriminalized but still remained illegal, the police officer also had to navigate how he should respond to the suppliers of these illicit drugs. Apart from the exchange and trading that took part between regular users, what one might term “social supply”, who might legally have been engaged in drug dealing but were not thought of as drug dealers, there were also more organized drug suppliers present in the drug scene (Coomber, 2006). The police officer categorized drug dealers into two distinct groups: “good” and “bad”. Operating with a category of “good” drug dealers can seem quite controversial for an officer of the law. However, this was characteristic for his harm minimization approach to the issue. Given the fact that people in the drug scene

need drugs and that they would have to obtain their drugs illegally in the current political context, there would be some suppliers of these who behaved in a more agreeable and peaceful manner than others. As he argued in an interview, referencing directly to the concept of “harm reduction”:

It's about harm reduction. If I remove the good drug dealer, then the user has to go and buy from a bad one. That might result in violence, extortion and a lot of bad stuff. (Interview 1, police officer)

In his view it was not possible for the police to shut down the supply of drugs to the scene and, accordingly, it would be better that those who supplied the drugs were non-violent and peaceful. These peaceful drug dealers were referred to as “good”, while those drug dealers who were more prone to use violent methods in their collection of debt and in their general operations, were referred to as “bad”.

These two categories of drug dealers, the “good” ones and the “bad” ones, were policed through different “techniques”. The police would gather intelligence on those they deemed to be violent and aggressive and report them to the drug squad section of the Copenhagen Police in order to try to remove them from the neighborhood. This intelligence would often come from people who use drugs themselves, who would tell the police officer if any of the drug suppliers were violent and caused distress and unrest in the drug scene. The “bad” drug dealers were thus dealt with through ordinary drug law enforcement techniques.

On the other hand, those that were deemed to be peaceful and non-aggressive were governed through “techniques of responsabilization”. This field note reports on a conversation between the police officer and a drug dealer and illustrates how this occurs:

We are walking past the construction site of the new underground metro next to the Copenhagen Central Station. The fence has been moved since the last time I was here. Now the passage through the construction site has moved from being by the wall to the Central Station to being on the opposite wall by a block of apartments. The police officer explains to me how this has caused some trouble, because this passage is being used by one of the local drug dealers. This is a problem now that the passage goes by the apartments rather than by the Central Station, as the residents have noticed this and the drug dealing makes them feel uncomfortable. The police officer tells me that he hopes that the drug dealer will be there later today so that he can have a word with him. While we are talking the police officer notices that the man is standing at the end of the passage at this very moment. The man looks like he is of African descent and he is short and stoutly built. He is wearing glasses, a beanie hat and large headphones. The police officer approaches him and says to him that he is well aware of what he is doing here and that this is a really bad place to be doing that. The police officer asks him if he would be nice and find another place to do his business. The man seems surprised and agrees to go to another spot, while the police officer is explaining why the passageway is such a bad place for him to be dealing. The man agrees and walks off. Later that day we see him on his bicycle riding down the street. Ironically the

police officer remarks to me that “there is the big drug dealer” and he nods and smiles at the man passing us on his bicycle. (Field note)

The fact that the police officer engaged in conversation with the drug supplier and explained the different reasons for this being a particularly bad place for engaging in drug dealing, suggests that he was in a process of responsabilizing the drug dealer, the same way as he was doing when engaging people that were injecting in public. He explains how the narrow passageway around the construction site is a particularly inappropriate place for drug dealing activities, because it bothers the residents in the apartments facing towards the passage. However, he does not take any legal action and he does not tell the drug supplier to stop his drug dealing activities altogether. Rather, the message is that the drug dealing in this particular space should be stopped, but it can proceed in a more appropriate, hidden space. The drug dealing by this specific person is thus not seen as problematic in itself, but only insofar as it moves too close in proximity to the residents and thus causes a possible public nuisance for them. In this way, the police officer dealt with the non-violent drug dealers similarly to how he dealt with people injecting drugs in public. If their activities were confined to spaces where they were not seen or noticed by the housed public they were generally accepted. However, if the activities took place too openly, the police officer would confront the drug dealer or the injection drug user and ask them to move to another space.

By working to remove the violent and aggressive drug dealers through the involvement of the drug squad and by responsabilizing those drug dealers that were peaceful and steering them towards dealing in a manner that produced as little nuisance to their surroundings as possible, the police officer effectively attempted to manage the drug market through harm minimization techniques. Illegal drug markets usually reward those that are most reckless and ready to use violence to protect their “territory” and retrieve their debts from their customers. By discriminating between the violent and non-violent drug dealers and by policing these two categories through different “techniques”, the police officer made an effort to turn this dynamic around and incentivize non-violent and peaceful drug dealing.

Changing the Logic of Policing: Protecting Marginalized People Who Use Drugs

Decriminalization of drug possession also enabled a change in the logic of policing in a more fundamental way. While the previous policy of drug law enforcement criminalized people who use drugs by the extent of their drug use and made the police perceive them as first and foremost offenders, this new policy of de facto decriminalization opened up an alternative construction of people who use drugs. The drug user could now more readily and easily be constructed as a citizen who could claim the services and protection of the police, rather than just as an offender. In other words, the decriminalization of drug possession rendered possible the production of a new “governable identity” for the drug using subject (Moore, 2007). This alternative logic of policing was evident in the practices of the local police officer, as he saw it as one of his most crucial tasks to offer police service to the homeless and marginalized people who use drugs in the open drug scene:

I am there for everyone, but I am more proactively offering my services to the “street people”. Because the residents can figure out themselves to call or to write to the police. They can also figure out how to complain... they know how things work. And they will probably succeed in reaching us if that is what they want. I am more actively engaged in building relations with those on the streets, because they have a really hard time with contacting and using the police if something is up... This is all about making these people into citizens with rights. (Interview 2, police officer)

As evident from this quotation, making himself available for the homeless and marginalized people who use drugs was a great concern to the police officer and by proactively offering the service or assistance of the police he reconfigured the relationship between the people who use drugs and the police as one where the people who use drugs were more readily acknowledged as citizens and potential victims rather than as offenders. In his own words, this process was one of making the marginalized and homeless people who use drugs into “*citizens with rights*”.

One of the main techniques in doing this was to patrol the open drug scene alone by foot, something that is rare among the Danish police force today. Most police patrolling is carried out in motorized vehicles and in the cases where foot patrolling is utilized, such as in the nighttime economy, this patrolling would almost always be carried out in groups of at least two police officers. However, it was important for the police officer to patrol alone as he believed that this made him more approachable. By being present in the drug scene, alone, he believed that he was making himself available to those, who would normally refrain from contacting the police if they had any need for police services.

The concrete services he offered, aside from the reassurance that his presence on the scene might entail, consisted of a range of different things. It could simply be a matter of helping some of the individuals to get into contact with some of the relevant social services that could possibly assist them. It could also be if someone who would like to report something, such as a theft or violence. However, sometimes the victim in such cases would prefer not to involve the legal authorities, and then the police officer would engage in a kind of victim-offender mediation (e.g. by trying to retrieve the stolen object from the offending party without anyone pressing charges). The service he provided could also involve something as modest as listening patiently to a group of people who might seldom feel that their hardships are taken seriously.

In his policing of the neighborhood, the police officer did not have any illusions about being able to “save” anyone. Rather, the logic of his policing was more modest. It was to make their life somewhat more manageable; a little less hectic, violent and stressful. He saw it as the job of social workers to help someone out of dependency or to gain housing, but he did not push anyone towards the social services. Instead, his policing was oriented around ensuring that the drug scene was not too violent or too stressful for those who happened to be entrenched in it at any time.

Dealing with Violent and Aggressive Individuals in the Drug Scene

Reducing victimization did, of course, also entail dealing with those aggressors who caused distress and fear among other users of the DCR, the homeless shelter and other places where homeless and marginalized people who use drugs would assemble. These individuals were known as “focus persons” internally in the local police force. Every Friday the police officer or his colleague, with whom he shared responsibility for policing the drug scene, would write up a so-called “weekly report”. These reports played a role in documenting the work that the police officers did in the drug scene and informing other colleagues, as well as management, about the current state of affairs. The reports also played a role in legitimizing this kind of police work, which was not easily evaluated based on numbers of arrests, amounts of drugs confiscated or other traditional measures of police efficacy.

The weekly reports would often mention specific persons and their whereabouts in the drug scene. These were labelled “focus persons”. These focus persons would often be people who had acted violently or aggressively to either staff or other users in the scene and, because of this, warranted police attention. For instance, in week number 13 of 2018 the weekly report documents that:

Focus person and resident at [homeless shelter] has caused a lot of disturbance and commotion in and around the [homeless shelter] this week. His increasing use of crack cocaine and alcohol is a potentially dangerous combination together with his unstable psychological state. The staff at the [homeless shelter] fear that he will again become violent and aggressive. He has earlier been too violent for the staff to handle and because of this he could not be housed at the shelter anymore. Together with the [homeless shelter] we will follow the development in his behavior closely. (Weekly report, week 13/2018)

Because of their violent capacities, the police kept an eye on focus persons in order to protect other users and staff in the drug scene. But according to the police officer, those who were characterized as focus persons were not necessarily dealt with through arrest and prosecution, as these persons were often unstable psychologically and in need of psychiatric help or other assistance. Consequently then, according to the police officer, dealing with these individuals might also consist of extra attention and support measures. However, sometimes it was necessary to detain those who were deemed too dangerous for themselves or their surroundings. In this way, focus persons were dealt with in terms of both the risk to themselves and to others in the drug scene.

In recording “focus persons” in the weekly reports, the police officer also alerted his colleagues to specific individuals and he could not always guarantee or know how this information was being interpreted by his colleagues. Reflecting on this matter, following an interview where the issue had come up, the officer told me that he initially had started using the concept in order to organize and keep track of the different persons he met during his patrols of the drug scene. Since then it had been transferred to the management level and

disseminated throughout the local police as a concept used in the documentation that all the officers in the local police were supposed to make. However, he explained that he worried that it might be a problem if these “focus persons” were being thought of as someone to be chased around the streets and “stressed” by his colleagues, because that was not his intention in using the label.

In this way, the specific *technique* of recording particular individuals as “focus persons” might have ended up “acquiring a life of its” own (Valverde, 2014), which could possibly undermine the harm reduction *logic* of the policing being advocated by the police officer. According to him, the focus persons still had a right to use the services of the police and had a right to police protection. However, if his colleagues were understanding the concept differently, and interpreting these individuals as requiring a “short leash”, the particular technique of labelling them as “focus persons” might have become counterproductive. However, dealing with these “focus persons” in various ways was a central part of harm reduction policing in the drug scene, as the violence and aggression of these individuals were rarely directed at the housed public, but almost always at the other people who use drugs and the staff in the scene. This contributed to a stressful and tense environment that undermined the safety and security of other homeless and marginalized people who use drugs.

Conclusion

This article has reported on the policing practices at an open drug scene after drug possession had been partly decriminalized. The practices of the local police have been described as a form of “harm reduction policing”. As noted above, Fischer et al. (2004) have argued that the establishment of DCRs can be interpreted as a shift away from punitive, drug law enforcement responses to drug use and towards governing drug use as a form of “regulated risk consumption” and “socio-spatial ordering” under the guise of promoting public health and the rights and well-being of marginalized people who use drugs. In other words, DCRs and associated harm reduction projects should largely be seen as a technology for dislocating undesirable populations away from prime urban space and towards the margins, rather than as projects genuinely engaged in promoting the health and wellbeing of these populations.

Some of the harm reduction policing practices documented on the open drug scene of Copenhagen can be interpreted in a similar manner. The change in policy can be seen as a response to the ineffectiveness of the zero-tolerance policing practiced for several decades, which was not very successful in displacing people who inject drugs and reducing drug waste from the neighborhood. In that sense, some of the harm reduction policing practices can be seen as a more effective response towards the goal of reducing public nuisance, by relocating injecting drug use and drug waste to designated DCRs via a process of responsabilizing individual to take up governance of themselves. The police officer was engaged in a practice of “responsibilizing” people who use drugs in order to make them into managers of their own risk, including the risk that they and their used equipment might cause to others, as well as the risk they themselves engaged in by injecting in

various spaces (Dean, 2010). In this way, the policing of drug use was ordered through a dual goal of harm reduction and public nuisance. Instead of using punitive drug law enforcement, this form of harm reduction policing worked by fostering an internalization of risk subjectivities and prompting people who use drugs to conduct their drug use in a way that posed minimal nuisance and risk for themselves and others. In addition, the effectiveness of the informal responsabilization of people who use drugs relied on the fact that police remained able to take legal coercive action and arrest them if they did not comply with instructions to refrain from publicly injecting.

These practices can to some extent be described as regulating the risky use of drugs as well as the spatial placement of people who supply and use drugs in the urban landscape. However, other aspects of the practices of the police officer and of the local police cannot readily be interpreted as merely an alternative way of relocating people who use drugs and drug waste to the margins, where they pose less nuisance to the housed public. The reduction of the wider harms that homeless and marginalized people who use drugs experience was also a very salient concern of the local police. This constituted a fundamental reconfiguring in the logic of policing, from people who use drugs solely being constructed as offenders, to them increasingly being constructed as citizens with rights, with minimizing their victimization taken up as a proactive goal of the local police. Given that marginalized people who use drugs are exposed to very high levels of criminal victimization, this constitutes an important avenue where the police could engage in reducing drug-related harm (Stevens et al., 2007). The partial decriminalization of drug possession in the neighborhood was an important prerequisite for this kind of harm reduction policing, as the fact that the local police were no longer arresting people who use drugs for drug possession obviously contributed positively to the police relationship with this citizen group. This case study illustrates how decriminalization can render the police able to take a proactive interest in the safety of marginalized people who use drugs and address the violence and victimization that they experience. When drug possession *is* criminalized, the relationship between marginalized people who use drugs and the police *will* invariably be one of suspicion, fear and hostility, and marginalized people who use drugs will generally avoid the police. As a result, much of the victimization they experience goes unreported. A similar argument has been made regarding the somewhat parallel case of the decriminalization of prostitution, which also has been shown to enable the police to take a proactive interest in sex-worker safety (Armstrong, 2016).

The decriminalization zones that were established with the DCRs in 2012 enabled the police to abstain from traditional drug law enforcement techniques that focus on use reduction through punishment and the confiscation of illegal substances. Instead, the police were able to direct their attention to the wider harms experienced by people who use drugs. In that sense, the police worked with the wider "risk environment", by focusing on the harms that others might impose on people who use drugs, rather than only the harm that the people who use drugs might impose on themselves (Rhodes, 2002; 2009). The police were able to

reconfigure the homeless and marginalized people who use drugs from being *a* risk and nuisance to other people, to being *at* risk themselves and thus deserving of police protection (Stanford, 2012).

Still, the policing practiced in this case study should not be seen as a panacea and solution to the issue of all the harms experienced by marginalized people who use drugs. A range of substantial harms are still produced by the fact that the drug economy operates in a wholly illegal fashion. This includes the unknown contents of the drugs being sold, both in terms of purity, with the accompanying risk of overdosing, and in terms of additives, with fentanyl being a global concern at the moment. It also includes the high prices associated with having an illegal market, which leads many of those who are dependent on these substances to engage in various forms of crime to generate sufficient income to purchase them. The celebration of less harmful policing practices towards marginalized people who use drugs should thus not entail an acceptance of the status quo and a “fatalism towards the prospect of larger change” (Roe, 2005, p. 248).

Nonetheless, within the current political context of prohibition, the practices by the local police in the open drug scene of Vesterbro in Copenhagen provide a significant reorientation away from traditional drug law enforcement. If one is committed to progressive drug policies, the harm reduction policing reported here undeniably constitutes an improvement on existing approaches. Actively engaging in the protection of marginalized people who use drugs from harm, and actively steering the local drug market towards less violent and harmful distribution practices, constitute the most substantial aspects. Consequently, the dissemination of the concept of “harm reduction policing” might be a politically viable way of orienting current drug law enforcement practices towards less harmful ones and maybe even towards policing that can alleviate some of the harms that homeless and marginalized people who use drugs experience. However, transferring these policing practices to other contexts with other policing cultures and other local community cultures might prove difficult. Widespread issues of police bias around race, gender and sexuality might result in the fact that those who are marginalized along those lines generally see the police as a threat to their wellbeing, which might make the harm reduction policing described in this article difficult to extend to those people. Nonetheless, this case illustrates that harm reduction policing for marginalized people who use drugs can indeed be practiced successfully, which might provide inspiration and encouragement for those who are engaged in the attempt to challenge and change current drug policies.

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