The libidinal economy of revanchism: harm reduction drug policy and the problem of enjoyment

Abstract: Harm reduction is generally presented as the compassionate, pragmatic alternative to revanchist prohibitionist drug policy. This article examines harm reduction in relation to debates over the revanchist city in urban geography, arguing that it should be understood as an ambivalent social policy. I advance a psychoanalytic conceptualization of ambivalence to explain the often contradictory character of contemporary drug policy, including harm reduction. Calling attention to the centrality of enjoyment (jouissance) in debates over drug policy, I argue that fantasies about the enjoyment of the Other play a crucial role in drug policy, with profound consequences for marginalized drug users.

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Introduction

In 2008, as Canada was debating the future of Insite, a harm reduction facility providing supervised injection services for heroin users, federal health minister Tony Clement took aim at the site, calling it an “abomination” (quoted in Caplan, 2012) and bemoaning how the site was giving out “lattés and t-shirts… to addicts,” creating a “culture of entitlement [that] was so bad that addicts were openly using drugs at bus stops, school grounds, and business fronts” (Standing Committee on Health, 2008).

The audience that Clement was appealing to in his remarks were those unconvinced by harm reductionists’ claim that treating drug use as a public health problem would save lives and money—those who were angry about their tax dollars being spent on ‘junkies’ who refused to fulfil their obligations to society, instead pursuing self-destructive highs and forcing others to clean up after them. In the comments sections of local news outlets, these people vented their anger at drug users and the welfare system that they saw as sustaining them:

Straight fact people, drug addicts contribute nothing to society, they are weak spineless individuals who don’t wish to be helped… They will continue their cycle of crime and drugs as long as self-injection sites are allowed to remain open. Shut them down and let nature take its course (Mick Jones, 2010)

Excellent idea!!! Do the Amsterdam shuffle. In the morning put a 45 gallon drum of pure heroin and a box of needles on the street right beside this facility and then in the evening load the bodies on to flatbed trucks and haul away. (IggyGoHome, 2010).
Fast-forward to March, 2017, when County Durham in Northern England announced that it would begin offering heroin-assisted treatment to local addicts, and the newspapers were flooded with comments strikingly similar to those in Vancouver:

> The only free heroin I would support being given out is if the quantity given out is sufficient to ‘solve’ the problem of each smackhead permanently (Voice-of-reality, 2017; Beckford, 2017).

Finally, in June of this year, in the midst of the opiate crisis gripping the United States, Middletown, Ohio city council member Dan Picard proposed a “three strikes” policy for treating overdose victims with Narcan, arguing that the life-saving medication should not be employed for those who had already received overdose treatment twice in the past (Wootson Jr., 2017). An addict, he said, “obviously doesn’t care much about his life, but he’s expending a lot of resources and we can’t afford it... We need to put a fear about overdosing in Middletown” (quoted in Richter, 2017).

Such animus is emblematic of the punitive turn that Neil Smith (1996) termed revanchism: a politics of reactionary vengeance against the poor and marginalized. In cities across the Global North struggling with crises of drug abuse, revanchist discourses have emerged, characterizing poor and marginalized drug users as people who are abusing the welfare system, polluting public space, and stealing the city from the responsible taxpayer.

At the same time, drug policy in many of these same places has become notably more progressive, as exemplified by the expansion of harm reduction measures such as drug consumption rooms and safe injection sites from their places of origin—in Switzerland, Germany, and the Netherlands—to Denmark, Spain, France, England, Norway, Canada, Australia, and beyond (Hedrich et al. 2010; Stone, 2016). Such political progress on an issue long
defined by moralism, militarism, and mass incarceration speaks to changing attitudes towards
drugs and, potentially, a growing compassion for drug users.

Why is it that marginalized drug users inspire both revanchist hatred and the provision of
compassionate care? Is it simply a case of differing attitudes to a contentious political issue?
While there can be no single explanation for such a complex social problem, in this article, I will
argue that the psychoanalytic unconscious plays a crucial role in policymaking around drug use
and poverty. Psychoanalytic theory enables us to see, firstly, how revanchist and compassionate
policy are not necessarily opposed to one another, and secondly, how revanchist ideology works
because it solves a problem not only of political economy, but also of libidinal economy. If Neil
Smith argued that revanchism concerns the revenge of the middle class against the poor, I ask:
What precisely are they seeking revenge for? Drawing on psychoanalysis and critical drug studies,
I propose that enjoyment—what Lacan calls jouissance—is key to understanding revanchism and
the forms that it takes in urban social policy.

I begin by reviewing recent debates within geography over the revanchist city, between those
calling attention to the punitive turn in urban social policy and those arguing that revanchism
ignores the many ‘supportive’ developments that take place alongside it. I argue that the
cocurrence of revanchist and supportive approaches should be understood through the concept
of ambivalence, and I turn to the original, psychoanalytic definition of the term in order to
distinguish ambivalence from ambiguity or complexity. I propose that this ambivalence arises
from people’s conflicted relationship with jouissance—an impossible and traumatic enjoyment—
and I discuss Žižek’s “theft of enjoyment” as a concept capable of shedding light on ambivalent
urban social policy. I situate this psychoanalytic explanation at the level of what Derek Hook
calls libidinal economy, a discursive and affective formation at the intersection of the social and

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the unconscious, and I highlight the spatial dynamics of this concept in order to consider how a libidinal geography might operate. I then move on to examine drug policy, which is by definition concerned with regulating illicit forms of enjoyment, as an especially productive site for the investigation of ambivalence in social policy. By exploring how jouissance animates debates over drug policy at the level of libidinal economy—even haunting such apparently ‘progressive’ policies as harm reduction—I contribute a theoretical framing capable of producing new insights into urban policy and revanchism more broadly. I conclude by considering what truly progressive drug policy might look like—policy that transcends its revanchist foundations and ‘makes space’ for drug users and others who are marginalized—and what would be required, at the level of libidinal and political economy, in order to achieve it.

Revanchism, compassion, or ambivalence?

Revanchism is one of the most influential concepts to emerge from urban studies in the past twenty years. Geographers have used revanchism to make sense of a host of changes in cities including increasingly repressive policing, the expansion of the prison system, the erosion of democratic public space, the neoliberal transformation of welfare provision, and the targeting of various groups of marginalized people as the causes of urban social woes (Atkinson, 2003; Beckett and Herbert, 2012; Davis, 1990; Fyfe and Bannister, 1998; Kawash, 1998; MacLeod, 2002; Mitchell, 2003; Raco, 2003; Smith, 1996; Sorkin, 1992; Swanson, 2007; Wacquant, 2009; Zukin, 1995). In his now-famous formulation, Smith described revanchism as a politics of reactionary vengeance: “workers and ‘welfare mothers,’ immigrants and gays, people of color and homeless people, squatters, [and] anyone who demonstrates in public” were singled out as those who had stolen the city from a “white middle class that sees [it] as its birthright” (1998: 1).
Such vengeance took explicitly geographical forms, enacted in policies that worked through strategies of exclusion (e.g. of homeless people from public space), confinement (e.g. of the criminalized poor in institutions, of protesters to ‘free speech zones’), and outright banishment (e.g. of racialized people from their neighbourhoods through gentrification). In an era dominated by debates over broken windows and zero tolerance, Smith’s description of the mean streets of New York dovetailed with Mike Davis’s account of a dystopic Los Angeles “divided between ‘fortified cells’ of affluent society and ‘places of terror’, where police battle the criminalized poor” (1990: 224) and Don Mitchell’s contention that contemporary anti-homeless laws represented the “annihilation” of public space and a veritable “pogrom against homeless people” (1997: 328).

Scholars have found this emotionally-charged narrative of the “end of public space” (Sorkin, 1992) immensely compelling, inspiring critical urbanists to seek out the revanchist city in all its forms (Merrifield, 2000). However, in the years that followed, the researchers who took up the mantle of investigating revanchism found it more difficult to square their observations with the starkly dystopian narratives that had come before (Aalbers, 2011; Blokland, 2012; Cloke et al., 2010; DeVerteuil, 2006, 2014; DeVerteuil et al., 2009; Huang et al. 2013; Johnsen and Fitzpatrick, 2010; Johnsen et al., 2005; MacLeod, 2002; May and Cloke, 2013; Uitermark and Duyvendak, 2008; Van Eijk, 2010). In an influential response to the revanchist city literature, DeVerteuil (2006) argues that even classically revanchist Los Angeles is less than systematically punitive in its policies towards the poor. Focusing on the proliferation of shelters for the homeless, he argues that the city displays a “more ambivalent and managerial” policy landscape that might be better described as “poverty management” (110) than simple punitive revanchism. Competing interests within the city generate “multiple and even contradictory responses that
ultimately produce an ambivalent homeless policy ranging from anti-homeless ordinances and inequitable shelter siting to actively funding and supporting shelters in the voluntary sector” (118). Even New York City, he notes—arguably ground zero for revanchism and zero tolerance policing—nonetheless spent $640 million dollars on its public shelter system of 30,000 beds in 2002, “an astounding sum that… dwarf[s] the municipal budgets of many smaller cities” (111).

Conradson (2003) refers to these counter-tendencies as the development of “spaces of care” (cited in Johnsen et al., 2005: 788), and observes that the other side of the revanchist city is the proliferation of voluntary sector services such as shelters, soup kitchens, and day centres for those excluded from increasingly “purified” urban space (Sibley, 1995: 38). At the same time, however, Johnsen et al. caution against “uncritical celebrations” (806) of such spaces of care, suggesting that their proliferation may be explained by a desire to contain and manage the homeless rather than offer permanent solutions such as affordable housing, a system that Johnsen and Fitzpatrick describe as “coercive care” (2010: 1717).

Murphy (2009) describes a similar situation in “post-revanchist” San Francisco, where nakedly punitive revanchism has given way to seemingly more “compassionate” strategies of housing provision for the homeless. In cities where progressive political sentiment is strong, Murphy argues that municipal governments have found it increasingly difficult to simply remove the homeless, even in the face of pressure from local development interests. In place of revanchist initiatives like San Francisco’s Matrix program, which attempted to move homeless people out of sight by forcing them into shelters (Mitchell, 1997: 318–319), we now find programmes like “Care Not Cash,” which provide homeless San Franciscans with housing in converted SROs. At the same time, these policies also slash the cash assistance that homeless people receive (by 85%) and make receiving welfare payments contingent on accepting housing. Such mixtures of “hard
and soft approaches” (307) might mitigate the worst aspects of revanchism, argues Murphy, but they also produce “new exclusions” (306) between the deserving and undeserving poor that evince deep-seated suspicions about, and hostility towards, the poor.

What unites these critiques is the claim that revanchism is overly reductive: it ignores the complexity and diversity of contemporary urban social policy by focusing solely on the punitive and ignoring the concomitant development of supportive policies alongside it. Against this alleged reductionism, these critics have argued that the revanchist city is actually “ambivalent” (Murphy, 2009: 306), “ambiguous” (May and Cloke, 2013: 898), or “complex” (DeVerteuil et al., 2009: 653). As DeVerteuil et al. put it, cities employ “techniques that range from the supportive (e.g. affordable housing) to the ambivalent (e.g. allowing the third sector to set the homeless agenda) to the punitive (e.g. anti-homeless ordinances)” (2009: 652, emphasis added). Here, ambivalence refers to complex policies that contain elements of both the supportive and the punitive (see too Huang et al., 2013).

Complexity and ambiguity are not the only ways of understanding ambivalence, however: it can also be thought of as a dialectical relation. Understood dialectically, ambivalence does not simply describe the coexistence of opposing forces, but rather, implies a dependent relationship between them. Discussing Gowan (2010), DeVerteuil suggests that the punitive in fact “needs the supportive” (2014: 880)—revanchist policies such as mass incarceration, for example, could not function as they do if there were not also compassionate mechanisms like the shelter system to provide marginalized people with some means of survival, however bare. Elsewhere, Cloke et al. (2010) argue that the revanchist turn towards punitive policies may in fact produce supportive responses, as the voluntary sector reacts to the ever greater immiseration created by revanchism. Such an approach also describes the uniquely dialectical geographies enacted by these policies, in
which the inclusions of marginalized people associated with supportive policy, such as providing
homeless people with shelters or drug users with treatment centres, is the very means by which
they are excluded from other places, such as public space, as we see in revanchism (Hage, 1998:
134-138; Williams et al., 2016; Wilton & DeVerteuil, 2006).

It is this dependent, dialectical relationship between the punitive and the supportive that I will
refer to as ambivalence proper. My argument is that what appear to be opposing tendencies are
actually two aspects of the same process—that is, the punitive and the supportive are both
expressions of an ambivalent relationship with the urban poor, articulated through social policy.
But what, precisely, is ambivalence, and why do punitive impulses remain so intractable even
where people are consciously committed to progressive change? While urban geography can
furnish us with examples of ambivalent social policy, in order to fully understand ambivalence,
we will have to look beyond geography to psychoanalysis, where the concept of ambivalence
originates.

Ambivalence in psychoanalysis

Laplanche and Pontalis define ambivalence as “the simultaneous existence of contradictory
tendencies, attitudes or feelings in the relationship to a single object—especially the coexistence
of love and hate” (1973: 26). We can recognize ambivalence most clearly in psychoanalytic
symptoms such as phobias, where a conscious fear of something disguises an unconscious desire
for it, and in “reaction-formations,” where a repressed wish reappears in a character trait that
directly opposes it—for example, when an unconscious sadistic desire is expressed as a
conscious desire to love, help, and care for others. In this sense, all neurotic symptoms can
potentially be understood as ambivalent, insofar as symptoms are always a resolution (or
“compromise-formation”) of opposing ideas: the repressed wishes that seek expression and the
represing ideas that prevent their expression (Freud, 2001a [1896]: 170; Freud, 2001b [1933]:14-16). Psychoanalytic ambivalence, therefore, is not about ambiguity or complexity, but the dialectical relationship between opposing desires that is resolved in forms such as symptoms, dreams, and even, as I will argue, social policy.

Beyond psychoanalysis, the social psychologists Peter Glick and Susan Fiske have argued that ambivalence is also a defining characteristic of prejudice—in particular, sexism. Noting that traditional definitions of prejudice focus solely on negative attitudes toward the denigrated group, they point out that sexism has always been “marked by a deep ambivalence, rather than a uniform antipathy” (1996: 491). Sexist attitudes towards women are often at once hostile and benevolent, manifesting themselves in (apparently) positive forms, such as protective dispositions toward women and an idealization of them as romantic love objects, alongside overtly misogynistic attitudes. Moreover, they observe that cultures that express the most hostile forms of sexism also express the most paternalistic benevolence towards women, which suggests that these seemingly opposed attitudes are, in fact, intimately connected expressions of a profoundly ambivalent relationship to women (Glick et al., 2000: 771).

What this account of ambivalence makes clear is that the desire to save and the desire to punish are not necessarily contradictory, but rather can be understood as part of the same ambivalent relation to an object. Likewise, I argue, social policies that evince tendencies to both support and punish do so because they too reflect a conflicted, ambivalent relationship to those whom they aim to govern. In the section that follows, I turn to Lacan’s theory of enjoyment (jouissance) and the fantasy of the “theft of enjoyment” (Žižek, 1993) as concepts that can help us understand what gives rise to ambivalence and how it finds its way into social policy.

Jouissance and the theft of enjoymtent
Before we can begin making a psychoanalytic argument about urban social policy, however, we need to clarify the ‘scale’ at which we are conducting our analysis—that is, we need to specify what, exactly, is being psychoanalyzed. Borrowing a concept from Derek Hook, I propose that the ambivalence I am investigating exists at the level of libidinal economy—the “discursive formation” that binds individuals as a group, which is defined by a shared relationship to jouissance and the Other (2008: 399). A libidinal economy approach avoids the trap of attempting to generalize from the singularity of any one individual’s unconscious by examining the discursive formation itself, asserting that “discourses themselves maintain the coherence, the repetitiveness—indeed, the cycles of jouissance—that mark certain well-established patterns of libidinal functioning [in individuals]” (2012: 181). Such discursive formations are also geographical, of course, for jouissance is inscribed in space as much as it is in discourse. In studying libidinal geography, then, we are concerned with the interrelation of discourse, desire, and space, as manifested, for example, in the kinds of figures and places that are idealized and denigrated, the representational and geographical distinctions that are drawn between the licit and the illicit, and the collective fantasies, identifications, and anxieties that emerge from these distinctions.

Let us return to jouissance. Often described as a paradoxical pleasure-in-unpleasure, or an excessive, painful enjoyment, jouissance is best recognized as the uneasy feeling that we experience when we enjoy something that we think we dislike, such as being turned on by a sexual fantasy that we find repellent, or when we repeatedly act in ways that we consciously seek to avoid, such as the ‘workaholic’ who claims to want to relax yet always takes on new tasks. In each case, something unconscious is being satisfied at the expense of conscious wishes, and this

According to Lacan, jouissance emerges as a problem as soon as the infant enters the world of speech and culture (the Symbolic) and leaves the pre-Symbolic unity that it experienced with the mother. Becoming a subject means that the unmediated, unsymbolizable unity that the infant experienced with the mother is lost, and it functions thereafter as an object of desire to which the subject seeks to return. Such a return, however, is of course impossible—firstly, because the subject can never escape language and culture, and secondly, because that perfect unity may never have existed at all—meaning that complete jouissance might only be a fantasy brought about by the alienation of having to live in language (Dean, 2006; Verhaeghe, 1999).

The impossibility of accessing jouissance is an essential aspect of how it operates in fantasy. Lacan argues that “fantasy is a defense that veils castration” (Evans, 1996: 61), which is to say that fantasy shields us from the trauma of our separation from the mother and the loss of jouissance that this entails. One of the ways that fantasy obscures the inevitability of castration is by staging a scenario in which the impossibility of accessing jouissance takes on the appearance of a mere prohibition (Evans, 1996: 93-94; Verhaeghe, 1999: 53-57). This fantasy is exemplified by the Oedipal conflict in which the father appears to be the obstacle to the child’s desire for the mother—even though what the child desires is actually impossible. When the Oedipal conflict is ‘successfully’ resolved by the child repressing the experience of castration, it produces two important consequences for the fantasy that they develop as a defense. First, it gives jouissance its thoroughly conflicted character. While the mother-child bond represents an idyllic instance of jouissance, after the Oedipal conflict, the desire for the mother is marked by guilt and aggression, making it “a pleasure that is excessive, leading to a sense of being overwhelmed or
disgusted, yet simultaneously providing a source of fascination” (Fink, 1995: xii). Second, it establishes a template for subsequent fantasies about other people and other conflicts. Simply stated, this fantasy suggests that jouissance is not impossible, it is simply being prohibited by someone (Žižek, 1989: 184).

Moving from the individual to the broader libidinal economy, Jacques-Alain Miller uses the example of racism to demonstrate how such fantasies of prohibited jouissance operate at the level of the social. He notes that racist discourse frequently invokes the question of jouissance, specifically the projection of jouissance onto the Other and the consequent hatred of them for it:

Racism is founded on what one imagines about the Other’s jouissance… Racist stories are always about the way in which the Other obtains a plus-de-jouir, either he does not work or… he is… a little too useful… whatever the case may be, he is always endowed with a part of jouissance that he does not deserve. Thus true intolerance is the intolerance of the Other’s jouissance. (Miller, 1994: 79-80).

Slavoj Žižek proposes that such intolerance is rooted in the “theft of enjoyment”: the fantasy that the Other “steal[s] our enjoyment… or has access to some secret, perverse enjoyment” that prevents us from accessing jouissance (Žižek, 1993: 203; see also Hook, 2008, 2012; Kingsbury, 2008). In these fantasies—which Žižek identifies in racism and ethno-nationalism—jouissance is projected onto the Other and then treated as either something that they have stolen from the subject or as something that prevents the subject from realizing their own jouissance. Once again, the same elementary fantasy is being played out, wherein the impossibility of jouissance is transformed into a prohibition: jouissance would be possible if only the Other did not stand in my way.

These fantasies also demonstrate the ambivalence of the subject’s relationship to jouissance. The Other is hated for being the barrier to the subject’s jouissance, but also desired as an object of
jouissance. Thus, in racist fantasy the Other is at once hated for frustrating the subject’s enjoyment (for example, through stealing work, or illegitimately benefiting from welfare) and is invested with excessive qualities that are desired (such as sexual potency or business acumen) (Žižek, 1993: 206). As Hook argues:

the other’s unacceptable enjoyments and libidinal excesses [are] unmarked by the renunciations and prohibitions that the civilized subject has been subject to. So although such enjoyments are despised and resented, they enable the denigrating subject to locate jouissance somewhere other than in themselves, to purify themselves of the stains of their own enjoyment (2012: 174).

This fantasy structure also gives rise to a familiar libidinal geography. While psychoanalysis speaks of the theft of enjoyment in the abstract, we can see how jouissance is not only projected onto people but is also inscribed in space. Geographers have demonstrated how neighbourhoods such as Chinatowns, vice districts, and Skid Rows function as places where transgressive enjoyments such as sex and illicit drug use can be located, both psychically and materially (Anderson, 1987; Sibley, 1995; Takahashi, 1997). As Anderson argues, for example, North American Chinatowns have functioned historically as places onto which “counter-ideas”—that is, qualities antithetical to the sense that (white) society has of itself—were projected and through which these ideas were reproduced. Through projection, disavowed qualities and desires are located in stigmatized places at a safe distance from the subject, from which they can be publicly despised even as they are secretly desired—a sort of spatial fix for jouissance. In such libidinal geographies, we see a complex syncopation of desire and disgust, attraction and repulsion, which speaks to the subject’s conflicted relationship with their own
jouissance as they wrestle with it through the medium of the marginalized Other and the stigmatized place (see too England, 2008; Smith, 2010).

Equipped with this understanding of jouissance and fantasy, we can now draw some connections to social policy. My argument is that ambivalent social policy is a product of a libidinal economy organized around an ambivalent relationship to jouissance and the Other. Social policy is concerned (among other things) with the distribution of resources, which raises the spectre of jouissance and who has access to it. The fantasy of the theft of enjoyment plays out in urban social policy through a subject who identifies as the ‘responsible tax-payer’—one who has made the necessary renunciations called for by society, and who looks with anger, disgust, envy, and desire at the Other who has not. This revanchist fantasy attempts to resolve the problem of the subject’s jouissance by projecting it onto to the Other—and because this jouissance is both desired and despised, the social policies that emerge to govern jouissance are ambivalent, both desiring the Other for their access to jouissance and punishing them for it.

**Jouissance, drug use, and drug policy**

The regulation of drugs is an area of social policy where fantasies about jouissance play out in strikingly ambivalent ways, and this is because drug policy is intimately concerned with the problem of regulating enjoyment. Illicit drug users are, quite literally, people who *enjoy illicitly*; they embody an enjoyment that is prohibited and disavowed. Debates over drug policy therefore, are a productive site to examine ambivalence over jouissance in urban libidinal economies, and this, by extension, can tell us a great deal about what motivates revanchist attitudes in the first place.

Drug abuse, especially among poor people, provokes visceral reactions because it brings to the fore some of the most disturbing manifestations of jouissance. The recent photograph by an
Ohio police officer of two parents who had overdosed in their car while their young son looked on from his car seat prompted horror at the apparent recklessness of drug users in the current opiate crisis (City of East Liverpool, Ohio, 2017; McLaughlin, 2016). These reactions stem, in part, from the specter of the death drive that such drug use conjures: a terrifying embrace of jouissance that threatens the very stability of the subject and the social bond (Freud, 2001d [1920]; Laplanche, 1976, 1997). As Tim Dean demonstrates in his study of ‘barebacking’ subcultures—where gay men seek out unprotected sex and fetishize the transmission of HIV—such apparent disregard for life and eroticization of death produces “violent disidentifications… outrage or disgust… [at] barebackers’ irresponsibility and destructiveness” (2009: 24-25; see too Freeman, 2003; Hari, 2005; Shernoff, 2006: 172). In similar fashion, the appearance of drug users pursuing jouissance at the price of their own and their children’s lives prompts horrified and often persecutory reactions.

What is essential to remember, of course, is that drug users do not actually have the access to jouissance that the responsible tax-payer imputes to them. Like other targets of revanchist anger—the ‘welfare queen’ who lives in luxury on government benefits or the ‘illegal immigrant’ who steals jobs—it is only in revanchist fantasies that marginalized Others steal jouissance from the subject. As Cartuyvels and Kaminski write, “only the other of the drug user thinks that the latter has transgressed [the prohibition on jouissance]” (1990, quoted in Stengers and Ralet, 1997: 243)—drug users themselves are painfully aware of just how limited their ability to escape the Symbolic actually is.

In reality, drug abuse is both more mundane and more complicated than the reckless pursuit of enjoyment it is imagined to be in revanchist fantasy. As critical addictions researchers have argued, compulsive drug use should be understood as purposive behaviour that is engaged in for
specific reasons—in particular, providing a sense of control over the experience of
“overwhelming helplessness” and rage that Dodes argues lies at the heart of addiction (Dodes
and Dodes, 2014: 94; Dodes, 2010). Khantzian argues that such drug use constitutes “self-
medication,” wherein drugs are used to manage “painful affective states and related psychiatric
disorders” (1985: 1259), such as providing relief from traumatic experiences. Such strategies for
managing overwhelming affects or blocking out traumatic memories certainly depend on the
pleasurable sensations produced by drugs, but they bear little resemblance to the reckless pursuit
of jouissance envisaged in revanchist fantasy. As we proceed to examine questions of enjoyment
in policy, then, it is necessary to remember that what we are analyzing is not addiction itself but
popular perceptions—or, more precisely, fantasies—of addiction and how these fantasies play
out in drug policy.

The best illustration of how enjoyment poses a problem for drug policy is found in the
differences between supportive approaches such as harm reduction and the revanchist policies
associated with the War on Drugs. What most distinguishes harm reduction approaches from
drug prohibition and abstinence-based treatment is what Erickson et al. call its “value-neutral
view of drug use” (1997: 8). Harm reduction reframes drug use as a question of public health
rather than criminal justice and takes a evidence-based, non-judgmental approach that “meets
users ‘where they are’ with respect to their substance use rather than imposing moralistic
judgment on their behaviours” (Thomas, 2005: 1). As activist Anne Livingston puts it, by
reaching out to drug users in this way, harm reduction, “lets them know that people care if they
remain alive in order to stop using drugs one day” (quoted in Wild, 2002).

Drawing on Foucault’s account of biopolitics, critical drug scholars often characterise the
differences between prohibitionist-abstentionist policy and harm reduction in terms of the

transition from older, moralistic understandings—where drug use is understood as a personal, moral failing—to a modern, public health conception, where it is viewed as a condition to be managed according to a risk calculus (Foucault, 1980; Erickson et al. 1997; O’Malley and Valverde, 2004). Such a comparison is warranted, they argue, because just as Foucault argued with respect to sexuality, despite its pretences to scientific objectivity, moral anxieties about the illicit enjoyment of drug users (in Lacanian terms, their jouissance) continue to permeate contemporary drug policy (Bourgois, 2000; Conveney and Bunton, 2003; Keane, 2003, 2009; Miller, 2001; O’Malley and Valverde, 2004; Race, 2008).

In “Disciplining Addictions” (2000), Philippe Bourgois offers a biopolitical critique of methadone maintenance treatment (MMT), still the primary treatment modality for heroin addiction in the United States, which involves the substitution of the synthetic opioid methadone for heroin. Bourgois describes the draconian system of contradictory regulations and punitive sanctions to which methadone patients are subjected, including panoptic surveillance techniques such as urinanalysis and breathalyzers, which are used to deny users methadone if they fail to comply with regulations; obfuscatory technical knowledges, which govern dosage levels and deny users adequate medicine to control their symptoms, or force them to take more than they want; and controls over movement such as clinics with restrictive hours of operation and locations that force patients to travel great distances on a daily basis. Taken together, Bourgois argues that MMT constitutes a disciplinary technology that “represents the state’s attempt to inculcate moral discipline into the… bodies of deviants who reject sobriety and economic productivity” (167).

In addition to these disciplinary technologies, there are also serious medical problems with MMT as treatment for heroin addiction. Most significantly, methadone is more physically addictive than heroin and its users experience far more severe withdrawal symptoms (Gossop & Strang,
MMT patients also experience significant difficulty in transitioning onto methadone, run higher risks of overdose, and endure significant negative side effects, all of which result in poor rates of treatment retention (Bourgois, 2000: 185; CPBC, 2013). Many have asked, therefore, why methadone continues to be the dominant treatment modality for heroin addiction when heroin-assisted treatment (HAT)—prescribing pharmaceutical-grade heroin under clinical conditions—has shown consistently better treatment outcomes than MMT alone in every respect, from improving health, social integration, and employment, to decreasing crime and illicit drug use—all at lower cost to the state (Csete et al., 2010; Ferri et al. 2011; Uchtenhagen, 1999).

So, why is methadone granted the status of useful ‘medication’ while heroin is stigmatized as a harmful ‘drug’ (Agar, 1977; Bourgois, 2000: 169)? The likely answer lies in the fact that the “most important pharmacological difference between the two drugs… is that one (heroin) is more pleasurable than the other (methadone)” (Bourgois, 2000: 167, emphasis added). HAT may be more effective, but it allows users to enjoy their medicine, something that is very troubling for a drug policy premised on the suppression of illicit enjoyment. Methadone, by comparison, promises heroin without the high, and this has made it more politically palatable than HAT².

As I have argued, drug policy revolves around a concern with the jouissance of users. At the level of libidinal economy/geography, harm reduction approaches like HAT ‘make space’ for jouissance by allowing users to continue using pleasurable drugs rather than forcing them to switch to drugs which are designed to be less pleasurable. Harm reduction makes space in the material sense that it creates places (such as safe injection sites) where users can get high, receive care, and find refuge from police harassment and stigmatizing gazes, and it makes space symbolically by offering medical care that does not demand the suppression of jouissance³. At
the level of libidinal economy/geography, then, harm reduction threatens the very distinction
between the licit and the illicit—between appropriate pleasures and prohibited jouissance—that
the law is supposed to uphold. It is this “agnosticism” about jouissance that “accounts for the
intense hostility it generates” (Manderson, 2005: 51).

The ambivalences of harm reduction

Having said this, is harm reduction truly a progressive counterpoint to revanchist, prohibitionist
drug policy? In this final section, I argue that while harm reduction is genuinely compassionate in
principle, in practice, it is often far more ambivalent. ‘Actually-existing’ harm reduction is a
complex admixture of policies that seek to both support and control drug users, for reasons of
both political and libidinal economy. Simply put, if harm reduction makes space for the
jouissance of the drug user, then it is a space that remains explicitly concerned with the
governance and control of that jouissance.

As a number of authors have argued, actually-existing harm reduction is, in many ways,
consonant with the aims of neoliberalism, and some of its policies go so far as being punitive. In
their research on harm reduction in European cities, Kübler and Wälti argue that harm reduction
has long been characterized by tensions between compassionate “social policies” that provide
services for marginalized drug users and neoliberal “attractiveness policies” that facilitate
gentrification by removing drug users from public space (2001: 38). This tension between the
supportive and the punitive is neatly encapsulated in harm reduction’s twin foci on public health
and public order which feature so consistently in policy documents (e.g. City of Toronto, 2005: 25;
MacPherson, 2001: 1; Pugh et al. 2013). Harm reduction, therefore, cannot be understood simply
as a public health policy; it is also a strategy for governing public space and remaking the city for
the benefit of the middle class.
Fischer et al. (2004) argue that supervised injection sites in particular have proliferated precisely because they promise to restore order where revanchist approaches have failed. Indeed, it is often the case that in socially liberal cities where “a progressive political climate renders it unacceptable to simply remove the poor” (Murphy, 2009: 311), harm reduction represents a politically expedient way to accomplish many of the same goals. While harm reduction aims to separate drug use from the criminal justice system, in practice, Fischer et al. argue, the establishment of SIS is often accompanied by expansions in police activity, targeting “those drug users unwilling or unable to partake of the new opportunities for ‘healthy self-transformation’” (363). In this way, harm reduction measures like SIS may represent less of a challenge to revanchist forms of drug policy than a new means of shoring up their authority.

Harm reduction can also be understood as biopolitical insofar as it frequently involves placing drug users under surveillance by registering them as users of sites, scrutinizing their injection habits, peppering them with public health messages, confining them to particular areas, and closely regulating the time they are allowed to spend in facilities (Fischer et al., 2004; Moore, 2008). Through this, harm reduction represents a form of governmentality insofar as it responsibilizes users, producing “a particular form of drug-using subject—a health-conscious citizen capable of rational decision making, self-determination, self-regulation and risk management in order to minimize drug-related harm” (Moore, 2008: 355; see too Keane, 2003; Miller, 2001). In the process, such forms of harm reduction can create harmful distinctions between obedient, ‘willing’ drug users and “service resistant,” ‘unwilling’ drug users that serve to separate those ‘deserving’ from those ‘undeserving’ of help (Fischer et al., 2004: 363–364; Roe, 2005: 246).
Lest these Foucauldian critiques appear insignificant compared to the good that is achieved by
encouraging healthier drug use, researchers have demonstrated how such practices can
significantly diminish the effectiveness of harm reduction interventions. In a discussion of
Vancouver’s SIS, Kerr et al. (2007: 42-43) note that the site’s sometimes overzealous approach to
safety discourages users from using it when they are seeking particularly heavy intoxication,
because their high will inevitably be disturbed by staff who rouse them to ensure they have not
overdosed. This means, perversely, that users may avoid SIS “in precisely those circumstances
that place them at high risk” (Moore, 2008: 356) an outcome that points to the need for harm
reduction approaches that go beyond the creation of medicalizing spaces such as SIS (e.g.
Faulkner-Gurstein, 2017; Sherman et al., 2008; see too Bourgois, 1998: 2334; Miller, 2001;

Looking at these moments in harm reduction when biopolitical (and arguably, revanchist)
impulses re-appear, we see that there is a distinctive geography at play. The biopolitical face of
harm reduction appears in those moments when the jouissance of the drug user is most visible—
that is, when it takes place in public. As Kübler and Wälti argue in their discussion of harm
reduction in Switzerland, public pressure to crack down on informal harm reduction in “open
drug scenes” such as the infamous Platzspitz ‘Needle Park’ in Zürich, was instrumental in the
creation of new supervised injection sites capable of pushing drug use out of view and restoring
public order (2001: 40; McCann, 2011, cf. DeVerteuil and Wilton, 2009). Thus, it is when drug
use ‘pollutes’ public space that the punitive aspects of harm reduction are most evident, pushing
drug users out of sight and into institutions that regulate them.

Moreover, the new spaces that harm reduction creates are fundamentally ambivalent,
simultaneously “spaces of care” that support drug users and “sites of control” that govern and
discipline them (Wilton and DeVerteuil, 2006: 659). As Evans argues in his discussion of managed alcohol programs—a harm reduction approach that provides alcoholic drinks on an hourly basis to problem drinkers in order to moderate their consumption—such facilities function as “space[s] of inclusion” that provide “a generous and tolerant escape from the deprivation of the streets,” while at the same time functioning as “space[s] of exclusion: a new mechanism of spatial containment achieved, paradoxically, through the residents’ continued dependence on alcohol” (2012: 197). The libidinal geography of actually-existing harm reduction, therefore, only ‘makes space’ for jouissance under certain conditions: when drug use becomes too visible, harm reduction can just as easily be employed as “a technology for purifying public spaces of ‘disorderly’ drug users” (Fischer et al., 2004: 357) by creating new spaces that contain and manage their jouissance.

For example, it is telling that in the years leading up to the establishment of Insite, Vancouver’s most radical harm reduction advocacy group, the Vancouver Area Network of Drug Users (VANDU), campaigned not primarily for supervised injection services, but ‘merely’ for a community centre for drug users (Beers, 2000; McCann, 2011). It seems curious then that after years of bitter struggle, Vancouver got a safe injection site—despite the fact that the site required legal exemptions and contentious, protracted battles with the federal government that a community centre would not have. It makes sense, however, when we consider what a community centre means compared to a SIS: a community centre is a space that confers recognition upon a political subject and tacit approval of those who enjoy illicitly, whereas an SIS creates a medical space that manages patients (Fraser, 2000; Smith, 2012). Viewed in this way, a community centre is aligned with a profoundly different libidinal geography than that of actually-
existing harm reduction: one that recognizes drug users as citizens who can claim rights and space, rather than as patients who require treatment.

As I have argued, the ambivalence of actually-existing harm reduction is not simply a result of political compromise between those in favour of harm reduction and those opposed, but is an expression of the underlying ambivalence that characterizes our relationship to marginalized drug users. This ambivalence stems from the conflicted relationship that people have with jouissance and the fact that, in urban libidinal economies/geographies, drug users represent the embodiment of this jouissance. Nowhere can this be seen more clearly than in the fact that even the most progressive harm reduction discourse bears the trace of this conflict over jouissance.

Following the Canadian government’s recent endorsement of heroin-assisted treatment, harm reduction activists repeated a claim that is often heard in arguments about HAT—that “prescription heroin does not get [users] high” and that “addiction is not really about getting high anymore” (King, 2016; King quoted in Lupick, 2014). On the one hand, it is certainly true that long-term heroin users develop tolerances that diminish the drug’s pleasurable effects. As long-term user Dean Wilson of VANDU puts it, injecting heroin provides “immediate relief. People talk about a rush; well, it’s not really a rush… It’s the fact that you felt so shitty [before], that now you start feeling normal” (quoted in Wild, 2002). Nevertheless, ‘getting high’ always plays a role in drug use: even the most habituated addict still seeks to alter their consciousness.

After all, it is the desire for a drug effect—for example, a sensation providing relief from intolerable affects—that distinguishes the addict from someone who has merely developed a physical tolerance to a drug. As critical drug scholars have repeatedly pointed out, every year, huge numbers of hospital patients are prescribed opioids in quantities sufficient to develop physical tolerances to them, yet only a tiny fraction become addicted (Maté, 2009: 141). Drug
use, whether licit or illicit, only becomes addiction when it also serves a psychological purpose for the addict—a purpose that is so important to them that it supersedes other concerns (Alexander, 2010; Dodes and Dodes, 2014; Hari, 2015: 227; Peele, 1985; Pickard, 2012; Proudfoot, 2017).

Why then do harm reductionists argue (or feel that they must argue) that prescription heroin doesn’t get users high? Because getting high—experiencing pleasure—is incompatible with the idea of heroin-as-medication: in order for the “dope” to be transformed into “medication” (Bourgois, 2000: 169), the enjoyment of the addict must be effaced. As Kane Race argues, pleasure must be “performatively banished from the clinic” so that medicine remains a “bitter pill” that is not “contaminated by… desire” (Race, 2009: 1–2; see too Holt & Treloar eds., 2008). Any suggestion that the drug user might continue to enjoy illicitly must be disavowed, lest the veil of medicine fall away, leaving us to face the addict’s jouissance anew.

**Conclusion: Traversing the fantasy in urban social policy**

In this article, I have argued that understanding urban social policy such as harm reduction requires that we analyze not only its political but also its libidinal economy. As Neil Smith has argued, revanchism is a politics of reactionary vengeance, waged by the middle class against the poor. Understanding why the middle class seeks revenge, however, requires that we examine the fantasies that animate urban libidinal economies and geographies, specifically the theft of enjoyment. This is necessary not because political economic explanations are incorrect, but because psychoanalytic theory enables us to understand what Glynos (2001) calls the “grip of ideolog[ies]” (195) such as revanchism; that is, how they take hold of subjects at the level of unconscious fantasy. When we understand the fundamental ambivalence that characterizes the subject’s relationship to jouissance, and how this ambivalence is managed through fantasies that
project jouissance onto marginalized Others, we gain insight into why the social policies that
govern jouissance are likewise ambivalent, and why revanchist impulses persist even in policy
that aims, at a conscious level, for compassion.

If actually-existing social policies like harm reduction often fall short of their ideals, what would
be required to create the genuinely progressive policy we need? Lacan points toward an answer
in one of his formulations of when a patient (or analysand) should end their psychoanalysis.
Lacan proposes that analysis ends when the subject “traverses the fantasy,” by which he means
(in part) when the analysand recognizes that the Other’s enjoyment is a fantasy that they have
created as a way of managing their own relationship to jouissance (Fink, 1995: 61–63; Lacan,
1998: 267-274). As Jacques-Alain Miller puts it, “Why does the Other remain Other? It is hatred
of the enjoyment in the Other.” In reality, though, “there is no other enjoyment but my own. If the
Other is in me… then the hatred is also my own” (1985, quoted in Žižek, 1993: 203). Traversing
the fantasy means assuming responsibility for one’s desire. It means confronting the fact that the
Other lacks—just as we do—and does not possess the jouissance that would make us whole.

In similar terms, the fantasy of the theft of enjoyment that I have argued lies at the heart of drug
policy must too be traversed. We see some evidence of what such a traversal might look like in
the practices of harm reduction at its best. In my interviews with harm reduction workers at
Insite in Vancouver, they described the supervised injection site as a deeply transformative space:

“People come in, they’re using drugs, they’re feeling vulnerable, they just open up…

once you can really just have those personal connections… it really, really changes your
relationship with people. Somebody that you really disliked before ‘cause they were super
difficult and have cussed you out and have thrown things at you… I mean, people, they
use manipulation because it’s all they have. Addicts are very, very powerless in their life
and that’s why you get aggressive behaviour… It’s not because they’re a bad person, it’s because these people are marginalized and they’re used to hearing, “No. Move it along. You can’t do this here. You can’t do that here”… That’s what harm reduction is all about, making sure that no matter what, there’s a space where people can just come in, be safe, get help, talk to somebody” (Insite employee, April 2010).

Transformative encounters like these are suggestive of a sort of traversing of the fantasy. Here, we see a harm reduction worker learning, through repeated, difficult interactions, what a more genuine encounter with the Other looks like: to see past aggression, confrontation, and apparently selfish, self-destructive drug use to the core of suffering that gives rise to it. In other words, the fantasy of jouissance in the Other is replaced by a far deeper recognition of the lack in the Other. The non-moralizing spaces that harm reduction creates—places where those in need can receive help from those who learn not to judge—provide a model for what a traversal of the fantasy in drug policy might look like⁴.

Beyond such individual encounters, what might a traversal of the social fantasy of drug policy involve? In part, such a change in the libidinal economy would involve a reckoning with the fantasmatic investments that society makes in the objects of drug policy. We could call this project de-fetishizing drugs, by which I mean, looking beyond drugs as objects that cause harm and require regulation towards the social relations that produce drug-related harm (Smith, 2012; Bourgois, 2000: 190). In other words, if our goal is reducing harm to drug users, we must stop reifying harm, treating it as if it has an “objective, factual existence” (Roe, 2005: 245) that proceeds inevitably from the consumption of particular substances, and instead challenge the “the very things that produce the most harm for drug users: drug laws, dominant discourses of drug use and the stigmatization of users” (Keane, 2003, quoted in Smith, 2012: 211; see too...
Gowan et al., 2012; Hathaway, 2001; Hathaway and Tousaw, 2008; McLean, 2011; Miller, 2001; VANDU, 2010). It is, after all, drug prohibition and not drugs themselves that forces users to purchase impure and unregulated substances, that condemns them to inject those substances under unsafe conditions, and that encourages producers to turn to easily concealable but dangerously potent opioids such as fentanyl in search of profit—producing catastrophes such as the current overdose epidemic as a result (Count the Costs, 2012; Cowan, 1986; Ormond, 2017).

De-fetishizing drugs, moving beyond the notion that drug users have access to a jouissance that the rest of us have had to renounce, and refocusing our critiques on the structural production of drug-related harms amounts to a traversal of the fantasy of the Other’s enjoyment that lies at the heart of revanchist and ambivalent drug policy. In doing so, it recognizes that behind the chimera of jouissance lies something less spectacular yet far more frightening: the specter of human pain and misery that leads people to use drugs in destructive ways. Revanchism, in other words, misrecognizes trauma and lack as jouissance—and it does so because to acknowledge that trauma would be to recognize its own responsibility for producing it. Reckoning with the Real of human suffering—and in particular, suffering under capitalism—is the task that lies before harm reduction and any urban social movement that contests revanchist policy. Traversing the fantasy as I have described would make possible new politics and new libidinal geographies: ones that make space for drug users, and others in the city who are marginalised, as equals who also lack, rather than as figures of revanchist fantasies.

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1 Hook’s libidinal economy derives from Freud’s discussion of the ‘libidinal structure’ and ‘libidinal ties’ of social groups in Group Psychology and the Analysis of the Ego (2001c [1921]) and should be distinguished from that of Lyotard (2015).

2 Methadone can in fact be pleasurable, especially when it is combined with other drugs. It is the perception of methadone as non-euphoric that has allowed it to rise to prominence in such a deeply politicized field (Agar, 1975, 1977; Bourgois, 2000: 170-172; Proudfoot, 2011: 133-138). Also, these arguments about methadone should apply equally to newer buprenorphine and naloxone/naltrexone-based treatments such as Subutex, Suboxone, and Vivitrol, all of which aim to inhibit the pleasurable sensations of opiates. See Harper (2017) on the marketing of Vivitrol, Bains (2017) on Methadose versus methadone, and Meyers (2013) on buprenorphine for examples.


4 This account of traversing the fantasy focuses solely on service providers only because my argument concerns people’s fantasies about drug users. On the critical importance of peer-run harm reduction see Canadian HIV/AIDS Legal Network (2008), Gowan et al. (2012), Kerr et al. (2006), Smith (2012) and VANDU (2010).