HIGH-STAKES INSTITUTIONAL TRANSLATION: ESTABLISHING NORTH AMERICA’S FIRST GOVERNMENT-SANCTIONED SUPERVISED INJECTION SITE

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Around the world, potentially effective responses to serious social problems are left untried because those responses are politically, culturally, or morally problematic in affected communities. I describe the process through which communities import such practices as “high-stakes institutional translation.” Drawing on a study of North America’s first supervised injection site for users of illegal drugs, I propose a process model of high-stakes institutional translation that involves a triggering period of public expressions of intense emotion, followed by waves of translations in which the controversial practice is constructed in discursive and material terms many times over.

There was no hope. . . . [The drug users had] been given a very poor message to “Fuck off and die. Just go and die. Now.” And they did. They really took that to heart and died by the thousands.

(Downtown Eastside activist, interview)

It is easy to drive past 139 Hastings Street in Vancouver, Canada’s third largest city, without noticing the door to Insite, North America’s first and only government-sanctioned supervised injection site for users of illegal drugs. The possession and use of heroin and cocaine is not only illegal in Canada, it is widely considered a destructive, repugnant habit, and, by many, as a sign of moral and psychological weakness (Kilian, 2013; Wherry, 2013). And yet, inside Insite, people inject these drugs more than 500 times each day, not only legally but with the approval of a majority of local citizens, as well as local police, health care agencies, and municipal and provincial governments (Coyne, 2010; Stueck, 2012). Local support for a supervised injection site was not always the case, however. Establishing Insite was a highly contested process, with deep divisions in the community regarding its potential effectiveness, appropriateness, and morality. Governments, police, community groups, local businesses, and medical organizations all fought the establishment of any permanent facilities for drug users, while activists, drug users, and their allies campaigned, sometimes loudly and provocatively, for a “safe injection site.” This contest occurred despite supervised injection sites already being relatively commonplace in parts of Europe. Beginning in the early 1970s, such sites were established in the Netherlands, and then in the 1990s they were developed in Switzerland and Germany. As of 2004 (shortly after Insite’s opening), there were 36 supervised injection sites operating in Europe, all consistently reporting positive public health outcomes (Hedrich, 2004).

The case of Insite represents a dramatic, but ultimately common, situation: a serious social problem for which there exists a potentially effective response that is, at least initially, unpalatable to the local community. This is a critically important issue at a time when material and biological technologies are rapidly advancing with the potential to address previously intractable problems on a global scale, while, at the same time, the movement of potentially valuable ideas and practices is stifled by social and cultural boundaries between and within societies.
The history of international development has demonstrated the problematic nature of “exporting” ideas and practices into new cultural contexts (Pritchett & Woolcock, 2004), and so I focus here on how local actors can “import” ideas and practices, and how they can do so when the communities in which they live initially reject those ideas and practices.

I approach this issue as one of “translation,” which describes the movement of ideas and practices across social boundaries (Boxenbaum, 2006; Czarniawska & Sevón, 1996; Frenkel, 2005; Sahlin & Wedlin, 2008). The concept of translation represents a useful starting point for understanding this process because it focuses on the movement of ideas and practices, but, unlike studies of diffusion, emphasizes the intelligent, reflexive efforts of local actors to shape those ideas and practices in ways that achieve local legitimacy (Callon & Latour, 1981; Czarniawska & Joerges, 1996). At the same time, the organizational literature on translation has focused largely on the movement of management ideas, and so examining the history of Insite provides an opportunity to extend this literature by exploring how translation occurs in the context of contentious responses to serious social problems. I describe these as instances of “high-stakes institutional translation”: the translation of practices that are highly consequential for the actors involved, in terms of concrete, material impacts on health and well-being, and in terms of profound moral and ethical challenges for the community. In the case of Insite, the translation of the supervised injection site concept from Europe to Vancouver represented a life-and-death issue for drug users who were dying of overdoses and infectious diseases at unprecedented rates. For allies of drug users, translating the concept into local practice was born out of direct encounters with the pain and suffering of drug users fueled the latter phases of the process; (2) empathy that was borne out of direct encounters with the pain and suffering of drug users fueled the latter phases of the process; and (3) emotion, especially empathy, acted as a social connector, bringing actors together in the collective pursuit of a common aim.

STUDYING HIGH-STAKES INSTITUTIONAL TRANSLATION

To examine the question of how actors import contentious responses to serious social problems in their communities, I first review the literature on institutional translation. Although the question of how actors effect social change has been addressed from a range of perspectives in organization studies, including institutional entrepreneurship and work (Hardy & Maguire, 2008; Lawrence & Suddaby, 2006), social movements (Schneiberg & Lounsbury,
Institutional Translation

Research on institutional translation focuses on how ideas and practices move across space, and particularly across social and political boundaries (Boxenbaum, 2006; Boxenbaum & Strandgaard Pedersen, 2009; Callon & Latour, 1981; Latour, 1986; Sahlin & Wedlin, 2008). The concept of translation originates in the work of Latour (1986: 264), who distinguished it from diffusion, arguing that “a diffusion model of power” suggests “a successful command moves under an impetus given it from a central source,” whereas a “translation model” suggests that “such a command, if it is successful, results from the actions of a chain of agents each of whom ‘translates’ it in accordance with his/her own projects.” Thus, the translation model adds a layer of uncertainty; not only the uncertainty of whether or not a practice or idea (a “command” in Latour’s terms) will travel, but how it will be transformed along the way.

Latour’s concept of translation has been picked up in the organization literature, most prominently in Scandinavian studies of how ideas circulate across organizations and societies (Boxenbaum, 2006; Boxenbaum & Strandgaard Pedersen, 2009; Sahlin & Wedlin, 2008), which have emphasized three important issues. The first is that “what is being transferred from one setting to another is not an idea or a practice as such, but rather accounts and materializations of a certain idea or practice” (Sahlin & Wedlin, 2008: 225), the meanings of which change “during their journey from one social context to another” (Frenkel, 2005: 279). These changes are always, as Latour (1990: 106) argued, “in the hands of others,” such that any examination of this process “should consider both the succession of hands that transport a statement and the succession of transformations.” Second, as ideas move across social and geographical boundaries, they are transformed to fit with the “receiving society,” grounding them “in existing practices to make [them] legitimate and meaningful” (Boxenbaum, 2006: 946). Third, translation studies highlight the diversity of actors and roles involved, which can involve social chains in which “an idea is imitated, and then this imitation is in turn imitated, and so on,” or mediated processes in which a set of actors intervenes in “the relationships between those being imitated and those imitating” (Sahlin & Wedlin, 2008: 229).

High-Stakes Translation

Although research on institutional translation has provided important insights into the movement of ideas and practices, there remain important questions regarding how translation is affected when the practices under consideration have potentially profound practical and moral consequences for the communities in which they are translated. The highly consequential effects of these translations suggest the need to pay particular attention to their transformational and moral dimensions, and how they might shape the processes through which translation occurs.

High-stakes institutional translation comes with potentially transformational impacts on communities and societies that stem from the introduction of new ideas and practices. Recent attention in the literature to “practice-driven institutional change” (Smets et al., 2012: 880) has shown how social systems may be reshaped as they encounter new sets of practices, especially when those practices challenge important cultural assumptions and social relationships (Smets & Jarzabkowski, 2013; Smets, Morris, & Greenwood, 2012). In their study of change in a global law firm, Smets et al. (2012: 893) documented the field-level impacts of “localized attempts to cope practically with novel complexities.” Thus, social transformation might occur through the involvement of people engaged in practical responses to novel, complex problems. This poses a challenge to traditional studies of translation, which have tended to maintain a strong emphasis on the symbolic value of ideas as they move across domains—the ways in which ideas can confer legitimacy on actors associated with them (Sahlin & Wedlin, 2008) and the need for ideas to be instantiated in locally legitimate ways in order to gain adoption (Boxenbaum, 2006).

A second important issue involves the moral dimension of high-stakes institutional translation, which may affect the translation process through its effects both on individuals and on relationships among those involved. Recent research on the moral judgment of individuals suggests that, unlike
classical images of slow, thoughtful deliberation, moral judgment more typically occurs as an effortless and unreflexive process—a process of “moral intuition” (Haidt, 2001: 818). Thus, translation processes in which moral and ethical issues are salient may trigger moral intuition, elevating the importance of nonlinguistic forms of communication, such as signs, symbols, and artifacts, to which people may react more immediately and viscerally (Jones, Meyer, Ónácsary, & Höllerer, 2017).

These processes are also likely to be particularly emotional, as moral intuition is grounded in people’s immediate emotional reactions to a situation (Haidt, 2001). Recent writing in organization studies has recognized the important and complex role of emotions in institutional processes (Voronov, 2014), including institutional work (Voronov & Vince, 2012), institutional change (Creed, Dejordy, & Lok, 2010; Kishalvi & Maguire, 2011; Toubiana & Zietsma, 2016), and institutional maintenance (Creed, Hudson, Okhuysen, & Smith-Crowe, 2014; Lawrence, 2004). For this study, an important insight from this literature concerns the critical energizing role that emotions might play in institutional processes: as Voronov and Vince (2012: 59) argued, “being cognitively aware that the current institutional order is suboptimal may often be insufficient to motivate agents to engage in institutional disruption or creation, since they are likely to retain their emotional investment in the current institutional order.” Thus, research on high-stakes institutional translation demands a more sensitive analysis of the nonlinguistic and emotional dimensions of the process than has been associated with much of the research on institutional translation.

**METHODS**

**Research Context**

My study is set in Vancouver, Canada—a global tourist destination that has been described as one of the most livable cities in the world. Adjacent to the city’s center is the Downtown Eastside; originally the city’s commercial hub, it became the “poorest postcode in Canada” (D1). In the early 1990s, the social problems associated with drug use in the Downtown Eastside escalated to an extraordinarily toxic and visible level. Concentrated in a five- to 10-block area, its decaying infrastructure and substandard accommodation became home to an open drug scene unprecedented in Canada in terms of size, visibility, and health impact (D2). An estimated 5,000 intravenous drug users in a resident population of approximately 15,000 (D3) made the spread of HIV and hepatitis C from sharing needles a major concern. Between 1988 and 1998, the prevalence of HIV infection among intravenous drug users rose from relatively low rates (1–5%) to epidemic levels of 23–30% (D4), while hepatitis C infection rates among intravenous drug users grew to 85% (D5).

Heroin users were dying in record numbers from overdoses, with 300 dying in 1993 alone. The Downtown Eastside also suffered from an influx of inexpensive cocaine, which went from relative obscurity to being the dominant illicit drug in the area around 1994 (D6). An important difference between cocaine and heroin with respect to health is the rate of injection, with individuals using only cocaine tending to inject three to four times more often than those using only heroin (D7). This difference created a significant increase in the need for needles and the frequency of drug transactions in the Downtown Eastside. Despite the intensity and visibility of the problems faced by the area, response to the situation was initially limited. Police attempted to control the situation through enforcement. Representatives of local service agencies and associations expressed alarm. Enforcement and concern, however, had limited effects, with the drug and commercial sex scenes only moving into more concentrated areas within the Downtown Eastside.

In the mid-1990s, injection drug users were political pariahs in Vancouver, even in the Downtown Eastside, where residents were used to the ravages of alcoholism, inhalants, and prescription drug abuse. Injection drug users often injected in alleys, sharing needles, using puddle water to fix, and “shaking” instead of cooking their drugs, which would have minimized the drug’s impurities. They were often either homeless or lived in “single residence occupancy” hotels, where rules prohibited visitors and thus left individuals injecting alone and vulnerable if they overdosed. Even when drug users injected in groups, overdose victims were often abandoned because of the fear of prosecution associated with alerting police or emergency workers. As one interviewee described the situation, health care in the Downtown Eastside at the time was “by ambulance,” with sirens screaming day and night.

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1 All references to public documents used as “data” describing the events leading up to the establishment of Insite, including media reports, government documents, and academic articles are noted using in-text citations of the format (DX), where X refers to the numbered documents in Appendix 1: Directly Referenced Documentary Data.
My study ends in September 2003, when Vancouver Coastal Health opened Insite—a supervised injection site for intravenous drug users, staffed by registered nurses and volunteers from a Downtown Eastside service agency. The official status of Insite was that of a research site with a federal exemption to Section 56 of Canada’s Controlled Drug and Substances Act that allowed individuals to hold and use illegal substances within the confines of the site. This official status, however, belies Insite’s complex underpinnings and the complicated story of its creation.

Data Collection

The data collection process for this study was initially based primarily on interviews with key actors involved in or knowledgeable of the history of Insite and of drug use and addiction in Vancouver (see Table 1 for a summary of my data sources). Later in the study, my focus shifted to the systematic collection of publicly available documents reporting and describing events related to the development of Insite, including print and online media reports, organizational documents, government documents, organizational and public video recordings, and recorded radio broadcasts. This shift in my approach to data collection stemmed from a realization that the nature of the story I was piecing together meant that guaranteeing anonymity to my interviewees could become problematic if I were to rely solely or even primarily on interview data for tables and quotations in the paper. Thus, the data presented in this paper come primarily from publicly available documents, with interview quotes used where I felt confident that anonymity could be preserved.

Interviews. Between June 2004 and June 2007, I conducted 36 interviews with 25 individuals, all of whom were involved, connected to, or knowledgeable about the development of Insite and/or the history of drug use and addiction in the Downtown Eastside. Most interviews lasted between one and two hours, and all but one were recorded and transcribed (extensive notes were taken during and after for the one exception). Interviewees were chosen based on media reports, identification by other interviewees, and my prior knowledge of the history of Insite. Interviewees included activists, politicians, civil servants, drug users, police officers, health workers, journalists, researchers, local business people, and NGO managers. The interviews were carried out in a range of places, most often at the interviewee’s home or place of work, as well as at coffee shops, restaurants, and, in two cases, a meeting room at my university.

Documents and other material. My second main source of data were documents and other media, including internal documents, such as minutes of meetings, and external documents, such as reports on drug use and addiction, treatment strategies, or HIV/AIDS. Particularly important in my analysis were the more than 600 newspaper articles, editorials, and letters to the editor I collected that described events leading to the establishment of Insite, and confirmed and corrected the recollections of interviewees, particularly with respect to the order of events, their locations and dates, and the actors involved. Other important documentary evidence included the movie Fix: The Story of an Addicted City (Wild, 2002), a documentary focused on the experiences of politicians and drug users and their advocates in a civic battle with local business people over the provision of resources for Vancouver drug users. I also drew on the websites and publications of groups and organizations such as the Vancouver Area Network of Drug Users (VANDU), the City of Vancouver, Vancouver Coastal Health, the Downtown Eastside Residents Association (DERA), the Downtown Eastside Youth Activities Society, and the Carnegie Community Centre.

Secondary sources. The story of Insite and Vancouver’s Downtown Eastside is the focus of a considerable body of writing by scholars, journalists, and politicians. Accounts include those of a former mayor of Vancouver (Campbell, Boyd, & Culbert, 2009), activists (Boyd, MacPherson, & Osborn, 2009), and physicians (Maté, 2009), as well as several scholarly articles documenting aspects of the history of Insite, drug policy in Vancouver, and VANDU (Kerr, Small, Peace, Douglas, Pierre, & Wood, 2006; Kerr, Douglas, Peace, Pierre, & Wood, 2001; Small, Palepu, & Tyndall, 2006; Wood et al., 2002). I drew on all of these sets of accounts, both to establish a more thorough and definite history of the events leading to the development of Insite, and for their insights regarding the role of different factors, events, and actors.

Data Analysis

The data analysis processes I undertook occurred in two main phases; the first devoted to developing a detailed historical timeline of the events leading to the establishment of Insite, and the second focused on developing a set of core concepts and relationships among those concepts. All coding and memo writing was done using NVivo software (QSR International). The NVivo database contained the
Phase 1: Development of the historical timeline.  

The first phase of my data analysis was consistent with a “narrative strategy,” which “involves construction of a detailed story from the raw data” (Langley, 1999: 695). Key to this process is the integration of data sources to achieve “a high degree of authenticity,” and, in my case, the development of a “data organization device” (Langley, 1999: 695) that could serve as the foundation for further analysis (Eisenhardt, 1989). As is often the case with these kinds of narratives, mine had “embedded ‘plots’ and ‘themes’ that [would] serve as sensemaking devices” (Langley, 1999: 695) throughout the analysis.

The development of the historical timeline was a complex, iterative process that began shortly after my initial interviews. I conducted my first interviews with some key informants, and thus was able to quickly develop an outline of the history of Insite. The process of developing the timeline began with a simple bulleted list of events in a text document, and progressed toward a more systematic process using a spreadsheet to document all events, and then eventually to the writing of a detailed narrative as a memo in NVivo, using the software’s linking capacity to create links from elements of the narrative to the data from which that element was established. At this point, following other qualitative research (Gioia & Thomas, 1996; Maitlis, 2005), my narrative was composed significantly of “ordered, raw data” (Maitlis & Lawrence, 2007: 61), in particular from interview quotes and field notes.

An important transition that occurred during this stage of the data analysis was from a primary reliance on interviews to relying almost exclusively

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**TABLE 1**

<table>
<thead>
<tr>
<th>Data Sources</th>
<th>Type of actor/organization</th>
<th>Number of interviewees</th>
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<tr>
<td></td>
<td>NGO</td>
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</tr>
<tr>
<td></td>
<td>Activist</td>
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</tr>
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<td>City official</td>
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<td>Health/nursing</td>
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<td></td>
<td>Communications</td>
<td>2</td>
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<tr>
<td></td>
<td>Journalism</td>
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<tr>
<td></td>
<td>Police</td>
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<td>Academic</td>
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<td></td>
<td>The Province</td>
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<td></td>
<td>The Globe &amp; Mail</td>
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<td>Vancouver Courier</td>
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<td>Victoria Times Colonist</td>
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<td>Toronto Star</td>
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<td>The Tyee</td>
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<td>Insite (Vancouver Coastal Health), <a href="http://supervisedinjection.vch.ca">http://supervisedinjection.vch.ca</a></td>
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<td>Four Pillars (City of Vancouver), <a href="http://vancouver.ca/people-programs/four-pillars-drug-strategy.aspx">http://vancouver.ca/people-programs/four-pillars-drug-strategy.aspx</a></td>
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<td>City of Vancouver, <a href="http://www.vancouver.ca">www.vancouver.ca</a></td>
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<td>Downtown Eastside Residents Association, <a href="http://www.vcn.bc.ca/dera">www.vcn.bc.ca/dera</a> (web address no longer in use)</td>
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<tr>
<td>Carnegie Community Centre (City of Vancouver), <a href="http://vancouver.ca/parks-recreation-culture/carnegie-community-centre.aspx">http://vancouver.ca/parks-recreation-culture/carnegie-community-centre.aspx</a></td>
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<td>Boyd et al. (2009)</td>
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<td>Campbell et al. (2009)</td>
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<td>Gawthrop (1994)</td>
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<td>Inciardi and Harrison (1999)</td>
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<td>Maté (2009)</td>
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on publicly available data sources to construct and validate the timeline. My aim had always been to circulate the timeline, once complete, to key informants, in order to ensure both that my facts were correct and that I had not missed out key events, actors, or relationships. I realized, however, that circulating the timeline as developed from interviews would unquestionably undermine the anonymity I had promised my interviewees. Consequently, I then went through a process of reconstructing the historical narrative basing it almost exclusively on publicly available data, and ensuring that all quotes were either from those public sources, or, for the few exceptions where I relied on interview data, that they did not reveal the source of the quotation. I engaged in this process to ensure the anonymity of my interviewees, but, in doing so, it also gave me greater confidence in my account of the establishment of Insite, as nearly all of my interview data, to fill in gaps in my understanding of those actors, as well as actions, events, concepts, spaces, texts, and images. I began to sort these elements of the raw data, looking for similarities and differences. This was primarily an inductive process, establishing sets of categories that stayed close to the language used in the raw data to describe elements of the Insite story.

Once I had developed a large set of initial codes, I began the process of combining them into second-order themes and aggregate theoretical dimensions, following other contemporary, inductive qualitative studies (e.g., Corley & Gioia, 2004; Maitlis, 2005; Tracey et al., 2011). This stage involved a recursive process in which I worked back and forth between the data and theoretical frameworks that guided my analysis. An important shift in this period involved settling on the concept of “translation” and the literature on institutional translation as central to my analysis. This shift was prompted by a combination of external feedback and a realization of the important role of models from Europe in the social change I observed in Vancouver. In particular, when the concept of a supervised injection site was first introduced into Vancouver’s public discourse, it was already well established in Frankfurt and other European cities, and these examples were drawn on explicitly to describe the concept and justify its potential value for Vancouver.

In adopting this lens and beginning to explore the establishment of Insite as a translation process, I also recognized that describing it as a single translation would obscure much of what seemed interesting, since the history of Insite seemed to involve multiple, heterogeneous translations. Thus, I began to code the data with an explicit aim of identifying instances of translation. I initially defined a “translation” as an episode in which an actor or actors constructed an account or materialization of the concept of a supervised injection site that was explicitly connected either to nonlocal instances of the concept or to previous translations that had made that connection. This definition led me to identify an unwieldy number of translations (including every speech, news report, letter to the editor, etc.), and so I focused my analysis on “major” translations, which I defined as those that prompted significant reporting, discussion, support, or opposition. I identified 16 such translations, around which I organized the rest of my analysis.

The rest of my data analysis focused on understanding the connections between those translations. This was an iterative process, in which I first inductively coded my narrative history of Insite with respect to antecedents and products of each translation. This coding and the themes I had identified from the literature led to a focus on who engaged in those translations, what positions they occupied, which resources they used, and what social, material, and symbolic outcomes resulted from the translations. These categories led me back to the raw data, including both documentary data and interview data, to fill in gaps in my understanding of the micro-stories of each of the 16 translations. I compiled news reports and interview material that helped answer my questions about each translation.
The next phase of my analysis was the development of a typology of translations. It was clear from early on that the translations differed substantially in terms of their inputs, processes, and outputs. Working with the 16 translations, I again engaged in open coding based on intuition, the translation literature, and the role that the translations seemed to play in the establishment of Insite. The first dimension to emerge distinguished between “discursive” and “material” translations (see Table 2). This dimension was consistent with Sahlin and Wedlin’s (2008: 225) suggestion that translations involved the production of “accounts and materializations,” and reflected the difference in my data between descriptions and discussions of supervised injection sites in reports, conferences, and newspaper stories, and physically constructed supervised injection sites in storefronts, churches, and health facilities. The second dimension highlighted the aims and outcomes of translations, and distinguished between “exploratory” translations, which defined the meaning and morality of supervised injection sites, and “integrative” translations, which connected the concept of a supervised injection site to other local concepts, structures, and routines.

I also explored temporal relationships among the translations, which led me to engage in temporal bracketing (Langley, 1999), involving “decomposing the chronological data for each case into successive discrete time periods, or phases, that become comparative units of analysis” (Denis, Lamothe, & Langley, 2001: 815). Key to defining relevant phases is to establish “continuity in the context and actions being pursued within them, but discontinuities at their frontiers” (Denis et al., 2001: 815). In my case, I identified “waves” of translations, in which exploratory discursive translations occurred first, followed by exploratory material translations and integrative discursive translations (concurrently), and, finally, integrative discursive translations.

ESTABLISHING INSITE

The path from the early health crisis in Vancouver’s Downtown Eastside to the opening of North America’s first government-sanctioned supervised injection site winds through a maze of individuals, organizations, strategies, and relationships. My analysis shows that this complex path began with a period of pain and protest, followed by four distinct waves of translations that oscillated between discursive and material translations, and evolved from translations focusing on exploring the idea of supervised injection sites to translations that focused on integrating it into the local community.


Prior to the late 1980s, the dominant drugs in the Downtown Eastside were alcohol and prescription pharmaceuticals. Although these had terrible consequences for many community members, the arrival of heroin and cocaine led to a prominent and eventually out of control street drug scene to which residents, the media, and drug users reacted. In 1989, 100 elderly Downtown Eastside residents marched to protest against the drug dealers in Pigeon Park, carrying placards reading “Drive out the drug dealers!” and “We want our park back!” The media joined in, with articles decrying conditions in the Downtown

TABLE 2
Main Instances of Translation

<table>
<thead>
<tr>
<th>Discursive</th>
<th>Material</th>
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<tbody>
<tr>
<td>Exploratory—defining “supervised injection site”</td>
<td>• “Something to Eat, A Place to Sleep and Someone Who Gives a Damn” report (Parry, 1997)</td>
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<tr>
<td></td>
<td>• “Social Support Systems at Work” report (Tabrizi, 1998)</td>
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<td></td>
<td>• Sensible Solutions... conference (The Fraser Institute, 1998)</td>
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<td></td>
<td>• Mayor’s conference (Campbell et al., 2009)</td>
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<td></td>
<td>• Out of Harm’s Way conference (Armstrong, 1998)</td>
</tr>
<tr>
<td></td>
<td>• “Searching for Solutions on the Downtown Eastside” series, Vancouver Sun, November–December 2000</td>
</tr>
<tr>
<td>Integrative—connecting “supervised injection site”</td>
<td>• Keeping the Door Open conferences</td>
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<tr>
<td></td>
<td>• “Four Pillars” framework</td>
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<td></td>
<td>• Vancouver mayoral election</td>
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</table>
Eastside. In 1990, the *Vancouver Sun*, the major local daily, described the intersection at Hastings Street and Main Street as “Cocaine Corner,” where, in “just half an hour, … you will see as many as a dozen drug deals conducted in broad daylight” (D8), while another newspaper described “junkies shooting up ‘all over’” (D9). By 1996, a national newspaper had described Vancouver as “Canada’s overdose capital”: “Corpses of addicts regularly turn up in the back lanes … Others, blue from asphyxiation, will be found in the city’s rooming houses, where walls are often stained with the blood that spurts from addicts’ veins” (D10).

Drug users expressed their own pain and frustration, too, primarily through public demonstrations, the most dramatic of which occurred in June 1997, when drug users blocked the main Downtown Eastside traffic artery with chains strung across it bearing the words “The Killing Fields” (D11), and planted 1,000 crosses in a local park, one for each of the recent overdose deaths. As a local poet wrote at the time, “These thousand crosses announce a deprivation of possibility, for those of us who mourn here” (D12). Less dramatic protests also occurred, such as in 1998, when about 100 drug users “stumbled out of the Downtown Eastside back alley shooting galleries to be seen and heard” (D13).

The dramatic rise in the overdose rate led the province’s chief coroner, Vince Cain, to convene a task force that included representatives from health, social services, and law enforcement, as well as street workers and recovering addicts. The task force released what became known as the “Cain Report,” recommending that “the government should treat drug addiction as a health and social issue rather than a law-enforcement problem” (D14), and recommended sweeping changes, including decriminalizing possession, facilitating safe use of illicit drugs, and providing heroin to chronic addicts. Although reactions to the report were mixed, significant support was voiced in the community: a long-time Downtown Eastside activist responded by suggesting that “attention should focus on directly delivering health care to the addicts in their environment,” (D15) and the *Vancouver Sun* called for “humane, long-term public policy to handle problems that are about public health, not crime” (D16). More generally, a new understanding of drug use and addiction was beginning to emerge that emphasized the humanity and suffering of drug users, and conceived of drug addiction as a chronic health problem: as then-Vancouver Mayor Philip Owen liked to say, “We feel fundamentally that users are sick and pushers are evil” (D17).

### 1997–1999: Wave 1—Introducing the Concept of a Supervised Injection Site

In 1997, there began a wave of “exploratory discursive translations”: articulations of the concept of a supervised injection site in text, and talk that focused on defining the concept and its potential impacts (see Figure 1 for an overview of the waves of translations). Like a wave on the ocean, the first wave of translations was brought to life by powerful forces that energized and shaped its movement. In this case, those forces involved direct encounters with the pain and suffering of drug users and an awareness of a new interpretive scheme that constructed drug use and addiction as chronic health issues; together, these generated empathy on the part of individuals who either moved into or were already in positions that allowed them discursive legitimacy regarding appropriate responses to drug use and addiction. These translations occurred in government reports, international conferences, and newspaper articles, and triggered a fierce debate over the morality and practicality of potential responses to drug use and addiction. This wave of translations produced the supervised injection site as a contested concept, a great deal of intensely expressed, public emotion on both sides of the debate, and the emergence of organizations dedicated to the debated issues.

**The Health Board reports.** The concept of a supervised injection site was first formally articulated in a Vancouver/Richmond Health Board committee report called “Something to Eat, A Place to Sleep and Someone Who Gives a Damn” (D18). The report recommended exploring the feasibility of supervised injection facilities in the Downtown Eastside, as well as the decriminalization of drugs, improvements in existing addictions programs, and more affordable housing (D19). When it was leaked to the press, the mention of supervised injection sites triggered immediate, forceful, negative responses, including from the health minister who commissioned the report. She declared, “Let’s be clear on this: These are shooting galleries where people who are unhealthy, sick, and addicted use illegal substances. … It doesn’t make any sense to me whatsoever for health care dollars to be put into shooting galleries” (D20).

The second major report to propose supervised injection sites for Vancouver was produced by a Health Canada (government department) consultant, who, in the spring of 1998, visited several European cities to explore the relevance of their approaches to addiction (D21). The report suggested
that European injection sites could provide a template for Vancouver facilities, and that “crime rates, deaths from overdoses, and HIV infection rates all fell since the inception of experiments like safe-injection houses” (D22). The report led to a Health Board proposal to consider opening supervised injection sites in the Downtown Eastside (D23), which unleashed a flurry of public debate. A local newspaper columnist despaired, “Hey, let’s declare the entire Downtown Eastside a hospital and say the hell with it!” (D24). The head of addiction medicine at the main downtown hospital attacked the proposal, too, suggesting that “governments should first help . . . addicts get off drugs” (D25); similarly, the Vancouver Medical Association argued such a site was “doomed to failure” (D26). The most vocal opponents were local business people and police agencies: the head of the Chinatown Merchants Association claimed that, “The establishment of safe injection sites could only lead to increased drug use, which in turn would lead to more crime” (D27); a Vancouver police spokesperson declared, “We’re vehemently opposed” (D28); and, later, the Royal Canadian Mounted Police joined the debate, saying it would take “a firm stand” against supervised injection sites (D29).

![FIGURE 1](https://example.com/figure1.png)

### Four Waves of Translations

**Exploratory Material Translations**
- Drug Users’ Hotel Rooms
  - Aug. 1–July 1
  
- 217 Dunlevy St.
  - Aug. 31–Jan. 30

**Exploratory Discursive Translations**
- First users’ “Meeting in the Park”
  - Sept. 9
- *Something to eat* report
  - Oct. 20
- BC Health Minister rules out idea of SISs
  - Oct. 21
- *Harm reduction report* to Health Board
  - Jan. 15
- *Sensible Solutions*... conference
  - Apr. 21
- Mayor’s conference
  - Jun. 12
- *Pay now or pay later* report
  - Jun. 28
- *Social support systems at work* report
  - Sept. 8
- *Out of Harm’s Way* conference
  - Nov. 20

**Integrative Material Translations**
- First United Church Demo Site
  - Dec. 1
- First United Church Teaching Site
  - Apr. 13–Apr. 16

**Integrative Discursive Translations**
- Dr. Peter Centre
  - Jan. 15–
- Portland Hotel Society’s “Insite”
  - Feb. 4
- 327 Carrall St.
  - Apr. 7–Oct. 2
- Insite Sept. 21–

**Notes:**
- KDO = Keeping the Door Open; SIS = supervised injection site.
- Details of all conferences and reports are listed in Appendix 1: Directly Referenced Documentary Data.
In the face of such widespread and predictable opposition, an important question is how these Health Board reports were ever produced. The answer is rooted in the commitment of individuals demanding change, and especially one particular individual: Bud Osborn was appointed to the Board in March 1997, and led the charge for change in the treatment of drug addiction in the Downtown Eastside. Osborn was a poet and former drug user, born into dire circumstances: his alcoholic father hanged himself in jail, his alcoholic, drug-addicted mother brought home “a series of stepfathers,” and his grandmother was shot and killed by his aunt, who then shot herself (D30). At 21, Osborn left the United States for Canada to flee the draft, and spent nearly two decades “adrift on drugs” (D31). After stopping using drugs, he began to work on behalf of Downtown Eastside drug users, leading protests to increase the visibility and legitimacy of their needs, and joining the boards of several Downtown Eastside agencies. When Osborn was appointed to the Vancouver/Richmond Health Board in recognition of his contributions to the Downtown Eastside, he was seen as “a fire-breathing, spitting poet who would go to … meetings and he would tolerate no bullshit and he would pound the table and he would say, ‘People are dying in our city. You have to do something about it’” (Interview).

The conferences. A second set of translations involved a series of international conferences. In June 1998, Vancouver’s Mayor Philip Owen organized a conference that involved “a spectrum of European, American, and Canadian harm-reduction experts” (Campbell et al., 2009: 126). Then, in November, a more progressive conference was held: Out of Harm’s Way was hosted by the Portland Hotel Society (a housing-focused nonprofit) in a Downtown Eastside park. It brought in speakers from Europe who described the positive impacts of supervised injection sites and other harm-reduction measures in Basel and Frankfurt. The speaker from Frankfurt told the audience of residents, drug users, and activists that “Vancouver’s approach to controlling illegal drug use is probably doomed to failure,” and went on to describe his city’s five supervised injection sites, each with “a doctor nearby and a social worker [who] supervises the drug injection,” as well as the immediate, positive results, including a drop in overdose deaths of 80% (D32).

Like the Health Board reports, these two conferences were driven by individuals who had directly encountered the pain and suffering of drug users. Owen was first elected mayor in 1993, just as the heroin problem in the Downtown Eastside was emerging. As he watched the problem grow, he began to walk the alleys of the Downtown Eastside, “rub [bing] shoulders with the riff-raff” (Interview), asking “addicts what they were injecting, how often, and what the government could do to help” (D33). The Portland Hotel Society, organizers of the second conference, was established “in a crowded and rundown old hotel building, as a more inviting alternative for people who had been kicked out of most other hotels in the area” (D34); the Society’s leaders—Mark Townsend and Liz Evans—had dealt extensively with people with multiple connected challenges, including mental health problems and drug addiction.

The newspaper articles. The final set of exploratory discursive translations was published in the Vancouver Sun, which played an important and enduring role in the debate. Injection site advocates understood the importance of wider communication, and so “cultivated the media, which was absolutely critical” and became “much more sophisticated about this issue” over time (Interview). Following circulation of the “Social Support Systems at Work” Health Board report, a Sun editorial suggested that, “because the situation is so bad … safe injection sites are not a panacea [but might instead represent] a successful holding action” (D35). Along with regular reporting, the Sun ran a 42-item “Searching for Solutions in the Downtown Eastside” series in November–December 2000 that provided readers with inside stories of drug users, their struggles with health, crime, and relationships; street nurses; the police officers who worked the area; and the city’s plans to address the Downtown Eastside drug problems. The series mentioned supervised injection sites in 11 articles, including one (titled “The Frankfurt Way”) in which the paper likened a supervised injection site to a “minimalist beauty parlour” (D36). A cornerstone of the Vancouver Sun’s series involved two of its reporters shadowing Downtown Eastside residents and drug users, “who graciously allowed … complete access to their lives” (D37).

Impacts of the exploratory discursive translations. The reports, conferences, and newspaper reports had three main effects important to subsequent waves of translation: (1) they established supervised injection sites as a contested concept; (2) they led to significant public expressions of emotion; and (3) they helped trigger the establishment of opposing advocacy groups on each side of the debate around drug use and addiction in the Downtown Eastside. The initial reports that emanated from the Health Board triggered an intense debate that involved ongoing translations and
counter-translations by supporters and opponents of supervised injection sites. Whereas, prior to October 1997, there had been no mention of supervised injection sites in the local media, the Health Board reports ushered in a debate chronicled in over 500 newspaper articles between 1997 and 2003, with more than 100 of those mentioning injection sites in Europe. The division in public feelings about supervised injection sites was captured in a 1998 poll of local residents in which 44% of respondents supported supervised injection sites as a response to drug addiction while 47% opposed them (D38).

The debate over the meaning and morality of supervised injection sites was embodied in and escalated by the formation of two organizations representing the different sides of the contest. On September 9, 1997, Bud Osborn and Ann Livingston held their first “Meeting in the Park” of drug users to discuss their needs, which ultimately led to the formation of VANDU. From its inception in early 1998 (D39), VANDU engaged in a variety of services aimed at increasing the health and well-being of drug users as well as activism and public education. The group organized demonstrations, with the aim of agitating for action and showing drug users as people with lives, voices, and value: as one VANDU program recipient put it, “To try to get across the point that addicts are people too, that we shouldn’t get fucking treated like garbage” (D40).

On the other side of the issue emerged the Community Alliance—a coalition of business and neighborhood representatives in favor of law and order approaches. The Alliance argued that “[Users] want to stay on drugs, have it respected as a life-style” (D41). In February 2000, the Alliance pressured the city council to cancel development of a resource center for drug users that had widespread community backing, and, a few months later, to declare a 90-day moratorium on new services for drug users in the Downtown Eastside (D42). In September 2000, the Alliance organized a 1,500-person march to deliver a petition with 37,000 signatures opposing programs that “assist, facilitate, or maintain the dealing and use of illegal drugs” (D43). Although the Community Alliance pushed hard, opposition to the group was also fierce and sustained. In December 2000, its leader, Bryce Rositch, quit because of what he called “a campaign of intimidation including weekly protests outside his office” (D44). A group called the Anti-Poverty Action Committee distributed food outside Rositch’s office every Monday, promoting the event with signs that read “Bryce Rositch hates you if you’re homeless, addicted to drugs, a sex-trade worker or poor,” and “Come to the free-food serving at Rositch’s office and make noise” (D45).

2000–2002: Wave 2—Providing Local Experiences of Supervised Injection Sites

The second wave of translations involved a range of actors constructing “exploratory material translations”: material instances of the supervised injection site concept constructed to explore the local meaning of the concept in concrete terms. This represented the longest wave, beginning before the exploratory discursive translations and continuing after them. Although Insite is known as North America’s first supervised injection site, the history of such sites in Vancouver reveals that it was only the first government-run facility. The exploratory material translations were again driven by individuals and groups whose direct experience of drug users’ suffering fueled their empathy, but, distinct from the authors of the exploratory discursive translations, these actors all shared a degree of institutional immunity (Lepoutre & Valente, 2012) that allowed them the freedom to construct injection sites in a material form.

The “Back Alley.” Vancouver’s first organized supervised injection site was established by Ann Livingston in the autumn of 1995 and was known as the “Back Alley.” Livingston was a single mother who, in 1994, moved into the Downtown Eastside, and began to witness the tragic lives of its local drug users. She was initially motivated to work on their behalf by a public forum, where, as she described it, “The drug users’ testimony was completely raw … as if nobody had asked them anything for twenty years” (D46). Shortly after she moved in, she witnessed an overdose in her back alley, and later developed close personal friendships with drug users.

The Back Alley provided a safe place for users to inject and temporarily escape from the street scene: “Staffed by volunteers and run by Livingston, who was collecting social assistance and raising three children at the time … the Powell Street den was simply a couple of rooms where addicts could sit and inject” (D47). It was open four nights each week, and used by between 80 and 200 addicts each night, many of whom came to know of it from posters that described it as a “safe-fixing site” (D48). Although illegal, the site was known to the police: as one supporter described, “One day, the police came in. Some top police came in, walking right in. There was a guy smoking crack and people shooting up. … But they just looked around in there and in a few minutes they left” (Activist,
Drug users’ rooms. Following the closure of the Back Alley in 1996, no organized supervised injection site operated in Vancouver for several years. But, users began to operate ad hoc supervised injection sites in their own hotel rooms: “Individual VANDU members began to use their hotel rooms as safe sites, actually. . . . One of the early presidents of VANDU, he would say that publicly, that his room was open for people . . . and he would make sure that it would be safely administered” (VANDU organizer, interview). As described by another user at the time, “I personally have a shooting gallery myself. . . . I open my room for anyone to come in and get high. But the thing is . . . after eight o’clock there are no visitors allowed in my hotel. . . . So from eight to night till eight in the morning, there’s no place to go for a lot of people except the alley” (D50). According to people involved in VANDU, this practice arose through information sharing and users’ increased sense of self-worth that came from working on behalf of one another and engaging in demonstrations: “So [drug users] began meeting each other and being together and began to get a sense of, ‘Listen, I am somebody.’ . . . And so that began to really change people’s behavior, instead of shooting alone.” (Activist, interview)

217 Dunlevy Street. A second illegal site was established five years after the first, in the summer of 2000. The Harm Reduction Action Society (HRAS, pronounced “harass”) emerged out of a harm reduction conference (discussed in the next section), when Ann Livingston challenged those attending to take action. A diverse multisector group—health workers and advocates, parents, drug users, and researchers—formed HRAS (D51) and, on July 12, co-organized a demonstration at which they planted 2,000 crosses in Oppenheimer Park (D52) in Downtown Eastside and announced they would open a supervised injection site—legal or not (D53). A little more than a month later, Livingston invited reporters to 217 Dunlevy Street to show them Vancouver’s next supervised injection site: “The empty storefront . . . is plain and stark and white, about the last place you would expect to become a battle-ground in Vancouver’s war over illegal drug use” (D54). Livingston’s announcement triggered an immediate response by the Community Alliance, who, “vowing to use every legal weapon in its arsenal to oppose it . . . raised an outcry over the soon-to-open site” (D55). The Alliance focused on the site’s funding (D56), suggesting that public funds would be used for illegal activity. Livingston distanced the site from VANDU, funding it from her own money and a local doctoral student’s research grant (D57). The Dunlevy site closed in early 2001, when the landlord “decided it was attracting too much of a drug scene.”

First United Church. First United Church sat in the heart of the Downtown Eastside and had a long tradition of reaching out to disadvantaged residents through a soup line, a clothing exchange, a welfare advice service, and a drop-in center for sex workers. In December 2001 and April 2002, First United opened two “demonstration” supervised injection sites. The first was intended to let the public see what such a site might look like. It came about through a collaboration between HRAS and the church. As one HRAS member described it: “We were there like with plywood and hammers and trying to build this thing . . . Trying to sort of build this thing with users, and it was pretty hilarious, buying mirrors and stuff from like Home Depot . . . And so then we had a big opening . . . It was out in a lot of the newspapers, members of the public could come by and have a look.” (HRAS member, interview) According to the church’s executive director Reverend Ruth Wright, the church recognized that it would be controversial, but, “We just get concerned about seeing so many people dying” (D58). The site was open for one day, and was built to be similar to supervised injection sites already established in Frankfurt (D59). The church’s second site was educational, aimed primarily at drug users but also open to the public, with the goal of teaching safe techniques for injecting heroin and cocaine, including “strategies on how to take care of their veins, how to do a proper tourniquet, and how to ensure equipment is sterile” (D60). The educational site was open for four days, and attracted extensive media coverage, which compared it to European supervised injection sites, noting that such sites there have reduced “the incidence of drug overdose and serve as a gateway into medical rehabilitation” (D61).

Dr. Peter Centre. Vancouver’s first functioning supervised injection site inside a formal organization opened without fanfare in the Dr. Peter Centre, a day health program and supported-living residence for people with HIV/AIDS. The prevalence of
HIV/AIDS among intravenous drug users meant that the epidemic of overdose deaths was felt deeply in the center, with many participants and staff knowing drug users who had died and attending their memorials. In December 2001, following the overdose of a participant in the center’s laundry room, two nurses approached the executive director explaining that participants were often injecting in unsafe conditions with unsterile materials, and asking permission to supervise participants injecting drugs. The executive director sought advice from the nurses’ professional association, which argued the nurses had a professional duty of care to provide such a service. The center also sought advice from lawyers, who suggested the likelihood of criminal prosecution was low. So, in January 2002, the Dr. Peter Centre quietly began to operate a supervised injection service. In April of that year, at the launch of a report on the legal and ethical issues of establishing safe injection facilities, the center’s executive director announced it was already running one (D62).

**Impacts of exploratory material translations.**
This wave of translations made important and distinctive contributions to the establishment of Insite. The exploratory material translations produced concrete images of supervised injection, and a gradual increase in public acceptance of the idea. In the case of the earliest sites—the Back Alley and drug users’ hotel rooms—this was restricted largely to drug users, activists, and a few prominent insiders who visited the site, including future mayor Larry Campbell, since they were virtually unknown to most others. The later sites, and especially the First United Church sites, constructed an image of supervised injection sites for a much wider audience, by providing physical locations for people to visit and for the media to photograph. According to one of the First United organizers, “We had seniors’ groups coming in, we had high school classes coming in, and there’d be a video playing showing information, it showed what a safe injection site was” (Interview). The impact on visitors was reportedly significant: “We had feedback forms, and repeatedly the feedback forms would say, ‘When I came into your safe injection site, I thought it was a really bad idea. When I saw what it was, heard about what it was for, I changed my mind. Thank you.’” (Interview)

**2000–2003: Wave 3—Connecting the Concept of a Supervised Injection Site**
Following years of polarizing, divergent translations of the supervised injection site concept by advocates and opponents, a new kind of discursive translation emerged: rather than explaining and evaluating the concept, the new, integrative translations focused on exploring how supervised injection sites might be connected to local routines and structures. Important resources feeding into these integrative discursive translations were the contested concept and public emotions that emerged from the exploratory discursive translations. These new integrative translations occurred amid some of Vancouver’s most intense, heated public debates around drug use and addiction. They began a few months after Mayor Owen had announced a 90-day moratorium on new facilities for drug users, which led to outcries from drug users, activists, and allies, including then-chief coroner Larry Campbell, who “told the media the mayor’s move would trap drug users in an escalating cycle of overdose deaths” (Campbell et al., 2009: 131). VANDU responded to the moratorium by “carrying a makeshift coffin” into a city council session and planting 90 wooden crosses on the City Hall lawn, stating that “they represent the people likely to die—at a rate of one overdose death a day—while the city stalls” (D63). The unresolved status of supervised injection sites in Vancouver, and the intense public debate that occurred around the issue, provided an opportunity for approaches that would cut across the divides and allow a common ground for action.

**The Four Pillars.** In November 2000, Mayor Owen brought to city council a draft policy titled “A Four-Pillar Approach to Drug Problems in Vancouver with a Focus on Prevention, Treatment, Enforcement, and Harm Reduction.” The Four Pillars framework, as the policy came to be known, answered the question of where supervised injection sites fitted into the broader discourse of community responses to drug use and addiction, as well as which harms supervised injection sites were meant to address and which ones would be left to other approaches. As one individual close to the Four Pillars framework described it, though, “The whole thing was really a Trojan horse for the injection site … Everything else was motherhood stuff” (Interview). Despite the “motherhood stuff,” however, the initial proposal proved too radical for the city council: “One by one [the city councilors] read Philip the riot act, they said ‘This paper is garbage, it is over the top’” (Interview). Nevertheless, once the document was revised and approved by council, it was widely accepted. Groups such as the Community Alliance and the Vancouver Police Department saw it as a basis for action and reasserting the importance of policing (D64). Groups
favoring harm reduction recognized that their approach was being legitimated and given an equal status to enforcement and education. To develop broad understanding of and support for the Four Pillars, Owen organized public dialogues with panels representing each of the pillars (D65). Public reaction was favorable, and, in 2001, the revised document was published, including in it a commitment to “consider the feasibility of a scientific medical project to develop safe injection sites or supervised consumption facilities in Vancouver” (MacPherson, 2001: 64).

Like the earlier translations, the Four Pillars framework was driven by the empathy of individuals who had directly encountered the pain and suffering of drug users and were aware of an interpretive scheme that emphasized drug use and suffering as health issues. The framework’s author, Donald MacPherson, had worked for a decade in the Carnegie Community Centre in the heart of the Downtown Eastside, witnessing the devastating impacts of heroin and cocaine. MacPherson described how, “Our door staff were reviving people every day in the washrooms who were ‘blue’... There were so many memorial services for locals who had fatally overdosed that it seemed they were happening daily” (D66).

Keeping the Door Open. Keeping the Door Open (known to its members as “KDO”) was named to reflect an intention to “always keep the door open for folks with addiction” (Interview). Originally constituted as part of a Vancouver HIV/AIDS umbrella organization, its initial aim was to organize a single conference on harm reduction, but it went on to have significant influence through the series of conferences it organized and connections it created. Membership in the KDO organizing group was somewhat fluid, but made up of individuals with direct experience of the pain and suffering of drug users, either through their involvement in professional organizations (e.g., Street Nurse Program, Dr. Peter Centre, AIDS Vancouver) or through personal experience (e.g., From Grief to Action, VANDU) (D67). KDO provided its members with a protected space: as one member described it, “It’s safe. It’s one of those groups that, you know, I can go there and I will say, like, ‘This is for this room only.’... We talk about all sorts of stuff, confidential stuff, that normally I would not be talking about in a group full of 15 people from a bunch of different agencies” (Interview). The first conference, titled Health, Addictions and Social Justice, was held in March 2000, with over 200 people attending seminars and more than 2,000 involved in public events. KDO organized five more public events before Insite opened, the planning and delivery of which generated important relationships among key actors, including Larry Campbell, before he successfully ran for mayor, Donald MacPherson, the author of the Four Pillars, and Nichola and Ray Hall, founders of From Grief to Action, a suburban group of parents struggling with their children’s addictions who demonstrated that drug addiction crossed social classes.

The “drug election.” Finally, an important opportunity for supervised injection site supporters came in 2002, in the run up to the Vancouver mayoral election. Philip Owen, mayor for nine years and sponsor of the Four Pillars, was sidelined by his party in favor of a candidate with more conservative views on drug policy. This created a vacuum in the political leadership around harm reduction, into which stepped former Royal Canadian Mounted Police officer and provincial coroner Larry Campbell, who had first been exposed to the suffering of drug users while working on drug squads, and then as a provincial coroner during Vancouver’s overdose epidemic. Addictions in the Downtown Eastside became the election’s dominant theme, with the national press consequently dubbing it the “drug election” (D68). Campbell committed to opening a site with or without federal approval within days of being elected: “I can open an SIS [supervised injection site] anytime I want. There is nothing illegal about [it]” (D69). Campbell won a landslide victory, which marked the end of any significant resistance to the supervised injection site; “I think the opposition had really wilted away. ... Mayor Campbell had been elected and the referendum [on supervised injection sites] was the election” (Interview).

Common across the authors and champions of these integrative discursive translations—the Four Pillars, Keeping the Door Open, the “drug election”—was their empathy for drug users borne of direct experience of drug users’ suffering, but distinctive to this group was their holding positions that provided the legitimacy to connect disparate stakeholders. For MacPherson (the city’s drug policy coordinator), Owen (the mayor who sponsored the Four Pillars), and Campbell (the coroner who was then voted in as mayor in the “drug election”), this legitimacy came from their positions in City Hall, which was formally connected to and symbolically at the center of enforcement, treatment, education, and harm reduction approaches to drug use and addiction. The role of drug policy coordinator, for example, was established specifically to provide this kind of
bridging position. As a City Hall insider described it, “We were creating the drug policy coordinator position but [it] had no jurisdiction or mandate to coordinate anything. . . . It certainly coordinated information and discussions but [it] had no money and no power.” KDO occupied a similar position, bridging constituencies without any authority: its membership included an intentionally diverse mix of voluntary and public sector organizations, with their events spanning across even broader collections of local, national, and international actors.

**Impacts of integrative discursive translations.** The integrative discursive translations produced important outcomes with respect to how the concept of a supervised injection site was imported into Vancouver. The first was the conversion of the supervised injection site concept from contested to connected. These translations all emphasized a more complex image of supervised injection sites as one part of a response to drug use and addiction, the success of which depended significantly on their relationship to other sets of routines and structures. The second major outcome of these integrative discursive translations was the formation of networks of supportive stakeholders ready to take action to establish a supervised injection site. Out of the first KDO conference, HRAS emerged; out of the Four Pillars, there emerged a City Hall, including Mayor Owen and the majority of the city council, that supported the establishment of a supervised injection site. This network was cemented by the election of Larry Campbell, who leveraged public opinion to forge an alliance with police, health, and community agencies to work toward creating Insite.

**2002–2003: Wave 4—Pulling it All Together**

The final wave of translations occurred following the mayoral election, and involved the construction of three integrative material translations—concrete expressions of the supervised injection site concept embedded in the city, its routines, and its politics. At this point, the political energy of supervised injection site opponents was largely exhausted, the concept had been extensively explored in terms of its relationship to local routines, and there had been several examples of what a supervised injection site might look like. The actors engaged in this last wave of translations were organized in diverse networks led by people who, once again, had direct encounters with the pain and suffering of drug users. In constructing these integrative material translations, they drew on the products of previous translations. The stakeholder support and public acceptance that stemmed especially from the integrative discursive translations allowed even a last illegal site to operate with openness to the press and the public support of Mayor Campbell. There was also a convergence in the look and feel of the sites, with all of them organized around injecting stations, nurse supervision, and controlled entry.

**The first Insite.** The first integrative material translation, which was also called “Insite” by its builders, was established with the aim of it becoming the official supervised injection site, but it never became operational. Created through a collaboration led by the Portland Hotel Society, with VANDU and the Life is Not Enough Society, the media were invited to see the site on February 4, 2003. It was “modelled after safe-injection sites in Frankfurt, Germany, and Sydney, Australia” (D70), and included “six ‘stalls’ where people can inject intravenous drugs, with a sink and mirror at each one, an observation platform at the back of the room, a spacious waiting room and the feel of a low-budget art gallery” (D71). The opening included “bringing in 2,200 tulips to represent the people who have died of overdose deaths in BC since 1994” (D72). Organizers of the site created a separate not-for-profit called Health Quest to operate it, and asked the local health authority to include the site in a proposal being submitted to the federal government to approve the opening of a government-sanctioned supervised injection site.

**327 Carrall Street.** Vancouver’s last illegal supervised injection site opened at 327 Carrall Street on April 7, 2003, a few months after the election of Larry Campbell as mayor, in response to a three-month police crackdown on drugs in the Downtown Eastside area and the delayed opening of the promised official site (D73). The site operated from 10 p.m. to 2 a.m., with two “supervised booths” providing services to approximately 15–25 users each night (D74), and was organized by a coalition of individuals and groups, including Ann Livingston and VANDU, the Anti-Poverty Coalition, the Housing Action Committee, and the PIVOT Legal Society (D75). Officially rented by a religious studies instructor, it was partly funded by the son of the previous mayor, Philip Owen, who said: “I want this to be a burr under the saddle of the levels of government until something happens” (D76). Despite public support from Mayor Campbell, the site had a tense relationship with the local police, who initially vilified the site, then backed down, suggesting that shutting down the site was “not a priority”
(D77), and finally attempted to close it, including padlocking the doors (D78) a few days before the organizers themselves shut down operations (D79). Unlike the earlier illegal sites, 327 Carrall Street was the subject of intense media coverage, both local and national. Dozens of articles and editorials described and evaluated the site, its relationship to the city and the police, its effectiveness and morality, and its role in pressuring government to move on opening an official supervised injection site. It also had the systematic involvement of researchers “gathering data . . . to gain understanding of a peer-driven unsanctioned SIS [supervised injection site]” (Kerr, Oleson, Tyndall, Montaner, & Wood, 2005: 268).

**Insite.** The final translation was triggered by the June 24, 2003, Health Canada approval of the local health authority’s application to open a government-sanctioned supervised injection site. This led the local health authority to demolish the Portland Hotel Society’s Insite and replace it with a new, 12-seat, C$1.2 million facility paid for by the provincial government. Three months later, on September 15, Insite was opened to the press (D80). It would be operated by the health authority, with administrative and peer support from the Portland Hotel Society, the support of the City of Vancouver, the endorsement of local politicians, the cooperation of the local police force, and ongoing research by scholars at the University of British Columbia. Insite opened to drug users on September 21, 2003 (D81).

**Impacts of integrative material translations.** The focus of the integrative material translations was the construction of an embedded practice, which took as its inputs the localized practice from the exploratory material translations and the embedded concept developed in the integrative discursive translations. The ways in which these translations constructed a supervised injection site as an embedded practice differed substantially, with the Carrall Street site emphasizing closer connections to street nurses and the community of drug users, and Insite emphasizing closer connections to the health authority and the nonprofit Portland Hotel Society. Both of these sites, and the Portland Hotel Society’s first Insite, all featured connections to organized health care, academic research, and the City of Vancouver.

**DISCUSSION**

My aim with this paper was to understand how actors engage in high-stakes institutional translation—the process of importing practices with highly consequential material impacts on and profound moral challenges for the target community. Establishing Insite involved a period of pain and protest followed by waves of discursive and material translations, each of which made distinct contributions to the process. In this section, I explore these findings in more depth, first developing a process model of high-stakes institutional translation, then exploring the co-evolutionary nature of this model, and, finally, examining the key role of emotion.

**The Process of High-Stakes Institutional Translation**

Based on the Insite case, I propose a process model of high-stakes institutional translation made up of three overlapping phases: (1) an “energizing” phase, driven by public expressions of pain and protest, and an emerging alternative interpretive scheme; (2) an “exploring” phase, made up of waves of discursive and material translations that introduce the contentious concept into the community; and (3) an “integrating” phase, in which further waves of discursive and material translations connect the contentious concept to existing ideas, routines, and relationships, ultimately resulting in the construction of an embedded practice (see Figure 2).

**Energizing.** The first phase of high-stakes institutional translation suggested by my study provides the foundation for the translations to follow by energizing actors in the field and disrupting assumptions that underpin existing routines. The core activities that make up this phase are the public expression of intense emotion and the articulation of a new interpretive scheme. This phase is fueled by intense emotion that triggers the overarching process, motivating community members to engage in disruptive public demonstrations and protest. A main outcome of this phase is the disruption of a previously stable field or community in ways that open up the possibility of institutional translations.

In the establishment of Insite, the first phase of the process was marked by public expressions of pain and suffering, and protest over the conditions facing drug users in Vancouver’s Downtown Eastside, which energized the field. The beliefs and practices in regards to drug use and addiction in Vancouver had been stable for a long time: there were entrenched understandings of the people and the problem, appropriate responses to those issues, and stable sets of social relationships organized around those ideas among drug users, health workers, the police, and community residents (Campbell et al.,
The increased prevalence of heroin and cocaine in the community and the consequent epidemic of disease and death destabilized these ideas and relationships, but did not fundamentally alter them. The transformation of these relationships only began when drug users and supporters started to gain a voice and make others aware of their pain and suffering through public, emotional expressions.

The “energizing” I associate with this phase of the process has two key parts—activation and direction. Social “energy” is an affective concept—“a type of positive affective arousal” that describes a “feeling that one is eager to act and capable of acting” (Quinn & Dutton, 2005: 36). Thus, I argue that the public expressions of emotion and protest in this first phase of drug use and addiction. The expressing of emotions—even negative emotions, such as pain, frustration, disgust, or anger—opens up space for further emotional expressions, legitimizing the participation of actors previously silent in a field (Greenberg, 2004). Moreover, the gaining of a voice by individuals in a field where actors had felt silenced can provide inspiration and hope to others, encouraging them to risk engaging with contentious issues (Burris, 2012; Burris, Detert, & Romney, 2012).

The second key part of the energizing phase involved motivated actors gaining a common sense of purpose and direction through the emergence of an alternative understanding of drug use and addiction. In institutional terms, there emerged a new “interpretive scheme”—a “shared, fundamental (though often implicit) [set of] assumptions about why events happen as they do and how people are to act” (Bartunek, 1984: 355). The new interpretive scheme revolved around the idea of drug use and addiction as a chronic health issue, rather than a criminal issue or an acute medical problem (see Table 1 for illustrative evidence). For most of the 20th century, drug addiction in Vancouver was understood as either a criminal problem to be dealt with by the police and the courts, or as a medical problem to be “cured” through abstinence-focused treatment (D82). The exclusivity of these views began to crack in the 1990s. The idea that illicit drug use might be a chronic health issue and that the suffering of drug users might be treated separately from attempts to punish or cure them represented a profound shift in the interpretive scheme around drug use and addiction (D83).

**Exploring.** The second phase is “exploring”: community members constructing initial discursive and material translations of the foreign practice, and thereby producing contested concepts and objects that
polarize the community. In the case of Insite, the second phase revolved around exploring the concept of a supervised injection site, both in discourse—through reports, articles, conferences, and other spoken and written forms—and in material terms—through the construction of a range of sites that operated and/or demonstrated what a supervised injection site might look like. These exploratory translations converted a nonlocal concept into a local one—defining it, giving it a local meaning and a local moral evaluation. Exploratory translations represented an important contribution, because they provided local actors with a basis for dialogue and debate. For most Vancouverites, including drug users, the significance of watching over someone while they injected heroin or cocaine was largely unknown. There was little recognition of the simplicity with which overdose deaths could be reduced. The exploratory translations introduced to Vancouver a language for discussion and a set of images that local actors could begin to imagine, such as First United Church’s demonstration site, with its “tables, mirrors, sterilizing equipment, posters with site rules, referral services, and health information” (D84).

Discursive and material translations are the heart of high-stakes institutional translation. Of course, the distinction between “discursive” and “material” is a complex and contested one (Parker, 1998): there is always a material dimension to talk and text, and a discursive dimension to material constructions such as buildings and physical technologies. Nevertheless, some translations occur primarily through the production of textual or verbal media (government reports, newspaper articles, speeches, and interviews, in the case of Insite), while other translations are more explicitly physical, practical, and nonlinguistic (as in the repurposing of physical spaces in storefronts, churches, and health centers, with respect to Insite). I distinguish between discursive and material translations in part because of these self-evident differences but also because they make distinct contributions to the process of high-stakes institutional translation.

The distinctive contribution of discursive translations is the production of concepts: contested concepts produced by exploratory discursive translations, and connected concepts produced by integrative discursive translations. Concepts represent the “ideas, categories, relationships, and theories through which we understand the world and relate to one another” (Hardy & Phillips, 1999: 3). In this study, the concept of a supervised injection site became centrally important to how people in Vancouver understood and responded to issues around drug use and addiction. The exploratory discursive translations produced a concept that was highly contested, with simple, polarized descriptions of the meaning and morality of supervised injection sites that galvanized both sides of the debate. A member of HRAS described the organization’s initial meeting as follows: “It became pretty obvious to us . . . that the best thing to focus on was supervised injection, because we’d heard about a number of different promising harm-reduction approaches and that one seemed to be both compelling as an immediate response, and sufficiently understandable” (Interview).

In contrast, material translations produce “objects”: elements of “the practical order,” with “an ontological status and a physical existence, apart from our experience of them” (Hardy & Phillips, 1999: 3). The importance of objects for the establishment of Insite was twofold. First, objects, such as the material supervised injection sites, have causal effects on other material objects, including people, places, and practices. In this case, a significant causal effect included maintaining the lives of people that might otherwise have died from drug overdoses. The second way in which these material objects were important was with regard to their distinctive symbolic effects. In the media reports on the material translations, there was a consistent emphasis on what the supervised injection sites looked like: how they were arranged, what materials were used, what kinds of other spaces (e.g., hair salons, IKEA stores) they might be likened to. Since most Vancouverites would only know the material supervised injection sites through the media reports they read or watched on television, these images provided the concept of a supervised injection site with an imaginable, public referent.

**Integrating.** The final phase of high-stakes institutional translation focuses on “integrating” the new practice into the community’s day-to-day discourse, routines, and relationships. Two transformations characterize this phase. First, contested concepts produced in the previous phase are integrated into structured, coherent discourses to produce connected concepts, the meanings of which are understood in relation to other locally legitimate ideas. Second, these connected concepts are used to integrate contested objects into local routines and relationships to produce an embedded practice, which stands as the final outcome of high-stakes institutional translation.

The first part of the integrative phase involves discursive translations that draw on contested concepts as resources and connects them to coherent,
structured discourses, and generate support from diverse networks of stakeholders. Integrative discursive translations locate contested concepts in relation to structured, coherent discourses in which “the texts that make them up draw on one another in well-established and understandable ways” (Phillips, Lawrence, & Hardy, 2004: 644). The Four Pillars framework, for instance, tied the concept of a supervised injection site and the emerging discourse of harm reduction to the more well-established discourses of drug education, treatment, and enforcement. Coherent, structured discourses provide actors with easily understandable ways of explaining the utility or relevance of a practice: in this case, Insite was positioned not only as an element of harm reduction, but as a part of a broader set of responses to drug use and addiction.

As well as locating concepts in relation to legitimate, existing discourses, integrative discursive translations also generate support for those concepts from diverse networks of stakeholders. The relationship between coherent discourses and diverse networks is mutually supportive: as a concept is integrated into existing, coherent discourses, it gains legitimacy in the eyes of more stakeholders; as additional stakeholders espouse support for the concept, its integration into existing discourses becomes more robust. An insider to the Four Pillars approach described the network that came together, even as the final document was being negotiated with city council, as follows: “So you have a group of people strategizing, unbeknownst to [the mayor], ... strategizing [about] 'How are we going to support that guy over there?' ... When the drug strategy ... went to city council, it all came down to one vote, right? And so the Portland folks rented a plane and it was flying over City Hall, trailing a great big banner saying, ‘Support the mayor’s drug plan, we are watching’” (Interview).

In the second part of the integrative phase, integrative material translations draw on contested objects and newly connected concepts to construct practices embedded in local routines and relationships. In the case of Insite, actors in this phase took the concrete images of how a supervised injection site might operate and began to explore how such an operation might be woven into existing routines and relationships, particularly in the health systems operating in Vancouver. Whereas a connected concept depends on its ties to other discursive phenomena, an embedded practice depends on its being woven into a community’s day-to-day routines and relationships. The operational requirements for Insite, for instance, would require cooperation from the local health authority, the City of Vancouver, the police force, and the local housing NGO that would provide administrative and peer support.

As part of constructing integrative material translations, tying them to local routines and relationships is critical, for two reasons. First, changing the meaning of objects by tying them to locally legitimate routines and relationships overcomes—significantly, by going around—the contested status of those objects. Second, tying a contested object to local routines and relationships transforms its status by enhancing the value of already valued practices, thus providing a kind of “pragmatic legitimacy,” which relies on the “self-interested calculations of ... immediate audiences” (Suchman, 1995: 578). For health care agencies, for instance, Insite provided a way of providing care to a population that was otherwise difficult to reach other than in crisis situations: for many drug users, their interactions with nurses working in Insite was their only regular contact with government health care. Thus, the embeddedness of a now-local practice both supports and stabilizes that practice, as it becomes a part of a range of legitimate routines and transforms the network of relationships and practices in which it is embedded.

**Requisite Complexity in High-Stakes Institutional Translation**

The model of high-stakes institutional translation I have proposed emphasizes the shifts that occur as the process unfolds—three phases, each associated with distinct kinds of action, and the emergence of different kinds of translations with distinct inputs and impacts. I turn now to dynamics that cut across phases, beginning with the relationships among social, discursive, and material dimensions of high-stakes institutional translation. Looking across the four kinds of translations that led to Insite, we see an overarching pattern that reflects a co-evolutionary process (Volberda & Lewin, 2003) involving translations and the actors who engaged in them.

The initial discursive translations I observed began as relatively simple (though controversial) statements regarding the meaning and morality of supervised injection sites. These statements were made by individual actors, including committees, consultants, the media (e.g., *The Vancouver Sun*), business people, and politicians. Similarly, the early
material translations of supervised injection sites were undertaken by individual actors or relatively small groups—Ann Livingston and VANDU, HRAS, the executive director and nurses at the Dr. Peter Centre, and the members of First United Church. These early translations put into play sets of resources—descriptions, images, and evaluations of supervised injection sites—that were then taken up by actors in more complex social positions. The actors who engaged in integrative discursive translations (e.g., MacPherson, Campbell, KDO) occupied bridging positions that allowed them to translate the concept of a supervised injection site in ways that connected it to other concepts and thus allowed a wide range of stakeholders to support the idea. Finally, in the integrative material translations, networks of actors were essential to producing embedded practices: the coalition of actors involved in finally opening Insite evolved slowly, with the City of Vancouver, the Portland Hotel Society, and VANDU coming on early, and Vancouver Coastal Health (which would operate the facility) ending up “the last ones on the bus, the last ones to the table” (Interview).

Thus, the co-evolution of translations and translators may be an important aspect of high-stakes institutional translation, with more complex translations requiring translators occupying more complex social positions. Thus, these processes may depend on a principle of “requisite complexity,” analogous to Ashby’s (1958) notion of requisite variety. An important piece of information with respect to this co-evolution is the Cain Report. Released in 1996, the report contained many of the recommendations found later in the Four Pillars framework, but none of those earlier recommendations were implemented. In contrast, the Four Pillars document became a central reference point for discussions of drug use and addiction, endorsed not only by harm reduction advocates, but also by the police forces, conservative politicians, and community groups. I contend that an important factor that helps explain these different outcomes involves the dissimilar positions of the authors: Cain’s position as provincial coroner had a relatively narrow health focus compared to the explicit bridging roles of MacPherson, as drug policy coordinator, and Mayor Owen. Consequently, Cain was not able to connect his recommendations to other existing concepts around drug use and addiction in Vancouver, or to establish the relationships with stakeholders in enforcement, education, and treatment that might have allowed the kinds of compromises that were eventually included in the Four Pillars document.

These findings may suggest a more general principle of field evolution. For a field to evolve, its components—the actors, discourse, and practices—may need to co-evolve such that the potential complexity of one dimension will be dependent on equivalent levels of complexity in the others. Put more concretely, complex discursive and material translations require the support of equally complex actors.

The Role of Emotions in High-Stakes Institutional Translation

The second crosscutting dynamic I discuss here involves the role of emotions. The literature connecting emotions and institutions suggests that emotion may play a motivating role in high-stakes institutional translation, as well as shaping how institutions are understood and experienced (Creed et al., 2010, 2014; Voronov, 2014; Voronov & Vince, 2012). Consistent with this premise, the story of Insite is a highly emotional one, characterized by anger, hatred, and despair, as well as joy, hope, and love. When looking across the whole of the process, however, three key emotional dynamics stand out.

First, triggering high-stakes institutional translation seems to require intense experiences and expressions of emotion. The initial phase of establishing Insite, prior to any direct translations of the supervised injection site concept, revolved around public expressions of pain and suffering by drug users and their friends and allies. This is consistent with the work of other scholars who have connected intense emotions to the disruption of institutional arrangements (Creed et al., 2010; Voronov & Vince, 2012). In this case, though, the anger and anguish that triggered the process were intertwined with the emerging reconceptualization of drug use and drug users. As drug users, their allies, and the public began to see addicts as people suffering from a chronic health problem, rather than as criminals or degenerates, the emotional responses shifted from sadness and pity to anger. There emerged a sense that the community could do better, that there needed to be a more humane response than simply isolating and punishing drug users. The evolution of the emotional dynamics was thus intrinsically connected to the shifts in institutionalized beliefs, both stemming from and facilitating those shifts.

Second, the latter phases of high-stakes institutional translation were fueled by empathy that allowed individuals and groups to understand the
pain and suffering of drug users in ways not unlike other kinds of pain and suffering closer to their own experiences. This finding extends previous work showing the importance of emotion in motivating institutional change (Toubiana & Zietsma, 2016), and the institutional translation literature’s core notion of energy being vested in the actors who carry translations forward, rather than in the objects translated (Latour, 1986). Empathy was an important driver, I argue, because it provided the energy to engage in translations that were both difficult and risky (Hoffman, 1990; Toi & Daniel, 1982). The outrage that followed the Health Board reports, for instance, required supervised injection site supporters to endure a great deal of conflict, repeatedly expressing and explaining their views in the media. This established what came to be important interaction rituals (Collins, 2004) that connected supporters and bound them to the cause. The motivating role of empathy was also important for later translations: the actors involved in the integrative discursive translations (Donald MacPherson, Philip Owen, Larry Campbell, members of KDO), for example, all had direct encounters with the pain and suffering of drug users, sometimes long before they engaged in the translations with which they were associated. Those encounters established a foundation of empathy that was, in a sense, waiting for the opportunity to express itself.

The third key role played by emotion in this process is as a connecting mechanism, bringing actors together in the collective pursuit of some common aim. The two emotions that played key roles in the story of Insite were anger and empathy, both of which are described as “approach” emotions—those that motivate interaction and a sense of agency, rather than isolation and a sense of powerlessness (Carver & Harmon-Jones, 2009; Hoffman, 1990). As well as directly motivating action, these emotions also effected more subtle, social transformations by providing opportunities for relationships to form and actors to gain agency. The empathy of Ann Livingston and Bud Osborn for drug users, for instance, led them to serve and agitate on their behalf, initially in parallel and then together when they held the first drug user meetings. These meetings led to them forming VANDU, which became involved in the illegal sites, the demonstration sites, and the KDO conferences. These dynamics suggest a transformational role for emotion—connecting individuals from different social worlds—that has been relatively neglected in writing on institutional translation and change more broadly.

CONCLUSION

To conclude, I examine the implications of this study for a set of three broader issues: (1) the role of distributed agency in institutional change, (2) the relationship between the study of high-stakes institutional translation and allied scholarly literatures, and (3) the practical implications of this study for communities facing serious social problems.

Institutional Change and Distributed Agency

Research connecting organizational practices to field-level change has highlighted the transformational impacts of widely distributed agency and relatively mundane practices (Smets & Jarzabkowski, 2013; Smets et al., 2012). An important issue left comparatively unexamined, however, involves the mechanisms through which distributed agency becomes integrated in some way—how it amounts to more than the sum of its parts. This study documented the cumulative impact of widely distributed agency: Insite emerged from the actions of a variety of actors with differentiated motivations and beliefs underpinning their actions, and often relatively little coordination. Looking across these actions suggests the importance of two connecting mechanisms: discourse and collective reflexivity.

The public and politicized character of the actors and actions meant that those involved were often aware of translations in which they were not directly involved. This gave them the opportunity and resources to construct linking narratives for themselves and the broader community that tied together much of the disparate work that had been done. These narratives combined to shape the discourse around drug use and addiction in Vancouver, which, in turn, acted as a resource for further action. This suggests the importance of attending to the relationship between the practices of organizational actors and the evolution of broader discourses that shape and give meaning to those actions. Although attention to discourse has been an important part of research on the role of agency in shaping in institutions, this has primarily been in terms of discursive moves, such as rhetoric (Suddaby & Greenwood, 2005). Less attention has been paid to the construction and leveraging of discourses as social structures (Lawrence &
The study of high-stakes institutional translation thus provides an opportunity to more fully integrate discursive and agential conceptions of institutions.

More broadly, the relationship that this case suggests between agency and change—as distributed and partial—suggests a shift in our conceptual language. There has long been a tension between research traditions that emphasize the purposive, intentional work of actors to effect change (Dacin, Dacin, & Tracey, 2011; Lawrence & Suddaby, 2006) and those that focus on change as an emergent process unguided by actors’ intentions (MacKay & Chia, 2013; Plowman, Baker, Beck, Kulkarni, Solansky, & Travis, 2007). In contrast to both of these traditions, high-stakes institutional translation, as evidenced in the case of Insite, seems to be associated with a “collective reflexivity” (Archer, 2013), which describes a joint awareness on the part of multiple actors of their contributions to a collective project, but stops short of suggesting a shared understanding of the roles and contributions different actors have played and will play. Collective reflexivity describes a kind of shared projective intent (Emirbayer & Mische, 1998) that does not necessarily require shared beliefs, and can facilitate mutually reinforcing action without explicit coordination. This account suggests important issues for the study of high-stakes institutional translation, including the conditions necessary to accomplish collective reflexivity.

High-Stakes Institutional Translation and Allied Literatures

Although institutional translation served as my theoretical starting point, this study also has implications for the broader organizational literature on social change, including research on institutional entrepreneurship and work, social movements, social enterprise, and positive institutional work. Research on institutional entrepreneurship and institutional work highlights the potential for actors to create new institutions and transform existing ones, even in highly complex, politically contested situations (Dorado, 2013; Lawrence & Phillips, 2004). Research on institutional work has tended to focus on intentions (creating, maintaining, and disrupting institutions), but has only recently begun to attend to the material conditions of that work (Lawrence & Dover, 2015; Raviola & Norböck, 2013). The findings from this study regarding the different inputs and products of discursive and material translations could provide significant theoretical leverage toward understanding institutional work and its effects.

A long-standing tradition in sociology, the study of social movements brings to organization studies a focus on the role of collective action motivated by structural inequalities (Clemens, 1993; McAdam, 1988). For the study of social movements, I suggest there could be value in integrating the concept of translations as well as the distinction between exploratory and integrative translations. This study observed classic social movement dynamics involving conflict and social movement organizations (Schneiberg & Lounsbury, 2008), but primarily in relation to exploratory translations, with relatively little such activity accompanying the integrative translations. Thus, integrating a focus on translations and the distinction between exploratory and material translations could add nuance to social movement research.

This study also has value for the study of social enterprise and social innovation tensions (Besharov & Smith, 2014; Jay, 2013; Mair, Marti, & Ventresca, 2012; Marti & Mair, 2009). First, it highlights the importance of incorporating field- or community-level dynamics in order to understand social innovation and the role of social enterprise organizations. Focusing on any one organization in my study could have been very misleading with respect to the processes and social change effected. Second, the consistent, connecting role of empathy in my study may provide a foundation for examining its role more broadly in social change processes, potentially connecting social enterprise organizations to other organizations and individuals.

Finally, a potentially important theoretical relationship that has only begun to be explored is that between positive organization studies and the institutional work perspective (Nilsson, 2015). In exploring the idea of positive institutional work, Nilsson (2015) proposed two concepts that may be of significant value in the study of high-stakes institutional translation: experiential legitimacy and experiential surfacing. The concept of “experiential legitimacy” describes a basis of social evaluation that is tied to the subjective experience of individuals, in contrast to traditional forms of legitimacy that rest on the observation of practice or structure by others (Suchman, 1995). Experiential legitimacy may be an important concept for the study of high-stakes institutional translation because it highlights social and moral dynamics that may not be easily observed in terms of people’s behaviors or language. In the case of Insite, for instance, the subjective experience...
of users, and especially their pain, suffering, and exclusion, may be obscured by layers of disgust expressed by others and shame on the part of users themselves. The concept of “experiential surfacing” describes efforts aimed at “surfacing and sharing the inner experiences of field members” (Nilsson, 2015: 376). This kind of institutional work might be key to the first phase of high-stakes institutional translation, and perhaps even to the first parts of that phase. In the case of Insite, this kind of work is seen in Bud and Ann’s early meetings in the park, where the primary agenda was to surface the feelings, concerns, and needs of drug users.

The Grand Challenge of Importing Contentious Responses to Serious Social Problems

The practical implications of this study stem primarily from its most basic finding that high-stakes institutional translation as a process is constituted by numerous, heterogeneous translations as practical accomplishments that involve bringing to life (often temporarily) an idea in the text, talk, and practices of a community. The story of Insite was not of establishing one big thing, but of creating lots of smaller big things, all of which raised ire yet also provided a foundation for dialogue and a basis for further action.

The first practical implication is that importing a contentious response to a serious social problem may well depend on a set of steps, each of which is highly uncertain as to even its immediate outcome and highly fractious in terms of its local politics. The story of Insite was one of intense battles over small, temporary wins fueled by a recognition on both sides of the potential importance of each “small” battle. Small, illegal, “safe sites”; the introduction of “harm reduction” as a tentative concept in official discourse; stopping traffic to hand out leaflets; meetings of drug users in public parks; coffins carried into City Hall; demonstration sites in a local church: none of these, by themselves, was going to create change, but each triggered powerful waves of support and opposition. Thus, the practical lesson for people wanting to import a contentious response to a serious social problem is to both engage in translations of the idea and, just as critically, motivate and facilitate others to do the same. The heterogeneity of the translations observed in this case could not have been accomplished by a single actor or a lone group of actors. Different translations required different skills, resources, social networks, and cultural capital, as well as different forms of immunity from institutionalized norms and rules.

A second practical implication that arises from the temporally and socially distributed nature of high-stakes institutional translation is that such processes are likely to require the involvement of a wide variety of actors in a community who do not traditionally collaborate with one another, or even understand each other well. Such a requirement brings with it significant challenges, especially when responses to social problems may be time sensitive, as was the case in this study, with extraordinary rates of overdose deaths and HIV and hepatitis infections. The story of Insite suggests, however, an optimistic perspective on this issue. This is because the emotions, and especially the empathy, associated with this process may well connect previously isolated individuals, as we saw in several instances. Moreover, the challenge of importing a contentious response to a serious social problem may not require explicit collaboration, but, rather, a form of collective reflexivity that allows actors to tie their work together as part of a common cause. Thus, from a practical perspective, an important priority should be to foster both a collective emotionality and a collective reflexivity in relation to the social problem and the efforts to import a contentious response into the community.

The final practical implication of this study stems from my findings and from the story of Insite since its opening. The establishment of Insite in 2003 filled many Vancouverites (including me) with optimism: a group of suffering, marginalized people was getting at least a modicum of care and respect—the light really had come in through the cracks. In 2006, however, a change in the federal government led to a five-year court battle in which the ruling Conservative Party attempted to close Insite. On September 29, 2011, the Supreme Court of Canada ruled unanimously against the federal government, stating in their decision that “the potential denial of health services and the correlative increase in the risk of death and disease to injection drug users outweigh any benefit that might be derived from maintaining an absolute prohibition on possession of illegal drugs on Insite’s premises” (D85). The federal government accepted the ruling, but responded with legislation that places “onerous” (D86) requirements on communities wishing to open a supervised injection site. The ongoing struggles over the legitimacy of supervised injection sites in Canada suggests that high-stakes institutional translation may not be a process with a definite endpoint, but, rather, an ongoing process in which contentious practices are repeatedly translated to reestablish their efficacy and legitimacy.
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APPENDIX 1

DIRECTLY REFERENCED DOCUMENTARY DATA


D15: Cernetig, “Death Likes Canada’s Overdose Capital. Vancouver Health Officials Fighting to Prevent Crisis.”

D16: Elizabeth Aird, “Perhaps We Should Decriminalize Drugs, Sex Trade,” Vancouver Sun, July 23, 1994, Final edition, sec. NEWS.


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D55: Ibid.
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D61: Ibid.