



Reaching High: Translating Emergent Practices of Street-Level Drug Users to Institute Harm Reduction in Durban—Implications for Urban Governance

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Abstract

Problematic drug use is a growing problem in South African urban spaces. In Durban, as in other cities in the country, the dominant response of the capital-oriented Municipality has been to make drug use invisible through prohibition and a promotion of abstinence approaches. This governance mentality and technology has failed dismally, evidenced in the rise of street-level heroin use. During the COVID-19 hard lockdown, the municipality was forced to re-examine its governance approach to drug use, taking guidance from non-state actors in an attempt to more effectively reduce the harms associated with drug use. In tracing the historical contestations around street-level drug use in Durban, this paper shares the untold story of how, when prompted by an unforeseen crisis, a municipality was able to successfully shift its mentality and technology in governing street-level drug use. Drawing conceptually on nodal governance theory and the quadruple helix approach, it reveals the complexities of urban governance processes and demonstrates the power of political opportunities, the transformative role of unexpected consequences, and the importance of informed political leadership. It also shows how multi-stakeholder partnership projects can be a useful mechanism not only to implement innovative and creative policy goals, but also to build robust relationships to navigate the manifestation of informal urbanism. It also calls for governing through harm minimisation rather than through actuarial risk management approaches that are closely associated with a neoliberal agenda.

Keywords Urban governance · Nodal governance · Quadruple helix · Street-level drug use · Harm reduction

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Introduction

Problematic drug use, particularly of opioids, is rising in South Africa. Illegality impedes accurate statistics (Larney et al., 2017), and the reasons for this increase are complex. Due in large part to the expansion of markets and trade routes, demand for drugs is contingent on political context and socio-economic drivers (Jewkes et al., 2010). As a result of changing global distribution flows from the Middle East, heroin reaches African markets where it is traded and consumed (Dada et al., 2018; Standing, 2006), significantly impacting urban lives (Haysom et al., 2018) and undermining the rule of law and threatening economic development (Bybee, 2012). Given rapid urbanisation, city dwellers grapple with inadequate basic service provision, fewer employment opportunities, and limited access to social services, finding themselves increasingly vulnerable to the drug market (Scheibe et al., 2020). Drugs become a ‘solution’, blunting the harsh realities of a life with limited opportunities.

In drawing attention to the collapse of the global order on drugs, Eligh (2019) reflects on the changing drug policy environment in Africa and the post-2016 reform in the context of the growing global movement to embrace more progressive drug policy alternatives. In South Africa, scholarly attention has often focused on city and regional government responses to the challenges of urbanisation, with insufficient consideration given to local state responses to urban street-level drug use, or to the complex factors underpinning problematic drug use. Drug use, however, shapes city landscapes dramatically (Moshenska and Shelly, 2020), with large communities of drug users inhabiting parks, unused buildings, and otherwise inaccessible spaces. Unplanned urbanisation and weak governance in African cities have influenced the African heroin boom in multiple ways (ENACT, 2020).

Despite the now well-established and clearly recognised spike in problematic drug use in South Africa, government has been slow to develop effective responses to the demand and supply of illicit drugs. Policies and implementation programmes reducing the harm associated with drug markets remain undeveloped. Influenced by conservative international drug policies, South Africa’s legal framework favours prohibition and abstinence (Gray, 2019). This approach to drug use and drug markets in the Global South has been described as a form of neo-colonialism or ‘narco-colonialism’ by Villar and Cottle (2011). Whilst acts that govern the policing of drugs and drug treatment in South Africa are likewise prohibitionist and punitive, the Department of Social Development—through the Central Drug Authority—has crafted three iterations of a National Drug Master Plan (NDMP) to align national policy with more progressive (health-oriented) approaches (Marks et al., 2020; Scheibe et al., 2020).

Incremental amendments to the National Drug Master Plan (NDMP) regarding the inclusion of harm reduction as an evidence-based approach to dealing with drug use disorders recognise the need to regard this as a health, not a criminal, matter. This acknowledges the rights of people who use drugs to access interventions aimed at reducing harm rather than exclusively at abstinence. This is

especially relevant in a context where vulnerable groups such as the homeless experience the greatest challenge to access healthcare services (Wentzel & Voce, 2012). It is encouraging that the most recent NDMP (2019–2024) speaks to the importance of harm reduction and programmatic methods of implementation. However, substantive deficits in the new NDMP remain. Shaun Shelly, a drug policy expert based in Family Medicine at the University of Pretoria, argues that the new NDMP's biomedical philosophy enables over-pathologisation, detracting from the message of inequity and lack of opportunity as drug dependence drivers (Medicalbrief, 2020).

According to Shelly, no clear mandate stands for harm reduction interventions such as opioid substitution therapy and needle syringe programmes, both of which are widely accepted global standard practices (Medicalbrief, 2020). The result is a deficit in government implementation of harm reduction service plans at municipal, provincial, and national level. This is clearest in urban municipal areas, given the easy access to illicit drugs and opportunities for hustling (Hunter, 2020).

Durban is no exception to this deficit in drug use governance. Drug use—especially in public spaces—has increased, with heroin-based drugs the major source of concern for all sectors of society (Marks & Gumede, 2019). Local governments, lacking guidance from national or provincial government, have not formed a coherent response to problematic drug use. South African national policy is broadly dictated by what Lauermaann and Davidson (2013) call a universal capitalist framework. Such frameworks, like capitalism itself, have inherent contradictions. These contradictions have at once both generated the space for local responsiveness whilst at the same time being responsible for 'messy landscapes' (Lauermaann & Davidson, 2013: 1279). Unsurprisingly then, municipalities have relied on law enforcement to retain some kind of social order as first and last respondents, despite evidence that this is at best ineffective and at worst counterproductive. An increase rather than reduction in harm to drug users has resulted (Scheibe et al., 2020). A lack of legislative enablers aside, the eThekweni Municipality manifested what Scheibe et al. (2020) refer to as 'home-grown moral conservatism', demonising drugs and depicting its users as direct contributors to social ills. In this frame, criminalisation and 'rehabilitation' are the objectives (Csete et al., 2016). Consequently, all harm reduction services in eThekweni, and indeed nationally, come through the non-government sector and universities.

It took the COVID-19 outbreak to fundamentally shift eThekweni Municipality's response to the drug use pandemic. The reality of governance deficits in a time of disaster led city officials to re-examine their response to the harms of drug use, and they enlisted the non-government sector to mobilise resources, capacities, and skills. This local-level innovation and deviation from the usual was made possible by the gaps and inherent contradictions of capitalism. The inadvertent result of this geographic and perhaps time-bound context has been a municipal response favouring harm reduction over prohibition/abstinence. 'Harm reduction' denotes a flexible response to problematic drug use, prioritising health and wellbeing. It encompasses respect for individuals who use drugs, focusing on client-centred goals even if these involve continued drug use (Hammer et al., 2013; Pauly, 2008; Single, 1995).

This paper shares the story of a local municipality's shift in governing street-level drug use at an unprecedented moment. These changes were actuated by existing, sometimes nascent, partnerships with non-government actors well-established in providing harm reduction services. These partnerships, activated at the start of the COVID-19 lockdown, proved invaluable in founding humane and effective drug use management. The result is the eThekweni Municipality's unforeseen approach to dealing with drug use. In explaining the drivers of change in this story which we call the (second) 'Durban Moment'¹, we explore the local state's socio-political context and partnerships, and its key influences/critical champions. We examine its changing political dynamics, and how new conditions and opportunity structures enabled creative responses. The flourishing of this partnership approach, we believe, evidences the possibility for hybrid policy and practice within capitalism. Municipal officials and politicians with a more developmental inclination were able to position themselves as core state actors. This in no way undermines the fundamental capitalist political economy that bounds policy and practice innovation. It did, however, bring to the fore alternative ways of governing what could be called a wicked governance issue. These alternatives are, therefore, reformative rather than transformative. These alternatives have been impactful, both for local state agents and for those on the end-user side of policy and practice change.

After introducing method, the paper outlines the background and context to the 'Durban Moment' before constructing a theoretical frame to aid interpretation. Thereafter we chronicle the municipal response to drug use in two parts, first tracing the early history—which culminated in a sense of despondency—and then presenting a story of hope, energised by inspired new political leadership. We then crystallise our key arguments and insights around the nature of local urban governance. Our conclusion explores the practicalities of governing through harm reduction and the concurrent possibilities in regard to human and urban advancement.

A Bit on Method

Methodologically this is qualitative research, drawing on one of the author's reflections as an insider with direct involvement in the provision of, and advocacy for, harm reduction interventions, as well as her involvement in municipal-led committees and task teams focused on homelessness and drug use. Central to the launch of the KZN Harm Reduction Network in 2015, in 2017 she co-led South Africa's first low-threshold opioid substitution therapy demonstration project. Based full-time at the Urban Futures Centre at the Durban University of Technology (UFC@DUT), Marks is also an expert advisor to TB HIV Care, the lead NGO providing harm

¹ The term 'Durban Moment' was first used to describe the emergence of a massive labour movement in Durban in the early 1980s. Durban was a catalyst city for a number of reasons, not least of which the role that public intellectuals played in developing organic intellectuals and in crafting effective trade union structures. This Durban Moment transformed the labour relations landscape in South Africa and left a permanent legacy. We borrow this term to indicate the catalytic potential of the mobilisation of harm reduction strategies and infrastructure during COVID-19 lockdown.

reduction services to drug users in South Africa. More specifically, it is important to note that Marks was appointed co-chair of the multi-stakeholder eThekweni Municipality Committee on Homelessness, and her insights as an insider involved in shaping the direction of the process are drawn on in the paper.

Representing the UFC@DUT, Marks has been key in connecting role players to reframe thinking on drug use. Building a rapport and gaining trust with role players, including those in the Municipality, has enabled her to ‘cultivate a sense of the expectations, complexities, contradictions, possibilities and grounds of the group’ (McGranahan, 2018: 1). As a ‘participant observer’ both in the world of interventions and in the governance realm, she is able to ‘see’, interrogate, and interpret complex governance arrangements, including mentalities and technologies of both state and non-state actors.

Much of this story is based on Marks’ observations and reflections across what we are calling the (second) ‘Durban Moment’. We recognise her ‘insider’ status in the story that unfolds in this paper. She does not claim ‘objectivity’ but as an experienced ethnography has learned to be reflexive. To mitigate subjectivity, secondary sources—such as documentary reviews of relevant municipal and NGO reports, Council minutes and newspaper reports—are included.

Theoretical Framing

It is important to note that whilst the story centres on an innovative local response to drug addiction in Durban, this paper reveals the complexities of urban governance processes as they arose. Details on the clinical aspects of the harm reduction strategy employing opioid agonist therapy are documented elsewhere (see for example Marks, 2020).

In developing a frame to interpret this story, we utilise three theoretical constructs from sociology, criminology, political science, and organisational learning. In the first, as an overarching framework, we find *nodal governance* thinking useful, detailing its central tenets in this review and suggesting how it helps shape the paper. Secondly, as local university academics working closely with other stakeholders, we reflect on the notion of the ‘triple’ and ‘quadruple helix’ as we interrogate the production and diffusion of knowledge in the project. Nodal governance and the ‘helix’ approach are directly linked, with the former recognising that governance works best when the state, as anchor, mobilises resources, capacities, and skills (Crawford, 2006). Finally, we employ management literature’s concept of *serendipity* to grasp the strategic advantages of unexpected opportunities, highlighting the unsung role of unintended consequences in social innovation and positive development.

The key message in nodal governance thinking shows conventional approaches failing to acknowledge the complexity of contemporary governing processes, instead holding a unified vision of governance where all parties enjoy exclusive authority and capacity (Shearing & Johnston, 2010). Whilst this state-centred conception has dominated, it overlooks the realities of urban governance. A polycentric view better interprets the multi-nodal forms of governance (Holley & Shearing, 2017), where

the state is one of many actors responsible for navigating events (Bisschop & Verhage, 2012; Ostrom, 2010; Rhodes, 2007).

Within this polycentric view, all nodes—both state and non-state—are important sites of governance, as ‘providers’ of governance (Bayley & Shearing, 2001) and critical spaces of capacity, knowledge, and resources (Holley & Shearing, 2017). Wood and Shearing (2007: 149) unpack governing nodes as:

organisational sites (institutional setting that bring together and harness ways of thinking and acting) where attempts are made to intentionally shape the flow of events. Nodes govern under a variety of circumstances, operate in a variety of ways, are subject to a variety of objectives and concerns, and engage in a variety of different actions to shape the flow of events

Polycentric arrangements do not automatically grant states primacy in governance, but they do anchor them (Holley & Shearing, 2017). This theoretical framework focuses on the interplay of various governance providers—not the state alone—in mobilising and mediating resources. The relationships between nodal actors are fluid and can be collaborative or discordant (Nakueira, 2014), with the primacy of each node contextually determined (Johnston & Shearing, 2003).

Advocates of nodal governance argue that understanding nodal arrangements requires four key elements: *mentalities* (how nodes think about governance outcomes); *technologies* (the methods used to facilitate these outcomes); *resources* (the social, cultural, economic, or other means deployed); and *institutions* (the structures enabling the other three elements) (Johnston & Shearing, 2003; Burris et al., 2005). The story below demonstrates how, facilitated by infrastructure, aligning mentalities boosts technology and resource sharing. Nodal governance theory illustrates governance arrangements, making a case for what is normative (Holley & Shearing, 2017). However, as Crawford and Lister (2004) suggest, within nodal or plural governance thinking, the state’s symbolic and regulatory significance as a nodal actor must be recognised.

More recent thinking in the fields of governance and public administration that is closely aligned with the polycentric or nodal governance, and draws inspiration from information technology platforms, is the lexicon of “collaborative governance platforms” (Ansell & Gash, 2018). Acknowledging the importance of the co-production of knowledge, decision-making processes here are collective, consensual, and deliberative (Ansell & Gash, 2008), allowing participants to co-produce goals and strategies whilst sharing responsibilities and resources (Davies & White, 2012). It is interesting to note that such collaborative platforms, understood by Ansell and Gash (2018) to be structured frameworks for promoting collaborative governance, sometimes develop inadvertently. They also point out that collaborative governance platforms can be fragile, time-consuming, and even risky and when successful can be due to “contextual factors such as inspired leadership” (Ansell & Gash, 2018: 2). These are important observations that are relevant for our case study and have implications for upscaling good urban practice.

In our view, the employment of polycentric governance as a conceptual lens is powerful lens for examining the complexities of local urban governance. We hope to enrich this debate by bolstering the narrative with empirical analysis, demonstrating

that urban governance processes are not solely dependent on state leadership and that dominant nodes need not compromise state legitimacy. Indeed, mobilising non-state capacities, resources, and skills augments the (local) state's institutional capacity, improving its mentalities and technologies responsiveness.

A triple helix perspective clarifies the complexity of nodal governance arrangements (Etzkowit & Leydesdorff, 1997), distinguishing between the actors in innovation systems. A 'true' triple helix joins actors from academia, government, and the private sector (Strand et al., 2017). Adding civil society as a fourth actor, the quadruple helix further consolidates these systems (Kriz et al., 2018; Miller et al., 2018). Most literature agrees that "extending" the triple helix with a fourth is important, though the exact nature of its composition remains undefined (Linton, 2018). Hasche et al. (2020) note that some conceptualise the fourth helix as media, culture, and civil society, whilst others argue that this is about the end-users. Nevertheless, agreement holds that collaboration is key in the quadruple helix model.

Nordberg et al. (2020) emphasise this need, advocating for integration and interactions between the helices, especially regarding social innovation. They alert us to the idealised typology for the quadruple helix, developed by Arnkil et al. (2010), which suggests four model types. The first extends the triple helix model with user information. The second involves a firm-centred living lab arrangement, treating users as both informants and developers. The third is a public-organisation-centred living lab focused on guiding public organisations towards better service provision. We find the fourth type most useful, as it places citizens—those who determine social innovation needs—in the driver's seat (Arnkil et al., 2010: 71–73). In the context of this paper, given our guiding plural, multi-nodal, polycentric governance framework where different actors lead at different points in the project, it serves to view a quadruple helix as a complex network of relationships between critical actors.

The third set of conceptual tools is that of unintended consequences and serendipity. Working within a nodal governance framework, we appreciate the roles of different actors at different points, valuing the advantages presented by unexpected opportunities in uncertain times. The COVID-19 pandemic proved such a moment. O'Malley (2000) suggests that uncertainty has been overlooked in the governmentality literature around risk, given the emphasis on technical models of statistical risk calculation. He suggests that disasters are by their nature uncertain, and therefore respond unpredictably to risk management strategies. O'Malley calls for harm rather than risk minimisation, positing that this equips state actors to explore non-conventional governance responses.

American sociologist Robert Merton popularised the role of unintended or unanticipated consequences in the 1930s. Building on his work, van Anandel (1992) defines 'serendipity' as the art of discovering an unsought finding. Recognising and leveraging value from the unexpected, and acting upon this in equally unanticipated ways, creates capacity to capitalise on unprecedented events or information through transformative means (Cunha et al., 2010). Scholarly literature on serendipity points to two key factors affecting how and if unexpected events/information are leveraged: the organisational context and the individual (Napier & Vuong, 2013). We will reflect on both aspects to discern the roles of key individuals and organisational

cultures, assessing their facilitative role in social innovation over unforeseeable times.

We now turn our attention to the governance context extant prior to the Durban Moment. We do this in particular reference to the governing of drug use in the city of Durban.

Pre-COVID-19 Lockdown: a Tale of Hopelessness for a Vulnerable Population Group

The eThekweni Municipality, positioned as one of the most progressive and efficient municipalities in the country, degenerated to one beset with factionalism (de Haas, 2016; Mboto, 2021) and disregard for non-state actors (Ndaliso, 2019). As a result, partnerships with civil society groupings, including NGOs, over time led to disengagement from the local state by civic groupings or resorted to popular forms of protest. NGOs and other non-state actors bypassed the eThekweni Municipality in achieving local governance agendas, often collaborating with 'higher' spheres of government to do so. Factionalism and state-centric governance approaches are limiting features (Sutcliffe & Bannister, 2015) with moral conservatism impeding the activation of locally relevant emergent practices, leaving local government unresponsive and ill-equipped to adapt. Many urban scholars argue that such unresponsiveness and failure to tackle deepening poverty and inequality is a manifestation of Durban as a capital-oriented city-based government. This type of local government prioritises the free market in resolving social and economic disparities, and when for the most part places the responsibility for emerging out of dire circumstances, such a homelessness on individual citizens (Bond & Desai, 2011; Maharaj et al., 2010).

As Kramer (2020) posits in his writing about political dynamics in eThekweni, factionalism is rooted in the political violence of 1980s KwaZulu-Natal. Whilst this party violence was inter-political, contemporary conflicts have been intra-political, reflecting broader political tensions at the national level (Desai, 2016). The background to eThekweni Municipality's formal politics, Kramer argues, is clear in the light of the 'chaotic' election process for the eThekweni ANC chairperson. With this contested and violent party-political outcome came gatekeeping and factionalism within municipal structures, stunting active governance. Violence within eThekweni and the general province generated fear within the ANC and in oppositional parties such as the Democratic Alliance (Desai, 2016).

With factionalism inviting fear of dissent from more powerful political groupings, the closing of the ranks shaped an environment that excludes 'outsiders' (non-state groupings) from governance arrangements, viewing them as an unnecessary challenge to the business of government. In 2016, the City Planning Commission lamented the Municipality's loss of its once-strong record of non-state sector collaborations, stating that the Municipality prefers its own agenda over a collective vision embracing external actors (City Planning Commission, 2016). This, we contend, disrupted creative, evidence-based responses to social issues affecting the city, such as drug use. As will be discussed below, the municipality predicated its response to drug use on religious (Christian) moral conservatism positioned by the Zuma

government (Desai, 2016). Civil society and NGOs were never viewed as critical network actors in addressing drug markets and harmful drug use in Durban city and its surrounds, and their attempts to intervene were actively blocked.

In 2018 the then-Deputy Mayor established a Homeless Task Team. This team comprised civil society groupings such as the Durban Homeless Forum, NGOs including the Denis Hurley Centre, TB HIV Care, We Are Durban and Advance Access and Delivery, academics from the Durban University of Technology (DUT) and the University of KwaZulu-Natal (UKZN) as well as private sector representatives who are part of the Durban Chamber of Business. Also included in this forum were two Deputy City Managers and eThekweni Municipal officials from Safer Cities, Urban Regeneration, and Social Development departments. Its objective was to facilitate service access for the homeless in eThekweni and reduce homelessness through social intervention programmes. Monthly team meetings were chaired by the Deputy Mayor and the CEO of the Denis Hurly Centre. The task team established sub-committees, including one addressing substance use, led by Monique Marks from DUT. Despite robust deliberation on well-crafted solutions, no recommendations were actioned by the task team or the relevant municipal departments or officials. In August 2019, the governing party recalled the Deputy Mayor and other municipal executive committee members and officials from the eThekweni Municipality.

By the time the Deputy Mayor left office, little had been done to improve the quality of life for homeless people in eThekweni. The task team split, with one half wishing to dissolve and the other wanting to develop plans for revival. Marks was amongst the disillusioned. At that time, no government-funded homeless shelters existed in Durban despite plans for frugal housing institutions. Municipality housing policies excluded homeless people from social housing lists. The police continued to enforce discriminatory by-laws such as prohibiting homeless people from using showers on the beachfront. Whilst the idea of a harm reduction centre for homeless drug users was discussed in forums facilitated by the Deputy Mayor, nothing materialised. The eThekweni Homeless Task Team could have mobilised the capacity, resources, and skills of its state and non-state actors, but nothing was initiated. No nodal arrangements were actualised and the state-centred approach stunted any assistance that could have been possible through a helix arrangement. There are a number of reasons for this. The first was that key government officials or representatives were not part of the Task Team. Officials that should have been included to action decisions made would have been from eThekweni Finance, Urban Regeneration, and Metro Police. Representative from Provincial Departments should also have been included in this Task Team, in particular from SAPS, Social Development and Health. A further reason for the lack of follow through was the apparent conflict within the ruling party at the time. The Deputy Mayor, like all political officials then, was viewed as part of one or other faction. By virtue of her position as deputy to the Mayor, she was implicated (without any evidence) in accusations of corruption. At this time, eThekweni Mayor Zandile Gumede had criminal charges laid against her. In September 2019, the provincial ANC asked Gumede to step down. The office of the Deputy Mayor could not escape the accusations of fraud and corruption by virtue of the fact that the Deputy Mayor reported to the Mayor. This

political conundrum led to a questioning of the Deputy Mayor's authority and integrity by city officials and political appointees. This in turn led to bureaucratic inertia.

Inactivity was not the task team's only concern. Morally conservative and non-dialogic processes distanced the municipality from potential (non-state) nodal partners. For the purpose of this paper, we examine one such determination. In May 2018, the Deputy Mayor halted the city's needle and syringe programme arguing that this programme encouraged rather than curtailed drug use (eThekweni Municipality, 2018). This donor-funded programme, run by public health NGO TB HIV Care, was initiated in 2015 to prevent the onward transmission of communicable diseases (particularly HIV and hepatitis) through the sharing and reusing of needles (Scheibe et al., 2017). Efforts by the task team and members of the drug use community to reinstate this programme were unsuccessful. Marks addressed this committee on two occasions. However, the 'moral' stance of the ANC councillors was unwavering, as was the belief that NGOs and civic groupings are 'disruptive' (Walford, 2018). During the programme's 2-year suspension, TB HIV Care recorded a dramatic increase in needle sharing and the concomitant spike in infections (Van Dyk, 2018). The municipality remained unresponsive to this evidence.

The closure of this programme represented a destructive disregard for evidence-based harm reduction interventions and a discounting of network actors such as TB HIV Care. An underground needle syringe programme resulted, run by homeless people who inject drugs. In taking this hard line, the municipality stimulated the black-market exchange of needles and syringes, amplifying public health problems. Demoralised, attendance at monthly task team meetings waned, halting shortly before the Deputy Mayor was recalled, together with the Executive Committee after a general assessment of the performance of the municipality (Singh, 2019a, b). No nodal or helix arrangement could eventuate in tackling homelessness and associated problems. This tale of hopelessness resonates with the work of other urban commentators that observe the criminalisation of the homeless and vulnerable (see for example Holness, 2020; Sausi, 2016).

The Durban Moment: a New Governance Narrative Towards Harm Reduction

On September 5th 2019, a new Mayor, Mxolisi Kaunda, and Deputy Mayor, Belinda Scott, were sworn in at the Durban City Hall. Both past provincial ministers, they each committed to 'cleaning up' the municipality and prioritising service delivery, whilst ending factionalism within governance structures, correcting financial management, and working with partners (Singh, 2019a).

Deputy Mayor Belinda Scott promptly convened the Homeless Task Team, underscoring its role as an implementing body comprising state and non-state actors seeking to improve the lives of eThekweni's homeless. Committed to working with civil society partners, Scott recognised that the municipality alone could not achieve the task team's goals. She met with Marks to discuss the closure of the needle syringe programme, aiming to collaborate on reinstating it as a vital service. On learning about harm reduction, evidence-based interventions, and their cost effectiveness,

Scott quickly became an advocate of this approach. Based on these conversations and her growing knowledge, the Deputy Mayor publicly declared her full support in reinstating the Durban needle and syringe programme (eThekweni Municipality, 2019), and convened a meeting with relevant health and social development heads at municipal, district, and provincial levels. Harm reduction advocates regained hope of synergy between the non-government sector and the municipality in running government-supported harm reduction programmes.

Deputy Mayor Belinda Scott recognised that to properly revive the task team, it was critical to bring key department heads on board. She therefore ensured the recruitment of the Chief Financial Officer, relevant Deputy City Managers, and the heads of Safer Cities, Urban Regeneration, Research, and Environmental Health. The impact of these political leadership changes for City officials was discussed in email.

The demands that are posed to officials to implement projects and programmes as part of service delivery mandates sometimes gets undermined and is unimplementable when there is no political will or support. In instances where political support is evident tremendous strides are made... where projects that were not showing any progress but were immediately fast-tracked due to political support and involvement. (city official 1, email correspondence, 10 April 2021)

The new political leadership brought with them a professionalism that the City had not experienced before. It was refreshing and novel to have political leadership that was both very competent and highly committed to bringing about change in the lives of people, and who could engage with business leadership as well as communities. (city official 2, email correspondence 8 April 2021)

In addition to these local government officials, the Deputy Mayor also brought on board crucial provincial departments including Social Development, Health, SAPS, and Human Settlements. As the previous Provincial Minister of Finance, Belinda Scott had the authority and the know-how to develop and action financial plans and to maintain trust within government circles regarding fiscal sensibility. She worked in close collaboration with academics, in particular with Marks with whom she developed a strong working relationship.

With the new Deputy Mayor at the Homeless Task Team's helm, a new ethos emerged promoting a triple helix network and a pluralised governance arrangement in broaching homelessness, particularly in the inner-city area. The private sector was invited, initiating negotiations concerning their role in improving the lives of eThekweni's homeless. Urban regeneration organisation Urban Lime purposed one of their buildings as a homeless shelter for women and children. The Durban Chamber of Business joined to align business corporate social responsibility programmes with the team's aims. The task team's agenda prioritised talks to establish a harm reduction centre for homeless people who use drugs, though it took the unprecedented to bring this to bear.

This serendipitous moment was the advent of COVID-19. Once the President announced a full lockdown to contain virus spread, the Deputy Mayor convened an emergency team meeting, recognising that the homeless would need special

attention. A housing programme would not only affect regulations but also meet the homeless' fundamental rights to protection. The Deputy Mayor and her municipal team recognised the state's limited capacity, skills, and resources to govern homelessness, highlighted by such extraordinary circumstances. A meeting was held at City Hall a week before lockdown began. Attended by NGOs, civil society organisations, academics, private sector doctors, and business representatives, the aim was to protect the homeless from spreading the virus and from police instructions to enforce the quarantine. With no home in which to 'isolate', a population estimated at roughly 4000 people in the municipal area and 2000 in the CBD alone, was in dire need of services.

Nine homeless 'safe spaces' were activated as part of the response to the national full lockdown. These spaces comprised tented structures, unused buildings, parks and underground parking lots, with provision to house 2000 homeless people in the city centre and 1000 across three outer-lying areas. A response plan for their accommodation, nutritional, and healthcare needs was developed. Within hours, city officials and administrators were working with network partners to create an administrative process establishing service provision during lockdown. The Deputy Mayor and her municipal team formed strategies for reducing bureaucratic delays, allowing for speedy implementation.

With emergency processes activated, non-government organisations designed the safe spaces, finding mechanisms that ensured the wellbeing of this vulnerable population. Partner organisations emphasised that lockdown would force mass withdrawals from illicit drugs, especially heroin. With full attention from municipal officials, an emergency 'medical' meeting was convened to determine withdrawal management methods that reduce harm to the general public and those affected. These harms included criminal conduct in securing drugs, and overdosing should only low-quality drugs be available or should drugs be used too quickly to avoid police. Also recognised for the first time within the municipal government structure were the physical and psychological harms of forced withdrawal.

The task team agreed on establishing a private medical team in the lockdown safe spaces, managing withdrawal in an effective and humane manner. The Deputy Mayor led a fund-raising drive, securing funds from private donors (including large banks) which were deposited into an account created by a well-established NGO in the city. Since the UFC@DUT had established South Africa's first low-threshold Opioid Substitution Therapy Programme in 2017, Marks now co-ordinated a similar programme within the homeless safe spaces. This was done in partnership with public health NGO, Advanced Access and Delivery (AA&D), with whom the UFC had an existing MOU. The Deputy Mayor met with the Departments of Health and Social Development (at municipal and provincial level) to mitigate any potential backlash and get buy-in to the plan. With a harm reduction approach guiding the response, private specialist psychiatrist Dr Shaquir Salduker volunteered to head the programme's clinical team.

On April 8th, 2020, a withdrawal management programme was established in one of the safe spaces (the underground parking of Moses Mabhida stadium). Run by a multidisciplinary team of private medical clinicians, social workers, and professional nurses, this comprehensive medical and psycho-social programme managed

mild, moderate, and severe withdrawals in adherence to national and provincial Department of Health guidelines. Recommendations from the World Health Organisation (WHO), a strong advocate of harm reduction as an intervention approach, guided the treatment of opioid use disorders.

This intervention at the strict inception of the COVID-19 lockdown brought several important outcomes. It led to quality-of-life improvement for urban homeless people who use drugs, and alleviated public anxiety concerning spikes in criminal activity from mass drug withdrawal amongst the homeless. Unlike most other cities in South Africa and globally, this vulnerable population grouping received essential harm reduction services at a moment of societal shutdown. This resulted in local, national, and international media coverage including newspaper articles, radio interviews, and an insert on South Africa's premier television documentary programme, *Carte Blanche*. In its handling of the homeless during lockdown, we contend the eThekweni Municipality shone as the country's most partnership-oriented and people-centred municipality.

Arguably the most critical outcome was the long-term establishment of harm reduction service provision in the city, reversing the previous prohibitionist stance. On 1 June 2020, the withdrawal management programme was relocated to Bellhaven Memorial, a municipal building in a in a mixed-use area on the outskirts of the CBD. Two months later, the eThekweni Executive Committee made it the permanent location of Durban's pioneering harm reduction centre (eThekweni Municipality, 2020). A Service Level Agreement is currently being finalised, establishing an agreement between the municipality and the lead institutions running the Bellhaven Harm Reduction Centre, outlining municipality and service provider obligations in this space.

To date, around 500 low-income and homeless people who use drugs receive harm reduction services at Bellhaven Harm Reduction Centre. These services include access to monitored provision of methadone (an opioid substitute); psycho-social services; a needle syringe programme; and testing and treatment referral for TB, HIV, and hepatitis. These services aim to normalise the lives of beneficiaries and reduce the harms associated with drugs. This trans-disciplinary initiative has received several critical accolades, including national government recognition as an exemplary model of plural healthcare provision for a vulnerable population grouping. On October 28th, 2020, the Deputy Minister of Social Development formally opened Bellhaven Harm Reduction, declaring it a best-practice example in reducing harms associated with drug use through evidence-based interventions. At this event, former president Kgalema Motlanthe sent a personal message:

Today a spotlight is shone on the positive work of the Bellhaven Memorial Centre as a showcase of the potential of our country to take bold strides in the direction towards harm reduction and support. The essential work of the project team of registered nurses, social workers, researchers, and volunteers of the Bellhaven Memorial Centre, is an excellent example of how innovation, evidence-based research, science, and compassion can make a massive impact on the community. The Bellhaven Memorial Centre project leader, Professor Monique Marks, and her team demonstrate how our urban spaces can

be reshaped for human dignity and how our policies can be re-centred around support to help people navigate their way through hardship. More support for public-private partnership models such as the Bellhaven Memorial Centre is needed in urban centres across South Africa and the continent.

The United Nations Office on Drugs and Crime and UNAIDS praised the eThekweni Municipality and its partners for their work during a global health pandemic. Noting the partnership dynamics, the South African Cities Network profiled Bellhaven Harm Reduction Centre as a ‘Good Hood’ initiative crafted by local government and non-state partners. Further, the Human Science Research Council awarded the UFC@DUT with the 2020/2021 Inaugural Team Award for Excellence in Contribution by the Social Sciences and Humanities. With this award, adjudicator Ahmed Bawa recognised the team’s contribution to reducing the social and economic impact of COVID-19, and the public-private partnership that created it. The South African Network of People who Use Drugs (SANPUD), a civic grouping linked to an international network, uphold the Bellhaven Harm Reduction Centre as a model for the provision of harm reduction in other South African cities.

What we have presented here is indeed a ‘good hood’ story, demonstrating what becomes possible when bold municipalities challenge dominant frames. This story needed local government champions, ones with the vision to incorporate plural governance and quality-of-life outcomes. This is the story of a municipality that, as a governance anchor, mobilised the capacities, skills, resources, and knowledge of other nodal actors, developing new recourse for a vulnerable group in a crucial moment.

Strategic Reflections and Conclusion

Following this story of social innovation and the journey from despondence to possibility, we uncover the underlying disorder and reflect on the implications for local urban governance. We make two main observations on the complex nature of nodal governance arrangements and the power of political opportunities and unexpected consequences, before concluding with reflections on the bonds between human and city flourishing.

Reflecting on the institutional relationships between the story’s four actors makes clear how the quadruple helix partnership frame belies the complexities the project revealed. Doubtless the lead author still plays an instrumental role as an engaged scholar of harm reduction’s development in Durban (see Marks, 2020). But the university alone did not drive this process or the institutional arrangements that emerged in the form of the Bellhaven Harm Reduction Centre. Non-government organisations, in particular Advance Access and Delivery, played and continue to pay a critical role in the provision of harm reduction services and in linking these local initiatives to like-ones across the globe. The South African Network of People Who Use Drugs have played a critical role not only in ensuring that beneficiaries are placed at the centre of the programme, but also in generating funds to ensue sustainability. The private sector has also come to the fore by providing financial and

moral support for the harm reduction response. This includes private sector medical practitioners who, going forward, have committed to referring fee-paying clients to the Bellhaven Harm Reduction Centre, acknowledging it as a centre of excellence and playing a key role in ensuring local financial arrangements for sustainability. What we see here is that a simple framing of a triple helix partnership (Etzkowitz & Leydesdorff, 2000) would not be an accurate depiction. Rather what emerged is a quadruple helix relationship with civil society and non-government organisations playing a primary role in this governance arrangement (Leydesdorff, 2012). This story then demonstrates that the many years of work civil-society organisations and university scholars have done in advocating for harm reduction ultimately swayed the local state's response to street-level drug use, rendering it an anchor.

Yet this notion of the state as anchor (Crawford & Lister, 2004) remains nuanced. Whilst the office of the Deputy Mayor was critical in securing government-run sites, non-state actors held the required knowledge, capacity, and skills. This leaves a question as to who the primary node was in this initiative, both during lockdown and beyond. The lesson here is that when the state relinquishes its assertion of primacy, it makes way for better-equipped actors to steer interventions. The role of the state shifts to that of an enabling and oversight body. This positionality has served to bolster—rather than diminish—its authority and legitimacy as partner groupings now view local government in eThekweni as responsive.

Scholarly literature sometimes romanticises quadruple helix partnerships, as evinced by recent calls to explore such synergies, collaborations, coordinated environments, and value creation activities (Cunningham et al., 2018; Höglund & Linton, 2018; McAdam & Debackere, 2018). These spaces are not always cordial and coordinated, but they facilitate active deliberation and constructive disagreements. The lack of faith, for example, in Deputy Mayor Peer, gave rise to robust conversations amongst civil society actors as to the form that any homeless committee convened by the Municipality should take. City officials who had a more activist inclination aligned themselves with the civil society agenda, questioning a deterministic descriptor of the local state as 'neoliberal'. In this moment, it was state actors with a more social democratic inclination that came to the fore committed to mobilising both state and non-state resources, skills, and capacities in ensuring the wellbeing of a neglected and vulnerable population grouping. This attests to the role that incongruencies and conflicts within government can generate the space for innovation arising from robust deliberations. It speaks too to the need for more ethnographies of local governmentality that provide a more nuanced insight into the fragility of capitalist state verticality and encompassment (Ferguson & Gupta, 2002). This, Ferguson and Gupta (2002) argue, would allow for the discovery of how, locally, governance arrangements are reconfigured, often resulting from state engagement with non-state actors and 'grassroots' groups. In this case the non-state actors would be advocates and practitioners of harm reduction. The grassroots groups would be the drug use community which too has global representative organisations.

A second reflection is that enacting harm reduction responses such as the lockdown withdrawal management programme required a shift in government mentality. The shift was from a punitive, risk management approach holding the individual drug user responsible (Fischer et al., 2004) to one which recognises social drivers

and the need to minimise harm. Local governments have much to learn here, as this approach is potentially more efficient and effective in generating desired outcomes and in solidifying quadruple helix working partnerships with non-state actors (O'Malley, 2000).

The municipality's harm reduction approach emerged predominantly from an unexpected event, i.e., the COVID-19 pandemic. This story thus illuminates the potential to recognise and leverage value from unexpected events (van Anandel, 1992). Positive developmental outcomes were largely achieved due to a paradoxically enabling national and local political landscape. COVID-19 required social innovation and an opportunity to experiment with 'safe' (in relation to reputation and evidence base) partners and programmes. The active political dynamics, we argue, accentuated the opportunities the pandemic created. The post-Zuma state crisis and President Ramaphosa's renewed focus on socio-economic issues concerning the poor matched the post-Gumede local state's² active support of the homeless during the pandemic, creating a political landscape ripe for solution-driven responses. Local government, we argue, gains much from utilising serendipitous political opportunities to affect developmental agendas.

The pandemic manifested previously unseen municipal creativity. Perhaps most noteworthy is the importance of government actors such as Deputy Mayor Scott and department heads, boldly courting controversy and willingly acknowledging the administration's deficits. City leadership demonstrated its ability to mobilise the knowledge of structures and processes within its various departments to make things happen, and quickly. This opportunity structure and effective nodal network facilitated the acceptance of harm reduction as a governing approach, revealing unlikely advocates such as the police. The pandemic created a unique opportunity to catalyse what was previously only emergent practice in the non-state sector, with harm reduction activists and practitioners finding their place in Durban's urban landscape during this unusual period.

In concluding this paper, we reflect on the Durban Moment's revelations and insights into the inextricable links between human and city flourishing. Human flourishing is understood as the capacities to validate personal potential, gain self-fulfilment, and cultivate love and friendship with others in society (Lacey, 2015). Human flourishing, we argue, is an oft-neglected goal of urban planners and managers. As Friedmann (2000) posits, a progressive city provides nurturing political, economic, social, physical, and ecological relationships for human flourishing to occur, particularly amongst its marginalised. For adaptive cities aiming to facilitate flourishing, suggest Simone and Pieterse (2018), anchoring and accelerating new practices requires a passion for experimentation. This entails recognising 'people as infrastructure' (Simone, 2004) with the knowledge to navigate troubles through personhood and interconnectivity. Governing in this way is only possible if city officials and their partners view urban solutions as simultaneously 'characterised by regularity and provisionality' (Simone, 2004:408).

² Cllr Zandile Gumede was the Mayor of eThekweni Municipality, Durban, before being replaced by new political leadership after facing charges of fraud and corruption

Harm reduction advocates and homeless people who use drugs were assembling these solutions and forms of infrastructure before COVID-19. As the Durban Moment demonstrates, mobilising emergent practices free of normative institutional notions enables good governance. Here this human-centred approach averted a threatening interplay of public health and public safety crises. Caring for the ‘invisible’ homeless and implementing non-traditional solutions averted a moral panic around illicit drugs during a national lockdown. eThekweni Municipality’s allowance for innovation by forging unusual partnerships and recognising the need for human flourishing in uncertain times spawned numerous advantages, including unprecedented support and praise (Singh, 2020).

The challenge stands to translate the ‘Durban Moment’ into longer-term governance arrangements across a range of areas including, for example, the informal economy, general wellbeing, and transportation. In embracing the unexpected, activating a quadruple helix strategy and creating a network of nodal actors giving primacy to non-state knowledge and expertise, local government allowed both individual bodies and the urban collective to craft responsive pathways and substructures. Extending the harm reduction lens to other forms of governance generates mentalities and technologies that mobilise state and non-state actors to create infrastructure and processes where the wellbeing of people is central to governance, and recognises the value in both emergent practices and more formalised regularities. This, we believe, would create a further fracture and contradiction in local capitalist governance which will hopefully be optimised by those with a social democratic governance inclination.

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