

**ROUNDING 'EM UP ON THE EAST SIDE OF THE
WILD WEST:
FOUR PILLARS, OR ONE BIG CORRAL?**

by

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ABSTRACT

In response to a health crisis in Vancouver's notorious Downtown Eastside in the late 1990's, a "Four Pillars" approach to the drug problems of the Downtown Eastside was initiated. This thesis engages in a political critique of Vancouver's Four Pillars drug policy.

My key questions are concerned with the foundational ideologies driving the development and implementation of Vancouver's drug policy. This thesis also analyzes the tactics of influence which are utilized by members of the media in regard to the Four Pillars drug strategies. My primary aim is to show ways in which Vancouver's Four Pillars drug policies function mainly to maintain specific groups of people within the pathologized urban space of the Downtown Eastside.

This thesis considers an analysis of drug use as a form of resistance, or disengagement from mainstream society. People use drugs, in some contexts, as a way to rebel against intolerable conditions. One of the four goals of the Four Pillars is to establish and maintain public order, and in this thesis, I argue that order is achieved at least in part at the expense of both equity and agency for those who are targets of the Four Pillars Drug Policies.

An examination of policy documents and media pertaining to these strategies is undertaken within a theoretical framework provided by the work of Hannah Arendt, Pierre Bourdieu and Nikolas Rose. I use, in particular, aspects of Hannah Arendt's analysis of the conditions of statelessness to provide a way to think about the problems which manifest in the DTES. This analysis is also informed by Pierre Bourdieu's definitions of habitus and authorized language and the ways in which habitus is reproduced or altered through language and other practices. In addition, I use Nikolas Rose's elaboration of Foucault's concept of 'governmentality' to demonstrate ways in which social service practices operate to gain the cooperation of people (who depend on social services) in their own governance.

I engage a form of critical discourse analysis to develop an argument that the Four Pillars approach to the Downtown Eastside does not address the social inequities leading to problematic drug use and consequent criminal activity. The goals of the Four Pillars policy, I argue, are concerned with developing a new form of state governance with an aim to establishing (state-defined) public order and hygiene. There appears to be some amelioration of both disorder and the spread of disease through some of the tactics of these policies. However, it appears that the underlying ideology driving the development and implementation of the Four Pillars approach ultimately maintains deep and growing social inequalities.

This thesis develops a critique of policy development and subsequent media coverage of their implementation. In so doing, this work provides an opening to consider alternative ways to think about the use of illicit drugs within urban concentrations of poverty. Through these alternative considerations, possibilities for collaborative and transformative actions by and on behalf of all of the citizens of Vancouver (including the people who use drugs in the DTES) can be explored.

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DEDICATION

This is for my mom, Edith Graham
Smart, funny, gracious and kind, you are my foundation, Mom. Thank you.

And in memory of my dad, John A. Graham
April 20, 1928-June 24, 2005
My beautiful, messy, happy and generous father. Thanks Dad.

And in memory, too, of my friend, Sharon Molloy
September 4, 1942-April 10, 2005
My first “grown-up” friend, a working-class woman from a Saskatchewan coal-mining town, she valued education and never stopped pushing to get a good one for herself and her loved ones. I miss you, Sharon.

CHAPTER ONE-THIS IS THE FIELD

Vancouver's Downtown Eastside is famous the world over. Perhaps the word *infamous* is a more appropriate characterization. It is a long-standing, historical neighbourhood in a young city. It stumbles and seethes and there is humanity and misery walking side by side with a funny kind of faith. The people who live there, since the time of the first buildings built in the city, have been abandoned. This thesis concerns itself with this 21st century abandonment. It also speaks, where possible, to the forms of resilient faith which those who are abandoned draw upon in their efforts to resist 'states of exile' and contemporary forms of statelessness.

This is the Downtown Eastside--piss-smelling alleyways, public murals, gated condo developments, line-ups down the block for soup and sandwiches from the nuns, scruffy men rattling grocery carts full of bags and bottles through reeking lanes, raggedy young women waving from noisy curb sides (littered with cigarette butts and crack pipes and discarded needles), at men in fancy cars. Discarded humans searching the cracks of the sidewalks for more crack --falling through the cracks. No White Rabbit, no Mad Hatter, and no crack, either. Sometimes it looks like hope, that searching shuffle of the addicted with their knees bent in supplication and their noses to the concrete grindstone of compulsive dependence but it's not. It's despair, which means literally, "without hope". Their search is for something to fill the empty spot where hope might have once resided. The Downtown Eastside has become a dumping ground for the unwanted of Canada, the city's de-facto psychiatric ward (Bula, 2004), a rag-tag collection of providers and recipients of social services. What is desperately needed, and what has been routinely rejected, re-routed and diverted, is not more shelters or soup kitchens, not more "coordinated delivery" of services to the poor, the addled, the addicted. What is instead needed is sweeping and lasting social change and the elimination of social harm to those who have been abandoned by all levels of governance in Canada.

INTRODUCTION

In 2003, Vancouver BC opened North America's first safe injection site. This event followed years of increasing agitation on the part of front-line workers, anti-poverty activists, intravenous drug users, filmmakers and journalists, among others (even politicians). A public health emergency was declared in 1997 due to the alarming incidence of HIV+¹ and a high rate of overdose deaths. Politicians, policy makers, social service agency executives, police officers, and some front-line workers met and wrangled for five years over the document that came to be known as 'The Vancouver Agreement' (City of Vancouver, 1999, 2005). Community activists and allies staged public demonstrations, lobbied each level of government (municipal, provincial and federal), were the subjects of a documentary film (*Fix: the Story of an Addicted city* by Nettie Wild) and successfully opened an 'illegal' injection site staffed by a nurse who volunteered her time to monitor people who came to the site to use heroin or cocaine by injection. There was a lot of drama. The mayor of Vancouver at the time was Philip Owen, a fairly 'right wing' politician, capitalist, fiscally and socially conservative in his views. He became, in the two or three years before the municipal election of 2002 (which he lost to Larry Campbell, former BC Provincial Coroner), ardent in his support for establishing a safe fix site, and laid much of the groundwork that lead to the eventual opening of InSite in the 100 block East Hastings².

¹ At 23% of Intravenous drug users in the Vancouver Intravenous Drug Users' Study (VIDUS, 1997, cited in Roe, 2002), the highest in the so-called developed world.

²Mr. Owen attended a conference in the United States sponsored by the Hoover Institute, which is a conservative think tank, much like the Fraser Institute. Upon meeting and hearing judges, ex-police officers and politicians (who shared his ideological positioning) talk about the failures of the "war on drugs", Mr. Owen became convinced that prohibition was not working to curb the excesses of the Downtown Eastside. This experience, coupled with pressures from lobbyists and activists at home in Vancouver, combined to convince Mr. Owen to take up the cause of 'harm reduction'. (MacPherson, personal communication, Feb 6, 2006; Also referenced in *Mr. Owen's Address at the Inaugural Meeting of Vancouver City Council*,

“Safe fix sites” (or safe injection sites) are one of a number of “harm reduction” strategies (which include syringe exchange and methadone or heroin maintenance programs) implemented to address and ameliorate social problems associated with illicit drug use in inner cities. Vancouver’s Downtown Eastside now has the first North American safe injection site. InSite, as it is called, is the centrepiece of the Four Pillars³ approach to drug activity in the neighbourhood. In the time since this site was opened, it has been lauded as a humane and effective way to deal with social problems related to drug activity specifically in this pathologized urban centre.

There has also been criticism of the site. For example, it has been accused by the right as encouraging the use of illicit drugs, and criticized by the left for being merely a band-aid. Feminist groups are sceptical of the safe injection site because (among other things) it does not take into consideration the drug use patterns and life circumstances of most women, and therefore, even the band-aid it might provide is unavailable to women (who typically bleed profusely, but mostly in private)⁴.

Broadly speaking, the central aim of this thesis is to analyze the function and corresponding ideologies which currently underlie harm reduction approaches to drug activity in Vancouver’s Downtown Eastside. Specifically, I wish to assess the implementation of the Four Pillars, which are briefly described in the Vancouver Agreement, and outlined in more detail in *A Framework for Action*.

The Four Pillars approach was developed to directly address the trade in illegal

December 6, 1999. <http://www.city.vancouver.bc.ca/ctyclerk/councillors/inaugural1999.htm> accessed February 8, 2006)

³The Four Pillars are: Prevention and Education, Treatment, Law Enforcement and Harm Reduction.

⁴ Criticism of ‘harm reduction’ strategies by women’s and feminist groups is generally not widely circulated through avenues such as the mainstream press. I know of this criticism from conversations with other women and the occasional mention in magazines or newsletters (for example, “What’s in it for us?” an article by Sacha Fink in the January, 05 newsletter, *Her Voice* of the Vancouver Women’s Health

drugs in the downtown core and is categorized as follows: Prevention, Treatment, Enforcement and Harm Reduction. While the Downtown Eastside serves as a focal point for media addressing these issues, very few scholarly studies have examined whether current thinking on the treatment of a range of “social problems” through strategies now labelled as “harm reduction” has ethical/social merit beyond the purpose of what Nikolas Rose has named ‘governmentality’⁵ and what Pierre Bourdieu has described as social and cultural reproduction⁶. Hannah Arendt’s analysis of the conditions of statelessness and experiences of exile in the post-war period and late 20th century also guides this investigation.

In keeping with these concerns, my primary aim is to analyze the implementation of harm reduction policies and the role of surveillance strategies in failing to challenge inequity in the DTES on a broad scale, and their associated material functions in reproducing the ‘docile subject’⁷ in low-income neighbourhoods. While my analysis is focussed in part on the creation and ongoing production of the ‘docile subject’ in urban concentrations of poverty, I also seek to reveal and understand how resistance to such expectations might look and how it might materialize within the circumference of the DTES.

Collective

⁵The concept of governmentality, instigated by Michel Foucault (G. Burchell, C. Gordon, and P. Miller, 1991) and further developed by Nikolas Rose, may be described as the methods by which the governments of western Europe and North America enlist ‘experts’ and non-government institutions (such as hospitals and social service agencies) to develop citizens who can be governed “at arm’s length,” (Rose, 1993) Governmentality also includes the organized practices through which subjects are governed, and the ways in which spaces and places are created, and used, in order to pursue policies. (Mayhew, 2004)

⁶ Cultural and social reproduction are achieved through education as well as the family. Cultural and social capital (including resources based on group membership, relationships, networks and forms of knowledge, manners, taste), are reproduced from one generation to the next, as well as reinforced by the education system. Social inequality is reinforced by these reproductions within the institutions of the family, the school and others, including the social service institutions of the Downtown Eastside (Webb, 2002)

⁷ The term “docile subject” is used here as a shorthand description of the effects of policy, legislation and social services which serve to constrain the options and movements of people categorized as DTES drug

In this thesis, I seek to achieve three aims. First, I assess some social policy (and particularly drug policy) strategies and their generated and circulated meanings in contemporary urban British Columbia. In so doing, I conduct a detailed interpretive analysis of the policy documents that make up the Four Pillars policy, a document called *A Framework For Action* (MacPherson, 2001).

A secondary aim is to assess the ideological foundations and the “techniques of power” (Rose, 1999) which underlie various levels of government (in particular, the municipal government of Vancouver) and social service agencies involved in the social service work of the Downtown Eastside. The Vancouver Agreement provides funding (mostly through the Vancouver Coastal Health Authority) to various ‘community’ initiatives (operated by the Portland Hotel Society and the Vancouver Police Department, among others); samples of these projects will be explored and interrogated in terms of their ethical and social merit and ideological orientations.

Community activism over the past thirty years has transformed in several ways. A corollary aim of this thesis is to investigate and account for some of the conditions of this transformation. I suggest that many community groups arose from a ‘grassroots’ base of organizing founded on an understanding of the concept “the personal is political”⁸, in the sense that feminists in the 1970’s developed this concept. This concept has become distorted because of current promotion of the policies of government through the

users (whether, in fact, they live in the area or not).

⁸ I draw on this slogan to give legitimacy to the sociological concept of the reinforcements of power and resistance through the intimate details of personal lives. Carol Hanisch first coined the term in 1970. One of the earliest articulations of the concept can be found in the 1959 book, *the Sociological Imagination*, by C. Wright Mills. There, he described the same concept when he wrote about private problems becoming public issues (Mills, 1959). “Neither the life of an individual, nor the history of a society can be understood without understanding both.” (P.3). I’m sure the notion pre-dates Mills, too, but it was the women’s movement that further developed the term and built a social movement through it.

practices of “governmentality”⁹. Governmentality manifests through the ways in which the subjects of policy acquiesce to legislation and policy to conform to the state’s version of “good citizen”. In this case, an investigation of the transformation (or ‘perversion’) of resistance, and/or activism, to cooperation with governance of those who are identified as addicted in the DTES, is one of the main themes of my work. I use as data a combination of policy documents and media accounts, to analyse this process of governance, and attempt to isolate key institutions currently central to the provision of “harm reduction” services in the Downtown Eastside: in particular, the Portland Hotel Society, (which operates the Safe Injection Site (InSite) as well as a number of hotels and services in the DTES¹⁰), and the Vancouver Coastal Health Authority (which also funds the Vancouver Area Network of Drug Users (VANDU)). In assessing some of the operational elements of these policies and related institutions, I expose those neo-liberal¹¹ policies which drive the human services industries towards the reinforcement of the DTES as a site of urban statelessness.

A Framework for Action and *The Vancouver Agreement* are, I argue, simultaneously a set of policy documents, an institution of power and a set of “technologies of power” (Rose, 1999) operating in the DTES. The Vancouver Agreement

⁹ However, people do resist techniques of governmentality and this resistance, where it has been documented or referred to, will be described and analyzed

¹⁰ The Portland Hotel Society does not have policy manuals, nor do they require policy books of the organizations whom they fund. Mark Townsend, of the PHS said that they need to remain flexible, so have purposely avoided writing anything down. (M. Townsend, *Personal Communication, February 7, 2006*)

¹¹ By “neo-liberal” I mean a form of governance which assumes that the free market is more capable of caring for and governing citizens through economic policy and practice than is government or the state. Neo-liberal policies are recognized as social retrenchment—cuts to social services, withdrawal of state welfare commitments, competition for increasingly limited public funding between non-profit service agencies. The assumption is that corporate and private interests will step in to manage the development of “consumer citizens” through sponsorship, employment, and donation schemes. Rose’s conceptualization of “governmentality” (Rose, 1999) is useful to explain some ways in which this form of governance operates. I address this later in this chapter.

now plays a part in “coordinating” services provided by service organizations in the DTES. My primary arguments are that *A Framework for Action* and related policies, agencies and institutions represent a late modern way of governing certain ‘kinds’ of people, particularly those individuals who might be seen by the state as a burden or as ‘vulnerable’.

In developing these arguments, I critically analyzed sections of *A Framework for Action* and two articles from the Vancouver Sun (from 2000, as the Vancouver Agreement was completed; and 2006, six years after implementation was initiated¹²). These texts are scrutinized to reveal ways in which policy and media work together to define and constrain specific groups of people and their activities to the restricted and pathologized urban area which the DTES of Vancouver has become.

While the primary focus of this thesis is on social and policy responses to drug activity in Vancouver’s Downtown Eastside, it is crucial to recognize that government and social service responses to other activities primarily associated with inner city neighbourhoods, such as prostitution, are linked¹³. While I confront issues related primarily to illicit drug trade and use in the inner city, I also see social policy responses to prostitution as parallel with those to drug activity. I will, from time to time, make reference to these parallels when it seems particularly relevant. Due to the scope of this

¹² The period of 1999-2006 will be the focal point due to the rise of interest in the Four Pillars approach as a local solution to now international concern over drug use in inner cities.

¹³ Indeed, there is a section of the Vancouver Agreement that very briefly outlines strategies for women “engaged in the sex trade” which includes a van to do rounds at night handing out condoms and coffee. and the stated “long-term” vision of the women’s strategies of the Vancouver Agreement is a twenty-four-hour drop-in and shelter for women. (Vancouver Agreement. 1999)

<http://www.vancouveragreement.ca/WomensPrograms.htm> Accessed October 14, 2005

An abandonment of women as a political class is to label prostitution as “sex work” and prostituted women as “sex workers” as if this is a vocation freely chosen from a range of equally accessible and desirable options. The motivations for this de-politicizing may be noble, to remove the stigma that adheres to women engaging in these activities. But it does not. It legitimates what is essentially male violence against women

thesis, I regret that a deeper inquiry into these relationships is not possible. However, I hope that my analysis is ultimately useful in sparking inquiry, debate and action in response to such inter-related problems.

RESEARCH QUESTIONS AND ARGUMENT

In responding to the aforementioned concerns, my research questions are as follows:

- What are some of the socio-political and/or ideological frameworks represented by Vancouver's Four Pillars drug policies, and in particular, harm reduction strategies?
- How do these policies, and media coverage of their implementation, contribute to public perception of low-income residents, as well as drug users in the DTES, as both 'pathetic' and 'dangerous'? How do these strategies contribute to further alienation and the creation of a kind of urban statelessness in the Arendtian sense?
- How can sites such as the safe injection site, within the pathologized urban space of the DTES, be understood as "sites of governmentality"?

In particular, the safe injection site (InSite) has been touted as being effective in saving lives since it opened in September of 2003. My primary argument is that current 'harm reduction' initiatives designed to alleviate social problems associated with drug use in the Downtown Eastside may ultimately function in part to criminalize and pathologize those living in the DTES, through the social practice of surveillance. As a consequence, such policies and associated public perceptions may paradoxically further marginalize the people who reside in the DTES rather than challenge inequality.

and children. "Harm reduction" reduces none of the harm to women in these situations; rather it legitimates the actions of the men who commodify and consume women through the system of prostitution.

This argument stems from a current concern with some of the dominant public and policy perceptions now circulating about addiction in urban centres. First, addiction is framed as inevitable for some people; it is thought that such individuals will always compulsively use drugs at great risk and cost to themselves and others. Second, addictive drug use is typically seen as a disease in and of itself, and the only treatment, (for those who are deemed 'treatable') is based upon an individualized, medical model.

In this thesis, I reject both of these notions on a number of grounds. First, while I acknowledge that a medical model is useful for some people, it brings about a particular set of problems which locate the drug user within a political economy of 'choice' over the best method for using such drugs and may fail to acknowledge some of the systemic and political reasons for 21st century addiction¹⁴ In addressing this concern, I therefore wish to make a contrasting argument in regard to drug and alcohol use. I argue that addiction may be framed in part as a political response to social inequality and the modernizing forces of social change (such as the impact of globalizing reforms) on the Downtown Eastside. We are currently formulating and implementing policies which may reduce individual harm to others such as the reduction of HIV infection or deaths associated with addiction. This strategy may reduce some harm but it does not address the larger social problems associated with large scale drug use, such as that operating in the DTES. My own view is that people both deserve and desire to live free from addiction as fully responsible, participating citizens. The claim, therefore, that there will always be addiction seems like an abandonment not only of some people, but of the

¹⁴ The idea (promoted especially through Alcoholics Anonymous and other Twelve-Step groups) that addiction is a disease can be relieving to individuals who are struggling with their drug or alcohol use. Using a medical and/or AA framework to contend with addiction has certainly brought relief to some people.

political will to change the course of their future. No one wants to be addicted, and to be clear, no one is disposable. I argue that specific policies and practices related to the Four Pillars serve to maintain people at a level of addiction that may keep them from resorting to criminal behaviour, or from contracting HIV, or dying from overdose. However, these same policies and practices may also ensure they will be unable to either participate in mainstream life or to organize with each other in order to change the conditions within which they live.

InSite, the supervised injection site, as one potential site of governmentality, may also function to isolate each drug user, as the “responsibilized, individualized” drug user who is capable of perfecting their drug use in a market of drug users. In this isolation and through the guise of “empowerment,” those who are drug addicted may actually become less visible and more at risk of punitive law enforcement methods (Fischer, Turnbull, Poland, & Haydon, 2004)¹⁵.

While the Vancouver Agreement outlines an approach to the Downtown Eastside that includes the Four Pillars, I also argue that this approach is clearly bound by only two ‘pillars’ or interconnected central strategies: harm reduction and law enforcement. These strategies have become central forms of governmentality, with community activists, social service workers, and local residents continually positioned in the middle of a tenuous and conflicted relationship between the police and the safe injection site. Prevention and Treatment, the other two pillars, are therefore often rolled into an individualized medical response to a broad, far-reaching and unprecedented political crisis in Canada. In subsequent chapters, I will address these issues in more detail.

¹³Indeed, according to a news story on CBC Radio, November 28, 2005, the Vancouver Police Department stated their intention to arrest people who are not using the safe injection site.

Background
Dispossessed and Disengaged: Junkies 'n' Drunks; Coconuts 'n'
Tweakers --

There is a prevailing idea that drug addiction is a disease, and the discourse concerned with drug use and addiction is often grounded in medical language. When referred to as their “diagnosis” or as a medical “problem”, people are stripped of their humanity, objectified in very particular ways (as an ‘alcoholic’, a ‘crackhead’, ‘coconut’ or ‘junkie’) and become part of the mass¹⁶.

Research to date indicates that the response to addiction has been predominantly medical and pathologizing in its approach (Baker, Anderson, deVlaming, Hickey, & Ross, 1997; Egan, 2002; Granfield & Cloud, 1999; MacPherson, 2001; Roe, 2005); political ideologies underpinning addictions are often submerged beneath the language of ‘disease’, ‘recovery’, and ‘treatment’. I note throughout this thesis points at which pathologizing and subsequent medicalization have become the state’s response to what can be seen in part as a mode of political resistance¹⁷.

Harm reduction is, broadly speaking, a set of strategies and treatment methods used in the treatment of drug and alcohol addiction (though the use of the term has ‘leaked’ into many areas of social policy). These strategies are meant to meet the addict where s/he is, and to offer alternatives to methods or sites of drug use, as well as treatment options that gradually move the person toward health care services and drug treatment programs. There are is no *one* precise definition, rather, there are many

¹⁶ I will examine the idea of “mass” and “anti-mass” particularly in relation to Hannah Arendt’s discussions in *On Totalitarianism* and human pluralism. In addition, a political pamphlet by “The Red Sunshine Collective”, called *The Anti Mass--Methods for Organizing Collectives*, now out of print and published early in the 1970’s (Red Sunshine Collective, 1970), described a way of political organizing, to which I will also refer.

¹⁷ Though I note in later chapters that this political resistance is rarely organized or revolutionary, it is also

Background Vancouver's Downtown Eastside

The Downtown Eastside is a notorious neighbourhood. It is a "wild", lawless place in the middle of one of Canada's most beautiful, affluent and orderly cities (Blomley & Sommers, 1999). The DTES has always been a working class neighbourhood, but in the last twenty years it has deteriorated into an "de-facto psychiatric ward" (Bula, 2004). In 1997, in response to a very high incidence of HIV and overdose deaths in the neighbourhood, a public health emergency was declared ("Vancouver Agreement," 1999, 2005). In 1999, the city of Vancouver, the Province of BC and the Government of Canada signed "the Vancouver Agreement", which was a plan by all three levels of government to "promote and support sustainable economic, social and community development" ("Vancouver Agreement," 1999, 2005). The stated "first focus" of the Vancouver Agreement is the neighbourhood known as the Downtown Eastside, an area of a ten-block radius around the intersection of Hastings and Main Streets (also known as "Wasting and Pain"). Included in the components of the Downtown Eastside Strategy is a "Comprehensive Substance Misuse Strategy". This strategy is described as:

...an effective substance misuse strategy consisting of a continuum of services from prevention and education to treatment and rehabilitation. A key feature is to build a range of comprehensive addiction services including a continuum of innovative approaches to reducing harm. Links to primary health care, housing, education and training, and employment are critical to the success of this strategy ("Vancouver Agreement," 1999, 2005).

Paradoxically, as comprehensive treatment services expanded, detox and other residential treatment services, and specifically detox beds and treatment options for women, and women with children, were not increased nor have they been increased in the

years since the Vancouver Agreement was signed²¹.

The troubles of the neighbourhood have historically (and presently) been described in terms of health and pathology, or law and criminality. The people who are most visible on the streets, the addicted, mentally ill and/or prostituted, are consumers of social services concentrated in the area and are also targets of the Vancouver Police Department and various private security companies. A substantial proportion (about one-third) of the population of the Downtown Eastside is Aboriginal (Culhane, 2003). Most of the people who are visible are male, but there are a large number of impoverished women with and without children who also live there. Addiction services are more available to men than to women, and women are often less likely to seek services such as detox or treatment, for several reasons, which include the fear that their children might be apprehended by the Ministry of Child and Family Development, or they will otherwise be sanctioned by the welfare agencies upon whom they depend (Boyd, 2004).

WHO AM I IN ALL THIS?

At this stage, I wish to remark on my social location with respect to the issues under scrutiny in the thesis and the manner in which I have come to focus upon some of the ideological underpinnings which drive Vancouver's drug policies. From the late 1980's to the early 2000's, I worked in front-line non-governmental social service agencies. Only one of these agencies, a (primarily volunteer-run) rape crisis centre and transition house for battered women and their children, incorporated a strong equality-seeking, feminist social change agenda to the work of providing direct service.

²¹ Vancouver Courier article: "The [Vancouver] health authority has no plans to increase residential detox beds in the city. Instead, it will focus on one-stop-shopping treatment for addicts at eight health centres in the city. At the centre, addicts will be offered counselling, day detox, home-based detox, needles and methadone." (Carrigg, 2004)

I came to believe that working on behalf of, or with “disenfranchised” populations, has the potential to be burn-out work unless at least two conditions are met: 1): A strong theoretical political analysis fuels the work, and other workers share this analysis, and 2): there is a commitment to provide support, empathy, mutual aid and political solidarity rather than ‘service’. In addition, I became increasingly troubled by what I saw as the effects of this work. When social service work is an end in itself, rather than a means to an end, it may serve to perpetuate, rather than ameliorate, inequality and the desperate conditions of people’s lives²².

Most of the social service organizations where I was employed did not have a unifying political vision underpinning the work of the agency. At their founding, in the early to mid-1970’s, however, their aim was to gain access to resources, agency and decision-making powers for people historically denied such access.²³ They served to provide some safety and material supports such that people from a similar social ‘platform’, or similar experiences, (e.g., current or former psychiatric patients, or battered women) could develop strategies together that would enable full participation in the broader community, and hold accountable those who were in positions of power over them (e.g., abusive husbands, doctors, politicians, etc.). There was, at the time of the founding of such agencies, a shared vision between the founders and an integral component of political activism in the work of the agency²⁴. However, beginning almost

²² This includes a concern for the workers’ lives as well. Building reciprocal relationships of respect and mutual aid can fuel social change, and sustain everyone in those relationships more effectively than can ‘social service’.

²³ Lee Lakeman, personal communication, April 2006. Ms. Lakeman is a long-term staff and collective member of Vancouver Rape Relief and Women’s Shelter, a founding member of the Canadian Association of Sexual Assault Centres. She is also the author of *Obsession, With Intent: Violence Against Women* (Black Rose Books, 2005).

²⁴ The MPA, (Mental Patient’s Association) was founded in the early nineteen seventies, and was at the time staffed and managed by people who had themselves been mental patients. They published a regular

from the inception of these political organizations with a direct service component, (and especially once they became linked to government initiatives or policies through public funding), the move to professionalize and de-politicize the services, and to pathologize the client began²⁵ (Schechter, 1982)²⁶.

In 1992, I began work in a drop-in centre for people diagnosed with mental illness. Former psychiatric patients, nurses and social workers founded this drop-in centre to help people coming out of long-term-stay institutions to integrate into the community. By the time I had begun working, the goals had changed from being grounded in agitating for the resources and responsibilities of full citizenship, toward “soft-structured psycho-social rehabilitation” and a “safe place” for people with mental illness to be away from the scrutiny of the rest of the city residents.

In the early 1990's, “dual-diagnosis” groups (support groups for people with a psychiatric diagnosis and who used alcohol and/or illicit drugs to excess) had emerged in some service organizations. I co-facilitated one such group for two years as part of my job as a Mental Health Worker at the drop-in centre. Harm Reduction was just beginning to be used as a term to shorthand not only a set of strategies to address drug use, but also to imply adherence to an underlying ideology. The assumptions underlying this ideology were often reflective of progressive and ‘left-wing’ ideals. However, an indication that

magazine “In a Nutshell” which published many anti-psychiatry articles. These days, MPA has changed its name to “Motivation, Power and Achievement Society”. “In a Nutshell” is still published, although irregularly. The content is rarely political, as it was in the past, and it has become more of an agency newsletter documenting staff changes, programs and other bureaucratic details.

²⁵ In 1982, Susan Schechter described and analyzed the transformation of transition houses for battered women from tactics of a political movement to small institutions which pathologized the women coming for assistance (Schechter, 1982). There are numerous examples of analysis since then of such phenomenon, including articles and discussions in feminist magazines such as *off our backs*; *Kinesis*; and *Ms. Magazine*

²⁶ Once people begin to rely on this work for an income, their political aims for the work are often obscured. This is one of the ways that governmentality operates. People may begin doing this work to subvert and re-distribute power, but it ends up staying with the state. It is held with the state, but at the

harm reduction strategies may be governmental is the fact that there are many politically conservative or 'right wing' politicians, law enforcement personnel and business figures who, at the time, also supported harm reduction initiatives such as prescribed heroin and safe injection sites (Fischer et al., 2004).

I have for many years worked closely with and provided services to people who are addicted to drugs, as well as with women who are or have been prostituted and/or addicted²⁷. As a result of this work, my consequent experiences of the resilience and courage demonstrated by these people, and of my own life-long good fortune²⁸, I have an unwavering belief that people want and deserve to be free of addictions, to resist oppression and to be engaged with one another in life-affirming ways. It is with this ethical, and indeed, sociological understanding of the "human condition" (Arendt, 1958) and the accompanying agonistic struggles we must undertake to get beyond the cultural reproduction of "addiction" that I undertake this critique of the "Four Pillars."

THEORETICAL FRAMEWORK

In an attempt to analyze the political and sociological elements of contemporary urban social reform policies and media practices, theories that examine the everyday operation of power in marginalized urban areas are particularly significant. I utilize a critical interdisciplinary theoretical approach drawing on the work of Pierre Bourdieu,

same time circulates down through the service providers and to the subjects of those services in such a way as to maintain the status-quo and uphold the policies of the neoliberal state.

²⁷ I think it is important to also make some mention of my history of drinking to excess. I drank heavily for periods of time for nearly 20 years. I've never used injection drugs, and I have had a pretty smooth road to abstinence. I'm white, North American born, university educated, and was not raised in deprivation of any sort. When I stopped drinking it was relatively easy for me. AA was useful for a while, and a feminist analysis and consequent political organizing and volunteer work gave me a feeling of belonging and hope. It became clear to me that my increasing reliance on alcohol was to cope with despair and arose as at least a partial response to definite feelings of dissatisfaction, dread, loneliness and hopelessness. In other words, I had personalized the political, rather than the other way around.

²⁸ By "good fortune" I mean a sense of belonging and entitlement fostered by a close and loving family, strong community bonds, and access to decent housing, good food, and educational and employment

Hannah Arendt, and Nikolas Rose. I utilize this work as a lens for critiquing the ideologies and power formations which underlie policies of the City of Vancouver with regard to illicit drug use. Each of these frames will serve to draw attention to the deeply problematic nature of state power and its ideological manifestations.

What follows then is a preliminary outline of the theoretical frames I draw upon in this thesis. I will show how each frame and their specific contributions come together in exposing a more meaningful analysis of contemporary drug policy, particularly policies concerned with harm reduction.

WATCHING? OR WATCHING OUT FOR?

Government policies, increased policing, and a preponderance of social services all play a part in defining the Downtown Eastside as a geographical “container” (or corral, if you will) for people who are drug addicts, poor, new immigrants or refugees, or those who are ‘internally displaced’ (e.g., Aboriginal people who come from rural reservations). In an effort to curb the drug trade on the streets, surveillance and enforcement has increased dramatically. This increased surveillance reinforces the clear boundaries of the DTES, and serves to construct the residents of the area as ‘criminal’. Windows and entrances to area businesses and hotels are barred, video cameras are trained on doorways, and residents of hotels and their visitors must use an intercom and wait for the worker inside to grant them entrance. These are both privately operated hotels and those owned and/or operated by non-profit societies. The safe injection site, I argue, is one such agent of both ‘social control’ (construction, surveillance, enforcement), *and* governmentality. These two concepts are treated in the theoretical literature as meaning quite different things: ‘social control’ is the (intended) result of a constellation

opportunities.

of legislation, tradition, and tactics emerging from the state, or government, to enforce adherence of the population to the policies of the state, whereas 'governmentality' is "an array of little techniques" (Rose, 1999), which arise from the governed themselves, to then (often unintentionally) comply with government policies. I describe some of these governmental techniques later on in this thesis, and I think the Four Pillars drug policy is written to incorporate both methods of social control (represented in particular by significant aspects of the 'Enforcement' pillar) and governmentality (represented by aspects of the 'harm reduction' pillar) in order to simultaneously fabricate the 'ideal subject' of policy, and an 'ideal community' built upon (for example) focus groups and surveys. These concepts will be explored and developed in greater detail in chapters four and five.

People resist what we perceive as 'social control' by institutions and agents. Drug use itself could be characterized as an act of resistance, as well as practices associated with illicit drug use, such as changing ones' name, or adopting a 'street name', 'losing' identification, and/or refusing to apply for social assistance. Those very acts of resistance may be then interpreted as governmental, or acts of acquiescence. The people who are using drugs downtown, earning money through drug dealing, prostitution, pimping or selling stolen goods are also using the services of non-profit agencies, living in shelters or hotels and participating in research activities. In short, they are conforming (or appearing to conform) to the characterization of the object 'anti-citizen'. When there are few options available, you'll make those that are offered become the ones you want. To put

this differently, one's horizon of expectation (see Bourdieu, 2000: esp. 216-219) is limited, and the leash is becoming tighter²⁹.

The people who live in the DTES also play a role in its formation and maintenance. They have a sense of community, and of the structure of that community. Front-line workers and professionals observe and are in some ways part of this *habitus*³⁰. However, experiences and understandings of these structures are limited by our place as agents of governmentality. As "agents of governmentality" the roles of 'mental health workers', 'peer support workers', or 'advocates' of one kind or another are essentially designed to act as intermediaries and role models of ideal citizens and community authorities. Staff are seen, by the people who attend the drop-in centres, clinics, food banks, soup kitchens and 'learning centres', as experts as well as authority figures (serving much the same function as parents, teachers, or prison guards). It is rare that these workers are regarded as peers, and building political alliances is difficult in these circumstances³¹.

It is with these issues in mind that an application of the theoretical ideas of Pierre Bourdieu, Hannah Arendt and Nikolas Rose (and others) to an analysis of the implementation of harm reduction policies in Vancouver's Downtown Eastside, will seek to show how the it operates as a cultural field representing particular elements of

²⁹ Lee Lakeman, personal communication, April 13, 2006.

³⁰ Habitus, according to Bourdieu, is comprised of manners, tastes, styles, and activities taken together as "natural" dispositions of any given cultural group or class.

³¹ In most of the organizations I have worked, staff sometimes encouraged people who use the services to attend political rallies or demonstrations such as the International Women's Day march, demonstrations calling for increased social housing, or protesting particular government legislation. This form invitation to political engagement may sometimes increase a sense of belonging for the participants. However, when the 'encouragement' comes from one who is regarded as a 'boss', 'expert' or 'professional', collaboration is not possible, so it becomes difficult for both parties to sustain interest. The motivations and agency of participants and staff is contingent upon so many factors, such as their housing, the extent of their pathologization and class background, as well as the relationship of the person using the agency to the

statelessness and exile in the contemporary inner city³². This pathologized site possesses doxic³³ features representing notions of the ‘non-citizen’ who are embodied subjects of a deeply stratified and divided state.

THE STATELESS OF OUR TIME—ARENDT

Modern power conditions which make a national sovereignty a mockery except for giant states, the rise of imperialism, and the pan-movements undermined the stability of Europe’s nation-state system from the outside. None of these factors, however, had sprung directly from the tradition and the institutions of the nation-states themselves. Their internal disintegration began only after the First World War, with the appearance of minorities, created by the peace Treaties and of a constantly growing refugee movement, the consequences of revolutions (Arendt, 1951a).

I begin my exploratory application of social theory to Vancouver’s drug policy with the political critique of the nation-state by Hannah Arendt. In this section, I wish to show, in a preliminary manner, how I will apply some of her ideas to the problems of harm reduction in the urban city. In the analysis chapters and particularly chapter five, I move forward to explain key concepts identified by Arendt in relation to the ‘rights of drug users’ and statelessness, and the effects of the Four Pillars policies.

In *On the Origins of Totalitarianism*, Hannah Arendt wrote about the problems of “human rights”, who decides what rights are, which rights are considered ‘inalienable’ and in what context, and the creation of populations of “rightless” people. Statelessness,

worker in the agency, and other such elements constituting the *habitus* of the field, or space.

³² The term ‘*cultural field*’ is Bourdieu’s metaphor for sites of cultural practice. A field may be defined as a series of institutions, rules, conventions, etc, which produce and authorise certain activities and discourse or conversations. A field may also be constituted out of the conflict involved when groups or individuals attempt to determine what constitutes capital within that field and how it is to be distributed (Webb, Schirato, Danaher: 2002).

³³ *Doxa*, a term derived from Bourdieu, refers to a set of core values of a field. These values are seen by those in the field as inherently true and necessary, but are in fact contingent and arbitrary. So, for example, the Vancouver Area Network of Drug Users may promote certain *doxa* consecrating the ‘lifestyle choices’ of drug users, so that the safe injection site will continue to operate in the neighbourhood, while conversely, the fiscally conservative politicians in City Hall may promote a different *doxa* which may construct the drug users in the Downtown Eastside as irretrievably diseased, and therefore requiring the ‘palliative care’ afforded by the safe injection site. The two groups refer to the same field, but one operates within it, one

in Arendt's analysis, resulted from the destabilization of the European nation-state system, arbitrary impositions of conditions of statelessness, including the creation of ghettos to contain the "illegitimate" citizen, and the consequent rendering of human beings as superfluous. Each of these conditions are being enacted in the Downtown Eastside, at least partially through deeply individualized approaches to addiction as well as through drug policies. To be clear, I do not believe that the municipal, provincial or federal politicians or policy makers have as their aim the creation of statelessness, or a population of rightless people. However, Arendt's concern about statelessness, human rights, and lives in exile will provide the backdrop for an examination of how people come to live in poverty and degradation in this wealthy city. This theoretical ground may also help us to understand how people in positions of political power have used such initiatives as the Four Pillars to construct social services as sites of governmentality which, I argue, promote divisions between the people who use (or refuse to use) these sites.

The people who live in the DTES share some commonalities based upon restrictions imposed by living within the capitalist and patriarchal urban concentration with an imperial history. Many are immigrants or refugees from Latin American, African, Eastern European, Middle Eastern or Asian countries. Many others are Aboriginal people, essentially refugees in their own lands. Aboriginal people in Canada are minorities created not by the Peace Treaties to which Arendt refers, but by Land and Sovereignty treaties and/or the Indian Act which have attempted to homogenize the many Indigenous nations (including the Métis) into a sort of "Indian Soup" that could easily be consumed (or assimilated) by the colonists or settlers.

operates outside of it, and both function to promote the others' status to a certain extent.

The DTES has, as stated previously, long been a temporary home to transient populations and resonates in many ways with the concept of a “frontier town” in the sense that a thriving culture of illicit activity prevails. Because of these factors, the Downtown Eastside can be conceptualized, at least metaphorically, as a “nation-state” in and of itself, populated by displaced peoples, immigrants and refugees who have been banished and are living in a state of exile, or “statelessness” much like the created nation-states of post-WWI Europe about which Hannah Arendt wrote in the 1950’s.

Since Vancouver’s safe injection site opened in September of 2003, people who use drugs in the Downtown Eastside can now be defined as “good” drug addicts (those who use injected drugs at the site) and “bad” drug addicts (those who use injected drugs off site, or who smoke crack or crystal meth). Arendt’s discussion “Between Pariah and the Parvenu” in *Totalitarianism* can also be applied to people who use drugs in the Downtown Eastside (Arendt, 1951b). I elaborate on these concepts somewhat throughout this thesis, referring in particular to the Vancouver Area Network of Drug Users (VANDU), and examining representations of good and bad “junkies.”

At this juncture, I want to clarify that while there are some connecting points to be drawn between the Jews of Nazi Germany, (or after and in response to Nazism) and drug users in the Downtown Eastside of Vancouver, there are also significant departures. A Jewish cultural identity, for example, is generally, (though not always) one to which a person is born. For some, a Jewish identity is chosen and politicized (whether born Jewish or not). On the other hand, the category of drug user, while arguably an identity that some people assume, is not a contestation of mainstream structures, values or moralities, but one upon which the state (often in the form of the medical and/or criminal

justice systems) imposes punitive or condescending sanctions. By and large, people are not born addicted, certainly not the way we are born to a class, racialized or gender category. Drug use is an act, arguably in response to and resistance against inequalities we might experience as members of a deeply stratified society. However, it does not represent a political/state related category in and of itself.

My use of Hannah Arendt's work is designed to build upon an argument that the specific harm reduction policies and initiatives that are implemented in the DTES may be similar in effect, if not intent, to the rise of the experience of statelessness during the inter-war period in Europe. Certainly, there is no explicit plan to 'purge' people who are ideologically opposed to the political agendas of the municipal government of Vancouver or provincial government of BC, but it seems to me that there is a subtle yet inexorable creation of a "mass" of essentially stateless people living in a kind of unpredictable exile in the Downtown Eastside. In *On Totalitarianism*, Arendt argued that totalitarian movements were not just movements of classes, but of *masses*, or people who shared the experience of being superfluous and alienated in the world (Arendt, 1968: 308; Canovan, 1974). The idea of "the mass" is an idea echoed by a group known as "the Red Sunshine Gang" of Berkeley, California, in the late 1960's to early 1970's:

Why is it important to know the difference between mass and class? The chances are that there can be no conscious revolutionary practice without making this distinction. ... We are living in mass society. We didn't get that way by accident. The mass is a specific form of organization....Consumption is organized by the corporations. Their products define the mass. The mass...is a routine which dominates your daily life. Understanding the structure of the mass market is the first step toward understanding what happened to the class struggle... The social existence of the mass—its rules and regulations, the structuring of its status, roles and leadership—are organized through consumption[...]The 'movement' itself behaves as a mass and its organizers reproduce the hierarchy of the mass....Our aim should not be to create a mass movement but a class force (Red Sunshine Collective, 1970).

Current North American socio-economic foreign and domestic policies, and increasing security initiatives (particularly post 9/11), have contributed to the creation of a kind of moral panic over those already exiled peoples. The drug activity of some of the people in the Downtown Eastside amounts to a refusal to engage in the consumer mass. It's a particularly dodgy game, though, because while people can use drugs to take a break or disengage or find some comfort for a short time, many will become addicted. They can no longer decide when to engage, and essentially drop into a "parallel world" of drug acquisition and use that mirrors the consumer lifestyle they turned their back on.

On one hand, the criminal activities that people engage in to acquire illicit drugs are problematic for the state. On the other hand, a population of people who are addicted, unhealthy and impoverished amounts to a valuable resource which drives the human services industry (Roe, 2003: 127). If they are expressing their political disagreement by that form of disengagement, and using the resources that employ other people (who may also be in political disagreement with state ideologies and policies), both groups are then removed from subversive political acts. In fact, one could argue that people now employed in the human services industry may become both complicit with state ideologies and trendy policy designs which secure their careers and employment in human services. Indeed, it seems understandable that individuals adjust their professional frames to job security in times of social retrenchment, even as policy makes claims to a benevolent (or at least benign) egalitarianism. While I do not wish to blame those who work or live in the DTES or those who make policy, the power of cuts to social services and resultant economic insecurities to shape individual behaviours in times of retrenchment cannot be overlooked.

In analyzing the specific agency and state responses to illicit drug activity in the DTES, striking parallels are revealed between Arendt's examinations of the operation of the 'exclusive state', and the function of harm reduction strategies such as the safe injection site and the Four Pillars in general. These issues are examined in more detail later in the thesis.

ADVANCED LIBERALISM AND GOVERNMENTALITY: ROSE

...The model of the active citizen was one who was an entrepreneur of him- or herself...the individual was to conduct his or her life...as a kind of enterprise, seeking to enhance and capitalize on existence itself through calculated acts and investments.... In this new field, the citizen was to become a consumer, and his or her activity is to be understood in terms of the activation of the rights of the consumer in the marketplace. (Rose, 1999)

In one sense, we need to understand the politics of statelessness under the dynamics of new neo-liberal policy frames. "Neo-liberalism" is the view that individual freedom can best be protected through an institutional structure of free markets and free trade (Harvey, 2007). Neo-liberalism holds that the government should sell off public interests to private companies and stay out of business interests, focus on stabilizing the currency, reducing debt and reducing the "welfare state" through a process of social retrenchment, cuts to social services and welfare payments, imposition of user fees for health care, increased costs of education, and other reductions of state-funded initiatives, downloading these services to the private sector (Day & Brodsky, 2006; Harvey, 2007).

At the same time, we need to understand how such frames "govern" those who are affected by these policies (e.g., social service workers, people who are addicted, even the public consciousness). Rose's concept of governmentality is useful here. In utilizing Rose's concept of 'governmentality' to analyze the social/political relations at play in the downtown eastside, it is helpful to examine how the liberal concept of "citizen as

consumer” plays out in that neighbourhood. Funding for social programs in BC is diminishing in a similar way to what has happened to welfare and social programs from the time of the 1979 election of Margaret Thatcher in England. “The relation of the state and the people had to take a different form: the former would maintain the infrastructure of law and order; the latter would promote individual and national well-being by their responsibility and enterprise” (Rose, 1999).

British Columbia’s Provincial Government began making cuts to social programs at the time of the 1995 repeal of the Canada Assistance Plan (CAP) Act. The CAP ensured that all Canadians had access to welfare and attendant social programs that were adequate to meet their basic needs and not based on residency as a condition to receive assistance. There were other standards as well, which provided basic entitlements (though they were significantly incomplete)³⁴. Any province that violated a funding agreement under the CAP was vulnerable to litigation. With the CAP gone, the door was open for provincial governments to impose waiting periods and workfare, and spend money that would otherwise have gone to social programs on health or post-secondary education, programs more popular with wealthier citizens (Day & Brodsky, 2006). This deterioration of social programs has had the effect of contributing to the erosion of social capital and cohesive community in the Downtown Eastside.

Service agencies are subject to evaluations and audits, as businesses are subject to financial audits (Rose, 1999). In Vancouver, recipients of social services—from the receipt of the welfare cheque to the line-up at the food bank—are referred to as “clients”;

³⁴ These conditions, or standards included accessibility, the right to refuse work, universality, right of appeal and adequacy. In other words, people who were applying for social assistance would be assured they could receive it if they needed it, did not have to satisfy residency requirements, could expect to have enough to pay for basic needs, were not required to ‘work for welfare’, and had the right to appeal the

people who see psychiatrists are called “mental health consumers”; people who go to drop-in centres are called “members,”; the relationships of the provider and the recipients of services are based on contracts and audits. These “techniques of power” represent the labels, evaluations and audits that are the regulatory practices of the state with which social service agencies must cooperate in order to secure and maintain funding.

The Safe Injection Site is considered a success in part because it has been operating at or above capacity since it opened. Of the 107 overdoses that occurred on site in the first year (and a comparable number in the second), not one was fatal. The year one evaluation report records that “client satisfaction” with the safe injection site was high (pardon the pun, *Evaluation of the Supervised Injection Site: year one summary*, 2004). Constituting the status of the users of the safe injection site as “clients” or “customers” of the site may be interpreted as an attempt to confront the stigma facing people who use injection drugs. On the other hand, it may be indicative of a process of “false levelling” of impoverished, addicted people with the people who staff the safe injection site, and with the policy makers and architects of the program.

Consume, consume, it's what makes this country great!

Rose describes the transformation of the conception of the “citizen as consumer” in the style of government he’s called “advanced liberalism”. This transformation, he argues, was underway by the 1970’s as forms of neo-liberalism restructured social practices according to the image of the market (Rose, 1999). It might be described as a move from the idea of “the personal is political” to the opposite idea -“the political is personal”- and, I suggest, marketable to the citizen-consumer.

Following this idea, I argue that the social services, clinics and community centres in the Downtown Eastside can be seen in part as fashioned as sites of governmentality, and the users of these sites as “consumers”, groomed to comply with the various guidelines and protocols in ways that signify not just their complicity, but their “choices”. The Safe Injection Site, as well as the NAOMI project, are two parts of a drug strategy which rely heavily on the institution(s) of medicine to address the political/social problems of (often) generational poverty and political disengagement (Boothroyd, 2005). Though several studies and reports highlighted poverty, social isolation and attendant political disengagement as “social determinants of health”, InSite, NAOMI project and other initiatives of the Vancouver Agreement and partner Health Authorities focus their interventions on provision of medical services only. The Vancouver Area Network of Drug Users (VANDU) was organized to agitate for both InSite and NAOMI to be implemented as components of a broad social strategy. Both of these projects offer drug users some measure of comfort, social support, and respite from criminalizing actions of police. Both also require people who are enrolled in them to submit to increased surveillance and cooperate with a “public order” agenda of police and other agents of the state, including “business improvement associations” and medical institutions.

Rose describes neo-liberalism under Thatcher as a rejection of “cradle to grave” welfare, “freeing individuals to make the best judgements on risks and potentials in order to guide their conduct...” (Rose 1999: 139). He notes that the initial reaction to these changes from the so-called “left” was hostile. However, over the past twenty years or so, a new way of thinking about government has taken shape which shares many

characteristics with neo-liberalism; a way of thinking which he calls “advanced liberalism” (Rose 1999: 139-140).

In the context of advanced liberalism, people who are the subjects of policy, the governed, are expected to acquiesce to the demands of the services they require in the absence of adequate welfare. These services, in turn, are structured in the name of an economic logic, and all aspects of social behaviour are reconceptualized along economic lines. Social service agencies, hospitals, and other “social institutions” are expected to become entrepreneurial in style, and generate funds through economic activities linked to business, rather than through exclusively tax revenue.³⁵ In turn, the people who use the services of these agencies are described as “customers” who are exercising “choice”.

Resistance against some of these expectations, however, is evident. There are drug users who come to the safe injection site and inject in the bathrooms³⁶, rather than in the booths provided, “under the watchful eyes of professionals” (Small, et al., 2006) and users who continue to use in the alleys, though by doing so, they risk arrest.

I don’t necessarily think that government is “bad”, or that people having an active stake in the operations of power in their lives is sinister. However, I am concerned that given the (arguably) rising perceptions of the Downtown Eastside as a pathologized neighbourhood, the people who live there are being offered no more than ‘enough’ to ensure they remain alive, but still dependent on charity. There is little room for either

³⁵ For example, Atira Housing Society, which began as a single transition house for battered women in White Rock, has morphed into a property management company. It also operates a number of shelters and transition houses and other services, which are subsidized by the business revenue of Atira Property Management.

³⁶ Alice Kendall, coordinator of the Downtown Eastside Women’s Centre, personal communication, February, 2006

individual or organized group agency. People have great trouble gaining access to resources and exercising agency (on their own behalf or on behalf of their communities).

I will attempt to show the ways in which the Four Pillars drug policies and media stories documenting aspects of their implementation both shape and portray the DTES as governmental, and the people of the DTES as 'illegitimate citizens'. I draw upon the work of Rose to analyze some of the sites and techniques of governmentality and other forms of state-sanctioned surveillance and control as they operate in the Downtown Eastside.

THE CULTURAL FIELD OF THE DOWNTOWN EASTSIDE: BOURDIEU

The realistic, even resigned or fatalistic, dispositions which lead members of the dominated classes to put up with objective conditions that would be judged intolerable or revolting by agents otherwise disposed can have the appearances of purposiveness only if it is forgotten that, by a paradoxical counterfinality of adaptation to reality, they help to reproduce the conditions of oppression (Bourdieu, 2000b).

"...[E]xpectations tend universally to be roughly adapted to the objective chances" (Bourdieu, 2000: 217).

The final arena of theoretical application emerges from the work of Pierre Bourdieu. Some of the key conceptual interventions I draw upon pertain to the experiences of, for example, positional suffering, symbolic domination, and membership in the cultural field and the habitus of the DTES. For instance, it is possible to understand that some of the people who use a safe injection site are to some degree content with it. In other words, they have become socialized actors in the cultural field of the DTES, as one way of responding to the individual treatment of addiction operating at the turn of the 21st century. Therefore, some may celebrate InSite not because the provision of such a site is materially improving their lives, but because it is there. It is *something*. Bourdieu's work about reproduction and transformation is therefore useful in an analysis of the harm

reduction strategies in use in the DTES. I suggest that the people who are using drugs there are a neglected, abandoned and dominated class who play some part, albeit inadvertently, in reproducing the conditions of their own oppression. This is not to say that they *want* to live in such conditions, but rather they are, as Bourdieu writes, adapting their expectations to their life chances (Bourdieu, 2000b).

The Downtown Eastside may be seen as an Arendtian, diasporic nation-state. There are a number of cultures and classes represented among the population; as in any city, and each has systems and agreements of how to conduct themselves. These agreements are constantly negotiated within the context of the neighbourhood, and the particularly pathologized nature of the area. Bourdieu discussed some of the limits imposed upon one's agency through the necessities of living within structures both within and beyond contexts of our own making. They do this through action which takes place the operation of the habitus:

...[S]ocial agents are endowed with habitus, inscribed in their bodies by past experiences. These systems of schemes of perception, appreciation and action enable them to perform acts of practical knowledge, based on the identification and recognition of conditional, conventional stimuli to which they are predisposed to react; and, without any explicit definition of ends or rational calculation of means, to generate appropriate and endlessly renewed strategies, but within the limits of the structural constraints of which they are the product and which define them (Bourdieu, 2000b).

This quote, and those with which I opened this section, illustrate the concept of "positional suffering", which I suggest is useful to make meaning of the implications of ways in which the Four Pillars drug policy is both implemented and represented. Bourdieu carefully investigated ways in which people from the working (or under)-classes both reproduced and resisted their position in society. It is the concept of

positional suffering, and the related concept of symbolic domination, which I find most illuminating in analyzing Vancouver's drug policies³⁷.

Perhaps Bourdieu's best known work was *Distinction: a social critique of the Judgement of Taste*, published in 1979. In *Distinction* Bourdieu investigates cultural transmissions as a strategic process of family-based intergenerational reproduction. He developed a hypothesis concerning the nature of cultural capital and habitus. Habitus includes manners, ways of speaking, the wearing of particular clothes, and choices of gestures. Tastes, wit, 'social graces' and poise are all part of *habitus* and together form 'cultural capital'. Cultural capital, like economic capital, can be used to gain access to privileges and credentials. Habitus is also comprised of habits and dispositions we acquire from the world around our families, particularly, Bourdieu argued, through formal schooling. Schools take on the habitus of the dominant classes and offer instruction as if every student has equal access to this habitus. Bourdieu further theorized that those who seek to increase their cultural capital and move through the class strata, from, say, working class to middle class, are more likely to change themselves to fit into this new habitus, than to alter the structures through which they move (Bourdieu, 1984).

While Bourdieu has been criticized by some for being overly deterministic in his analysis of class and habitus, "he retained, in the face of a great deal of contrary evidence[...]a faith in people's capacities for transformation" (Pollitt, 2002). It is possible to examine the drug culture (in particular) of the Downtown Eastside with the idea that it is a 'field' in the sense that Bourdieu theorized in *Distinction*. This examination reveals how 'social agents' become endowed with the habitus of that particular field in a similar fashion to the ways people become inscribed by their

³⁷ Definitions of positional suffering and symbolic domination are in Chapter three, page 86.

experiences of being of a particular class, gender or race³⁸. People who go to the neighbourhood to live or to work are inevitably shaped by the structures and tendencies at play there, and more often than not may be altered far more by representation in that field than they can effect change. They become members of the particular field, or system, of the neighbourhood. And like all members of a system, become endowed with a sense of capital which is both cultural and social. This form of capital is different in substantive, (but perhaps not formal) ways from the kind of capital exercised among the middle and upper classes³⁹.

Shaping the structures of a field requires power, of which subordinated classes have little. Certainly, members of both middle and upper class groups have addictions as well, and while their drug or alcohol use may be also a form of resistance, and they are also often pathologized, because of their class privilege, they are not the subjects of policy in the same way people who use drugs in the DTES might be. Nor do they, as the dominated of the DTES do, experience constant surveillance. Both modes of regulation and modes of resistance in the DTES require scrutinizing for ways in which policy might be altered to promote the interests of the subordinated classes, and utilize resistance to create a substantive intervention into the problems of heightened positional suffering. Public policy can be (but is not currently) made and implemented with an aim to equitable redistribution of material and social resources.

³⁸ While not all of the residents of the DTES are working-class, or impoverished, the neighbourhood itself is noted for being the most impoverished neighbourhood in Canada, and that fact sticks to the people who live, work and 'hang out' there.

³⁹ For example, social capital may include, for people in each class strata, knowing the 'important people' in the neighbourhood. For drug users, however, these people may be not the most effective tax lawyer or cosmetic surgeon, say, but the trusted dealers, the nice cops, the most effective advocates and the hotel managers who will allow guests without charging. Social capital also includes understanding the rules of the field, such as protocols about how to speak to elders and to youth or how to participate in research projects.

Bourdieu's theories of class reproduction and of the constitutions of field and habitus (Bourdieu, 1984, 2000b; Bourdieu & Passeron, 1977) can be used to analyse media reports about the Downtown Eastside and the residents thereof who are often viewed as "beyond the pale"—representing to the public a category of marginal human conglomerating at the core of the inner city. This aspect of the research also demonstrates that in the neo-liberal state, nearly all citizens of any country⁴⁰ are at risk of sliding from membership in "the public" to that category of "marginal human."

THE END OF THE BEGINNING

Reports of drug-related crime permeate the media, and possible social service or health solutions to problems associated with drug use are widely debated. The questions raised in this thesis are timely. There is some scholarly work that addresses the causes of addiction, and various strategies to address these causes. I discuss some of this work in the next chapter. There is, however, little work examining the motivations and political assumptions behind the actual provision and language of such interventions. I believe that the overall intentions of policy makers, social service providers, police and journalists are, in the main, both good-willed and just. However, in my view, the values driving the policy makers, politicians and law enforcers represent a class advantage. This kind of advantage is often over-looked but may be responsible for, at least in part, the implementation of policy responses that merely "herd" the most marginalized or disorderly people to sites of governmentality where they are under increasingly heavy surveillance. The good people staffing these services are placed in a position of responding to individual crisis after individual crisis. They have virtually no time or

⁴⁰ Especially, but not only, women, working class people who are experiencing the "off-shoring" of manufacturing jobs; immigrants and refugees, and Aboriginal people.

energy to plan, strategize, or envision the desired end of their work. The good people using these services are living from crisis to crisis with no time or energy to look for their allies, shake the monkey off their backs, and live in the world as opposed to the margins. Natural allies are often in adversarial positions with each other, and the powerful applaud the results: Lucrative contracts are awarded so that the streets are cleaned up (of human detritus) and safer (for the 'regular folk') and lives are saved (though for what purpose is uncertain). In these thesis, I hope to show some of the limits of harm reduction and the role social institutions play in limiting people's capacity for participating with others in meaningful change in the DTES.

STRUCTURE OF THESIS

The following chapters explore the nature and sources of governmentality and surveillance as it operates in and through aspects of the DTES. The next chapter, the literature review, will summarise recent work regarding the implementation and driving ideologies underlying drug policies and the concept of harm reduction. Chapter three outlines the methodology of discourse analysis with which I will analyze the data. Chapter Four focuses in particular upon an analysis of elements of the *Framework for Action* which represents the Four Pillars drug policy (MacPherson, 2001). This document frames the basis of the four pillars and particularly harm reduction as a rising and accepted method for intervening into the lives of those who are drug addicted and live in urban concentrations of poverty. The second sources of analysis, presented in chapter five, are two stories published by the Vancouver Sun, six years apart. These media representations of the DTES are portrayals of the kind of people to be found in that area, including drug users, and of what should be done about them.

The concluding chapter will return to the central questions of this thesis:

- What serves as the ideological foundation of the policies and practices of the Four Pillars?
- In what ways do the Four Pillars affect those who live in the DTES?
- How might agencies and services become ‘sites of governmentality’?

I am interested primarily in thinking about these problems in different ways, with an aim to exploring more ideas about how we might engage with the good will and hard work of the providers and recipients of human services, at least in part to understand forms of political resistance evidenced by the drug culture in the DTES. I suggest it is possible to utilize these impulses of resistance to conduct ethical and lasting social change, including an equitable redistribution of resources, development of meaningful opportunities for education and work and supportive and nurturing communal bonds.

I therefore undertake a critical analysis of the four pillars from 1999 to 2006, demonstrating the ways in which Vancouver’s drug policies have served in part to entrench suffering, and render as pathological the political resistance represented by the use of illicit drugs.

In sum, my primary aim is to utilize an interdisciplinary theoretical framework to trace the trajectory of addiction services in the Downtown Eastside and describe the ways in which the Four Pillars approach has been implemented and organized into sites of governmentality. Policy discourse is often treated as a positive, progressive language designed to protect its “citizens” (particularly if this discourse is supported by the left). However, my argument is that the Four Pillars policy represents a form of urban regulation which does not always liberate individuals or groups from addiction, but instead may create and legitimize what Bourdieu calls “positional suffering”—a kind of stratified suffering which is spatial and positional because of its geographical and classed

location. The form of regulation promoted by the Four Pillars, therefore, may represent a kind of urban constraint which makes liberation from addiction or the state seem impossible. What you might call “The Catch-22 of drug policy” - Neo-liberalism and pathologization (and attendant medicalization) - are related. People who use illicit drugs are pathologized and criminalized, and the policy medicalizes the response to people using illicit drugs. Their rebellion is transformed to pathology and medicalized away from any form of revolt.

By examining and analyzing how the implementation of harm reduction techniques function in the Downtown Eastside, and why those particular responses are employed, I hope to expose some of the myths linked to addiction, harm reduction and the costs of those myths for people living in the DTES. While I wish to reiterate that I certainly believe that most of the key players are well intentioned, I also enter this study with a firm belief that we could do much better with an integration of drug policy approaches that move people out of an exile of imposed and embedded statelessness and pathology, into an egalitarian mode of social participation with the state and communities.

CHAPTER 2

WHO'S SAYING WHAT ABOUT "DRUGGIES AND DEALERS" AND WHAT DO ABOUT THEM

Sam Sullivan: "I can tell you...I will not support bringing people from the downtown eastside to this neighbourhood" aired on "The Early Edition", CBC Radio One November 8, 2005. (From a public meeting between residents of the Vancouver West-side neighbourhood of Dunbar, and Sam Sullivan, Vancouver City Councillor and successful 2005 Mayoral Candidate).

Harm Reduction, harm reduction—Everyone's always on about harm reduction.

It is difficult to keep pace with the range of research and literature about harm reduction in general, and Vancouver's drug policies in particular. There are conferences and subsequent published proceedings, anthologies of papers, books, magazine and journal articles. There are harm reduction support groups, harm reduction transition houses for battered women, harm reduction mental health services and more. Nearly every day one may find an article in the newspaper about Vancouver's Supervised Injection Site, (InSite), or other harm reduction tactics.⁴¹ This chapter therefore represents a review of but a small selection of literature that discusses aspects of addiction, treatment, harm reduction and social policy in general. I have contained my survey to material which deals with, in general, drug addiction, modes of 'recovery', or North American drug policies as well as particular articles or papers which address aspects of Vancouver's drug policies in relation to especially the Downtown Eastside.

'HARM REDUCTION IS MEDICINE'—OR MAYBE A PLACEBO?

A perusal of the website of the Sixteenth International AIDS Conference (held in Toronto, August 13-18, 2006) shows over 200 papers which discuss some aspect of harm

⁴¹Such as the strategy in some shelters for homeless people to provide those labelled "alcoholic" with alcohol, in timed, measured doses (Duffy, 2006).

reduction. In the spring of 2006, a world 'Harm Reduction' Conference was held in Vancouver, BC. Many of the same topics were discussed in concurrent sessions as were again covered at the Toronto HIV/AIDS conference. The discourse of harm reduction is heavily weighted with medical terminology; people who use illegal injection drugs are referred to as the acronym, "IDUs" (Intravenous Drug Users); the global-to-local traffic in women and girls is depoliticized as "sex work"; and there is an emphasis on "client-centred" and "outreach" programs which aim to "keep people alive until they are willing to seek treatment". There is little "big picture" analysis about what could happen *after* treatment, not necessarily to those who enter treatment, but to the world to which the addicted people must return.

Harm Reduction strategies are meant to "meet the addict where s/he is," and to provide some measure of concrete support and comfort such as clean needles, perhaps a medical alternative to their drug of choice and/or instruction on safer drug delivery methods. This appears, however, to be as far as these interventions are meant to go. In frequent references to InSite, Vancouver's safe injection site, it is praised for saving lives, and reducing "public disorder". Few studies question the lack of concurrent or attendant long-term solutions. Some examples of social problems yet to be addressed by policy include: limited availability or range of treatment options; continued ghettoization of "problematic people" (drug addicts, people with mental illness, impoverished single mothers, for example); increasing promotion of prostitution as "work"; an appalling lack of decent affordable housing in Vancouver (and big cities in general); the increasing divide between rich and poor in Canada in general (and Vancouver in particular); and a paucity of in-depth theorizing about the practices of social service provision in general.

As Vancouver ramps up preparations to host the 2010 Winter Olympics, activists, politicians, drug users and social service workers fight to keep the safe injection site open⁴². There seems to be a broad reluctance to criticise safe injection facilities, or engage in a critique of the foundations of what we now call “harm reduction”. In all of the conferences and references to the safe injection site in Vancouver, there can be found barely a whiff of critique about the connections of this facility with business⁴³, for instance, or even much questioning of claims of its efficacy in preventing disease transmission or overdose death. Those who are critical or ambivalent about the aims and procedures of the site are often dismissed as conservative and moralistic, as well as inattentive to the scientific facts pointing to the success of harm reduction programs.

The term “harm reduction” has slipped into daily conversation over the last ten or fifteen years. The meaning of it, however, continues to be elusive. The first chapter of this thesis referred to the range of these definitions, from a humane and gradual road to abstinence from drugs (in opposition to a “war on drugs” approach), to decriminalization of drug users and regulation of currently illicit drugs, to palliative care for addicts. In the course of my work life, I also encountered a range of definitions for this term, from describing it as a rebellious, even revolutionary, flouting of antiquated laws, to a step toward eventual abstinence and engagement in society to a version of palliative care.

⁴² Efforts to extend operation of InSite past the initial three-year ‘experimental’ phase were partially successful—in the late summer of 2006, Minister of Health Tony Clement granted an 17 month extension, half of the requested three and a half year drug law exemption and operating permit requested. Minister Clement cited a need for more research about the efficacy of the site in reducing drug dependency in order to again extend the exemption (Howell, 2006).

⁴³ These connections are partially symbolic, such as references in evaluation papers to “client satisfaction”, in typically “businesslike” language. There are monetary connections as well, however, as can be discerned by checking the funding sources of the Vancouver Agreement, out of which the Four Pillars policies emerge. In 2005, Bell Canada provided two million dollars to the Vancouver Agreement to encourage the development of businesses in the DTES, and to promote the Four Pillars.

Mostly, these definitions are tied to either a medical or legal discourse which serve to define the parameters around which harm reduction has been discussed.

A few years ago, I encountered an idea through a colleague, that drinking and drug use may be a form of political resistance⁴⁴. In contrast to the idea of addiction as a medical problem or sickness, it can be understood as a deliberate act of resistance against state imposed forms of social inequality. In light of this suggestion, one may consider that harm reduction may be a constraining response to the resistance of the marginalized people in the core of the city. That is to say, while perhaps not encouraged, addiction is considered inevitable but controllable through these particular drug policies, especially harm reduction. The intent is to reduce harm rather than eliminate it. This kind of approach is designed to maintain public order, to create urban stability and perhaps to ignore or dismiss the real concerns which have shaped drug use and rising addiction in urban concentrations of poverty.

What follows is a summary of the relevant literature addressing the culture and histories of drug use, addiction and recovery, as well as definitions of “harm reduction” and its’ apparent strengths and limitations. This material is organized into three sections. The first section, “Drug Use: Pathology or Politic?” examines literature which investigates the phenomena of drug use, addiction and ‘treatment’ or ‘recovery’ methods. The second section, “Drug Policies” reviews literature addressing the nature and effects of drug policy as it has been designed and implemented in a variety of urban settings particularly within North America and Australia. The third section, “Sociological interpretations of harm reduction”, discusses some of the research undertaken over the past thirty years, specifically in the last decade, which analyses not only the

implementation of harm reduction, and which measures have been labelled harm reduction, but social movements which have promoted harm reduction as strategies of resistance against the state and the associated results of such strategies. Taken together, the review is intended to provide insight into the role of harm reduction in either liberating people from addiction, or in promoting certain agendas of the state which may result in containing certain groups of people within a geographical area, such as the DTES, paradoxically through the very provision of services designed to “save lives”.

DRUG USE: PATHOLOGY OR POLITIC?

It is now a well established fact that people who are in some way disconnected from full participation in society will more likely use alcohol or drugs as a form of protective exile from a society which excludes them (Alexander, 2001; Boyd, 2004; Durrant & Thakker, 2003; Granfield & Cloud, 1999). My own experience as both a worker in the human services industry, and a former “alcoholic⁴⁵” supports this view. There is a good deal of scholarship about addiction and recovery, though little has dealt with the possible political foundations of drug use and addiction. Research suggests many sources of addictive behaviours (Alexander, 2005, in preparation; Boyd, 2004; Durrant & Thakker, 2003). These purported sources of addiction range from a genetic, biological predisposition, (as can be found in the literature of Alcoholics Anonymous) to an illness for which there is no cure, to an indication of “psychosocial dislocation” (Alexander, 2001). Even though current legislation and policy in Australia and Canada refers much less to “addiction” or “drug abuse” and more to “harmful drug use” or merely “drug use”

⁴⁴ Madeleine Dion-Stout, personal communication, November, 2002

⁴⁵ I placed quotes around the word “alcoholic” because I do not agree that “over consumption of alcohol on a regular basis to the point of black out” is an illness. It may not be healthy, I grant you, but it’s not a disease. I use the word because most people understand that it means “over consumption of

(MacPherson, 2001; O'Malley 1999), a discourse of pathology is assigned to addiction and woven throughout most of the literature about drug use. While there is increasing acknowledgement of social/political factors that contribute to drug use (Alexander, 2001, 2006; Boyd, 2004; Duff, 2004; Durrant & Thacker, 2003; Granfield & Cloud, 1999; O'Malley, 1999) those developing and implementing policy are calling for "addiction" to be regarded as primarily a health issue (MacPherson, 2001; Mulgrew, 2006; Baker, et al, 1997; Boothroyd, 2005).

Drug use is implicated in a number of diseases and health difficulties. However, it is not, in itself, a medical condition. Drug use may often be, instead, a response to otherwise intolerable or difficult life circumstances⁴⁶. As Alexander (2001) suggests, these circumstances in turn are the result of social inequalities, and the myriad obstacles encountered in contemporary society, writes Bruce Alexander . "Mass psychosocial dislocation" is Alexander's phrase to describe this phenomenon, and such dislocation stems from our society's relentless drive to acquire and consume ever more goods and services. Adherence to a so-called "free market" has severed people's ties to traditions and relationships that might keep us grounded and whole. Alexander suggests that drug abuse and addiction represents such "psychosocial dislocation" and thus requires a political response:

Careful coordination of prevention, treatment, harm reduction, and policing for drug addiction can ameliorate drug addiction, but cannot even address the larger problems of addiction or its root causes. Political action is necessary (Alexander, 2001: 19).

alcohol...[etc]," whether they understand it as a disease or not.

⁴⁶ Of course there are many people who live with privilege, whose lives are quite tolerable and seem pleasant, who become addicted to drugs. The same theory holds true, however. People who "have it all" become addicted because they're perhaps lonesome, disconnected, and dissatisfied. Addiction may also be a way of disengaging from uncomfortable feelings about our own complicity in the perpetuation of injustice and inequality.

Alexander's analysis suggests that drug addiction and compulsive behaviour are essentially a political response to inequality and oppression. In so doing, he sketches out racialized and class-based resistance to the neo-liberal free market. He argues that everyone who is addicted (and he defines addiction as any activity or substance use that is compulsive and 'all-consuming') has experienced dislocation and exclusion (Alexander, 2001)⁴⁷. The Four Pillars do not, he claims, address the foundation of social/political causes of addiction.

Similarly, Granfield and Cloud (1999), offer an approach to the treatment of addiction that seems resonates with Alexander's approach. Their book, *Coming Clean: Overcoming Addiction Without Treatment*, offers a series of case studies and narrative accounts of people who have overcome addictions without using medical treatments or adherence to twelve-step or other "recovery" groups. The authors discuss methods of recovery more than the processes and possible causes of addiction. They reject the pathologization of addiction or dependent use of drugs and alcohol, and assert that "Recovery from addiction...must be understood from a social perspective and not merely seen as an individual act" (p. 139). In contrast to both a "war on drugs" approach pursued by the American Government (and lately again, by the Canadian government of Stephen Harper), and a "harm reduction" approach presented by such scholars as Erickson, Riley, O'Hare & Cheung (1997) or DeJong and Weber (1999) they challenge views of addictive drug use as inevitable as well as the use of a pathologizing or criminalizing discourse in reference to addiction.

⁴⁷ Though he also notes that not everyone who has experienced psychosocial dislocation becomes addicted. (Alexander, 2001)

The methods of recovery for the respondents of Granfield and Cloud's study were varied, but success depended primarily upon access to housing, meaningful work, sustaining relationships and something in which to believe⁴⁸. The participants also possessed what Bourdieu might name as a form of "social capital"⁴⁹. An absence of particular forms of social capital make it much more difficult for people living in the DTES to gain access to necessities named by Granfield and Cloud as integral to successful recovery. They themselves state, "opportunities for personal transformation are unevenly distributed in society" (Granfield & Cloud, 1999: 153).

While Granfield and Cloud use the "Third Way" theories of Anthony Giddens to frame their research, I found Bourdieu useful in expanding their thesis to apply to the 'stateless' of the DTES, and to discovering opportunities for social (not just personal) transformation. Indeed, Bourdieu might suggest that the "symbolic violence"⁵⁰ of the so-called helping professions is a contributory factor to uneven distribution of social capital and opportunity. Habitus, the internalized form of "class condition" (Bourdieu, 1977: 101), is the force from which symbolic violence derives its efficacy (Bourdieu, 2000: 169). In other words, if people believe that attitudes, behaviours and tastes are natural or inevitable, social structures may also be interpreted as innate. On the other hand, if people can see that social structures are built for the purpose of privileging certain groups

⁴⁸Not necessarily religious, the respondents discovered a sense of themselves as being part of something bigger than just themselves as individuals. Political action, religious observance, artistic expression or some combination of these social activities/beliefs were useful components to ending addictive drug/alcohol use.

⁴⁹"Social Capital" refers to placement, or membership in a group, (such as, say, middle-class, woman, Asian, mother, drug addict, artist...and so on). It also refers to access to networks of connections associated with these groups, as in, "it's not what you know, it's who you know." So, the people in Granfield and Cloud's study all had some form of social capital in terms of access to supports, as well as a sense of entitlement from what they gained by their social placement.

⁵⁰"Symbolic Violence" refers to forms of coercion which are expressed without physical force. For example, the removal of conditions from federal tax transfers to the provinces is a form of symbolic violence, as are other policies of retrenchment—which will be discussed in greater detail in subsequent

and are not innate, such realizations can inform collective actions to change those structures.

The concept of “personal transformation”, such as that described by the case histories in Granfield and Cloud is less encouraged by the Four Pillars approach than is a process of what Bourdieu calls “bodily constraint” (Bourdieu, 2000:170). In terms of the “field” of the Downtown Eastside, for example, people who use human services and illicit drugs available there become “stuck” in that particular area and culture. The social capital available to those characterized as addicts in the Downtown Eastside is infused with a sense of restriction, or constraint. One may therefore be led to conclude that the institutions, the political bodies which orchestrate and shape our behaviours and attitudes carry on largely unquestioned, and influence everyone who operates within them through symbolic domination (Bourdieu, 2000:168-169)⁵¹.

Durrant and Thakker incorporate a multidisciplinary framework to analyze the human desire to take drugs (Durrant & Thakker, 2003). They explore historical and cultural variables that contribute to drug use, including medical, nutritious, religious or ritualistic uses of drugs. The context of their study is Australia, which has a similar background of European colonization to Canada. Like Alexander, they indicate that the advancement of free-market and global capitalism is a contributing factor to social dislocation and consequent addictive drug use, and that European colonization is a significant contributing factor to addictive drug use among Indigenous people world-wide (Durrant & Thakker 2003).

sections of this thesis.

⁵¹ For instance; the benevolent domination of the social services which provide shelters and meals, and require in return for some personal information, (with an agreement to confidentiality, though that's another issue altogether), sometimes participation in research projects, prayer sessions or religious study,

Durrant's and Thacker's research suggests that all cultures use psychoactive substances, though addictive or harmful use is most prevalent in societies which have experienced a high degree of instability and social dislocation of members of those societies (Durrant, R. & Thacker, J., 2003). They argue that while abstinence may not be a realistic goal of drug treatment, the eradication of addiction and problematic drug use might be attainable.

Studies such as Durrant and Thacker's are primarily sociological in nature, but another, widely circulated discourse of addiction is reflected in public reports such as *No Further Harm; Report of the Temporary Advisory Sub-Committee on Narcotics Harm Reduction* (Baker, Anderson, deVlaming, Hickey, & Ross, 1997). This sub-committee rejects a criminalizing approach to social problems and behaviours associated with drug use in favour of medical treatment of what are called "addictive disorders". There is a prevailing attitude throughout the report that addiction is a medical condition from which some people will always suffer, so harm reduction amounts to humane palliative care (Baker, et al., 1997: 3) Although this report was published a decade ago, the attitude toward addiction as an essentially "incurable disease" is still a significant component of current harm reduction practices. I will examine the connections between a pathologizing medical discourse and public policy in subsequent chapters.

DRUG POLICY

Erickson, Riley, Cheung, & O'Hare (1997) describe the three most popular approaches to drug use and treatment: Prohibitionist, Legalization and the Medical Model. Their work represents a collection of papers from several International Harm

and compliance with various regulations or 'rules of conduct.'

Reduction conferences. The majority of contributors to this volume were researchers from Canada and the United States. A significant minority of the contributors are associated with front-line services or peer-support volunteer agencies, but most were researchers, scientists and social theorists with strong connections to Universities.

In this collection, strengths and contributions to contemporary approaches of harm reduction and problems with each of these models (prohibition, legalization and medical) are described. The editors claim, for example, that Harm Reduction Models represent a 'value neutrality' claim to drug addiction. They write that "by not associating itself with specific moral, legal, or medical interpretations of the phenomenon of drug use, the Harm Reduction Model releases itself from many of the unnecessary constraints on drug strategies set by existing approaches." (Erickson et al., 1997:6). The editors define the drug user's role in harm reduction as active rather than passive. On a practical level, harm reduction gives priority to strategies that can achieve "immediate and realizable goals of reduction of drug-related harm, rather than to those that are preoccupied with long-term intervention outcomes such as abstinence" (Erickson et al., 1997). At the policy level, harm reduction "provides a framework for...designing relevant strategies pertaining to harms associated with particular types of levels of use" (p. 9), and can accommodate existing policy which may be at odds with harm reduction.

Taken together, the papers comprising Erickson et al's anthology (1997) describe a range of issues within the field of harm reduction and provide information and analysis about techniques addressing problematic drug use. Moral or medical (drug user as "bad"/drug user as "sick") approaches to drug addiction are either avoided, or

incorporated into a re-framing of addiction in an attempt to “avoid falling into the snares of moral, legal and medical-reductionist biases exhibited by other approaches” (p.6).

A number of problems are associated with Erickson et al’s (1997) work. For example, in this attempt to reframe the discourse of addiction, and construct a consistent harm reduction model, the contributions in Erickson’s work appear to overlook the increase in social retrenchment which has significantly reduced access to resources and opportunities other than harm reduction strategies. The contributors also frame the “drug using subject” as an autonomous person, capable of making informed choices from a range of options in regards to drug use.

Clearly, as Erickson and others have failed to identify, harm reduction carries with it the burden of 20th century liberalism. While attempting to respond to social problems such as widespread and growing homelessness and poverty through initiatives designed to provide alternatives to “war on drugs” style interventions, harm reduction appears to target individual drug users, rather than as well, looking to the root causes of illicit drug use and addiction. Since “individual choice” remains one of the cornerstones of liberalism, it becomes possible to see the appeal of harm reduction to social and fiscal conservatives. In the short term, harm reduction is a ‘cost effective’ way to address problems associated with the use of illicit drugs. These strategies depend upon the ‘free will’ of the people who might access such programs.

In short, this collection of research comprises a diverse and thorough anthology which serves to dispel some myths around harm reduction and question some accepted assumptions about drug use, treatment and harm reduction. The book in its entirety, however, does not approach the ways in which the rhetoric of those initiatives and

strategies labelled “harm reduction” can and have become opportunities for the exercise of state power within and through people’s daily lives. In other words, (to draw upon the work of both Foucault and Rose), these contributions to the discourse of harm reduction do not address the use of the “tools of governmentality⁵²”. Nor do they expose the symbolic power of policy to both regulate and reproduce dominant understandings of the “addict” nor can they address the power of neo-liberal restructuring to reinforce social conditions which keep the “addict” where they are—i.e., addicted and without class advantage.

It seems that social movements which have achieved some sanction of the state, especially those with not only a political/ideological component, but also a service or charitable component, eventually become institutions of government, and adept at grooming “good citizens”. Such social movements relate initially to the state in terms of resistance, but their agenda is to achieve inclusion, and access to perceived privileges and “rights” for their members -- such as the right to vote, or the right to marry, or to access to health care and/or education. Members of groups denied inclusion and the rights and privileges thereof, may to some degree *resist* the agenda of the state, but this resistance is eventually incorporated into liberal methods of governance. O’Malley’s work on Indigenous Governance (O’Malley, 1999) illustrates one such example of how this may happen. He writes that “liberal governmentality is remarkable for its inventiveness, its eclecticism and the array of technologies it enlists and develops for the practicalities of

⁵² Some concrete examples of “tools of governmentality” are such things as “sign-in” procedures at drop-in centres (to ensure funding, there needs to be high numbers of people served—the kind or quality of service is not, apparently, important), or methods of characterizing drug users as “good” (those who use the safe injection site, and/or who are members of VANDU) or “bad” (those who use in the alleys, or who deal drugs as well as use them, or who are not aligned or associated with groups of ‘legitimate’ drug users such as VANDU).

rule” (Barry *et al.* 1993; Osborne 1992: cited in O’Malley, 1999). His argument is that the activism of dominated peoples to resist domination and oppression is eventually incorporated by the state into techniques and strategies of “governing at a distance” (O’Malley, 1999: 310). This process of governmentality can be identified and charted in the activism of drug users to achieve a safe injection site in Vancouver and state response to this activism. While initially, their activity could be clearly represented as resistance against state criminalization of drug users, the authorities (including the mayor of the city and much later the Vancouver Police Department), soon came around to allow and accept the safe injection site. Arguably, this acceptance could be seen as in keeping with an idea of “good management” and eventual state improvement.

This shift, from resistance to governance, is illustrated in several articles in a recent issue of *The International Journal of Drug Policy* (March, 2006). This issue was devoted to papers which describe, analyze and largely praise Vancouver’s implementation of Harm Reduction strategies. In one such paper, Osborne and Small (2006) depict a local example of governmentality as Rose might analyze this phenomenon. Their primary aim is to laud the activities of VANDU in achieving the establishment of North America’s first legal safe injection site. They write about the formation and rise to public prominence and influence in Vancouver of VANDU, the Vancouver Area Network of Drug Users. They write that: “Nothing would have happened in Vancouver had there not been drug users putting pressure on the local health authority, the Vancouver-Richmond Health Board” (now Vancouver Coastal Health Authority, the primary funder of VANDU) (Osbourne & Small, 2006). The authors refer to “drug users” as a political class, and make no distinction between them based on

gender, race or economic class background. They also (inaccurately I would suggest) characterize the organization as a leaderless organism of generic 'drug users'. Their article rightly celebrates the activities and the organizational strength of people united for a single goal. However, Osborn and Small neglect to contextualize the growth of VANDU within a political climate of Provincial economic growth, and the necessary political impetus to 'clean up' the DTES in preparation for the bid to host the 2010 Olympics⁵³. They do not make links between adherence to guidelines governing non-profit societies, municipal and provincial focus on the safe injection site (and other techniques labelled harm reduction), and the agenda of the classically liberal government, which is to have ALL of Vancouver looking "smart" for the International tourists of 2010.⁵⁴

Moving from a local to a broad North American context, Boyd (2004) delivers an excellent critique of American and Canadian drug policy and practice, specifically as it pertains to women. Like Durrant and Thakker, Boyd discusses cultural and historical perspectives on drug use, and various social, religious/ritualistic, and medical uses that people have developed for drugs. She describes the role of the market, capitalism and globalizing forces on the development and marketing of both licit and illicit drugs. She links changes in medical, social service and legal policy in the last thirty years to larger political shifts toward neo-liberalism and global capitalism (Boyd, 2004). Increasingly, women who use drugs, and in particular women who are poor, working-class, single

⁵³ Though Osborn and Small imply that members of VANDU live in the DTES, in fact many members as well as users of InSite, come from the suburbs of Vancouver: Surrey, Burnaby, even as far away as Maple Ridge. (Personal communication, Lee Lakeman, April, 2006; Year One Evaluation, 2004)

⁵⁴ It is also not said, but implicit, that while the drug trade will be (hopefully) out of sight, the trade in women's and children's bodies for sex will be easily accessed by men who visit Vancouver for the Olympics.

mothers, and/or racialized, are punished for their poverty. This punishment is meted out through punitive and restrictive drug policy. These policies work with welfare reforms, reduction in health and social services, and increasing reliance of the state on voluntary organizations to bear the burden of caring for those whom the government has abandoned (though the state continually interferes with their operations through imposing 'standards' and increasingly restrictive funding criteria⁵⁵).

Boyd is generally positive about harm reduction techniques as an alternative to medicalized abstinence programs or to criminalizing addicts. She notes, however, "that conservative and liberal harm reduction advocates ignore the ways that continued colonization, imperialism and race, class and gender oppression figure into the social construction of drug users" (Boyd, 2004). She argues, not unlike Alexander (2001, forthcoming), that reform programs such as harm reduction will do little to stem the tide of (what she calls) "negative addiction" because they "fail to address the larger issues of neoliberal ideology and dislocation (Boyd, 2004: 178-179). I agree with Boyd on this account, though I would be more specific and name systemic class, gender and racial inequalities. She takes a "social determinants of health"⁵⁶ approach, and is critical of policies which ignore social and political causes of women's addictions, and promote a

⁵⁵ An example of the government abandoning those citizens most in need, while increasingly restricting organizations which work for systemic changes in the aim of equality forms some of the backdrop of this work. In October of 2006, the federal government announced significant cuts to the Status of Women Canada offices, and removing "women's equality" from documents stating the mandate of the Ministry. All (diminished) funding, henceforth, is to be spent on direct services to women, not on advocacy or lobbying or research.

⁵⁶ The World Health Organization supports a Commission on the Social Determinants of Health, which: "...draws the attention of society to the social determinants of health that are known to be among the worst causes of poor health and inequalities between and within countries. The determinants include unemployment, unsafe workplaces, urban slums, globalization and lack of access to health systems" (WHO website, accessed May 4, 2007: http://www.who.int/social_determinants/en/).

predominantly medical model in relation to problems related to illicit drug use (Boyd, 2004).

Finally, Kübler and Wälti's 2001 study of drug policy-making in metropolitan areas (Kübler & Wälti, 2001) provided an international context within which to understand the development of the Vancouver Agreement and the Four Pillars drug strategy. Writing about European cities, some of which have had comprehensive drug policies in place for 20 years or more, Kübler and Wälti provide an analysis of how drug problems and related policies are first debated at the level of local government, and ways in which policy implementation is developed and funded at the municipal level. They argue that:

[...]mechanisms of governance are associated with an emerging 'social public-order regime' in response to social exclusion in the urban space, and, second, that they contribute to the emergence of metropolitan regions as new territorial actors in the field of social service provision (Kübler & Wälti, 2001: 37).

Vancouver is now contending with problems of governance in relation to drug policy which European cities have been facing for two or three decades. The federal Canadian government is responsible only insofar as tax transfer payments are made to the province, and federal permissions for research conducted through operation of InSite are sought. In terms of the day to day running of services or enforcement procedures, and issues of public order, the municipal government is the first level to which citizens look for accountability.

Kübler and Wälti contain their discussion of drug policy in European cities to contemporary attempts to establish public order and public health, two approaches which contain within them conflict and tension between social services and policing bodies. They name some of these tensions, which are also apparent in the implementation of

Vancouver's drug policies, and discuss some of the coordination schemes which cities in Germany, Switzerland, England and the Netherlands have attempted. In these coordinating bodies, as in Vancouver, the representation of local or federal NGO's is slender compared to the representation of local, regional or national government representatives (Kübler & Wälti, 2001).

These authors acknowledge that gains have been made in terms of reducing tensions between police and social services in these European sites. Both public order and public health, which are also two goals of the Four Pillars, have been improved, according to their research. There is, however, no discussion of either resistance against, or cooperation with, governance schemes on the part of drug users or groups of drug users. Such an argument is also missing in research published by researchers with the BC Centre for Excellence in HIV/AIDS as well. Such a discussion may be beyond the scope of Kübler and Wälti's article, I would suggest because the authors are protective of sites and policies which enjoy acceptance which is tenuous or contingent at best. However, in their article, reference is made to social services integrating more coercive elements into their provision of services at the same time as police are called upon to soften their repressive framework (Kübler & Wälti, 2001: 50). This work offers an explanation of both the rationale and obstacles facing drug policy implementation. At the same time, while there were opportunities to insert a critique of the structural limitations of European governance and the effect of constraining the activities and autonomy of drug users the authors did not engage with any such critiques.

SOCIOLOGICAL ANALYSIS OF HARM REDUCTION

How is it that the use of specific drugs by particular groups of people came to be labelled a “social problem?” Charles Reasons addresses how the phenomenon of drug use emerged as a social problem (Reasons, 1974). He traces the historical criminalization of the ‘drug problem’ and considers the differences between an “objective” and a “subjective” analysis of the problem. Reasons argues for a “subjective” approach toward phenomena identified as social problems. Such an approach, he suggests, is necessary in order to:

...change from a skewed perspective of social problems. The essence of social problems lies in the individual, group, and societal reaction to certain phenomena, and not in the ‘objective’ analysis of such phenomena (Reasons, 1974: 398).

In other words, a phenomenon is labelled a “social problem” because a certain person or group of persons says it is so⁵⁷. In the case of the Four Pillars (especially harm reduction) as a set of strategies to address “the drug problem” in the Downtown Eastside, the symbolic locus of concern identified by advocates of harm reduction is the spread of HIV and other blood-borne diseases, and “drug related crime”. Drug addiction, when referred and responded to as a health and public order issue, is identified as a social problem⁵⁸. However, the systemic problems of racism, classism and sexism are often excluded from analysis by de-politicizing the problem of drug addiction and characterizing it as a health concern. Extrapolating from Reasons’ argument then,

⁵⁷This is consistent with Bourdieu’s exploration of Authorized Language. The people who use drugs in the DTES are generally not “authorized” to publicly identify the problem of social harm. People who study the people who use drugs in the DTES can; people who write and implement policies can; people who run businesses and provide services in that neighbourhood can. So drug use and disorder in the DTES are characterized as the sources of harm, but the utter lack of any way for people who are exiled there to get out—is not on the radar as a social problem.

⁵⁸In the process of de-politicizing the problem as primarily a medical and/or an enforcement problem, the suggested responses to the problem are also de-politicized. This response will be examined further in subsequent chapters.

because addiction indicates problems related to social and political inequalities, strategies labelled "harm reduction" cannot adequately address problems other than those related to public disorder or health. In the discourse of harm reduction, the problems addressed are related to drug use itself, rather than the social conditions which lead to addictive drug use.

In a later sociological study of social problems targeted by harm reduction, Hathaway (2001) suggests that the limitations of harm reduction stem from claims of 'value neutrality'. By addressing problems in pragmatic ways rather than through a critique of ideological concerns, he argues that harm reduction avoids moral challenges to prohibition. He characterizes harm reduction as a social movement rather than a set of strategies, and his criticism is that harm reduction has become co-opted⁵⁹ in order to gain the acceptance of social and fiscal conservatives (Hathaway, 2001). He also suggests that the appeal of these strategies to political leaders and bureaucrats at all points of the political spectrum indicates a strong potential to be co-opted as a social movement, and to therefore be rendered ineffectual.⁶⁰ Hathaway (2001) therefore maintains that harm reduction discourse is typically vague primarily because it is promoted in terms of a cost-benefit analysis, rather than as a part of human rights discourse.

At its core, then, much of the literature suggests that harm reduction operates on the principle of "free will" and relies on human adaptive behaviour. That is to say, if people are denied access to a particular substance, an item or a set of choices, through

⁵⁹ in a similar vein to O'Malley's analysis of the ways in which resistance forms a constitutive role in the formation of rule (1999)

⁶⁰ Harm reduction can be characterized as a set of techniques--"techniques of power"--which function in a way that may *appear* to be a homogenous social movement. Harm reduction is a set of techniques enacted by and upon an otherwise heterogeneous group bound mostly by social and geographic location, and by the particular form of resistance known as drug addiction. I am not convinced that these conditions constitute an autonomous social movement.

legislative restrictions such as prohibition, they will find a way to get to it, or to adapt to what is available. In reference to harm reduction, then, the provision of a supervised injection facility may be seen to encourage complicity with increased surveillance and regulation. The assumption appears to be that people will prefer a clean attractive place to use drugs, rather than using in a doorway in a back alley. From there, a form of “governmental management of drug use” emerges, so as to cause the least harm to either the drug user or the “general public” (see MacPherson, 2001; TASC, 1997).

This kind of approach can be understood through Bourdieu’s concept of “positional suffering”. He argues that humans will adapt to the point at which they can see opportunities (Bourdieu, 2000). If the opportunities are limited to bare safety, some small comfort, that’s what people are likely to adapt to. Harm reduction practice may therefore provide a respite from the piss-smelling alleyways or the roach-ridden hotel rooms as places in which to fix. However, the discourse of harm reduction still expects little of the people who are the targets of harm reduction techniques. Hathaway (2001) writes that practices of harm reduction evaluate and validate drug policy in terms of the pathology or depravity and sometimes the “free will” of individual drug users. In this analysis, he argues, harm reduction is “largely similar to...prohibitionists” (Hathaway, 2001:128). Hathaway thus begins to address inequality with his argument, but does not go quite as far as he might.

For example, I agree in part with Hathaway’s assessment that the political foundations of strategies of harm reduction have been articulated as an effort to move away from both the criminalizing discourse of drug policy and the pathologization associated with medical responses to illicit drug use. I too think that a human rights

discourse is missing in discussions or implementations of harm reduction techniques⁶¹. However, an argument that harm reduction represents a radical social movement is flawed. While it may represent a set of strategies or techniques developed and enacted to achieve a political agenda on behalf of a particular population of drug users, much of the literature reveals that it cannot function to achieve broad social equality (Roe, 2001).

The tactics labelled harm reduction are not political points of agreement for a social movement, but strategies to reduce harms resulting from criminalizing legislation and physically harmful conditions pertaining to the use of illicit drugs. These tactics may be utilized either as strategies toward equality and engagement, or toward inequality and containment. In some ways, then, harm reduction appeals to the agenda of the neo-liberal state, as a method of social constraint. In subsequent chapters, I attempt to show how certain aspects of drug policy related to harm reduction serve to promote 'technologies of consumption' (Rose, 1999).

HARM REDUCTION AS LIBERATION; HARM REDUCTION AS CAPTIVITY

Small, Palepu and Tyndall (2006) claim that the establishment of the safe injection site in Vancouver is indicative of a positive "culture change". Small, et al., (2006) define the Downtown Eastside as a "cultural zone of friction where different meanings, identities and levels of power encounter one another" (73). They deliver an account of the events leading to the opening of the safe injection site in 2003. The DTES is a unique urban Canadian space, to be sure. Distribution of wealth and power is not equal, in fact, the divide between wealthy and impoverished, the powerful and the powerless, seems more pronounced here than other locations in the Lower Mainland.

⁶¹Hathaway's criticism of the co-optation of harm reduction by conservatives is another view of how the

When Small, et al. write that “levels of power encounter one another” the implication is that these exchanges, (or conflicts) are between equals. While I empathize with the apparent agenda of the authors to identify with the people who are using illicit drugs downtown, one could argue that the article encourages a kind of “false levelling” of power, responsibility and analysis of the authors with service providers or activists and (especially) drug users. The authors attempt to provide an impressionistic interpretation of the events that lead to the establishment of InSite, and place themselves in the camp of approval of InSite. This study, however, does not account for the interference and disruptions experienced by drug users in the DTES when police began harassing them to use the site instead of back alley doorways; or when the intimate and often ritualized procedure of injecting drugs became subject to scrutiny under the “watchful eyes of caring professionals” (Small, et al., 2006: 79). There may have been a cultural shift with the adoption of the Four Pillars model, but a failure to acknowledge the negative elements of such changes, or the ways in which a culture of deprivation and dependence has been further entrenched with the establishment of the safe injection site. Is a failure to account for the full picture associated with harm reduction.

An unsanctioned site that opened in the DTES a few months prior to the opening of the authorized site, “helped to create addiction as a public concern by maintaining the issue in the media and high on the bureaucratic agenda.” (Small, et al., 2006: 76). This site served another function as well, which the authors do not acknowledge. It helped to “groom” drug users for the official site, so that when the official site opened, they would use it right away, and in the prescribed and appropriate manner. This site began a process

use of illicit drugs is constructed as a social problem in and of itself, rather than an indication of a deeper, embedded problem of social exclusion and inequality.

of creating representations of “good” or, as Arendt might say, “parvenu” drug users, educated in the proper interaction with state-sanctioned institutions of both health and containment. The opposite kind of exiled, or stateless, person is the “pariah” drug user, that particularly demonized addict who refuses to use either a site run by peers, or one sanctioned by the state. They will not submit to tactics of containment or surveillance, even in the interests of their own improved health or comfort.

Small, et al. write that “those that supported the SIF [Safe Injection Facility] shared a central cultural value: the importance of a humanized approach to people living with addictions” (Small, et al., 2006 p. 79). In making this claim, Small et al. depoliticize both the reasons for addictive drug use and the state-sanctioned responses to public use of illicit drugs. It is too simplistic to claim that only those who are supportive of safe injection sites and other techniques labelled harm reduction, are in support of a “humanized approach” to the public users of illicit drugs.

In sharp contrast to the laudatory, optimistic view of Small, et al., Gordon Roe’s 2003 study claims that the primary motivations of harm reduction policies of the late 1990’s were to address fiscal considerations⁶² and impose “social control” upon drug users in the DTES. Roe claims that these initiatives were implemented as much to contain diseases such as HIV and Hepatitis C to drug users in the DTES as to protect intravenous drug users from these health risks (Hathaway, 2001, (Roe, 2003)

[T]he Action Plan’s primary goals were political—population control, not population health. Harm reduction as a method was used primarily to stabilise HIV rates and extend societal and legal control into the social margins of illicit drug use, to ‘institutionalize people on the street.’... [Harm reduction] was and is

⁶² This analysis is consistent with statements made by former mayor Philip Owen. When questioned in early 2004 on a CBC Radio One interview program, Mr. Owen was enthusiastic about the safe injection site, but admitted that treatment options were too expensive to fully implement. (Phillip Owen to Rick Cluff, Jan. 2004 Early Edition Radio Show)

used to prop up and perpetuate the Downtown Eastside community and social service stakeholders.” (Roe, 2003: iii)

The focus of Roe’s research was the initial years of the needle exchange programs in Vancouver, prior to the first signing of the Vancouver Agreement in 2000. Roe concludes that harm reduction initiatives practiced in the DTES under the auspices of the Vancouver HIV/AIDS Action plan serve to “identify, categorise and manage” people considered “beyond the pale”, the dangerous, the *others*.

Harm Reduction does not *replace* the way the medical, legal and social service systems deal with these social problems. It *reforms* and increases the efficiency of these institutions’ ability to govern and manage the poor without having to resort to programs of equity and equality (Roe, 2003: 221, emphasis in original).

Some of the concerns raised by Roe are echoed by Fischer, et al. (2004).

However, their analysis differs from Roe’s concept of social control in that they conceptualize harm reduction as a form of governmentality⁶³. They conclude that rather than *replacing* more punitive and repressive strategies such as law enforcement, supervised injection sites

[B]y making drug users less visible (through the presentation of a more ‘inclusive’ and ‘empowering’ face associated with controversial and ‘progressive’ interventions such as SISs), the continuation of repressive drug control laws and their enforcement as a central technology of state power aimed at drug users as deviant identities has been made possible and sustained (Fischer, Turnbull, Poland & Haydon 2004: 358).

⁶³ “Social control” operates within and through institutions, including schools, hospitals and government agencies or ministries. The differences between social control and “governmentality” are sometimes blurry, but in general, governmentality extends from the social, --through those governed--upward to create a population that is complicit with government policies. So, for example, very constraining security measures were imposed upon airline passengers in London, the US and Canada following the discovery of a plan to smuggle liquid explosives onto passenger planes, in mid-August of 2006. While passengers were required to repack their luggage so their ipods, laptops, bottled water, hand cream would fly in the baggage section--many missed their flights and were required to reschedule--the media sought out opinion. The press were hard pressed to find a passenger, inconvenienced as they were, to complain that such rigid restriction was an unfair imposition by the airlines or the state. The individual passengers were placed in charge of governing their own conduct in response to a state defined emergency, and complied with barely a whisper of dissent (Katherine Watson, personal communication, August, 2006).

They argue that safe injection sites function as a means to ‘cleanse’ inner city neighbourhoods of disorderly drug users while invoking discourses of “responsible self-care” and “empowerment”.

Egan (2002) also focuses upon the practices of harm reduction, specifically in relation to the practices of Injection Drug Users and HIV/AIDS activists and support workers in Vancouver (Egan, 2002). Egan emphasizes that a “client-centred” approach to program development, while more successful than many other approaches used previously, often assumes that the “client” is fully capable of directing and/or identifying resources in their own interest. Like Roe, Egan stresses that options for intravenous drug users in Vancouver are extremely limited and generally amount to band-aids at best (Egan, 2002). Specific (excluded) groups are particularly vulnerable to becoming intravenous drug users. Egan suggests more resources be allotted to eradicating the conditions that leave some people vulnerable to addictive substance use. Chief among his recommendations, based on the findings in his research and his lived experiences as a front-line worker, is safe, decent affordable housing. Both Roe and Egan began their research as supporters of harm reduction, and wrote of their ambivalence about the actual practices in Vancouver. Both of them finished their dissertations before the safe injection site was opened, and therefore focussed on other techniques such as needle exchanges and methadone maintenance. Both discussed their perceptions that such interventions were utilized *instead* of long-term solutions, such as redistribution of resources, beginning with provision of stable housing, increased residential detox and subsequent long-term and varied treatment, educational opportunities, meaningful work and strong community bonds.

Duff (2004) discusses Australia's 'harm minimization'⁶⁴ policies, and specifically assesses the efficacy and appropriateness of these policies. He writes that "...drug use is itself understood as less of a concern than the specific harms and problems that sometimes arise out of that use...harm reduction is regarded as a more pragmatic and realistic approach to drug policy in that it recognizes that drug use is never likely to be eliminated from society" (Duff, 2004). Again, Duff, like Boyd, Durrant and Thakker and others, argues that drug use is unlikely to be eliminated, but policy can focus on problematic and dependent drug use rather than recreational or social use (Duff, 2004). Duff's main criticism is that programs labelled harm reduction are unavailable to the majority of drug users. There are prevention programs aimed at people who have yet to use drugs and treatment programs aimed at those whose drug use has escalated to an unmanageable level. Duff suggests that harm reduction programs might be useful to people who use drugs, but for whom neither prevention nor treatment is required or appropriate. While his focus is not on social inequality, his criticism can be applied as well to evaluations and reviews of Vancouver's drug strategies, more than five years into the Vancouver Agreement.

Duff describes drug use, following Foucault, as 'a practice of the self',⁶⁵ particularly among young people. He argues that drug policy fails because the focus of

⁶⁴"Harm minimization" is one alternative term to "harm reduction." Another is "Risk reduction". Roe offers that the difference is in where they begin. Quoting a research participant, he says, "Risk reduction begins with abstinence, and from there you reduce the risk factors...harm reduction begins with drug use and you work toward possible abstinence (Roe, 2001: 146). If you are trying to reduce *harm*, that means the risks have already been taken; if you are reducing *risk*, the harm has yet to happen. The difference between "harm minimization" and "harm reduction" seems to imply a less striking difference in approach than between *risk* or *harm* reduction.

⁶⁵ Near the end of his life, Foucault became increasingly interested in the process by which, "a human being turns him- or herself into a subject." (Foucault, 198?) Technologies of the self, as he called the means by which this process was attempted, included such activities as sex, drug use, and those things we take up to 'improve' ourselves, or, "find ourselves".

the policy is on the harms associated with drug use, rather than the ways that people use drugs for pleasure. Duff suggests here, and elsewhere⁶⁶, that drug use among youth is an attempt to achieve “connection”. They have grown up, he says, in not only a television age, but an Internet, Blackberry, Ipod age—and are accustomed to making fast, superficial connection with others. This fast and instantly intimate connecting can be replicated and intensified, Duff argues, through the use of illicit drugs, in particular crystal methamphetamine. In this analysis, Duff makes a similar point to one of Alexander’s-- that is, that addiction is a reaction to a deep sense of dislocation, or disconnection.

Duff also intimates, like Boyd, that negative and punitive measures will not serve to minimize or end the harms associated with drug use. Both writers argue that the “war on drugs” has had the effect of further entrenching existing inequalities, and suggest that harm reduction may be a more progressive approach to developing drug policies.

WHAT’S MISSING, THEN?

In summary, most of the research I have surveyed thus far has focussed on specific strategies of harm reduction and ways in which these strategies have ameliorated certain harms related to the consumption of illicit drugs. Much of the literature reviewed in this chapter emerged from research conducted by the BC Centre for Excellence in HIV/AIDS. InSite is a research facility, funded through the Vancouver Coastal Health Authority and administered by the Portland Hotel Society (PHS). As a research facility, InSite generates numerous papers, peer-reviewed articles and conference presentations (*InSite--Supervised Injection Site: Research Results*, 2007). Findings from studies seem

⁶⁶ Duff, C. , Keynote speech at *Keeping the Door Open* a public dialogue and film festival in conjunction with the 17th annual International Harm Reduction Conference, Vancouver, BC, May 4, 2006 at the Morris

to prove that InSite, and other harm reduction initiatives, are effective in assisting drug users in variety of ways, from utilizing addiction treatment and counselling services, to learning safer injection techniques. Nonetheless, the root causes of addiction, and in Vancouver's context, responses to these root causes (including prevention) have remained under-researched and under-theorized. There is a lot of talk about the Four Pillars, and in particular the safe injection site, but there is little discussion in public of gaps in both service and vision. Nearly a decade after the Vancouver Agreement was signed, and nearly four years since the opening of the supervised injection facility in Vancouver, neither the stated goals of the Framework (including reduced public disorder and improved public health) nor a noticeable reduction of addictive drug use have been achieved. I develop this argument further in chapters 4 and 5.

While InSite has prevented death due to overdoses (at the site itself) and appears to have slowed the transmission rate of HIV and other blood-bourn diseases among people who use intravenous drugs, social conditions have been addressed only peripherally by the Four Pillars drug policy. This seeming oversight has been mentioned in some of the research literature (Boyd, 2004; Fischer et al., 2004; Hathaway, 2001). Sexism, classism and racism are deeply embedded in the processes of policy development and implementation and continue to guide the circulation of power through the neighbourhood, and through other such urban concentrations of poverty (Boyd, 2004). The Downtown Eastside may be considered a bellwether—an indication of the trajectory of social policy decisions in Canada, as we negotiate our position in an increasingly neo-liberal, globalizing world.

Most of the sources I have used in this review have at least intimated that people have used some form of mind or mood-altering substance for millennia (Alexander 2001, forthcoming; Boyd, 2004; Durrant & Thacker, 2003; Granfield & Cloud, 1999). Some of the research consulted has indicated that problematic drug use was not a wide spread social problem in pre-industrial societies. It appears that the use of drugs for other than ritual or significant social events is a relatively modern phenomenon (Durrant & Thacker, 2003). Addiction, as we understand it, seems to be a response to uncertainty and to personal and political isolation, inequality or dislocation.

Fischer, et al. described safe injection sites as sites of governmentality. Roe used the term 'social control' in relation to harm reduction strategies such as needle exchanges and methadone programs. Hathaway argued for inclusion of comprehensive human rights discourse in any provision of harm reduction service, and Boyd argues that drug policy is deeply sexist and punitive particularly for poor women and women "outside the pale", as Arendt might use this term.

In descriptions of the development of the Vancouver Agreement and the Four Pillars drug policy, there is no evidence of consultation with (for example) equality-seeking anti-poverty groups, women's groups, prison reform groups, or Aboriginal groups concerned with political action⁶⁷. Those community groups consulted for the development of drug policy in Vancouver are service-focused organizations, dependent for funding on one or more of the governments coordinating the Vancouver Agreement. Issues of social control, governmentality and the increasing constraints and surveillance

⁶⁷ Examples of groups not consulted in the establishment of the Four Pillars of Vancouver include the Canadian Association of Sexual Assault Centres; the National Anti-poverty Organization; the Urban Native Nations; The World March of Women/Marche Mondaile; Elizabeth Fry Society/CAEFS, the Native Women's Association of Canada.

placed on drug users who access harm reduction services, are just beginning to be revealed and analyzed.

COMING UP NEXT!

The following chapter will detail the epistemological and methodological frameworks for the analysis of data from policy and media documents. Chapters Four and Five will contain examples of policy documents and newspaper stories, including photographic images, from the inception of the Four Pillars approach to the present. Careful analysis of these documents, placed beside recollections of my own experience “in the field” and of conversations with colleagues and others will reveal the operation of the operations of both governmentality and symbolic violence in public policy and practice. The positional suffering of both the ‘stateless’ of the DTES and people who are trying to find a compassionate way to get beside them, through policy or practice, can be transformed, I believe. It is first necessary, however, to uncover and analyze the ideologies behind the practices to better understand ways in which state power is operating. The next chapters contribute such analysis to the debate about the functions, efficacies and implications of harm reduction and the Four Pillars in Vancouver.

CHAPTER 3

EPISTEMOLOGICAL ORIENTATIONS AND METHODOLOGY

The previous chapters examined the problem, theoretical framework, and consequent gaps in the literature on addiction in general and treatment and harm reduction more specifically. In this chapter, I move forward to conduct an examination of a sample of public policy documents and Canadian media representations of the Four Pillars drug policy. My aim is to describe the ways in which we may interpret representations of the 'drug using subject' in policy and media. To this end, I attempt to reveal some of the assumptions underlying policy recommendations and media representations about the people who buy and use drugs in the DTES, and the culture of the 'drug scene' in Vancouver.

Contained within a ten-block radius of the DTES is a population of people upon whom the policies and practices of service organizations and bureaucrats are operating to promote an agenda of arm's length state-control. This thesis discusses some of the ways in which the language of authority of Vancouver's drug policy operates to manage and regulate both provision of social services and behaviour of 'service recipients' in the DTES. Through an examination of governmental techniques exercised through social services, I seek to reveal some of the ideological functions of drug policy. I also examine some of the ways in which media representations of its implementation promote certain conceptions of the drug using 'subject' of policy.

In this chapter, I wish to accomplish three things. First, I discuss the objects of analysis and some of the methodological tools I draw upon to conduct my analysis. In so doing, I focus in particular upon some foundational ideologies of Vancouver's drug

policies. Second, I revisit some of the theoretical/epistemological underpinnings of my conceptual frame in order to outline the methodology I utilize in this study. I also define some 'keywords', or fundamental terms which inform my investigation.

With these aims in mind, I will outline a method of analysis which utilizes aspects of Fairclough's 'Critical Discourse Analysis' with Bourdieu's concept of 'authorized language' to reveal the ways in which the discourse of harm reduction operates to shape the ways in which the public comes to think about drug users in the inner city. In conducting this assessment, which focuses upon the language used in policy, and associated media reportage I also hope to illustrate how aspects of how governmentality⁶⁸ operate in terms of constructing 'community experts' (Rose, 1999) who may promote particular state agendas, while simultaneously claiming the aim of 'capacity building' within the community. Techniques of power and authorized language are, in this chapter, examined within the context of the Downtown Eastside as a historically created 'ghetto' for the dispossessed—those Hannah Arendt might describe as the new 'stateless persons' of the early 21st century.

Using these key concepts, through a process of critical, interpretive discourse analysis, this examination uncovers alternative ways to both define and approach the problems associated with illicit drug use in the inner city. I therefore attempt to define discourse analysis, as well as the primary means for assessing authorized language in policy, and to showcase how it is reported in the media. With some understanding of who is *authorized* to speak of the field of the Downtown Eastside, and an identification of how phenomena labelled 'social problems' emerge at the centre of urban reform policies, I

⁶⁸ See Chapter One, note #5 for a definition of "governmentality". This term is also defined later in this chapter.

wish to suggest that it may be possible to see who has the power to 'speak policy' and who may be silenced.

The chapter is organized into the following sections: 1) Questions of Epistemology and Context ; 2) Theoretical Frames Underlying Method; and 3) Definitions of Key Terms and Concepts such as "Ideology" and "Discourse".

THINKING ABOUT A METHOD FOR THINKING ABOUT POLICY

All of the documents I have consulted and examined are part of the public record. Opportunities to apply a theoretical framework and to undertake an ideological investigation of this information is somewhat of a luxury, not easily afforded by the policy makers responding to what has been loudly proclaimed a humanitarian crisis. Therefore, policy appears to primarily address the immediately visible problems, but not foundational social inequalities.

In developing my methodological approach to this work, I drew upon my experience as a worker in several social-service, advocacy and activist organizations in Vancouver. Based upon this experience, I decided against interviewing anyone who worked at or used these agencies. The DTES is a magnet for researchers. When there is a research project going on, news spreads like wildfire, and people rush to wherever interviews are held to tell their stories and get their \$20 or free pizza (or both). Findings from such projects result in the generation of many reports and recommendations—and little, if any, change can be observed in the conditions of the DTES.

It was ethical concerns such as these that lead to my decision to undertake both documentary and conceptual analysis of drug policy. The methodological work of this thesis was conducted at three levels: a historical/contextual level; policy; and media. I interrogate the idea of the Downtown Eastside as a pathologized urban space, and briefly

trace the history of this specific inner city neighbourhood from its identification as a rugged, masculinized working class area to “Our Four Blocks of Hell” (Steffenhagen, 2006: A1). I pursue the idea of drug use and ‘addiction’ as a form of political resistance and a site of struggle against policies which pathologize individuals who use drugs. In so doing, I analyze these policies to reveal the ways in which they are formulated and implemented to respond, not to oppressive conditions of social inequality and suffering, but rather to individual resistance against these conditions.

Hannah Arendt, Pierre Bourdieu and Nikolas Rose utilize approaches that not only reflect the power of policy as discourse to shape the public’s view on the activities and policies described as harm reduction, but also serve to provide a materialist account of how policy can function to reproduce inequality through ‘techniques of power’ which may carry out the expression of the state’s ideological position. I apply their work on procedures of governance to an analysis of media related to the implementation of the Four Pillars policies, as well.

CRITICAL DISCOURSE ANALYSIS

The method I utilize to assess key policy documents is based on critical discourse analysis (Fairclough, 1989,1995; Parker, 1992; Phillips & Hardy, 2002). Critical discourse analysis focuses on the assessment of discourse and language in constituting and sustaining unequal power relations through a reproduction of particular ideas endorsed by those with middle class advantage (Phillips & Hardy, 2002: 25).

Norman Fairclough has developed a complex, multi-layered method of textual analysis, which complements Bourdieu. Discourse practice, according to Fairclough, involves the production and consumption of text (which, to a linguist, is everything from grunting to dissertations). Discourse analysis is used to reveal the ways in which

discursive practices and conventions both shape and are shaped by social constructions. Critical Discourse Analysis is a method which incorporates analysis of text, discourse practice, and social and cultural practices (Fairclough, 1995). This method complements the approach I have taken in analyzing specific texts (both policy and media) for information about ideological foundations, and about how power is exercised (Phillips & Hardy, 2002: 18).

Discourse is not merely descriptive language; it is also language which has effects, so it must be constructive as well as descriptive. Bourdieu's concept of authorized language can be useful in determining and analyzing operations of ideology in policy. Ideology is described, explained, promoted and shaped through discourse, but the discourse is also the discussion of the 'object' (e.g., harm reduction as a method of governance). The ideology promoted through the authorized language of policy or mainstream media accounts of policy implementation is sometimes disguised as health or public order interventions, rather than as ideological or governance. To explore these forms of power, policy documents, news stories and photographs which reveal the operations of authorized language are the key samples of data analyzed.

Discourse practice mediates between the textual, the social and cultural, and between text and sociocultural practice (Fairclough, 2003). This may be interpreted as a version of "the ends condition the means." Discourse practice, in other words, the practice of communicating ideas, rules, mythology, social placements, and so on is a way in which we set up the 'rules of the game', as Bourdieu might say. The way in which something is said, or represented in discourse (textual, visual, or more subtle social practices) influences its practical applications. Through a critical policy analysis, I hope

to reveal both the ends (policy discourse) and the means (practice or 'service delivery') of harm reduction and the implementation of the Four Pillars. Combining the method of critical discourse analysis with an examination of 'authorized language', (who has access to the dominant discourse) informs the basis of my methodological frame. To reiterate my aim, then, I seek to understand the harm reduction discourse, specifically Vancouver's Drug Policy, as a way of defining power relations within urban centres. In so doing, I reveal some of the ways in which the discourse of harm reduction promotes, through particular forms of authorized language, the reproduction of a specific habitus (of drug users and consumers of human services). This reproductive process, in turn, promotes both 'subterranean' and global forms of capitalism which operate in urban centres. This ideology is also promoted, and inequalities (positional suffering) entrenched, through techniques of governmentality which include the utilization of the voices of community experts (Rose, 1999)⁶⁹.

POLICY ANALYSIS

I examine sections of the policy document, *A Framework for Action* (<http://www.city.vancouver.bc.ca/fourpillars//pdf/Framework.pdf>), in particular, the first two goals of the Four Pillars drug policy. Some recommended actions are also quoted, such as the following from the section of *A Framework for Action* which describes and recommends specific harm reduction interventions:

⁶⁹ An indication of the operation of governmentality as Rose conceptualizes it is valorization of area residents, drug users and/or prostituted women as experts whose experiences are widely used for research projects (often at odds with social justice organizations based outside the area, who nevertheless have had many years of experience with political actions in alliance with DTES activists) (Rose, 1999, p. 189). Though certainly these experiences are important to document, and may give rise to incisive and transformative analysis, it is also true that to an extent, entrenchment in the habitus of "street life" limits the "horizon of expectations" for people so entrenched. Like any researcher, their point of view informs (and may restrict) their imaginations.

A Framework for Action recognizes that:[...] Harm reduction must include a law enforcement strategy to move addicts off the street, out of back alleys and into health services(MacPherson, 2001: 61)

These sections were chosen because of the clarity with which they demonstrate an analysis of pathology and an application of medicalized approaches to political and social inequities. I analyze the process of achieving public support for the four pillars through “community consultations” and other techniques of ‘consumer engagement’, which serve two functions: 1) promote an appearance of engaging in action on behalf of and with “the community” and; 2) utilize techniques to promote *disengagement* from participation in decision-making. I place parts of the *Framework* and samples of media next to a brief historical account of the DTES and some description of the *habitus* of both residents and workers in the DTES. To conduct this policy analysis I rely chiefly on Bourdieu’s concept of positional suffering to reveal what occurs to policy on its journey from the stages of formulation through to implementation, and how the wording of policy reveals assumptions and constraints upon the subjects of policy.

COMMUNITIES OF CONSULTATIONS

Procedures to develop broad support for Vancouver’s drug policies may reinforce public perceptions of the effectiveness in the lives of drug users and other residents of the DTES of the Four Pillars. Such procedures are represented through “community consultations”, and other methods of follow up and evaluation. I examine some of these processes, describing conditions that may be present for the development of a contained population of stateless people, as Arendt defined the condition of statelessness in the post-war period (Arendt, 1951). Detailed policy analysis of the Vancouver Agreement and associated consultative procedures is examined in particular in Chapter 4. A key

emphasis is placed on ways in which these mediums either advance or further constrain the freedoms experienced by those who live in the DTES.

A significant aspect of the policy analysis chapter is an examination of the “Summary of Public Consultation Feedback Regarding A Framework for Action”, compiled by Joan McIntyre, Market and Opinion Research⁷⁰. Sections of this document are analysed in part to reveal ways in which the discourse of policy collaborates with the discourse of the market. I suggest that this ‘collaboration’ affects the development of both public perception of ‘targets’ of policy and the perceptions of policy-makers of levels of citizen engagement. This analysis may reveal aspects of an underlying theory of operations of state power and its effects on the public world.

I use this document as well as the *Framework for Action* to reveal components of foundational social theories which inform the development of state policies in reference to illicit drug use. From the vantage point of social theory and theories of the state, both Hannah Arendt and Nikolas Rose tackle the problem of freedom, though from quite different perspectives. Arendt uses a broad brush to describe more ‘macro’ constructions of nations and states, while Rose looks more to the minutiae of techniques, experts, and communities. Arendt notes that those ‘outside the pale of the law’ enjoy freedom of opinion, and move about more freely than incarcerated people. However, she argues that freedom of movement and opinion does not alter their fundamental state of rightlessness. As Arendt states, “...their freedom of opinion is a fool’s freedom, for nothing they think matters anyhow” (Arendt, 1958: 296).

⁷⁰ This summary was compiled and released in 2001, it is available from Vancouver City Hall in hard copy only. I rely for other summary materials on the website of the Vancouver Agreement, www.vancouveragreement.ca and the City of Vancouver: www.city.vancouver.bc.ca.

Rose, on the other hand, analyzes not the end result of extreme ideology, as does Arendt, but the development of “communities” vested with authority and populated with experts:

As community becomes a valorized political zone, a new political status has been given to the ‘indigenous’ authorities of community. For to govern communities, it seems one must first of all link oneself up with those who have, or claim, moral authority in ‘the black community’ or ‘the local community’ ... (Rose, 1999: 189).

Arguably, the Downtown Eastside is governed by several of these ‘community experts’ working in collaboration with each level of government. A qualitative analysis of documents pertaining to such collaborations reveal several ways in which those governed capitulate to the agenda of the state, seemingly convinced that the options presented are the best ones possible. This capitulation is part of the process of governmentality, a phenomenon which is also interpreted here through the use of Bourdieu’s thinking about authorized speech, and the cycle of expectations and chances which reinforce positional suffering.

MEDIA ANALYSIS

The Vancouver Sun newspaper serves as the key source documents I utilized for this study. The two stories I have chosen were written six years apart by two different teams of journalists. “On The Beat” was written by Lindsay Kines, as part of a series called “Fix: Searching for solutions in the Downtown Eastside” in late 2000.

“Crackdown—taking back the streets”, by Gerry Bellett, traces a story of policing in the DTES six years after the Four Pillars approach was launched. These samples were chosen because of their temporal significance as well as their representations of phenomena labelled social problems with regard to drug use, and some of the strategies used to

address these problems⁷¹. These articles are accompanied by photographs, samples of which I include to illustrate ways in which elements of the media utilize text and media to create particular views of the DTES.

In selecting media samples, I looked for ways in which drug policy is represented, and how the people who are directly targeted by, as well as those charged with implementing these policies, are represented in the media. In choosing these examples. I seek to illustrate “linguistic practices measured against legitimate practices, that is, the practices of those who are dominant” (Bourdieu, 1999, p.53), or may represent the category of elite person. I am also interested in the ways in which, through these media accounts, the two most visible “pillars” (Law Enforcement and Harm Reduction) are portrayed as operating in a kind of adversarial cooperation with one another and therefore functioning together in this tension to contain drug users within the confines of the DTES.

To analyze media samples, I look to Hannah Arendt, especially her work on stateless persons and the problematic nature of human rights discourse. The depiction in the paper of “drug user as pariah” is explored within an Arendtian frame—that is to say, I place the articles I use against Arendt’s discussion of pariah/parvenu in an attempt to demonstrate some of the ways in which media describe and promote state ideology. As a complement to Arendt’s “big picture” thinking about ways in which ideology is promoted, I look to Nikolas Rose to help tease out the minutiae of governmental techniques, again, demonstrating the function of governance through samples of text and photographs.

⁷¹ Both of these articles are included in Appendix C, and samples of photographs from them are in Chapter Five

The sites of analysis are primarily located in the DTES, as the area itself serves as a focal point for social problems. Another reason to concentrate on the DTES is to consider the role of the Vancouver Agreement itself (which has as its stated 'first focus' the DTES) in the larger context of the state. In other words, I wish to ask the question "does the Vancouver Agreement serve a new template for the reordering of governance as urban settings emerge as states unto themselves?". Thinking through the ways in which drug users are regulated and how they conduct themselves in the increasingly surveilled and regulated area of the DTES may help us understand urban governance and governmentality in general.

In addition to these materials, which are included either as appendices (in the case of the articles themselves and samples of policy) and as images in the text, I have included a "story from the field", (Appendix C), an account of some of my experiences with a woman now living in the DTES who made several attempts to leave the field of the DTES and shake off some of the markers of that habitus. I include this story as an illustration of some of the ways policy and public perceptions operate in the course of a 'real life'.

AUTHORIZED SPEECH AND POSITIONAL SUFFERING (CONTRIBUTIONS FROM THE WORK OF PIERRE BOURDIEU)

With the help of Pierre Bourdieu's critique of the state, I assess the authorized language of Vancouver's drug policy. To put this differently, I assess who is authorized to speak about which topics, which institutions are reified through the use of particular words and constructions, and how the language seeps into colloquial discourses to naturalize policy recommendations and practices. These assessments then reveal some of the foundational ideologies fuelling the establishment of sites of governmentality. The

promotion of state policies and the operations of governmentality are also reinforced through funding procedures, standards of service, or definitions of- and criteria for- advocacy. I draw upon some of these latter concerns as I work through an analysis of the policies.

Pierre Bourdieu was insistent that theory ought to be applicable to everyday life, and theory without practice was meaningless. Much of his later work, such as is represented in *Acts of Resistance* (1998) and *Firing Back* (2003), called for scholars to put thinking into action and unite with activists. His articulation of his mistrust of “the state” and the underlying (or ideological) purposes of social policies (to govern, regulate and protect the interests of the middle class and to reproduce inequality) are illustrated with examples found in *Language and Symbolic Power* (1991), *Practical Reason* and *Pascalian Meditations* (2000).

According to Bourdieu, policies are *authorized* discourses of the state (or of other institutions promoting the policies of the state), and the language within these policies reflect, articulate and reproduce the systems and structures in which the governing bodies (of state, agency or institution) are invested. The circulation and distribution of aspects of policies, as well as critique or promotion of policies themselves, may be found within the realm of the media.

In keeping with Bourdieu’s basic theoretical understandings of the state, I use an interpretive sociological approach to identify the uses of what Bourdieu calls authorized language, which operates in and through policy as a form of symbolic violence to reinforce positional suffering. Each of these terms are defined later in this chapter. I assess and explore the use of such language to determine ways in which conditions are

created through policy and service provision to create a notion of the residents of the DTES as stateless persons. The DTES may then be seen as a ghetto, or a contemporary urban version of a diasporic nation-state peopled by those who are stateless in the Arendtian sense⁷² (Arendt, 1951). In addition, an assessment of the operation of governmentality and associated techniques of power (Rose, 1999) represents a way of examining the production and implementation of social policy as a tool for the creation of the 'ideal citizens'.

In the remaining chapters, I trace the development of some strategies used by politicians, policy makers and service agencies which play some part in defining the legitimate use of harm reduction as a way of improving the state. I utilize discourse analysis as a method to build upon and coordinate the seemingly divergent theories of Bourdieu, Arendt, and Rose. I demonstrate that these social theorists offer compatible ways to examine the language of policy and media and the associated problems I have described thus far. Each of these thinkers approaches aspects of political thought and social inequality from different vantage points. However, they are similar to the extent that they all agree that the language of state governance is central to the phenomenon of social inequality. I propose that their locations in history and place contribute to their usefulness in developing an analysis of the social problems reflected by, and related to, illicit drug use in the pathologized inner city. It is vital to read and interpret the discourse

⁷² Aboriginal people in the DTES, for example, can be considered a diaspora, because many come to the city from (often crowded and economically disadvantaged) reservations in pursuit of more opportunity than the reservations might provide. They are drawn to the DTES at least in part because of the relative affordability of housing and the proportion of Aboriginal people relative to the rest of Vancouver (Culhane, 2003: 596). This applies to many others in the DTES who have few economic resources. Most residents of the DTES do not necessarily become involved in the public street life of the drug culture, but share characteristics of diasporic, or dispersed groups, as they are often disconnected from their home communities, face some hostility or misunderstanding from the surrounding areas of Vancouver, and so find opportunities to build relationships between one another to share resources.

of harm reduction so as to disrupt the dominant framing of addiction in urban centres as merely pathological, medically based and/or criminal. In framing the context of this problem, I interpret the spatial site of the DTES as grounded in particular 20th century notions of the state, articulated by thinkers such as Arendt, Bourdieu and Rose. This context is best understood through their theoretical conceptions of the state. Each of these theoretical positions was introduced and elaborated upon in the opening chapter.

DEFINITIONS OF "KEYWORDS"

As a methodological challenge, I am concerned primarily with revealing the operations of power in the policies guiding services to marginalized groups of people living in the DTES. A difficulty I encountered as I navigated through various theoretical and methodological frames was understanding some of the terminology associated with each. In determining a useful theoretical frame for the method I employ, I encountered words which carried meaning in the specific context of the work of the thinkers I have used to understand the material with which I have been working. This section, then, serves as a glossary of terms, or definitions, which may be useful to guide the reader through the methodology I employ.

I begin with definitions of the words 'Ideology' and 'Discourse'; other terms I will address here have already been used and defined (either in the text or footnotes), so this treatment will amount to a refresher of their meanings and intentions as they are deployed in the present work.

Ideology may be defined as "the integrated assertions, theories and aims that constitute a socio-political program" (Macey, 2000). It has, in the social sciences, come to mean a political belief system, as in "feminist ideology" (Smith, 1987:54), a framework of analysis, a way of making meaning of observed phenomenon, of

behaviour, reactions, stimuli, and relationships. The term is also used in Marxist theory to refer to a distorted or imagined way of thinking which promotes capitalism and class division, as opposed to an empirical theorizing of social relations (Macey, 2000). In relation to the research questions I address, the term 'ideology' may be taken to mean not just the beliefs and ideas people hold about the world, but the way those beliefs have been shaped by, and on behalf of, an elite class community who regulate the methods of production—including the production of knowledge (Smith, 1987:54). Bourdieu's concept of habitus corresponds in part to this definition in that, for both of these, tastes and manners, ideas and aspirations, are conditioned by our position in the structures of power. Arguably, then, the sometimes masked values or desires of the elite or middle-class has an effect on the interests and aspirations, ideas and beliefs, of the subordinated classes (Smith, 1987; Bourdieu, 2000a).

Ideology forms and informs the operations of power, or understandings of the social relations, guidelines and traditions that govern how society is organized. Many traditions, behaviours, rituals, and social relationships which we take as 'natural' are actually constructed, or ideological. Therefore, ideology is an inextricable component of knowledge production and social reproduction⁷³.

Discourse can be defined, in part, as the words or text which describes or defines ideology, social phenomena, and/or the 'object' of a specific reality (Phillips & Hardy, 2002; Parker, 1992). Discourse also refers to "the full range of practices, structures and media that saturate our world and ourselves with meaning" (Carroll, 2004: 225), or the context of the problem or specific issue. Medical discourse for example, includes texts

⁷³ (http://en.wikipedia.org/wiki/Ideology#Ideology_as_an_instrument_of_social_reproduction; accessed August 15, 2006).

which describe physiology, symptoms, causes and treatments of illness. It also includes diagnostic tools, prognostication techniques, drug delivery methods, the techniques of practice of medical professionals, the history of illness, disorder and medical practices, and the relationships between 'patients' and health professionals. The discourse of harm reduction is referenced in medical discourse, (and vice-versa), and, in the context of this work, in Section 8 of *A Framework for Action*⁷⁴.

Symbolic domination is enacted with the (enforced) consent of the dominated. Through the use of authorized language, and within constraints of naturalized social structures, expectations and opportunities are determined, and hierarchies are maintained (Bourdieu, 2000: 177). This is not to say that there is not resistance to forms of symbolic violence (and other methods of constraint and regulation), to which I have referred previously, and which I will further examine in the chapters which are concerned with data analysis.

Positional Suffering refers to the cycle of expectations and chances that is either reinforced or interrupted by social policy or education operating within a given field or space. Bourdieu argued that through a process of symbolic domination and "misrecognition"⁷⁵, reinforced by social standing and conditions, people will adjust their expectations to what they perceive are their objective chances (Bourdieu, 2000a: 216). Positional suffering is a product, "not only of one's own perceptions of one's own social reality, but the perceptions and the misperceptions of others" (Bullen & Kenway, 2005: 51). Low social standing, then, is a condition exacerbated by (often well-meaning) policy,

⁷⁴ Section 8, *A Framework for Action*, p.31-32—outlines the four goals of the Four Pillars approach.

⁷⁵ Misrecognition is Bourdieu's term for the form of forgetting that people are "produced" as particular kinds of people, by the cultural capital we possess and the *habitus* we inhabit, for instance (Webb, et al. 2002).

or social service practices which reproduce the social and cultural realities of 'the underclass'. Though symbolic domination and authorized language derives from the elite class structures and moves 'down' to regulate the opportunities and movements of subordinate classes, there is, nevertheless, a symbiotic relationship with *governmentality*.

Governmentality refers to a form of governance wherein the dominated consent to, and in part, develop and enact the conditions of their own domination. An example of this in terms of drug policy is the tacit agreement of users to 'sign in' to the safe injection site with a consistent name (for those who prefer to use a pseudonym or 'street name'), and to use the site, even though there is constant surveillance in place upon entering. Another example is the agitation by people who use drugs such as crack cocaine or crystal methamphetamine to establish a government and health authority regulated version of a safe injection site, called a 'safe inhalation room', with the same kinds of sign in procedures and surveillance in place as those operating at InSite⁷⁶.

Pariah or Parvenu are terms that Hannah Arendt used to describe the social placement of Jews in Europe (particularly) between the World Wars. In tracing the historical development of the ghettos, and the rise of totalitarianism, Arendt used the concept of the pariah or parvenu to explore Jewish responses to rising mistrust, anti-Jewish policies, harassment and violence in Europe through (for example) the pogroms of Eastern Europe and the ghettos of Poland. The pariah was the politically conscious resistor—demonized and socially excluded, then contained and exterminated. The parvenu was educated, assimilated and socially included (to a point). However, they too were contained and exterminated. In the DTES of Vancouver, people who are demonized

⁷⁶ A news story documenting such agitation was aired on CBC radio in the summer of 2004 (http://www.cbc.ca/canada/story/2004/08/06/safe_inhalation040806.html accessed April 29, 2007).

because of their marginal status and drug use, respond to such marginalization in ways that mirror Arendt's pariah/parvenu dichotomy. Sometimes it appears that some drug users are simultaneously functioning, on the one hand, as a politically conscious agitator/outsider and on the other as a complicit 'consumer' of human services, training programs, and harm reduction services.

The use of the word 'addiction' points to a set of ideas which construct the subject (in this case, the drug user) as pathological, dependent, and thoughtless. Because harm reduction arose in response to both a 'public disorder' and apparent 'public health' crisis (Drug users being disorderly in public spaces; drug users dying of overdoses and HIV/AIDS and posing a threat of transmitting disease to 'the public'), the discourses of law and enforcement, and of medicine, also form part of the discourse associated with harm reduction. For example, the third goal of the Four Pillars approach in *A Framework for Action* describes addiction as a health issue, and recommends medical treatment of drug addiction. The second goal refers to public order, introducing "crime prevention techniques to increase public safety", promising to interfere with organized crime in reference to the drug trade (MacPherson, 2001).

Policy is a discourse in itself, and overlaps with other discourses of governance, such as medicine or law enforcement. It is not in the interests of these institutions to promote foundational changes in structure, dependent as they are upon a certain type of hierarchy. The policies of government, such as ministerial policies governing the provision of welfare or health care, both shape and are shaped by the public services they govern. In other words, though policies are set by government, they are carried out by administrators directing front-line workers directing or providing services to "clients" and

in the journey from written policy to practice changes can occur⁷⁷. Policy, in general, serves the interests of the powerful and is designed to reinforce the dominant (and dominating) neo-liberal agenda promoting choice, individual responsibility and a sense of distance from a central government (Bourdieu, 1991)⁷⁸. The alterations of practice which occur at the level of “front-line” service do not often affect the way policies are written or promoted. Individual workers may try to manipulate the ‘rules’, or they may capitulate to the demands of the system imposed by government imposed standards.

SUMMARY AND LAUNCH TO CHAPTER 4

In subsequent chapters I apply the method of discourse analysis to a study of policy and some forms of media. The term ‘harm reduction’ refers to a specific set of practices enacted upon particular groups of people. Among those residing in the DTES, economically disadvantaged people, Aboriginal people, women (particularly poor women), new immigrants and refugees, and people diagnosed with a mental illness are all over-represented in this pathologized urban centre. The policy and media discourses about harm reduction thus represent sites of struggle and conflict. Within the documents I examine are descriptions of drug users and representations of the people and sites these policies target. I draw out particular themes within policy documents which I then compare to media accounts of harm reduction in news stories over the past several years.

⁷⁷ Individual workers interpret policies differently from one another, and promote through their work, their perceptions or “ideological base”. I knew several “Financial Aid Workers” (welfare workers) who left their jobs when the present Liberal Provincial Government came to power in 2001. They had managed, under the previous administration, to find some loopholes in the policies and so provide people on welfare with a little extra from time to time, a supplementary clothing grant or provision for transportation costs to look for work, for instance. With the Liberal changes in policy, these loopholes were closed, and these workers could no longer find ways to interpret policy that served the day to day demands of the people who came to them for social assistance.

⁷⁸ This is not always necessarily the case, however: the Canada Assistance Plan (CAP), for example, was a set of economic and social policies which, though flawed in many ways, nonetheless promoted an agenda of state responsibility for social welfare (see Day & Brodsky, 2006, for a more thorough analysis of this and other tax transfer schemes in operation in Canada over the past decade).

Specifically, then, Chapter 4 applies these methodological approaches to the Vancouver Agreement and *A Framework for Action*, describing the Four Pillars. I discuss the Vancouver Agreement within the context of the histories of the area of the Downtown Eastside, and against the changes in social policy brought about by the repeal of the Canadian Assistance Plan. In Chapter Five, I apply these approaches to the two aforementioned Vancouver Sun articles.

*CHAPTER FOUR:
POLICY AND MORAL AUTHORITY*

In this chapter, I hope to accomplish three things. The first is to reveal some of the ways in which Vancouver's Four Pillar drug policy constructs a particular kind of space in which to think about drug use, power and human suffering. Second, I will examine the ways in which harm reduction policy functions as a mode of state improvement. In so doing, I seek to reveal ways in which the language of policy operates to contribute to a public image of the drug users of the DTES. Finally, I argue that the language of policy and the practices of governance come together in ways which may ultimately constrain the 'drug using subject' to a particular location and set of social practices. Throughout this chapter, I also seek to offer an analysis of what is missing or absent from policy, and to investigate some of the operations of power through the collaborative regulatory processes of policy, law and health discourse.

IN THE ABSENCE OF EQUALITY, RELIEF OF PAIN WILL DO FOR NOW

What you people don't seem to realize, is that we *like* being addicted. We *want* to be high. This world is so disgusting, and people are so disgusting, we need to use drugs as a buffer against it all... (Dialogue participant, Keeping the Door Open, a dialogue about harm reduction and regulation of illicit drugs at the Morris J. Wosk Centre for Dialogue, in Vancouver, BC, May 4, 2006).

The speaker whose words open this chapter was articulate in his rage and frustration. He decided that there was no place for him in 'society', and that he would no longer try to participate. For him, drug use enabled him to turn his back on the world he found so disgusting and "give the finger" to those who wished to rehabilitate *him*. His perception was that most public policy functions to protect the interests of the dominant, and constrain the options and activities of those designated subordinate, marginal, or to

borrow from Hannah Arendt, even superfluous. He spoke of using drugs not so much to be high, but instead to be anaesthetized⁷⁹.

This man was participating in a public dialogue which was part of a Film and Speaker Series featured at the 17th Annual International Conference on the Reduction of Drug Related Harm in Vancouver, BC in May of 2006. This series was hosted by a group called "Keeping The Door Open", which is a coalition of "stakeholder groups" including Vancouver Coast Health Authority, the City of Vancouver's Drug Policy coordinator, AIDS Vancouver, Fraser Health Authority, From Grief to Action, members of VANDU, and the Vancouver Police Department (<http://www.keepingthedooropen.com/about.php>).

We had just watched a movie about young people and crystal methamphetamines and heard a panel of politicians and researchers speak to the film. The moderator of the subsequent discussion was a well-known CBC Radio personality. Most of the people in attendance were members of 'stakeholder groups' of Keeping the Door Open and were drug users or health care or social service providers. Several other participants mentioned that they also used drugs as a means to disengage from disturbing memories of their past or current life conditions which they found painful, distressing, or disgusting.

Rebellion met discomfort at this Harm Reduction forum when the moderator responded to the speaker immediately and defensively: "Present company excluded, of course," she said. When the man did not respond directly to her comment, she repeated it, and then he acquiesced, "present company excluded". He repeated his point, however, saying again that his drug use is an 'act of refusal' or a way to disengage from elements of society which reinforce inequities. This man's attempt to make public his critique, and

⁷⁹"It seems to me that certain types of...drug addictions, which usually are blamed upon the habit-forming properties of drugs, might perhaps be due to the desire to repeat the once experienced pleasure of relief

the reasons for his disengagement were dismissed by the moderator through her defensive response to him. His drug use was, in essence, *misrecognized*⁸⁰ as an illness. He spoke as though he had no hope for a future which included his full participation.

And yet, he still attended the conference, and he spoke in that public forum about his frustration. I chose to quote him because his words signified to me that there is a wedge of political resistance and hope driven between the rock of addiction and the hard place of drug policy. When there are people who say, “this is a criticism, not a disease”, they create a different kind of space in which to think about drugs, and about power, and human suffering.

DRUG POLICY AND SOCIAL CONSTRUCTIONS

The words of the man I quoted at the beginning of this chapter indicate the possibility that addiction is a mode of critique and disengagement⁸¹. In contrast to this analysis, the author of the *Framework*, Donald MacPherson, writes: “The four-pillar approach is a framework that ensures a continuum of care for those suffering from substance addiction and communities impacted by those same people” (MacPherson, 2001: 32). The man who spoke of using drugs as a buffer against a world he found ‘disgusting’ likely did not see himself as ‘suffering’ from substance addiction. He talked about his addiction more as comfort, even a form of salvation. He would not seek out ‘treatment’ or ‘care’ for himself, as he identified the problem as situated not in himself, but in the world. As Cohen suggested, he is engaging in an ‘act of refusal’ (Cohen, 2003),

from pain with its intense feeling of euphoria” (Arendt, 1958: n.113).

⁸⁰ ‘Misrecognition’ is defined in chapter 3.

⁸¹ Though the language of AA and other twelve-step recovery programs is both medical and moralistic, many of the stories told in meetings reveal a political analysis for which people struggle to find words. “My father abused me, and gave me beer to help me relax”; “I was the oldest and had to hold it all together, and the minute I moved out, I started using—it was a relief to be away, but I was lonely.” These and other stories indicate drug use is a way to cope with pain, fear, social dislocation, poverty and/or abuse.

as opposed to acting as a patient, so when policy acts as medical intervention, it has little relevance to him.

I argue that a significant disconnection emerges between Vancouver's drug policy and those who are targets of this policy. It is this disconnect (or wedge) between people and policy which is a key to one of my main arguments: that Vancouver's drug policy is currently implemented through a process of symbolic domination (see, for example Bourdieu, 2000 p. 170-172). I do not question the concern of researchers, policy makers, politicians and front-line workers for the people of the Downtown Eastside. What I have come to believe, however, in the course of my work in the area and through my current research is that the current focus of policy and practice operates within a largely palliative care approach or medical model, and functions to constrain and limit the opportunities for, and activities of, people labelled 'addicts' rather than confronting the larger problems of social inequality. Arguably, then, questions about the *social harm* directed toward those who live on the economic fringes of urban inner cities often remain masked, such that structures of dominance which play some part in social inequity are then reinforced. Lives may be saved, but these saved lives remain stateless, to the degree that the state no longer wishes to know about their suffering (Bourdieu, 1998a, 1998b). Political critique may therefore be conflated with personal trauma and/or moral ideals. In such a case, the very scope for politics and political change is ultimately reduced.

HARM REDUCTION TO IMPROVE THE STATE

In this section of the chapter, I move forward to describe some of the language of the *Framework for Action*, and suggest ways in which this document conditions or promotes a certain public image of the drug using subject, and of the DTES. Drawing

upon the work of Pierre Bourdieu and Nikolas Rose, I discuss how the field of the DTES can be understood as conditioned through tactics of governance and control.

The authors and partners in the policies of the Four Pillars assert that they seek ways to improve the health of drug users in the DTES, and to curb public disorder. The problems presented by the framing of addiction in *A Framework for Action*, therefore, are those which are identified as threats to the order and security of 'legitimate' citizens of Vancouver. The solutions proposed by *A Framework for Action*, I argue, are meant to relieve people who are inconvenienced or disturbed by disorderly scenes related to the drug trade or the health crisis of particular types of addicts. They are, however, not meant to address problems related to social retrenchment and the social and political structures within which 'the drug culture' is operationalised and conducted.

The language used in the policy reflects the ways in which addicts are positioned by the policy as motivated to take drugs primarily by individual suffering or illness:

Those who use 'hard' drugs do so for many...reasons. Some use drugs for pleasure. Many use drugs to relieve physical or psychological pain. The mentally ill often take drugs to achieve a higher level of functioning. For those who use drugs as refuge, they see the harm that they inflict upon themselves as the lesser of two—perhaps several—evils. Users then become marginalized, alienated from friends and family, forced into risky circumstances, and isolated from health services and positive support (MacPherson, 2001: 18).

Donald MacPherson, the architect of the Four Pillars, suggests in the passage above some of the reasons for which people may take drugs. He identifies individual suffering and pain, but he does not identify the very operations of power which may cause a certain kind of suffering.

In sum, I hope to show in this chapter how it may be that Vancouver's drug policy cannot, in its current configuration, address social and political structures which give rise

to individual difficulties. Indeed, though problems associated with social and political inequalities are implied throughout the document, the idea of equity is beyond the scope of policies that are written, funded and implemented by agents of the state. Such policies tend to be dependent upon the maintenance of existing social structures which assert a particular form of control over illicit drug users in the DTES.

I wish to analyze some of the specific actions recommended in *The Framework* to implement the pillar called 'harm reduction', and examine some of the goals of the Four Pillars which are intended to be achieved through such policy initiatives. In assessing *A Framework for Action*, I draw upon two interrelated theoretical approaches which provide a lens for engaging in a discourse analysis of the four goals associated with the Four Pillars. In so doing, I seek to demonstrate the ways in which Vancouver's drug policies, as described in *A Framework for Action*, are written and implemented to operate as a form of moral authority over the lives of those living with addictions in the DTES.

Before I engage in that discussion, however, I would like to place my analysis in the context of the field of the DTES, and some of the habitus⁸² which may be found there. The following section therefore discusses the context within which the Four Pillars are implemented, and describes in more detail the field of the DTES and sites where both deviation and positional suffering occur.

CONTEXT, TEXT AND DISCOURSE

I suggest that the Downtown Eastside can be understood as a 'cultural field'. It possesses certain qualities that are unique to the area, and people living there conduct themselves according to the particular conventions, positional rules and practices of the

⁸² The plural of "habitus" is "habitus" (Miriam-Webster dictionary online <http://www.m-w.com/cgi-bin/dictionary> accessed June 24, 2007).

area. There are numerous groups and individuals (agents) both within the area of the DTES and those living beyond the boundaries of it and looking in, who attempt to exert some influence through various activities and discourses. These agents include, but are not limited to, those who are developing and/or implementing policy and discourses around policy. These may be police, doctors, nurses, social workers, researchers, outreach workers, shelter workers, mental health workers or volunteers. People who are the targets of policy, including the residents and the drug users who frequent this particular space, are also agents. They are adhering to particular hierarchies, conventions, and rituals according to the habitus of this field. The DTES is constructed according to sets of practices performed in several different fields and by these agents who are governed by different rules, some of them operating at cross-purposes.

BRIEF HISTORICAL OVERVIEW

This is a port city. For over a hundred years people from all over the world have come to Vancouver to work on the docks, purchase supplies and establish an urban “base camp” for resource-based work such as logging or fishing, or a home in the off-seasons. The downtown area near the docks has historically been home to mostly single men, loggers or longshoremen between jobs, or seamen on shore leave. Consequently, the Downtown Eastside was traditionally and historically deemed a masculinized, working-class space. The women who were visible there were the women serving the beer and the women serving the blow jobs to the men renting cheap hotel rooms until it was time to go back to the bush. It is still the neighbourhood where the cheapest accommodations and the cheapest beer can be found. It also carries the reputation of being dirty, dangerous, frightening and exotic. It is filled with ‘places where deviation can occur’ (Rose, 1999:

234), and from that reputation come expectations about what kind of person would be found living there.

Consequently, the DTES has historically been a neighbourhood where the poor and exiled have gathered. Policing in the DTES has been and remains tough and often (though not always) belligerent, as seen in the 1975 Canadian National Film Board (Dir. Michael Scott, Marrin Canell) film, "Whistling Smith". For many years now, a number of charities have been operating in the area, such as soup kitchens, shelters, and drop-in centres. More recently, in the last ten or fifteen years, these have been joined by more professional medical and mental health treatment providers. The Downtown Eastside has, in the past fifteen or so years deteriorated, through a series of events and policy decisions, from a working-class inner-city neighbourhood to what Francis Bula has named 'an open-air institution' (Bula, 2004).

HABITUS IN THE FIELD OF THE DTES

Once someone finds themselves in the DTES, there are certain rules of conduct which are required and which vary according to the relation of the habitus to the field. The *habitus* is in the walk, the language, and the jargon common to a particular field. It is worth noting that *habitus* is not fixed. It is determined by the field of social relations even as it contributes to defining the field (Lawler, 2004).

A walk in the neighbourhood provides an intimation of the kind of habitus, or bodily dispositions which are assumed here. There are a couple of back alleys, particularly between Hastings and Pender and Hastings and Cordova, which are, at any time of the day or night, teeming with activity (and reeking of urine). At the same time, there is the habitus of people who live downtown, and who are entrenched in the drug culture there. The dealers are often addicts themselves, they carry 'down' (heroin) in one

pocket and 'up' (cocaine or amphetamines) in another, T3's (Tylenol with codeine) in another. You buy from one guy, not from another, crack-heads are bad and heroin junkies are good (or vice-versa). There are rules of conduct, such as don't rat out your buddies but expect people to rip you off. There are 'low barrier services' where you won't get hassled if you're high. These are places to go for coffee and some protection, such as the Contact Centre or the Women's Centre. In that neighbourhood, if you are an addict, you are obligated to build networks around you in order to maintain your habit, provide for self protection and get your needs met too. In this form, the habitus induces the circulation of different kinds of practices which serve to perpetuate the structures of social inequality.

The buildings behind this activity are boarded up, decrepit relics, with lovely stonework and facades. Haunted. They conceal the more sinister activities taking place in the back alleys--the deals and the arguments, the doorway injections, the flailing dance of people who've had too much cocaine and too little sleep.

On the other hand, the people who work there – for example, the front-line workers, social workers, outreach workers, police officers, street nurses and researchers - - most often live outside of the area. We wear clothes that have been purchased in retail outlets, as opposed to clothes purchased in second hand shops or acquired free from donations; we bring lunch from home, or eat in restaurants in Chinatown or Gastown; we generally have all of our teeth, and pretty clear skin. We may swear relatively infrequently, but likely more than people might who work outside the area; sometimes we drive cars and have gym memberships. We also contribute to the field of the DTES, even

as it shapes us, although we live in a parallel universe to the people we serve, and upon whom we are dependent for our livelihoods.

The DTES might look like a frightening place. The people milling around Pigeon Park or searching for crack along Columbia Street may appear as a 'mass' of human suffering, undifferentiated from one another. Contrary, however, to this grim little portrait, the DTES is not *only* populated by abject prisoners of addiction and prison wardens in the guise of cop or social worker. Sometimes, in my more despairing moments, it might look that way. But it's not that simple, and it's not that bleak. While there is a significant minority of people in the area who are addicted and entrenched in the street drug culture, there are a greater number who are not (Culhane, 2003). Those who *are* drug addicted are as radiant and flawed and as beautiful and annoying as anyone, and they are working as hard as they can to live their lives with meaning and purpose.

They are, I argue, resisting the social conditions inherent in the field of the DTES, as well as reproducing its habitus (Bourdieu, 1977; Lawler, 2004: 113). The habitus of the DTES is built out of a complicated assemblage of relations and rules, techniques and agreements. It is both its own field and a mixture of many others. It is stable enough that each new person who comes there learns the rules of the field and becomes familiar with the habitus and can conduct themselves appropriately. As this thesis moves forward to interrogate processes of both reproduction operating through policies and resistance, some governmental functions of harm reduction can be exposed and analyzed.

THEORETICAL FRAMEWORK REVISITED: THE KEY TO SYMBOLIC VIOLENCE

With this background in mind, I now wish to describe how linking social theory to accounts of harm reduction as policy help us to better understand how the policies may work to govern public consciousness about those who use drugs and live in the DTES.

For example, Bourdieu's conception of symbolic domination and his description of its modes of operation provide a theoretical landscape for better understanding the role and functions of social policy on a larger social scale. In particular, the concepts of authorized language and positional suffering inform how the language of the policy can describe and shape underlying social conditions and contemporary practices of Vancouver's drug policy. Bourdieu's theories of symbolic violence are illustrated through the wording and implementation of policy. As a complement to the work of Bourdieu, I also follow Nikolas Rose's conceptualization of governmentality as an operative social function in urban policy and practice. Rose's framing of governmentality as individualized techniques and regulations of state conduct to carry out particular policies is useful for revealing the ways in which policy promotes certain definitions of a person as "drug user", "addict" or "normal citizen."

Bourdieu's argument is that the key to the effectiveness of symbolic violence is misrecognition, a form of forgetting or misapprehending that we are largely a product of our environments. 'Misrecognition', then, is believing that the way things are should indeed be the way things are supposed to be. In the case of Vancouver's Downtown Eastside, symbolic violence is enacted by the police, social policies, and social services who misrecognize motivations behind the behaviour or choices of people labelled addicts. In fact, both the service providers and the service recipients may 'misrecognize' themselves and each other, and many believe that drug use and addictions are the result of primarily individual choices or pathology, rather than systemic or environmental factors.

It is when one has incorporated the structures of the field, the habitus, that one can then conduct oneself in the “right way” according to the rules of the field (Bourdieu, 2000: 143). “The agent engaged in practice knows the world but with a knowledge which...is not set up in the relation of externality of a knowing consciousness [...] because the world is also in him, in the form of habitus [...]” (Bourdieu, 2000: 142-3). That is to say, the agent *knows* the world she lives in, but can't *see* the world she lives in. In terms of drug use and associated harm reduction policies, the field and the habitus of the DTES form the symbolic locus of the inequalities, or harm, which must be reduced in the area. Though the inequalities and the injustices may seem clear, when the habitus of the DTES also inhabits you, it's very difficult to see that you are enmeshed within a structure which in many ways reinforces your place in it. This is one condition of misrecognition. Even when you *can* see it, as could the man whose words opened this chapter, it remains difficult (but not impossible) to find a way out (Bourdieu, 2000: 232).

Regardless of how addiction is understood in the present moment, governmental and institutional responses to it have shifted over the years. As Rose writes:

Rather than being confined, [...] to a succession of institutional sites, the control of conduct was now immanent to all the places in which deviation could occur, inscribed into the dynamics of the practices into which human beings are connected (Rose, 1999: 234).

From Rose's perspective, then, people who use illicit drugs are now governed and controlled increasingly through techniques which depend on smaller “institutional sites” rather than large institutions such as hospitals, schools, or prisons. These sites and the social agents who operate with the field of the DTES, including the safe injection site, some drop-in centres, clinics, and community programs (such as community policing

offices), exercise techniques of symbolic domination and governmentality which were formerly the domain of large institutions. MacPherson writes:

A Framework for Action recognizes that: [...] Harm reduction must include a law enforcement strategy to move addicts off the street, out of back alleys and into health services (MacPherson, 2001: 61)

I draw upon this passage to illustrate one example of how a pathologizing discourse may be utilized as a mode of symbolic domination. At first glance it might seem as if there is a benign motivation behind this recommendation, that is, to ensure health services for people who may not even know that they need it. However, there is also an implication that the 'health services' to which addicts are to be moved become 'places in which deviation could occur.' From this perspective, the addicts of the DTES appear as 'abject' rather than as people to be consulted and made room for. This proposed intervention may not then function to alleviate suffering. It may instead provide a way to misrecognize the addict as less than normal, or an 'anti-citizen' against a definition of those citizens defined as 'normal'.

As if to underscore this perception, MacPherson states in *A Framework for Action*, that "...there is a growing consensus that for those who do develop a dependency on illicit drugs or legal substances the problem is primarily health issue" (MacPherson, 2001: 18). I suggest that this view of addiction indicates a misrecognition of the conditions leading to addiction, and of the abilities of those labelled 'addicted'. In addition, it relieves both the state and the addict from responsibility for the social and political conflicts which contribute to large numbers of people engaging in such 'acts of refusal.'

BETWEEN THE HARD PLACE OF POLICY AND THE ROCK OF ADDICTION

Contained within *A Framework for Action* is contextual material which Vancouver's drug policy coordinator, Donald MacPherson, has used to inform the development of policy. This contextual material offers another layer of information with which to analyze and critique the policy goals:

Since the mid 1980s, a well-entrenched illicit drug market has developed in Vancouver's Downtown Eastside, fuelled by several social, economic and environmental factors [...including⁸³]...displacement as a result of enforcement initiatives in the 1970s and 1980s that had the effect of pushing street level drug dealers into the Downtown Eastside from other areas of the city, thereby increasing the concentration of these factors in this community.[...]

In addition, the response to the escalating problem by the alcohol and drug treatment system has been woefully inadequate[...] in the Downtown Eastside the drug scene is open and public. Drug users buy and consume in full view of passers by. Addiction knows no borders, so surrounding municipalities struggle with many of the same issues. Although estimates vary, approximately forty percent of individuals who misuse drugs in the Downtown Eastside live in areas *outside* of the Downtown Eastside (Vancouver Injection Drug User Survey, 2000). Clearly, the problems are city-wide and beyond (MacPherson, 2001: p. 6 emphasis in original).

Many of the factors named by MacPherson as contributing to Vancouver's drug problem can be directly or indirectly attributed to the (neo-liberal) policies of government, and an increasing globalizing economic climate. In *Framework*, MacPherson does not mention legislative changes which have contributed to increasing social and economic inequities across the country⁸⁴. I discuss some of these legislative changes later in this chapter. In the meantime, I suggest that the deliberate policies of

⁸³ MacPherson also names poverty, substandard housing, high unemployment, de-institutionalization of the mentally ill without adequate support, and the flight of legitimate businesses from the area as contributing to the illicit drug market.

⁸⁴ These problems have become more visible, and especially recently, in the DTES than many other jurisdictions in Canada, partially because of activities leading to the 2010 Olympics, clashes between organizations of business associations, new residents who are gentrifying the area, and economically disadvantaged people who represent long-time residents of the area. The Anti-Poverty Committee is an especially active group which is frequently in the news for activism particularly in protest of the activities of the Vancouver Olympic Committee (Vanoc).

retrenchment⁸⁵ of the Federal and Provincial governments have contributed more to Vancouver's drug problems than is immediately apparent, or formally acknowledged.

Now that I have described aspects of the field of the DTES, and reviewed specific theoretical tools for analysis, I turn to an examination of sections of *A Framework for Action*, Vancouver's drug policy. This document lays out the Four Pillars and four goals of Vancouver's "drug strategy", with 36 proposed actions of implementation. The following analysis will demonstrate the ways in which the theoretical concepts of *positional suffering*, *symbolic domination* and aspects of *governmentality* operate through the language (*the authorized language*) of this policy.

The sections of the *Framework* I have chosen to examine are the first and second goals: 1) Provincial and Federal Responsibility and; 2) Public Order (see Appendix B). I also assess aspects of the Four Pillars which are related to the achievement of these goals. It is important to acknowledge that the other two goals⁸⁶ are integral to the operations of the first two goals I will analyse. However my primary emphasis will rest upon the first two goals as indicative, in part, of the ideological operations of the policy. The first two goals are quoted below:

Goal 1: Provincial and Federal Responsibility: to persuade other levels of government to take action and responsibility for elements of the framework within their jurisdiction by encouraging a regional approach to the development of services and by demonstrating the city-wide, regional, national and international implications of the drug problems in Vancouver. This is the overarching goal and the key element to achieving the following three goals:

Goal 2. Public Order: to work towards the restoration of public order across Vancouver by reducing the open drug scenes, by reducing the negative impact of

⁸⁵ Retrenchment includes cuts to social service and advocacy organizations, cuts to social housing programs, and reduction of welfare rates among other actions.

⁸⁶ The other two goals are: "to work towards addressing the drug-related health crisis in Vancouver"; and "to advocate for the establishment of a single, accountable agent to coordinate implementation of the actions in this framework...". Full descriptions of all four goals may be found in Appendix B.

illicit drugs on our community, by reducing the impact of organized crime on Vancouver communities and individuals, by providing neighbourhoods, organizations and individuals with, a place to go with their concerns related to safety, criminal activity, drug misuse and related problems, and by implementing crime prevention techniques to increase public safety. (MacPherson, 2001, p. 2)

These goals reveal the role of harm reduction policy in shaping the ways in which people labelled as ‘addicts’ are regulated by state discourse. The function of such regulation appears to be to secure the collaboration not only of levels of the state in regulating the activities of ‘illegitimate addict-citizens’ but to also secure the collaborations of drug users with basic expectations of policy. These processes lead indirectly to positional suffering and a particular symbolic economy of the DTES which isolate it as a contemporary ghetto. In *A Framework for Action*, MacPherson draws a quote from a document called *National Action Plan* to focus the chapter entitled “Pillar Four—Harm Reduction”:

The overriding goal must be to minimize risk to the individual, the community, and society as a whole through providing care and support to our most vulnerable citizens (National Action Plan, 1997, MacPherson, 2001: 60).

Characterizing people who use drugs as “our most vulnerable citizens” seems to be dismissive of the political critique implicit in the expressed rationale of some drug users⁸⁷. Throughout the document *A Framework for Action* are references to drug users as ‘vulnerable’ and ‘needing care’, a misrecognition, I argue, of resistance as pathology. I suggest, therefore, that the goals of order and health are less likely to be realized unless there is attention given to actions promoting social equality and equal distribution of both resources and responsibilities to those now identified as “our most vulnerable citizens”.

⁸⁷ Many people I know who use drugs describe this drug use in terms which indicate it is an “act of refusal”. They may see themselves as unable to make changes in their lives or the world around them, so use drugs to achieve a pleasurable state, to relieve physical or emotional pain, or to achieve a feeling of equilibrium. They do not identify their drug use as an illness.

While the original Vancouver Agreement was signed and agreed to by all levels of government, there are currently a different governments in power, at both the federal and the provincial level, and both of these are more invested in a 'law enforcement' approach to controlling the drug problems in Vancouver (O'Neil, 2007; Strathdee, 2007). There are indications that the current state representatives agree that public order and public health are desirable goals for policies governing inner cities in Canada, but the means to achieve those goals are in hot debate (O'Neil, 2007; Wood, et al, 2007). In addition, the federal government favours 'law enforcement' over 'harm reduction' and, in the face of evidence to the contrary (Huey, 2005), is moving toward reducing harm reduction services in favour of harsher enforcement measures as a method to establish order.

GOVERNING 'BEYOND THE PALE'

This section is concerned with demonstrating specific techniques of governance which are utilized or promoted through the *Framework for Action*. In specifying these routes of regulation, I suggest some of the ways in which institutions of government and medicine may collaborate to regulate the opportunities to and sanctions against the drug users in the DTES.

As I write this, there is an ideological battle raging about the safe injection site, and other harm reduction initiatives supported by the Vancouver Agreement. The federal Conservative government does not agree that the safe injection site is a project which merits their support. By contrast, medical researchers and harm reduction proponents such as researchers with the BC Centre for Excellence in HIV/AIDS argue that the users of the facility are accessing detox and other treatment services (O'Neil, 2007; Wood, 2007). At the municipal level, there is now talk of re-opening Riverview, (the Provincial

psychiatric hospital which has been 'downsized' from over a thousand patients in the 1970s to perhaps three hundred at present). This plan is an idea that the current mayor of Vancouver, Sam Sullivan, is reported to support (Payne, 2007)⁸⁸. Though it appears that each of these agents are in conflict over certain beliefs and proposed actions, they are all operating to establish order and control over modes of governance in the DTES and other pathologized urban centres. In the meantime, the people about whom everyone is arguing are going about their daily lives, finding their next fix, meal, or bed for the night, and adjusting their expectations to meet their objective chances (Bourdieu, 2000: 216).

REGULATION THROUGH DRUGS

I begin with a brief investigation into modes of regulation through what is known as 'drug replacement therapies' (MacPherson, 2001: 45). The relationship between medical interventions and law enforcement is highlighted throughout the *Framework*. Both medicine and policing are institutions which have been utilized by the state as modes of control of "the most risky" (Rose, 1999:260). As Rose writes: "these risk agencies focus upon 'the usual suspects'—the poor, the welfare recipients...street people" (Rose, 1999: 260). Following Rose, one argument I wish to make is that the *Framework* can be seen to represent such risk agencies, focusing upon these 'most risky' people and the connection between medical and law enforcement interventions:

There is clearly a relationship between substance misuse and crime...Of course not all people who have substance misuse problems are criminals, and conversely, much crime is committed by those who do not have a drug or alcohol dependency. However, research does show that many addicts commit crimes out of desperation—a clear indication that health interventions must be available in order to improve their situation and decrease their despair (MacPherson, 2001:17).

⁸⁸This would perhaps solve the problem of governing the conduct of some of the more 'problematic' people of the DTES, but would not provide for a means of achieving some social equity, or of reducing exclusion

In the above passage, MacPherson describes the motivation of addicts who commit crimes out of 'desperation' and 'despair'. If research shows, as MacPherson claims, that addicts commit crimes out of desperation, then why are 'health interventions' recommended here? Good health is one criterion which may reduce despair, but surely political interventions are also required. The *Framework* recommends increased access to methadone maintenance for heroin users (MacPherson, 2001: 41, 44-45), although only perhaps 25% of all opiate users attempt this treatment method, and of those most do not find it successful in the long term (Fischer, Chin, Kuo, Kirst, M.& Viahov, 2002: 495, 515).

Through methadone maintenance and other replacement therapies, drug taking is regulated through state-authorized mechanisms of prescriptions, appointments, and other medicalized interventions into personal conduct. Though these programs may seem to be a step toward helping someone become more stable in terms of their addiction, another way of seeing this practice is that it promotes the use of a state-legitimated⁸⁹ drug in place of illicit ones, and essentially keeps people tied to a particular geographical area (near enough to their pharmacy to get to every day). It also sets up a very particular definition of the 'patient' and a highly stigmatized patient at that. Methadone is a chemical alternative to heroin and as such is also addictive. Indeed, some would argue that it is more highly addictive than heroin (Boyd, 2004)⁹⁰. With these ideas in mind, arguably the

⁸⁹ Methadone is also big business, each person who attends a methadone clinic pays about \$60 per month for their daily dose. This isn't as much as someone might pay for heroin, not by a long shot (so to speak), but it does go directly into the medical and social welfare systems in a way that money circulating between dealers and addicts does not.

⁹⁰ In all the years that I've worked as a mental health worker and talked to people who provide drug treatment, including people who are (or were) themselves addicts, *no one* has come out unequivocally endorsing methadone maintenance, and most are critical of methadone as a method of treatment.

methadone maintenance program across the province could be seen as operating as a system of governance and risk control.

Promotion of such 'health interventions' ahead of social or political interventions (such as educational or grouping opportunities, systemic advocacy by NGOs) reveals again a disconnect between policy interventions and observable causes of crisis in the lives of people who are drug users in the DTES. Health interventions may be one step toward a 'reduction of desperation' but will it reduce harm? Will it actually lessen despair? Proponents of harm reduction claim that the safe injection site, methadone and clean needles will help keep people alive until such time as they are ready to go to treatment, or leave off drug use. When people return from drug treatment, however, they return to the same social structures from which they disengaged, and unless they have networks of support, meaningful work or activities to do, and some sense of having an important place in the world, they return to the same conditions which reinforced their positional suffering and often, then, return to drug use (Alexander, 2006; Durrant & Thacker, 2003; Granfield & Cloud, 1999).

There is reference to this return to drug use in *Framework*, again with the medical terminology of "relapse":

Different drug use and consumption patterns must guide treatment strategies. Relapse is part of the process for a great many individuals who move through treatment programs and this should be seen as part of the process rather than failure (MacPherson, 2001: 41).

While I agree with MacPherson that there ought to be many approaches to people who addictively use drugs, I suggest that discourses such 'relapse, treatment and failure' as they are used throughout the Framework may limit the range of possible options for those who live and use drugs in the DTES. Using such medical terminology as 'relapse'

and 'treatment' conflates the action of drug taking with a disease. This can be understood as a tactic of governance which relegates the drug user to the role of 'patient' with no control over the illness of addiction. Yet at the same time they are expected to choose a 'healthy' site for drug injections. In this way, one could argue that the state is seeking to reorder the behavior of its members (ie. choice) at the same time as abdicating their social responsibility for engaging in a political economy of retrenchment. So while it may be the case that the drug user may choose the best site to use, there are inadequate social supports available to them such that they could find meaningful ways of engaging with the social life world of the state and its broad and diverse membership. In such a context, you may emerge as the self-perfected user but at the same time remain committed to destructive acts of social disengagement.

Another recommendation of the Framework has to do with establishing more detox beds for young people:

15. Establish a long-term (eight months to two year) treatment centre for youth with severe addiction problems. The philosophy should embrace the whole person and provide a range of educational programs, skill development, job training and linkages back to housing, family (where appropriate) and the community in addition to addiction treatment in order to prepare individuals for return to the community.

Lead Agency: Ministry for Children and Families

Partner Agency: BC Housing, Ministry of Attorney General, Ministry of Social Development and Economic Security, Business Organizations, Private Foundations (MacPherson, 2001: 50).

While this recommended action seeks to 'treat' the young person, and provide some useful tools for them to participate in society once their treatment is over, there remains the problem of the 'return to the community', for which there is no corollary plan. The individual will return to their community, but that community may remain as

troubled as when the young person first entered treatment. Again, this recommendation depends on a pathologizing definition of the addict in order, I argue, to reinforce the placement of the state as dominant, rather than to develop systems of accountability, care, responsibility and alliance within areas currently pathologized such as the DTES. The individual treatment of one addict at a time can do little to interfere with structures of domination.

REGULATION THROUGH MONEY

In this section, I explore federal policy decisions regarding tax transfers to the provinces which have had a significant impact on social service delivery and regulation of social service recipients. Federal budget decisions in times of retrenchment have a significant effect on some of the ways in which modes of governance are developed and implemented.

In 1995, the Canadian Assistance Plan (CAP) was replaced with a different scheme of tax transfers from the Federal Government to the Provinces. The Federal transfer payments under the CAP were calculated to match Provincial contributions dollar for dollar provided conditions of welfare provision were adhered to, such as all Canadians had the right to refuse work (no “workfare”), the right to claim wherever they were in the country and the right to adequate support (Day & Brodsky, 2006).

Canada’s social programs eroded with the repeal of the CAP as conditions on these transfers were removed and provincial governments were given the power to choose how to spend these diminishing dollars (Day & Brodsky, 2006). Canada’s Conservative government has in the last two federal budgets made much of their decisions to cut taxes, “putting money into the hands of ordinary Canadians [...] they can

spend as they choose”⁹¹. In light of some of these latter changes and the ways in which jurisdictions are managed, one could argue that the Vancouver Agreement, including the Four Pillars drug policy, represents at least in part a re-ordering of the Canadian state⁹². Federal funding is no longer directed to block transfers to Provincial social, health and education funds. Now, in the same way that tax cuts are directed back to the ‘citizen-consumer’ to ‘spend as they wish’, so too are federal transfers directed to the provinces in a block with no conditions attached. In relation to the Four Pillars, the reduction of transfer payments, removal of conditions on these payments and the ongoing trend of the federal governments’ prioritizing of tax cuts mean that federal funding toward implementation of social policies including the Four Pillars is focused on services which are considered efficient and relatively inexpensive, rather than on research or advocacy.

There are some specific recommendations from the *Framework* regarding social assistance payments, and other elements of the state regulation of addicts, as well as some of the ways in which the governed are expected to engage in their own governance (while remaining ‘beyond the pale’). The following analysis of one policy recommendation illustrates the operation of the goal of ‘reducing public disorder’ at the same time as increasing governmental control of the ‘anti-citizen’.

“Appendix A: Goals and Actions” of *Framework* outlines the goals and actions recommended to implement the four pillars approach. One such action, suggested to achieve the goal of Provincial and Federal Responsibility, is to:

[E]xplore options that would allow the distribution of BC Benefit cheques throughout the month in order to decrease the sale and use of drugs and alcohol at

⁹¹ Bev Oda, M.P. Minister of Canadian Heritage and Status of Women, Conservative Party MP for Durham. Excerpt from a speech to the House of Commons about the Federal Budget. <http://www.bevoda.ca/speeches.php> Accessed October 12, 2006.

⁹² Lakeman, personal communication, 2006.

any one time by those on BC Benefits who suffer from addiction and mental health problems” (MacPherson, 2001: 68).

In this case, it would appear as if self regulation is replaced by state regulation, largely in the name of ‘risk reduction’. Yet arguably at the same time the opportunities for autonomy of those who may be addicted are reduced⁹³.

People who use drugs often find other ways to raise money for their drug use rather than relying on their monthly welfare cheque⁹⁴. I suggest that these are examples of symbolic violence, and “the coercion which is set up only through the consent that the dominated cannot fail to give to the dominator...” (Bourdieu, 2000: 170). In this case, the dominated, those economically disadvantaged residents of the DTES must, if they wish to receive social assistance, give consent to the dominator, and submit to yearly assessments of need, or weekly administration of welfare cheques.

Several regional and national NGOs, in particular women’s groups, are now calling for interventions such as a Guaranteed Liveable Income, or at least a significant increase in rates of social assistance payments (Lakeman, Miles & Christiansen-Ruffman, 2004; <http://www.raisetherates.org/> accessed June 24, 2007). Such interventions are not discussed in the *Framework*, due in part to the lack of consultation with NGOs, voluntary or equality-seeking groups in the development of the *Framework*.

⁹³ This is already a fairly common practice of welfare offices in the DTES. If a person requests more than two or three “crisis grants” a year (which are disbursed as \$20 Safeway gift cards, if they are given at all), or if the person makes a written request to have their cheque administered in this way, they may be required to pick up their monthly allotment in smaller weekly cheques. Though some people do make a request themselves to have their cheques disbursed in this manner, they then report difficulty convincing the Employment Assistance Worker to change this arrangement back to a monthly cheque.

⁹⁴ When I was an advocate at a service agency in the DTES, different women told me that they never used their welfare cheque for drugs, often they used money from prostitution to meet that need. The disdain they felt for themselves about their drug use was also directed at the men who bought their bodies, and the money received from these encounters was perceived as soiled in any event, why not use it for drugs?

The next and final section of this chapter is related to the process of consultation in development of the Four Pillars drug policy. Taken together with the policy itself, and recommendations such as those I selected and analyzed above, the development of Vancouver's approach to drug problems can be seen to be primarily governmental, and thereby functioning to limit the opportunities for autonomous action available to the citizens of Vancouver (especially those residing in the DTES).

*AN ARRAY OF LITTLE TECHNIQUES...
MAKING COMMUNITIES REAL (ROSE, 1999)*

Support for the Four Pillars was advanced through a process called 'community consultation' throughout the development of the *Framework for Action*. Donald MacPherson and several employees of the City of Vancouver held meetings at neighbourhood houses and community centres, and developed liaisons with agencies and groups which were centered in the DTES. I attempt here to develop an analysis of, and demonstrate, how this community involvement became governmental.

For the most part, these community consultations encouraged input from individual citizens, members of business organizations or of community centres that were not otherwise engaged in political activities or advocacy. Indeed, many of these organizations and community groups depend upon city grants or some form of provincial or municipal funding for some of their operations (See Appendix B). It is noteworthy that the participation in any kind of broad and far reaching community consultative process of equality-seeking groups was discouraged and really never transpired. For example, when the Vancouver Agreement and the Four Pillars were being formulated, Vancouver Rape

Relief contacted the city manager and asked to have opportunity for input as a long-serving, equality-seeking organization. Their request was disregarded⁹⁵.

This formula of consultation is borrowed from business or corporate methods of determining market demand, client satisfaction and the like through the use of consumer surveys, focus groups and/or questionnaires. Such methods tend to minimize problems of social inequalities, and specific markers of class/gender or racial oppressions. Nikolas Rose refers to these kinds of consultative strategies as “a whole array of little devices and techniques...invented to make communities real” (Rose, 1999: 189). These techniques are used in a variety of ways by what Rose calls “new experts of community” who can claim moral authority over the very nature of what constitutes harm reduction through their membership in that community. Certain people make claims now, as part of the “drug user community” for example, and based on this authority claim, can advise on how members of their community might be governed (Rose, 1999: 189).

Not surprisingly, the summary document (compiled by the Sociological Research Firm: Joan McIntyre, Inc.) which asserted a form of public consultation as the best way forward found “strong support for the four major goals and many of the actions contained in *A Framework for Action*” (McIntyre, 2001: 1). There are, however, indications in this document that wholehearted support was withheld by some of the consulted communities. In fact, within the final report from the Spanish focus Group Discussions⁹⁶ on the *Framework* and the Four Pillars, recommendations were offered to shift some of

⁹⁵ Lakeman, L, (Personal communication, April, 2006); Ms. Lakeman is a collective member of Vancouver Rape Relief and Women’s Shelter, an organization providing rape crisis intervention and a transition house to battered women and their children since 1973. They are not based in the Downtown Eastside, but work with women and have political alliances with organizations and individuals active in that area.

⁹⁶ Within the “Summary of Consultation Feedback” compiled by Joan McIntyre Consultants were several reports from a variety of ‘communities’. There were contained within this summary, reports from representatives of Latin American, South Asian and Aboriginal groups, among others.

the focus of the Four Pillars toward prevention and to more effectively address systemic racism in the systems of policing and human services:

Latin American people have been identified as a source of the drug problem instead of being taken as individuals who are affected by this problem[...]With the release of the information supplement to the Vancouver Sun on January 26, 2001, containing part of the document "A Framework for Action, A Four Pillar Approach to Drug Problems in Vancouver", the next day about 150 people were arrested, accused of being drug traffickers or dealers[...]In the DTES there are no dedicated Spanish-speaking workers in the areas of: mental health, dual diagnosis problems, and young clients...(Cortes, 2001:2-3 in McIntyre, 2001)

These concerns were echoed in other reports, (from the Indo-Canadian Community, Vietnamese, Chinese and Aboriginal Communities for example), though in all of these reports, there was a sense of optimism that "the basic human dignity of persons who use drugs" was respected in the Framework. All of these reports as well, expressed some optimism that the initiatives recommended in Framework would have the effect of both increasing order *and* helping people to get off drugs. Most of the respondents called for an emphasis on prevention and treatment over law enforcement or harm reduction. (McIntyre, 2001: 32; Appendix B).

Everyone who contributed to the feedback forms, including members of neighbourhood houses, community centres and stakeholder groups, expressed hope that this Four Pillar approach would save lives and "improve society" (Kapoor, 2001: p. 6 as cited in McIntyre, 2001). In particular, each of the community feedback reports called for expanded treatment options, treatment and detoxification on demand, and prevention programs in place (Report from Public Forums 4 and 5 in McIntyre, 2001). There is evidence in the summary of consultations that the people of Vancouver who responded to questionnaires, focus groups, etcetera, recognized that a far-reaching set of structural changes is required in order to effect lasting positive changes in the lives of current drug-

users, the dishevelled state of the Downtown Eastside, and the well-being of the city of Vancouver. In several of the written responses, people referred to problems of systemic racism and persistent poverty that have deleterious effects on Vancouver as a whole.⁹⁷

A Framework for Action does not contain, as one its aims, the goal of reducing addiction to drugs. By contrast, in the consultation report: “helping people to get off drugs and into society” was a primary goal of many individuals and groups polled. Though the community was consulted, the emerging consensus for a primary goal of helping people to be sober and included in society was not incorporated into the goals of *A Framework for Action*. Again, I do not wish to suggest that people are ill intentioned as they support aspects of the *Framework*. Rather, I am suggesting that this process of consultation, when examined in some detail, can be seen to represent a technique of governmental control, of “making communities real” (Rose, 1999: 189) while convincing these communities that action was taken on their behalf by Vancouver’s drug policy office. The drug policy office, in turn, assumed a mantle of governance, which allowed elected political leaders to divest themselves from responsibility towards the DTES. Taken together, these processes indicate a “policy of depoliticization” (Bourdieu, 2000b: 39), diminishing political thinking and action among those most affected by policy.

What might this mean for provincial or municipal governance and the people who may or may not use the safe injection site in the DTES, and even those who are not affiliated directly with it? Following Rose, one answer might be that we are witnessing the rise of new institutional forms and procedures which emerge when the government

⁹⁷ “Lack of community involvement in development of government policy”; “Lack of political will on this issue in despite support for four-pillar approach”; “Why is there a feeling of concentration on the Downtown Eastside?”; “Besides drugs—it is important to address the ‘other’ issues such as poverty, housing, mental health, etc.” “There is no good process for involving the Aboriginal Community.”

divests responsibility for social programs, welfare and support, onto communities themselves as a “new anti-politics of welfare” (Rose, 1999: 265). These new institutional forms are provided neither by state nor market, yet serve both, as the charitable organizations and non-profit associations provide concrete aid, but may not always act to contest the moral authority over citizens of the state or the markets (Rose, 1999: 265)⁹⁸. Vancouver’s drug policy exemplifies this exercise of moral authority of the state through the work of community institutions. –The agencies named in the *Framework* to fulfill the recommendations of the policy are all government or business interests. However, those who are responsible for carrying out the work “on the ground” are ultimately community agencies, most of whom are dependent in some way on the municipal or provincial government for funding and/or administrative supports.

(McIntyre, 2001: Appendix A)

⁹⁸ A timely illustration of this theory is provided by the Federal Conservative Government. This government has not taken responsibility for the operations of InSite, and has divested itself of much of the responsibility for social programs in general. However, it *has* imposed itself as a moral authority in regard to drug policy. In May of 2007, it was revealed that the Federal Health Ministry commissioned a report to dispel “myths” about the Safe Injection Site in an apparent attempt to gain public support for failing to renew the site’s permit (O’Neill, May 27, 2007). In a ‘new’ federal drug strategy released in the spring of 2007, the focus of state financial support is on tougher enforcement measures. Detox services have yet to be enhanced, as have long-term treatment options, let alone rigorous and thorough research and action to transform systems which construct social inequalities.

CONCLUSION

Bourdieu (2000a, 2000b, 1998a, 1998b, 2003a), in his later work, suggests that social reproduction is not inevitable. However, changes need to occur in order for the downward spiral of diminishing chances and expectations to be interrupted.

The lack of a future, previously reserved for the ‘wretched of the earth’, is an increasingly widespread, even modal experience. But there is also the relative autonomy of the symbolic order, which in all circumstances and especially in periods in which expectations and chances fall out of line, can leave a margin of freedom for political action aimed at reopening the space of powers (Bourdieu, 2000: 234).

It is possible to alter habitus; that is, we must believe it is possible to intervene into what seem to be durable dispositions. Intervention works when there is a broader horizon, a larger vision of possibility, one which introduces a “margin of freedom between the objective chances [...] and *explicit aspirations*, people’s representations and manifestations” (Bourdieu, 2000: 235 emphasis in original). It is possible, then, to imagine something greater than the current social conditions operating in the DTES and in relation to the policies of harm reduction. This imagining cannot be undertaken *only* by the people who are living with addictions, in poverty and on the margins of the mainstream. It can be done in collaboration with advocates, activists and NGO’s who are “close to the ground” yet still capable of looking up and envisioning equality—those agents who still believe that no one wants to or must be addicted. In other words, all those missing collaborators are often the ones who have the very know-how to expand the “margin of freedom” for those who face challenges associated with regular drug use. Such imagining can occur with some breathing room (provided by time, a safe place to sleep, food, and some good friends) and an opportunity to organize and strategize. Such an outcome is also more likely if provincial and municipal politicians and bureaucrats

would come forward with honesty and integrity about what they might be doing, or not doing, to facilitate the likelihood of real change.

There are numerous studies suggesting that one mainstay of healthy communities is investment in the social welfare of its communities through subsidized housing and reasonable amounts of social welfare support (see for example Day & Brodsky, 2006; Huey, 2005; Klein & Long, 2003; Lee, 2004). However, I suggest, merely developing policy for funding and service frameworks cannot, on their own, provide for that kind of room. NGO's, which have as a significant part of their mandate the achievement of social equality, opportunities for political engagement and activity, and strong lobbying for more than absolute necessities, can come close to offering greater imaginings.

This chapter has examined specific sections of the policy document *A Framework for Action*. I drew upon Bourdieu's theories of positional suffering and symbolic domination and Rose's interpretations of 'policy made governmental' to conduct a critical discourse analysis of actual policies and related practices in an effort to reveal some of the underlying ideologies driving Vancouver's drug policy. The compassion and urgency which informs *A Framework for Action* is apparent and timely. However, it often relies on the implementation of personal, individualized solutions to address broad socio-political problems. Indeed, it represents a response to what Ulrich Beck might call the risk society (Beck, 1992) rather than investing in social structures which would improve the real life chances of those who are drug users in the DTES. What I have hoped to achieve is to highlight, at a very preliminary level, some of the sections of policy which indicate that the people who are targets of harm reduction are often abandoned by it. This is not to assign blame or insult to those writing or implementing policy, but to examine

some of the 'normative architecture' (see Felman, 2000) of the *Framework*. I have argued that the policies and the process of community consultations – that is, attempts at “community engagement” – may have actually achieved the opposite, in spite of the intentions of those constructing the policies. The language in which they drafted these policies, and the processes by which they were written, are the language and process of a very elite and privileged group of policy makers. The cycle of expectations and chances, and the misrecognition of the reasons for people's social standing, is therefore entrenched within the Four Pillars.

Specific actions suggested in *A Framework for Action* might be useful in order to achieve some of the goals of the Four Pillars (specifically public order and public health). However, foundational social inequality as it operates throughout the language of the policy still remains highly under-scrutinized. The effect, then, is much like covering black mould with white paint. It looks better for a while, but the rot remains, and when left unchecked, undermines the whole structure beneath.

The following chapter moves forward to critically examine two examples of media portrayal of the Downtown Eastside. Set parallel to the development of the Four Pillars policy implementations, the examples which I have chosen serve to illustrate the ways in which policy is promoted, and further shaped by pictorial and text representations of the DTES. Both articles draw together elements of the 'harm reduction' and 'law enforcement' pillars of the Four Pillars drug policy, and illustrate how the area of the DTES and those who live there are perceived in the public. For this chapter, I will draw primarily from Nikolas Rose's conceptualizations of governmentality and Hannah Arendt's theorizing of the conditions of statelessness and exile.

CHAPTER FIVE:

*MEDIA REPRESENTATIONS OF THE FOUR PILLARS
AND THE NEW FOLK DEVILS*

Here, the Vancouver police board and the police department[...]stop short of endorsing the safe injection sites or heroin maintenance. But the policy does support a “comprehensive continuum of care model for substance abuse” that includes prevention, detox, counselling, housing, training and literacy education (Kines, Vancouver Sun, November 24, 2000: PAGE #)

Six Years later...

But now Rolls [Inspector Bob Rolls, Vancouver Police Department] has convinced the Crown it should lay charges because open drug use on city streets was becoming ingrained, frightening to the public and affecting the surviving downtown Eastside businesses who find their customer base dwindling. “We’ve seen guys shooting up within feet of the safe injection site and w’ve asked them to get off the street and go inside and had them tell us no,” says Aitken [Constable Shane Aitken, VPD] (Bellett, Vancouver Sun, April 16, 2006: PAGE).

In the previous chapter, I used Bourdieu’s concepts to argue that public perceptions of both the ‘addict’ and aspects of the Four Pillars are reinforced by policy through a process of symbolic domination. My key argument has been throughout that the authorized language of these policies assumes that those labelled addicts in the DTES are ill, yet, paradoxically, in control of their addiction. In this chapter my aim is to show the part that is played by contemporary media in this symbolic violence and domination. Central to my argument is the idea that particular media representations tighten the bonds initially placed upon individuals both by social services and policy-makers. Through various narrative features and incantations of the authorized language of policy, the media asserts a particular perspective of the addict which locates the site of pathology within the body of the addict while at the same time, often valorizing the police as heroes of contemporary social reform.

As I outlined in the introductory chapter, the DTES is essentially a diasporic site, a home to many people who have been displaced from their original territory. While containment within this contemporary 'ghetto' is not formal state policy, it stems from state policies, some of which I briefly mentioned in the previous chapter. In addition, media portrayals of the area, at one and the same time, draw attention to the plight of the area and often both patronize and demonize the people who live there.

In keeping with these concerns, this chapter describes aspects of the implementation and effects of the Four Pillars policies as depicted in mainstream media, placed beside features of the DTES which I have come to understand from my time as a worker there. Drawing upon the methodology described in Chapter Three, I engage in a critical discourse analysis of two media accounts of the DTES as it relates to the Four Pillars. This analysis is informed primarily by a materialist/structural critique of policing and media representations of the DTES. I zero in on the discourses drawn upon by journalists to portray the various social actors of the DTES. Using samples of these discourses, I will show how forms of moral authority over who is the most legitimate actor get played out in these narratives (the *police* or the *policed*). I also hope to show how those who are in positions of "governing the conduct" of drug users in the DTES (including drug users themselves) are acting in a reactionary way to what is clearly an ongoing social crisis. In so doing, I hope to reinforce the power of my interdisciplinary approach to analyses of media and policy in relation to harm reduction. On the one hand, I maintain my concern over the structures which authorize particular voices to speak on behalf of those 'users' in the DTES (authorized language). On the other hand, I wish to

show how media governs public consciousness over the meanings of harm reduction and its apparent benefits while masking other social realities.

I therefore move here to analyze media representations which address elements of the Four Pillars policies. This analysis is framed primarily by the work of Hannah Arendt and Nikolas Rose. Arendt's theorizing about the problematic nature of rights discourse, and the condition of statelessness in modern times, can help us to think about ways in which the media represents Vancouver's drug policies. Rose's work on governmentality and control, particularly the idea of state policies regulating public action, and the role of the governed in realizing the state's version of the 'ideal citizen', complements an Arendtian conceptualization of the DTES as a contemporary ghetto.

THE STORIES

For the purposes of this chapter, my analysis of media is limited to two articles from the Vancouver Sun. The first is entitled: "On the beat: With dealers shielded and few treatment options for addicts, cops must strike a fine balance", Vancouver Sun, by Lindsay Kines, November 24, 2000; the second is "Crackdown taking back the street", Vancouver Sun, by Gerry Bellett, April 15, 2006 (see Appendix D). A comparative and critical analysis of these two articles (and accompanying photographs) written by two different teams of journalists, six years apart, demonstrate the ways in which public perception is shaped by the media, as well as how much- (and how little) has changed as a result of implementation of Vancouver's drug policy.

These two newspaper articles focus on the actions and decisions of individual police officers, and the challenges presented to them by the people who are using drugs in the DTES. Media depictions, each of which represents crucial groups operating in the DTES (Drug users, police, and social services workers (the latter represented only

peripherally in the examples used here)), are related to representations of these groups which appear in Vancouver's drug policies. Both the media and the policies play a role in shaping public perception of the DTES drug user.

Public perceptions are influenced through the use of narrative features which chronicle conditions of the area. These include descriptive phrases such as "the broken, disordered and impossible Downtown Eastside" (Bellett, Vancouver Sun, Apr. 15, 2006), or headlines such as "Our Four Blocks of Hell" which accompanied an article in the Vancouver Sun from December of 2006 by Janet Steffenhagen. Such statements may serve to underscore the urgency of establishing policies to ease some of the difficulties people may have living there, or they may have the effect of portraying the area as only risky, dangerous and scandalous.

A key argument I wish to make is that the effect of such portrayals is heightened by drawing upon only the selected and isolated perceptions of the police officers and the journalists. The Vancouver Sun article, written by Lindsay Kines, was written in 2000 as the Vancouver Agreement was signed for the first time, and the Four Pillars were just being implemented. His article was part of a week-long series in the Vancouver Sun called "Fix: Searching for solutions on the Downtown Eastside." Throughout the series, several of the people who live and work in the area were also interviewed and observed by the journalists writing for the series. Kines, for this story, interviewed police officers and one non-addicted dealer for this article. Bellett, six years later, wrote an article which was a feature in the Saturday Vancouver Sun in April of 2006. For this feature, he interviewed only police officers. He observed several people in the DTES who use drugs, but only in the company of the police who were the central feature of his article.

The police have a particular social identity which is shaped in part by media representations of them, and of their work. Similarly, those members of the public 'policed' are represented in media, and their (our) identities are partially shaped through media discourses. Social identities, social relations and systems of knowledge and belief are described and sometimes constructed through forms of media discourse (Fairclough, 1995: 55). As I draw attention to the forms of media discourse which are used to formulate these social identities, relations and systems of knowledge, I also hope to offer an alternative framing of the Four Pillars and the problems they were designed to address. This framing suggests that the Four Pillars represents a mode of objectified discourse about the expected behaviours of 'good citizens' (Walkerdine, Lucey, & Melody, 2001). That is, these policies represent a kind of state discourse which operates in part to shape the public imaginary about harm reduction and notions of the legitimate person. I will attempt to show how media representations, such as those cited in this chapter, work alongside drug policies to shape the public imaginary to promote acceptance of these policies.

MEDIA ACCOUNTING OF POLICING AND POLICY IN THE DTES

SIENFELDIAN COPS ON THE CORNER

Journalists do not simply report events; they interpret and explain them. The news stories which are central to this chapter tell a story, more than merely report a series of events. Journalists approach a story with a particular point of view and an agenda to get people who read them to see things in a certain way (Fairclough, 1995). I use examples of the narrative text in the articles (Appendix D) to look at some of the features of these articles and their effects.

These two stories form a bracket around the development of operations of the Four Pillars policy. They illustrate the ways in which policy is promoted and at least partially shaped by pictorial and text representations of the DTES. They offer depictions of the area at the outset of implementation of the Four Pillars, and six years on. Within these depictions of a pathologized urban area are also representations which promote particular definitions of some of the people who work and live there.

I begin with Lindsay Kines' November, 2000 article (Full text cited in Appendix D). In this article, police who patrol the DTES are observed and interviewed. Kines describes the area as "the downtown Eastside, where the drug problem has spun so far out of control that nothing seems clear anymore" (Kines, Vancouver Sun, Nov. 24, 2000:A16). This story carries, through the language of the text, an air of resignation in the described problem facing Constable Clive Milligan when he stops a man in an alleyway in the DTES:

As the man steps to the front of the cruiser, Milligan...stoops to retrieve a folded piece of paper. The flap contains a "point" of heroin—a tenth of a gram worth about \$10 at the corner of Main and Hastings. But Milligan, a 14-year police veteran...knows it would be difficult to pin the drugs to the man now standing before him. "The defence would be all over me..." (Kines, Vancouver Sun, November 24, 2000: A16).

At the time that this story was published, the Four Pillars policy had just been unveiled, and agitation for a safe injection site was near its height. The area of the DTES is depicted as troubled, disordered and "out of control" and the Vancouver police department policy is quoted: "The Vancouver police board and the Vancouver police department accept that substance addiction should be dealt with as a health and social

issue and not a criminal one[...]" (Kines, 2000). The beat cops interviewed by Kines concurred with this policy, "[...] 'this is not a police problem,' Sergeant Doug Lang says, echoing the Vancouver Agreement almost word for word. 'This is a health problem and a community problem and a social problem'" (Kines, 2000). The police in this article are portrayed as approaching this problem with little support from social service agencies or politicians, and described some of the approaches they had utilized to ameliorate some of the social disorder in the area.

The conditions, they say, force them to get creative. They crack down on hotels to force them to improve people's living conditions. They've gone after liquor establishments for over-serving liquor and harbouring drug dealers. They played a key role in getting rice alcohol pulled off the shelves of corner stores[...] the department stresses "high visibility" policing, based on the belief that an officer's mere presence can provide a sense of safety in the neighbourhood—even if the officer stands on a corner doing nothing. In police parlance, it's called "doing a Seinfeld." A nod to the television show about nothing that was, nevertheless, highly successful (Vancouver Sun, Nov. 24, 2000: A17).

By contrast, the people who live in the DTES, who work there, or who may use drugs there are treated like a backdrop to the story about policing. The reader is invited to celebrate the creativity of the police, but the people who are policed are not authorized to speak, or to be represented in a more active way in this article. How does Kines know that "doing a Seinfeld" was a successful tactic, for example? What are the criteria of success? In which ways did the police activity of "cracking down" on hotels improve people's living conditions? In several recent examples, such crackdowns resulted in people facing evictions as hotel owners either renovated or converted hotels to 'backpackers hostels'⁹⁹.

⁹⁹ Several Downtown Hotels have been converted to backpacker's hostels in recent years, including the Ivanhoe and the American. Other hotels have been closed because they were in contravention of fire regulations or building codes, and the residents evicted ((Sandborn, 2006).

In both the text and photographs of these articles, it is the police who are featured. It is they who are authorized to speak of the DTES. They are drawn as figures who represent shepherds of a sort – that is, as caring, benign, maybe a little frustrated, as the words of Sergeant Mark Horsley of the VPD indicate: “[...]we’re going to hold up our friggin’ pillar and we’re going to hope that some other people get their pillars in while we’re holding this pillar.” Such depictions may reinforce a public perception of the residents of the DTES as a ‘mass’, an anonymous population of displaced people as Arendt might characterize them¹⁰⁰ (Arendt, 1951). Ultimately, they may represent a threat to the well-being of the legitimate citizens against which the police are virtually helpless. The journalistic style of painting a portrait of the residents of the DTES as a backdrop or secondary to the activities of the police may therefore be functioning to erase the humanity of these residents and to reinforce their conditions of both exile and statelessness. It may also suggest to the public that we ought to be more concerned with the police than with the residents.

In this particular story, Kines interviewed police officers and one non-addicted drug dealer, though the dealer was not directly quoted, and his contribution to the story as a whole was very small:

One such non-addicted dealer, interviewed by *The Sun*, claims to clear more than \$1,000 on a good day after paying off his supplier and his "staff." He works a seven-hour shift at Main and Hastings, selling crack and powder. So far, he says, he had sent more than \$60,000 back to his parents in Latin America. He has never been arrested, he says, and has never carried more than \$5 in his wallet (Kines, 2000).

¹⁰⁰“The post-war term ‘displaced persons’ was invented during the war for the express purpose of liquidating statelessness once and for all by ignoring its existence. Non recognition of statelessness always means repatriation...[though] non-totalitarian countries generally have shied away from mass repatriations” (Arendt, 1951: 279). In the case of the DTES, as there is generally nowhere to which people may be ‘repatriated’, yet the condition of their statelessness is ignored--they are instead pathologized and ‘treated’ through the human services industry. They may have a meal a day, health care from the street nurses, some comforts from outreach workers, but they do not have the rights or responsibilities of a full citizen.

Next to the frequent direct quotes from a variety of police officers, this kind foregrounding of police points to the prevailing problems of who emerges as more authorized to speak about the lives and conditions of the DTES:

"It becomes our challenge to get to them," Horsley responds. "If we could do it half the time, I'd be thrilled."

Yet even when police do bust people, it rarely keeps them off the street for long, Greer says. "We arrest. We charge. But they're released prior to their trial to carry on down there. And, when their trial does occur and they're convicted, if you look at sentencing, very few get any kind of sentence and they're back on the street again."

If they're addicts, they're back committing crime to support their habit or middling to earn one rock of crack cocaine for every 10 they sell. It is a frustrating cycle for police, especially when they are faced with increased public pressure to stop the trade (Kines, 2000).

I suggest that the language and perspective of this article indicates that the police are heroically struggling to restore order to an area which has long been disordered. Here one of the culprits of the social disorder is named as mental illness, another is substandard housing, and another a lack of detox beds. Certainly these three components interfere with addressing the foundational problems facing the DTES, and while none of them are the 'cause' of addiction or disorder, all contribute to the despair felt by many in the area. Kines article closes with a quote from Inspector Beach of the VPD, "I would hate to think that five years from now it will be the same down there as it is today," Beach says, "I mean, can we afford that many more victims, that many more lost sons and daughters and grandchildren? Can we?"

SIX YEARS LATER, WHAT HAS CHANGED?

In April of 2006, the Vancouver Sun published a story by Gerry Bellett called “Crackdown: taking back the street” (Bellett, Vancouver Sun, Apr. 15, 2006: B2).

Written six years after the initial release of both the Vancouver Agreement and the Four Pillars drug policy, Bellett’s article describes policing in the DTES again through the eyes of ‘cops on the beat’, but these guys are a different policing animal from the police featured in Kines’ article.

Vancouver police announced a crackdown in February on anyone caught using drugs in public view. Reporter Gerry Bellett and photographer Ian Smith hit the streets to watch officers enforce the new zero-tolerance policy and follow one crack addict from his arrest on Hastings to judgment day in a provincial courtroom.

There's no doubt that Shane Aitken and his partner Greg Paxton care about the state of the neighbourhood and its 18,000 residents, for whom the broken, disordered and impossible Downtown Eastside is as much a prison as it is a home. Poverty, addiction, mental illness, disabilities of spirit and body and all their various combinations sentence many to live in this small, notorious, few square blocks of Vancouver (Vancouver Sun, April 15, 2006: B2).

In both articles, the DTES is described in no uncertain terms as disordered and pathological: “the broken, disordered and impossible Downtown Eastside,” and “the Downtown Eastside, where the drug problem has spun so far out of control that nothing seems clear anymore” (Kines, 2000). In fact, the description of the area by Gerry Bellett is more dire than the social conditions documented by Kines six years earlier. Bellett seems to imply that everyone who lives in the DTES is addicted and ill. For example, when he writes in the opening paragraph of this article that the DTES, for its 18,000 residents, he states that it “is as much a prison as it is a home” (Bellett, 2006). The perception promoted here is that all of the area’s residents are imprisoned within the boundaries of the DTES, which operates as a kind of ‘police state’. Neither article refers

to community centres in the area, or social or cultural events, or to any of the charities or social services operating in the DTES. Though they are not mentioned in these stories, it is a current trend to expect that the residents of this police state are made responsible for their own governance through the developments of 'partnerships' between 'community experts' and police, church groups, residents or businesses (Rose, 1999:174-175).

The police in both articles are also described as caring, but the contradictions become evident in the article by Gerry Bellett when the officers most closely followed appear as young, brash, even arrogant. Bellett quotes one of the officers: "“Yeah, so over the last few years street disorder has crept in. We need to take the territory back and that’s what we’re doing,” says [Constable Shane] Aitken” ((Bellett, 2006). While in 2000, the presence of cops on street corners was thought to inspire a feeling of safety among the residents in the area, by 2006, the people in the area are the policed on the streets, or those who only travel through the area “in buses filled with people going to work, and kids...”” (Bellett, quoting Constable Aitken, 2006). The police depicted in Bellett’s article are not just people in uniforms loitering about: They are big, muscular, often intimidating men who make at least two arrests during the time in which they are accompanied by the journalist.

In 2000, there was no safe injection site, and the VPD did not endorse such a facility, or legally available heroin. By the spring of 2006, InSite, the safe injection site, had been operating at full capacity for two-and-a-half years and the Vancouver police were asking people to either use the site or risk arrest. Bellett does not list the ways in which these officers have been, as the police in Kines’ article, “forced to get creative,” and instead describes them as ‘cracking down’ on open drug use:

But now [Inspector Bob] Rolls has convinced the Crown it should lay charges because open drug use on city streets was becoming ingrained, frightening to the public, and affecting the surviving Downtown Eastside businesses who find their customer base dwindling (Bellett, Vancouver Sun, April 15, 2006: B2).

Seinfeld, the television show, went off the air in 2001, and it appears that the approach to policing named after this show vanished soon after that. By 2006, rather than standing on street corners doing nothing, police are described as “pushing against what is inevitably spilling on to the street from all the suffering” (Bellett, Vancouver Sun, April 15, 2006: B2). The implication in the 2000 article is that people who engage in criminal behaviour will check that behaviour when the police are apparently inactive, and merely visible. By 2006, the police had left the subtlety of *Seinfeld* behind and were once again ‘cracking down’, as the people in the area who were addicted and engaging in criminal behaviour were characterized as suffering, ‘spilling onto the street’, and in ‘need of’ more than the mere presence of police to check their behaviours. There were, in fact, several such ‘crackdowns’ in intervening years. In April of 2003, for example, the VPD seconded 40 police officers from other areas of the city, and flooded the DTES with cops, some of whom were on horseback. At that time, people complained of being arrested and fined for such minor infractions as jay walking and littering¹⁰¹. Other young residents had complained that they the police were stealing their drugs, sometimes beating them and driving them to the outskirts of the city to walk back in on their own (Dillabough, personal communication).

QUESTIONING PICTURES

Photographs accompanying these articles sharply illustrate some of the changes in policing practices and public perceptions of the DTES and the people found there. In

¹⁰¹ Personal communication with women who attended the DTES Women’s Centre (April-June, 2003).

order to drive the point home that ‘something’ needs to be done about the area, the DTES is depicted in text and in photographs in stark terms. The people stopped by the police, and observed by the journalists, are represented as insignificant and ultimately superfluous. Neither of the journalist teams which produced these articles interviewed the people whom the police arrested or questioned, but focussed instead on the descriptions and analysis of the police themselves. Policing tactics were described but not interrogated, the implication being that these tactics were effective in improving security and reducing crime¹⁰². Some of the tactics described and photographed seem to be quite different, even contradictory, from one article to the next.

The captions for each of these photographs (pages 136 and 137) state that the officers are engaged in “questioning” men suspected of drug possession. The first photo, from 2000, depicts one police officer (Constable Tammy Schellenberg) looking at, and apparently speaking to, a man in handcuffs while Constable Kevin Torvik looks at her and takes notes. The second photo, from 2006, depicts both police officers searching through the pockets of Charles Carty. None of the men are making eye contact with one another, nor do any of them appear to be speaking. Yet the activity in which the police are engaged is named as ‘questioning’. These depictions illustrate shifts in media

¹⁰² Perceptions of the DTES resident as criminal draw upon assumptions about the “racialized other”. Though in both articles it appears that almost all of the residents of the DTES are socially excluded, there is the additional wedge of racist stereotype driven between the legitimate citizen and the ‘anti-citizen’. Kines interviewed one non-addicted dealer who, he said, sent money home to his parents in Latin America. Had the dealers’ parents lived in, say, Biggar, Saskatchewan, would Kines mention their location? Bellett mentions that for a few years the police were arresting dealers who were Persian and Honduran, therefore, one might presume, opening the market for dealers who were Scottish and Norwegian. While there may be a higher proportion of Latin American or Persian dealers in the DTES than in the general population, it is likely true that at least half of the dealers are of European descent and Canadian (McIntyre, 2001); as well, immigration and social policies of the federal and provincial governments often have the effect of constraining options for new immigrants such that they are attracted to the fast money (and possibly also the high drama) of the drug culture. Though I have not the space to explore this hypothesis further, my experience and some of the conversations I’ve had with people engaged in the street culture downtown as well as with other activists, indicate that a marginal status as immigrant or refugee can be a catalyst to

representation, public perception, and ideological formations driving accepted police activities. These shifts may also serve to increase a kind of moral panic about the residents of the DTES, fuelling fearful perceptions of the potential threat presented by people living there and represented as diseased or otherwise dangerous. In the photograph from 2006, for example, the lighting is dark, and the space in which the men are photographed cannot be identified as a particular corner or street. It is an anonymous alley, and the men appear to be tucked into a very small space. This is the fate of the DTES drug user. They come forward not as actors but as either victims or perpetrators of a crime and cornered in a back alley by two big police officers who wear latex gloves as they go through your pockets.

deciding to enter the drug trade, as pathways to 'legitimate' careers are often closed off.

On the beat

With dealers shielded and few treatment options for addicts, cops must strike a fine balance.



LINDSAY KINES

...re on a Thursday evening. Constable Clive Milligan of the Vancouver city police turns his cruiser into the alley on the south side of East and pulls to a stop. In the car's headlights, people on the alcoves and door-sill that police call "The Lane of" — a short stretch of blacktop in needle wrappers and

...n rolls down his window as a hooded jacket walks quickly past and makes a break for the door. "How are you doing?" Milligan asks over here in front of my

...many police officers on the Eastside, Milligan has read the street like a second skin. Over the noise of the car, he can detect the clink of a can being dropped behind a wheel. Or he can spot, in the shadow of a building, the sure movements of a man tossing his dope in the trash. The man steps to the front of the car. Milligan climbs out, shines his flashlight on the ground and stoops to pick up a folded piece of paper. The paper has a "point" of heroin — a gram worth about \$10 at the Main and Hastings. But Milligan is a police veteran and the



Vancouver police constables Tammy Schellenberg and Kevin Torvik question a man obviously high on drugs at Main and Hastings.

AS GOVERNMENTS SEARCH FOR ANSWERS...

Figure 1 Ian Smith, photographer, Vancouver Sun, November 24, 2000, A16 (used with permission)



hard and make it through the day." It's maintaining this equilibrium that makes the officers' daily rounds through the alleys and streets such an exhausting task.

a psychiatric patient with a mental-health disability doing crack in the lane. Look, me and my partner are going to cut you a break, just get out of the lane —

ABOVE: Const. Greg Paxton (left) and Const. Shane Aitken question Charles Carty who was arrested for possessing crack. LEFT: Aitken patrols 7 East Hastings, a rundown rooming house where there have recently been some rapes and knifings.

Figure 2: Ian Smith, Vancouver Sun, April 15, 2006 B2-3 (used with permission)

SUBJECTS OF GOVERNMENT; TECHNIQUES OF GOVERNANCE

As I attempted to show in Chapter 4, current polices seem written to encourage among those labelled addicts in the DTES a kind of “self-formation,” or resignation to life on the margins. Both the police and the people who use drugs and are policed in the area are “subjects of government” (following Rose, 1999). They carry the burden of their histories within the discourses of media, policy, and the street (Rose, 1999:41). Through these histories, people alter their appearances, as Arendt might conceptualize, in a process of self-formation in order to survive on the margins. They tell their stories, in the face of the stories told *about* them, in an attempt to resist their consignment to the margins, or to ‘manipulate the margins’, jostling for space against the media representations of their lives. Newspaper articles which aim to tell the stories of those

implementing these policies (in this case the police) also reflect the results of some of this self-formation of the 'marginalized'.

Media stories about the DTES have swung in the last decade from despair to optimism, and back again, and always contain a component in them of "us" (the 'normal' citizens and the police) versus "them" (the pathologized, criminalized people of the DTES—as if they are always 'other').

Now, addicts ask police for drugs. Now, people openly smoke crack outside the Carnegie Centre at Main and Hastings, while dealers brazenly ply their trade in full view, holding wads of cash and Tic Tac boxes filled with crack cocaine, even as people board buses to the suburbs (Kines, 2000).

"Yeah, so over the last few years street disorder has crept in. We need to take the territory back and that's what we're doing," says Aitken. What police lost was the ability to prevent the pornography of addicts shooting up in full public view or smoking crack cocaine in their trademark glass pipes where and as they liked.

"Right here this morning there's a guy hooting on a crack pipe right in front of buses filled with people going to work, and kids. And if that wasn't bad enough he's doing it right in front of a parked police car," fumes Aitken. Street disorder has turned this part of the city into a trash bin of discarded needles and condoms, detritus from the commodities of sex and drugs upon which the area's economy depends (Bellett, 2006).

Indeed, media stories about the DTES have swung this way for much longer than ten years. A quick search in the Vancouver Sun from the late 1960's reveals discourse about "skid road" which is very similar to the pathologizing discourse of the media today; "Skid Road...Can't be Tidied up so Easily" (1966); "City's Skid Road 'Wickedest Mile'" (1969) both describe the deteriorating conditions of the area and the difficulties encountered by the police in "cleaning up" the DTES, at the time just called "Skid Road".

The police are described as concerned and frustrated with fighting against a rising tide of crime and a spectre of addictive illicit drugs. They are the "legitimate actors" in the Downtown Eastside; empathy with, and concern for, the plight of the police is

emphasized at the expense of empathy or concern for the people they are policing. We are left with an impression that police work in this area is rather like sandbagging a crumbling dyke against a tsunami.

Late on a Thursday evening, Constable Clive Milligan of the Vancouver city police turns his cruiser into the alley on the south side of East Hastings and pulls to a stop. In the glare of the car's headlights, people scatter from the alcoves and doorways in what police call "The Lane of Shame" -- a short stretch of blacktop carpeted in needle wrappers and reeking of garbage (Kines, 2000).

The tsunami itself is the population of drug users and criminals in the area, the residents, who are portrayed less as citizens than as the cause of the scourge in the area. People who live in the DTES are "what is inevitably spilling onto the street..." (Bellett, Vancouver Sun, April 15, 2006), the police pushing against them, so as to protect the rest of Vancouver from their suffering.

The people of the DTES who are policed, governed or 'protected' are not seen as having agency as they are herded from alley to InSite to jail cell by these police officers. Nor are they consulted for their analysis of the implementation of the Four Pillars. In sum, taken together it would seem that the language and images of these two articles illustrate the reproduction of a kind of urban statelessness, and in particular the widening rift in "the famously polarized and fractious Downtown Eastside" (Kines 2000) between police, residents, drug users, social service workers, and the rest of Vancouver. By contrast, police are portrayed as either gatekeepers of normalcy and civility in Kines' article, or as enforcers of public order as in the piece written by Bellett.

SANDBAGGING AGAINST THE TSUNAMI—

In 2000, Lindsay Kines wrote that the Vancouver Police Department "stopped short of endorsing a safe injection site...". However, six years later, Gerry Bellett quoted

one of the police officers featured in his story as saying that they asked people to inject at the site, and were routinely refused¹⁰³. The VPD was reluctant to endorse the safe injection site; in a recent interview with reporter Frances Bula of the Vancouver Sun, Jamie Graham, Chief Constable of the Vancouver Police Department, remarked that he did not initially approve of the safe injection site, but decided to balance the opening of the site with an aggressive approach to policing at the intersection of Main and Hastings (Bula, 2007). In order to maintain police control over the area, including areas also 'controlled' by social service agencies, Graham encouraged a heavy-handed policing of the centre of the DTES (Bula, 2007).

Bellet's 2006 article is about a re-emergence of "crackdown" style policing. It suggests that the two police officers he followed believed that a more intimidating approach to policing could have more positive affects on the atmosphere of the neighbourhood than the Seinfeldian approach used at the turn of the century. However, crackdown, or 'zero-tolerance' policing, according to research conducted for her PhD dissertation by Laura Huey, is limited in its efficacy:

[P]olice on Edinburgh's skids refuse to engage in zero-tolerance policing: they believe that such methods do not address the root of the social problems underlying homelessness and addiction, but rather perpetuate these problems as policing issues without hope or end (Huey, 2005).

From the vantage point of history, policing in Vancouver has walked a blurry line between enforcing legislation and implementing versions of social policy, as can be seen

¹⁰³ This indicates to me that safe fix sites, like shelters and food banks, may be here to stay, in spite of the Federal government's current opposition. Shelters and food banks were always meant to be temporary measures, until people were able to secure their own homes and the means to buy and prepare their own food, without needing charity. Safe injection sites were meant to keep addicts alive and relatively healthy until they were ready and able to get clean. In the absence, however, of accessible and varied treatment options, it appears that maintenance is the only option on the horizon.

in a comparison between a 1966 Vancouver Sun article and Lindsey Kines' 2000

Vancouver Sun piece:

Aldermen decided... to organize a program to clean up Vancouver's Skid Road.[...]The proposals also outlined a chain of treatment for some 2,700 hard-core alcoholics in the Skid Road area, beginning with medical treatment immediately following arrest and continuing through clinical and rehabilitation referrals (Vancouver Sun, Sept. 30, 1966: 33).

So much time is spent dealing with the mentally ill and other aspects of the social services that policing sometimes takes a back seat. Last week, as Constables Ian Upton and Tim Houchen prepared to give a Vancouver Sun reporter a tour of the Downtown Eastside, they were called to an apartment off Commercial Drive where a mentally ill man claimed to have a gun and was threatening to harm himself (Kines, 2000).

Nearly forty years passed between the writing of the first and the second of the above two stories, and still policing and medical treatment are the state's response to the distress of the people of 'skid road'. It appears that the four pillars are support posts for an inner urban containment area. It is here, within the 'four blocks of hell' (see following page), that such people are contained, policed, treated, and prevented from roaming about the rest of the city. Arguably, it would seem that the police, the social workers, outreach workers, volunteers and policy-makers, may be, to speak metaphorically, furiously sandbagging so the people of the DTES can't leave. There is no question that this version of crime control consists of arresting, ticketing, warning, and otherwise applying punitive sanctions on infractions of existing laws. The police, however, not unlike front-line workers, policy makers or journalists, may not often have opportunities, time, or the motivation to question the theoretical foundations of the laws they enforce, the structures which these Four Pillars might hold up, nor to engage in any transformative critique of crime and penalty (Hill and Robertson, 2003).

THE VANCOUVER SUN

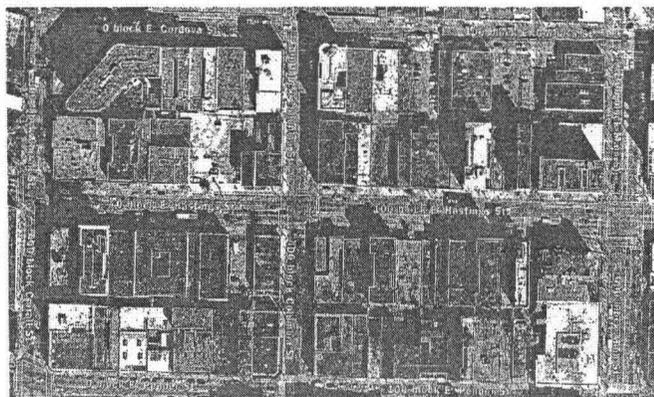
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SERIOUSLY WESTCOAST SINCE 1912

FRIDAY, DECEMBER 8, 2006

OUR FOUR BLOCKS OF HELL

Even the trash collectors demand police protection. In a month this Downtown Eastside area produced: ■ 39 tonnes of abandoned rubbish ■ 8,300 discarded syringes ■ TV sets dropped from windows ■ Graffiti on every building



BY JANET STEFFENHAGEN

A four-block area of the Downtown Eastside is so filthy and hazardous that sanitation workers have asked for police protection when they go on routine duties.

■ A walk through the epicentre of hell. A1

The small area around the intersection of East Hastings and Columbia was the subject of a four-week pilot project in late summer that found tonnes of refuse abandoned in its alleys and streets, every building tagged with graffiti, and thousands of hypodermic needles tossed away.

The project was aimed at determining what could be done to improve things, but the findings, which are a stunning documentation of just how bad things have become in the heart of the city's blighted area.

The area, which has more

See AREA IS A1



Figure 3: Our Four Blocks of Hell, by Janet Steffenhagen, Vancouver Sun, Dec. 8, 2006: A1 (Photo from City of Vancouver Archives)

RESISTING SURVEILLANCE, SEARCHING FOR FREEDOM

Since opening, both the safe injection site and the contact centre¹⁰⁴ have become places where the police send people to be watched over. When those who use the services have straightened out a little, they usually return to the street. On the street, people are largely in charge of their own governance, and within the habitus of the DTES clashes between the people on the streets and the police are inevitable. Everyone in the area is responding to one crisis at a time. The social workers, outreach workers, volunteers, artists, police and activists work sometimes together and sometimes in opposition to each other, but rarely, it seems do they involve the economically disadvantaged addicts. These

¹⁰⁴ The Contact Centre is located on the main floor of the Roosevelt Hotel on Hastings Street. It's a space where people can go when they're high to nod off, chill out, have a coffee, or talk to someone. It is another

people who are mostly beyond the pale are still lurching from fix to fix, and evading the grasp of both the police and the “do-gooders” who appear to want them to conform to the world which has excluded them.

"Okay. Sir, I'm taking into account your time in jail and the fact you pled guilty. You seem to have an addiction to crack cocaine and I wish you luck in dealing with it and getting treatment, but Vancouver police have announced they have a no-tolerance policy for people doing drugs on the street."

"They've been pretty tolerant," admits Carty.

The judge responds: "If you insist on using crack cocaine you would be advised to be more discreet and not use it in public. I sentence you to time served" (Bellett, 2006).

Charles Carty served time previous to this incident in 2006, for a similar infraction of the law. The judge (Ray Low) in this case advised him to ‘deal with and get treatment’ for his addiction, though it was not a condition of his release, as it would be had his case been diverted to drug court¹⁰⁵. Policing and the criminal justice system in general consist of methods of social control. Laws, penalties, enforcement procedures such as “sweeps” and “crackdowns” are placed alongside the strategies and behaviours employed by social agents who are the subjects of these modes of control. Thus, policing becomes governmental. Charles Carty did not (reportedly) protest his treatment at the hands of police, the wordless search through his pockets, the presence of the journalist team from the Vancouver Sun, or his overnight incarceration. In fact, he described the police as “pretty tolerant”¹⁰⁶ and vowed, following his court appearance, to stay off crack in the future. Carty’s behaviour as described in this article could therefore be seen as

service put in place by the Vancouver Agreement and administered by the PHS.

¹⁰⁵Drug Courts have been used in the United States for a number of years and are just beginning here in Vancouver. In drug court, a person can have their charge diverted if they agree to go to a treatment program. If they fail treatment they may be sent to prison (Boyd, 2004: 185).

governmental both in his agreement to plead guilty and his acknowledgement of the police as 'tolerant'. In the world of apparent choices and growing freedom, he is perceived as choosing addiction, and exhorted by the court to choose instead to seek treatment and/or to be more discrete. While he is not interviewed so much as surveilled by Bellett, the implication in Bellett's portrayal of Carty is that he decides to stop using crack, though he does not seek treatment. His conduct, as described by Bellett, was not rebellious (except for the act of smoking crack), but Bellett did not record any interview or conversation with Carty, so we don't know what he would have named as his motivations or analysis.

Certainly, Charles Carty and his neighbours put up with more surveillance than do most other citizens of Vancouver. There is a rising proliferation of recording devices and cameras, private policing companies and security procedures operating in many sites in the DTES. Reactions to this proliferation range from heightened and almost pathological paranoia, to increased resistance to 'rules' at some of the social service agencies. Some will refuse to sign in, or use a pseudonym. Some, like Carty, use illicit drugs in public, reaching for a high to get them 'out of here' for a while. Others refuse to use the shelters, drop-in centres or InSite, and some drop out completely. There is also the practice of 'losing' markers of identification—social insurance number cards, BC ID or Medical Services Care Cards. These acts of refusal are certainly rebellious. However, in no way can they be seen as revolutionary. Arguably then, the people who are meant to be controlled and constrained, by their very acts of refusal, are constraining themselves, so the state needs to take no extra measures to keep them 'docile'¹⁰⁷.

¹⁰⁷ When I worked as an outreach worker for an East Vancouver Mental Health Drop-in, I would often go

To put my argument somewhat differently, in both these articles, the people with whom the police interact are the problem which the police are attempting to solve. They are not seen as the legitimate citizens the police are to "serve and protect." Police are charged with the job of securing freedom for the normal citizen at the cost of freedom for the dangerous drug user. The police themselves seem aware that they are implicated in this ethical failure of the state to govern responsibly, but they shy away from naming their role, citing a "lack of services for the mentally ill" (Bellett, 2006; Kines, 2000) and the slow or non-existent implementation of the other three pillars.

Faced with so many diverse views, the police have tried to work with all the groups, while still upholding a semblance of the law. But time is short. Two years ago, city council committed 20 extra officers for three years to restore order in the Downtown Eastside. "The whole concept of us having these extra people was to hold the fort for a while to let other people, other agencies, other pieces of this puzzle get ready and to get in place and to get up and running," says Horsley of the Dawn Patrol. Two years later, none of those other pieces are in place (Kines, 2000).

The officers who patrol the area couldn't effectively do their job if they were anal retentive about city bylaws or practised what Aitken regards as '50s-style policing.

"We can't do everything by the book. I mean look at this guy. 'Hey, get off the sidewalk,' " he tells a cyclist dodging between pedestrians on Hastings. Without getting picky he could have slapped the cyclist with a ticket for not riding on the road, not wearing a helmet or failing to have a reflector on the back of his bike, daylight or not.

But it's the plight of the mentally ill that concerns him [...].

"Although," he says pulling himself up, "you have to balance all their needs -- which are many -- with all the needs of the law-abiding community who themselves are trying to work hard and make it though the day" (Bellett, 2006).

out to Riverview, the provincial Psychiatric Hospital. I learned during my visits there, that up until perhaps the mid 1990's people would be discharged from the hospital without any identification. For those who were returning to families or communities of support, this would not have been much more than an inconvenience. Many, however, were making their way to the Downtown Eastside, where housing was cheap, and there were numerous charities where they could expect to get some of their basic needs met. This provincial institution was not equipped to provide transitional supports to individuals once they were discharged. These supports were expected to come from "the community", which was also not prepared to provide them.

In Kines' article, the police are trying to "restore order" to the area, and "hold the fort", as if the other people in the area, the residents, again, are the 'backdrop', or even an obstacle, to their work. In Bellett's story, Constable Aitken places 'the mentally ill' in opposition to 'the law-abiding community', as if they may be always two separate groups of people.

Another concern is that in naming mental illness as a cause of drug addiction, both Bellett and Kines are opening a path towards re-establishing institutional care for people who are deemed beyond the pale by virtue of 'mental illness' (or something like it). There are already forms of exclusionary control strategies in place in the DTES which parallel in some ways the more formal control strategies of hospitals or prisons. All of the surveillance mechanisms previously mentioned work alongside street nurses, outreach workers, drop-in staff and church groups to maintain surveillance and promote specific rules of conduct. Such strategies seek to invite the public to "accept the inexorability of exclusion [...] and seek to manage this population of anti-citizens through measures which seek to neutralize the danger they pose" (Rose, 1999: 240). Vancouver's Downtown Eastside is usually described in terms of what is immediately apparent; that is, disorder and pathology.

While some organizations or activists focus on social inequalities, the overwhelming response from the state to this area has been a wholesale reframing of political analysis and resistance to pathology. With this reframing, it becomes more acceptable to conduct "research" which will suggest both causes of illness or addiction among individual 'subjects' and medicalized cures such as the safe injection site. Though the research which is conducted here purports to "connect people with addiction

treatment and get them off drugs” (Wood, 2007), it has not reached beyond addiction research and treatment to help focus rebellion and change the social conditions that may be catalysts of addictive drug use. Additionally, as many of the excerpts I have shown suggest, when this reframing occurs, the result is often the perversion of compassion into pity (Arendt, 1963, 2000)¹⁰⁸.

CONCLUSION

It is difficult to approach writing about the DTES in a balanced way. Clearly, it is difficult to avoid either demonizing or romanticizing the place and the people in it. Mainstream media is not in the business of nuanced arguments. It is instead in the business of selling newspapers. Journalists are drawn to the area in part because people in the area can be seen acting in full view of the public. This may be in part because many are too impoverished to have a private space of their own. It may also be so because the area itself has been understood as the only urban area where otherwise inappropriate public behaviour will be tolerated.

The examples of media analysed in this chapter portrayed the DTES and its members as “Broken, disordered” (Bellett, 2006) and “a confusing place to be” (Kines, 2000). This may be true in part, but the DTES should also be seen as a site of resistance and refusal, and a place where “ten thousand changes and therefore ten transformations”¹⁰⁹ are possible. It is this way precisely because of the people who live there, and because of their resilience and resistance. Indeed, as Bourdieu (1998) has

¹⁰⁸ Compassion may be characterized as identification with the suffering of others, while pity is a rather wet cousin to compassion, and depends on sentimental distance (Arendt, 1963:2000). Pity, says Arendt, is the opposite of *solidarity*, out of which “men establish deliberately...a community of interest with the oppressed and exploited” (Arendt, 1963, 2000: 267)

¹⁰⁹ Alice Lee, speaking on the occasion of a celebration of her work (of over a decade) with Vancouver Rape Relief and Women’s Shelter. She quoted a Chinese saying, “ten thousand changes and ten transformations”. (June 15, 2007).

argued, the right hand of the state, the elected officials and the rulers of state, no longer seem to care what the left hand (those who may carry out the policies of the state: social workers or teachers or police) is doing:

In the same way, one has the sense now that citizens, feeling themselves ejected from the state (which, in the end, asks of them no more than obligatory material contributions, and certainly no commitment, no enthusiasm), reject the state, treating it as an alien power to be used so far as they can to serve their own interests (Bourdieu, 1998b).

It appears that the journalists, in these two articles, sense this mutual rejection of the state and its citizens, and so write into the gap, with portrayals of police wrangling the street-level addicts and small-time thieves to enforce a kind of order on a neighbourhood abandoned by all but the cops and the do-gooders. It's a bleak picture. But it is only one angle of many available of the area. Even though they are abandoned by their politicians and constrained by police and social services, their resistance is apparent. The people who live and work, and take drugs or drink in the DTES are capable of many small changes and many great transformations. The police may indeed care about the neighbourhood. However, their reported concerns with primarily 'keeping a lid on street disorder' (Kines, 2000) or 'cracking down' (Bellett, 2006), seems to disregard the people who live in the DTES and possibilities for their real engagement toward expanding horizons, instead of 'keeping a lid' on them.

The next and final chapter will synthesize the analysis from the findings discussed in chapters 4 and 5, and posit, at an exploratory level, some alternatives to the Four Pillars. I explore such alternatives as a way to respond to my own belief that the harm reduction tactics proposed in the Framework do not, under the present conditions operating in the province of BC, reduce harm. Arguably, they may reduce the visibility of people who use drugs, reduce the spread of disease, and reduce social disorder. They do

not, however, reduce harms associated with social exclusion, class divisions or other social and political inequities. People are still addicted, and remain excluded from full participation in and responsibility for their communities and the larger society.

CHAPTER 6:

CONCLUSION: THE STATELESS OF OUR TIME

This chapter returns to the initial questions of this thesis, moves forward to summarize findings and then offers some implications for future work. I began this thesis with the hope of revealing some of the underlying ideologies of the Four Pillars drug policies, and the social and political implications of their implementation. As a long time mental health worker in the DTES, I was alarmed by what I saw as increasing surveillance and constraint and at the same time the abandonment of the many disenfranchised people of the DTES. In the time I have been engaged in this work, I have also worked in the DTES and struggled with the ethical considerations which I have described in this thesis (particularly in Chapter Four).

Through my work in front-line social service agencies, I have witnessed first hand the discourses and practices of harm reduction shift over nearly twenty years. It has moved from what I would describe as a potentially radical intervention and departure from moralistic promotions of abstinence, toward another form of regulation and control over people who use illicit drugs. In this thesis, I have investigated some of those changes, and have offered, as a key contribution, an interdisciplinary theoretical approach which can be drawn upon to assess the practices of harm reduction and addiction treatment.

Frances Bula, in a series of articles written about the DTES in 2004, called the area "Vancouver's de-facto psychiatric ward". In this thesis, I have suggested that the DTES has moved beyond an urban outdoor psychiatric ward and is instead becoming the city's "de-facto science lab" where experiments are run on a regular basis to ascertain the members' legitimacy in the cultural field. People who live in the DTES, and those who

use the services provided by the non-profit agencies. are most surely constrained by such things as class, gender and racial inequalities and poverty, by limited educational opportunities and by terrible (or no) housing options, and endure conditions which seem intolerable to other citizens of Vancouver.

As I stated at the outset of the thesis, Vancouver's drug policy, and particularly harm reduction strategies, are under-theorized and therefore misunderstood. I have sought to examine aspects of the policy and frame questions about ideology and practice with the help of Hannah Arendt, Pierre Bourdieu, and Nikolas Rose. Each of these thinkers brings a particular, but complementary, frame to the questions I have posed.

My aim has been to demonstrate the ways in which the policy and associated practices of social and drug addiction services have promoted a set of ideas which have essentially rendered certain groups of people stateless in a metaphorical sense. In so doing, I have argued that some of the key ideas serving as foundations of Vancouver's drug policy, and their practice may have paradoxically isolated people from their natural allies. As a consequence, those who rely on drug use in the DTES may have in part capitulated to their statelessness in the service of their hunger and isolation.

The Four Pillars drug policy aims to achieve the four goals of public order, public health, oversight by one accountable agent, and responsibility of all three levels of government for realizing each of the pillars. The people who are the targets of the four pillars are under almost continual surveillance by police, social service workers, outreach workers, security officers, the media, academic researchers, and others. Though they are under the watchful eyes of both the state and "caring health professionals" among others, they are not necessarily active in the attainment of their own liberation—they are

“participants in research” and “members” or “clients” but they are rarely encouraged to take action and responsibility for their lives and the life of their community. They are governed to be ‘good drug users’ and as such, may inadvertently participate in their own governance.

We all, in some sense, participate in our own governance, and this isn’t always a bad thing, but the ‘drug using subject’ of policy is charged with self-governance *without* attendant responsibility or autonomy. For example, they may cooperate with certain rules (of the ‘fields’ of both the street and of the institutions of drop-in centres, care teams and other services—including InSite), and participate in the operations of a variety of services and programs, yet some behaviours may jeopardize the safety or inclusion of others. In many cases there is limited expectation or accountability¹¹⁰, and behaviours or activities which may suit the habitus of the DTES street life work hand in hand with the retrenchment of social programs to restrict public action and engagement in a political life, in the sense of an ethical public community that Arendt wrote about in *The Human Condition* (Arendt, 1958; 1998).

ANY REVOLUTION WORTH ITS SALT IS GLACIAL IN ITS ADVANCE

The supervised injection facility has been open since 2003, and operated as a research project by the Vancouver Coastal Health Authority and the PHS. When it opened, the federal government was Liberal, and open to supporting the continued operation of the site. In 2005, a minority Conservative government was elected, headed by Stephen Harper, who is known as a socially and fiscally conservative politician. In

¹¹⁰ By ‘limited accountability’, I refer to such practices as that of the PHS to not evict people who live in their hotels or housing programs. In general, I agree that this is an important and necessary intervention to take on behalf of people who have difficulty maintaining housing—but sometimes their behaviour leaves their neighbours in danger. In particular, male violence is a threat that women report to workers (including

September of last year, his government deferred renewing the exemption requested by the Vancouver Coastal Health Authority, citing a need for more research. This deferral provides for funding to keep the site open until December, 2007, at which time Tony Clement, the Federal Health Minister, would assess the research. In May of 2007, the Conservative government announced that it would close InSite at the expiration of the 18 month mark, and redirect the money currently used for its operation to prevention and treatment programs¹¹¹.

From all indications in the public record, it would appear that InSite is indeed achieving what it has set out to do. It has served as a research facility, contributed to a decline in disorder on the street, reduced the spread of HIV+ and Hepatitis, and likely reduced deaths due to overdose. A number of studies indicate that these are some positive outcomes directly resulting from the operation and implementation of a safe injection site (*Evaluation of the Supervised Injection Site: year one summary*, 2004; Kerr, Small, & Wood, 2005; Kerr et al., 2006; Strathdee, 2007; Wood, 2007). In terms of 'risk management' and governmental control, tactics of harm reduction and law enforcement also seem to be having some effect.

Throughout this thesis, however, I have argued that the goals of the Four Pillars, and the means employed to achieve these goals, are not invested in achieving the full participation and inclusion of the people who are the targets of the Four Pillars, the drug users who live or go to the DTES. Members of the Vancouver Area Network of Drug Users often participate in research and 'outreach' projects, and in their role as 'community experts' are sought by media and policy makers to lend some legitimacy to

me) at rape crisis centres and the Downtown Eastside Women's Centre.

¹¹¹ CBC Radio One, May 23, 2007. The Early Edition, interview between Rick Cluff and Dr. Evan Wood.

activities in the neighbourhood. However, it appears, again, from the public record, that they do not have the access or authority to act together to get out from under inequality-fuelled addiction. They are not named, for example, as partners in Vancouver's Coalition for Crime Prevention and Drug Treatment (Appendix A). They are often dependent on the social services in the area. In this context, individual members of the community of the DTES have less authority than ever over 'civil servants' or elected representatives (Roe, 2003: 228).

In this final chapter, I attempt to chart a way toward developing a more radical theoretical approach to drug policy which can both account for current actions of agents invested in the DTES and make to room for broader actions of those labelled 'addicts' in the DTES. I refer to 'actions' in the manner that Hannah Arendt defined the term: political acts performed in a public space with others in solidarity with those who share the conditions of one's life. Thus far in the life of the Vancouver Agreement and the Four Pillars drug policy, it appears that there is little change in the quality of the lives the Four Pillars policy claims to have saved. I believe that real change is glacial in its advance, and certainly it has taken some time for the DTES to deteriorate to the point at which we are currently observing and now know as the DTES. However, I also believe that the Four Pillars drug policy amounts to "more of the same" and will exacerbate the harms begun by fiscal and social government policies. In other words, harm reduction serves as one strategy in the reordering of the state. I suggest that the key is in developing policy which has as its aim not merely the attainment of public order, but a rethinking of public life. We cannot only focus upon the reduction of risk and harm. We must also focus upon the nature of the risks to be reduced, and the causes of such harms.

The statements and assertions in this thesis have been informed by my social and political experiences. I acknowledge that the arguments in this thesis have been framed as absolute in some ways due in part to these placements and my rising suspicions of the vision and intent of the Four Pillars. However, I do not think it is too extreme to suggest that conditions in the DTES, and the rhetoric on all sides of the debate about the efficacy of harm reduction, indicate a rise in a certain kind of economic and cultural fascism directed towards those who live in urban concentrations of poverty. I understand that “fascism” is a powerful word, which invokes strong emotions and images. When speaking about the DTES, it is important to remember that the area is “occupied territory”, that is, un-ceded Coast Salish land, which is home to both Aboriginal and non-Aboriginal people, most of whom have no say in the modes of governance employed in the area. This group of people are treated as a ‘mass’ by media and politicians, and slowly deprived of both agency and rights. This deprivation is enacted through such tactics as increasingly restrictive welfare regulations, legislation such as the “Safe Streets Act”, and some of the forms of governance which I have discussed in this thesis. I have described some of the demographic of the area and some of the conditions of living there, as well as the descriptions of the area promoted by the media. All of these conditions, tactics and portrayals have an effect of tightening the constraints and boundaries around the area and the people who live there. In Arendt’s terms, some of the conditions which indicate the potential for a fascist, totalitarian state are such deprivations of rights and agency, and the creation of a ‘mass’ of disaffected people (see for example “The Anti Mass”, 1970; Arendt, 1958: 308; Young-Bruehl, 2006: 34-37).

Proponents of harm reduction assert that addicts are using the safe injection site as

an entry point to treatment, without acknowledging that there is no more, or possibly even fewer, treatment options than there were before the site opened (Wood, et al., 2007). The top policy advisor to Tony Clement, the Federal Health Minister, recently “ordered federal officials to debunk five ‘myths’ about Vancouver’s Safe Injection Site, just before Mr. Clement announced his refusal last year to extend the site’s permit” (O’Neil, 2007). These so-called myths which were listed in media accounts are not, based upon my own experience, in wide circulation¹¹². The paper which purportedly debunks these myths was not distributed further than to the Federal Minister of Health’s office, but it’s interesting to note that the fact of it merits a story in the front section of national newspapers (Vancouver Sun, May 29, 2007: A3; National Post, May 29, 2007: A3). The date to close InSite approaches, and on all sides a moral war of words rages on while the addicts on the street continue to go about their lives, searching the cracks of the sidewalks for crack and for meaning.

KEY FINDINGS

I haven’t covered a fraction of the pressing dilemmas facing the DTES and the people who call it home or who visit there everyday. Each time I sit to read or write, I think of something else I could speak about. What about reproduction? What about agency? What about the women who marched last week to call for action on homelessness? What *about* the women? Why don’t we see them (*us*)? What about the Harper government and the Sullivan civil city? All of the factors and actors in the public world seem to be acting together to restrain, contain and ultimately limit the actions

¹¹² The myths which were to be debunked, according to O’Neil’s article are: “that safe injection sites are ‘commonly used’ in other countries; that there are safe injection sites in operation all across Canada; they are a complete solution to ‘drug use harm’ and they have the complete support of the community (O’Neil, 2007 A5)

possible of the people who are rendered superfluous.

In sum, then, my research suggests that the Four Pillars drug policy takes a “top-down”, medicalized approach to solving the social problems in the DTES. This is ultimately ineffective with regard to ensuring the eventual full participation of all citizens of Vancouver. As I discussed in Chapter Four, the recommendations of *A Framework for Action* address initiatives which may be taken by associations, ministries, agencies and institutions, but without corollary undertakings by either equality-seeking NGO’s or those who are considered “the work” of those agencies, institutions, and ministries. *A Framework for Action* does not provide instruction or room for the targets of policy (drug users in the DTES) to be invested in their own or other’s well-being. The *Framework* lays out instead expectations that the ‘lead and partner agencies’ will work to gather all of the drug users into services and provide them with health care and social services so they will no longer pose a threat or be a disturbance in the community. In this regard, it seems clear that the *Framework* is not an organizing tool, in the way that a pamphlet like “the Anti-Mass”, cited in Chapter One, could be regarded.

The very language of the policy recommendations in relation to order, and to notions of the addict who chooses to use drugs in harm reduction sites, fails to address the ways in which the contemporary stateless can become fully participating citizens. In that regard, policy may lead to further entrenching the harms associated with being a drug user and living in urban concentrations of poverty.

The first goal of the Four Pillars, according to the *Framework for Action*, is to gain the cooperation of all three levels of government in realizing the implementation of the Four Pillars. Though all three levels of government are ‘invited’ to participate and

contribute money, the same is not true of either the NGO's who have been politically organizing in the neighbourhood or of regional or federal associations or alliances of NGOs. In chapter four I discussed Rose's notion of a new 'anti-politics of welfare', and how this seems to be playing out in the DTES. The state is named as the 'lead' or partner agency to realize specific actions of the Four Pillars policies, but it is the social service organizations who are to be providing service or charity without necessarily providing leadership in terms of what actions are required.

As I discussed in chapter 4, the very practice of community consultation was highly illuminating as well. The 'community' was not only de-gendered and de-classed but also divided along ethnic lines, both divided into and homogenized into the 'Hispanic community', the 'South Asian community', the 'Chinese community' or the 'Aboriginal community'. Of course it's not surprising that the term 'community' was used to describe the relationships of the people in that grouping. The use of the term community effectively homogenizes the members of those groupings, as well as de-politicizing points of alliance they may share by virtue of their social placement as members of racialized groups.

By contrast, the term 'movement' was never used in any of the public documentation sources pertaining to harm reduction. The independent women's movement was not specifically invited to participate at any level; the anti-poverty movement was not invited to participate at any level; and drug users were involved so long as they "are effectively engaged in systems of care, and live harmoniously within inclusive communities"¹¹³. In other words, harm reduction could be seen not only as a 'policy of de-politicization' in the sense in which Bourdieu used the term (Bourdieu,

2003b) but also as a form of state reordering of how we think about areas such as the DTES. By naming 'citizen engagement' as an aim of the four pillars, but denying alliance with equality-seeking women's organizations, or anti-poverty, anti-racist, anti-capitalist or poor people's NGO's¹¹⁴, the Framework appears to both reinforce positional suffering, and to contain the harms of drug use in the DTES. This containment is ensured through a number of techniques and strategies which include providing services through (chiefly) the PHS (and other large 'service' organizations) within the DTES which has therefore moved from 'skid road' to a 'ghetto' in the more Arendtian sense, that is, as a place to contain people who have been deemed 'superfluous'.

Chapter Five describes in some detail two samples of media which serve to promote an image of the DTES as a ghetto, and the people within it as pathological and disordered. The findings of my work suggest that the tactics used by journalists such as following the police through a 'day in the life' have served to highlight and crystallize for the public the impossibility of their job, and promoted a view of the police as decent, honourable, and caring for the community. , However, there is evidence which suggests that policing in Vancouver has become increasingly heavy-handed. Indeed, a comparison between Lindsay Kines' 2000 article and Gerry Bellett's 2006 article demonstrated this shift in policing practice. The photographs accompanying each of these articles served to illustrate a shift which clearly appears to represent and identify a more belligerent style of policing. Though the DTES has been 'skid road' for a very long time, and a source of journalistic fodder, as demonstrated by quotes from articles from the late 1960's ("City's Skid Road "Wickedest Mile", 1969; "Skid Road Cleanup Endorsed," 1966; "Skid

¹¹³ Keeping the Door Open website: www.keepingthedoormapen.com, accessed June 24, 2007.

¹¹⁴ Personal communication, Lee Lakeman, April 13, 2006.

Road...can't be tidied up so easily," 1966), the increasing restrictions placed upon the boundaries from "the wickedest mile" in 1966 to "our four blocks of hell" in 2006, indicate a failure in governance, the application of theory, and consequent thoughtful practice.

It appears that not much has changed in terms of either policy approaches or media coverage of the DTES in forty years. This may be due to the development and expansion of a contract-based service and security sector (including police for hire and private security companies), the failure to educate the public about the underlying causes of the problems in the DTES, and the failure to cultivate new concepts of freedom and autonomy for those that the services are meant to help. The simple goal of "working our way out of a job" -- a mantra of some of the women's organizations I worked at in the 1980s -- is no longer even whispered.

What I wish to argue that it does not have to be this way. My key intervention into the problem of what we ought to do to get to where we want to be emerges from reflection upon the combined and complementary conceptual frames I've drawn upon to analyse the policy and the media coverage of the policy implementations. Such combined approaches can help us to imagine further possibilities for the lives of the currently marginalized people of the DTES. I will now revisit the theoretical frame of my arguments and suggest implications for future work.

WHAT ARENDT HAS TO OFFER:

When I first read Hannah Arendt and encountered her phrase "the banality of evil" I thought immediately of the DTES and the place of social services in maintaining a tighter rein on the people in the area who use them. I remembered the spring of 2003 when there was a flood of cops into the area, some on horseback, arresting people for

littering and jaywalking. I remembered the opening of InSite and the fanfare around that, and reading a story in the paper about a guy from Surrey who came to the site from Surrey every day to fix, three times a day. That was his life. He'd ride the skytrain from Surrey to the DTES, buy dope, go to the injection site, shoot up, and chill out. Then he'd either go back home or hang around town until it was time to fix again.

Arendt wrote *The Origins of Totalitarianism* as a manual—a handbook to consult, to help us to identify elements of totalitarianism, and determine whether the existence of these elements necessarily lead to a totalitarian state. She wrote *The Human Condition* to “put the positive side of the question: What elements can preserve freedom or help people achieve freedom?” (Young-Bruehl, 2006: 79). Throughout this thesis, I have focussed on ways in which Vancouver's drug policy has obstructed the possibilities for people to achieve freedom. I do not believe that is the goal of the drug policy office, though I do think that in some ways it is not in the interests of the state to promote or facilitate the achievement of freedom for all citizens or residents of a country, province or municipality. I hope I have adequately described some of the ways in which policy, and the implementation of policy, restricts the freedoms of those living in poverty and who use drugs to survive. Arendt, in *The Human Condition*, briefly defined the elements of the human condition which she believed promoted freedom. Of these, *action* seems to be the one which is most stunted in the DTES. She writes that,

action, the only activity that goes on directly between men [sic] without the intermediary of things or matter, corresponds to the human condition of plurality, to the fact that men, not Man, live on the earth and inhabit the world. While all aspects of the human condition are somehow related to politics, this plurality is specifically *the condition* [...] of all political life (Arendt, 1958, 1998: 7. Emphasis in original).

Are the people who use InSite offered increased capacity for *action* or new modes

of freedom and agency in the Arendtian sense? "Action, in so far as it engages in founding and preserving political bodies, creates the condition for remembrance, that is, for history" (Arendt, 1958, 1998:8-9). While there is much activity in regard to the drug trade and drug culture on the streets of the DTES, in public, it is not political in the sense that Arendt wrote about, "creating the condition for remembrance". It seems to me that in the absence of more and varied treatment options for drug addicted people, and especially in the absence of a significant redistribution of resources and a sharing of responsibilities among all those who frequent the DTES, opportunities to act, to achieve freedom, and create conditions for remembrance are infrequent at best.

WHAT ROSE HAS TO OFFER

Nikolas Rose provides a complex and detailed analysis of contemporary governance and neo-liberalism (Rose, 1993, 1999). In the wake of the Mayor of Vancouver's announcement of the launch of his "civil city" initiative, inquiry into new forms of governance and control may provide some insight into the implied social effects of this initiative. In Sam Sullivan's civil city, homelessness will be reduced by at least 50% by 2010; the open drug market will be reduced by 50% by 2010; aggressive panhandling will be reduced by 50% by 2010; and the level of public satisfaction with the city's handling of public nuisance and annoyance complaints will be increased by 50% by 2010. How he proposes to do this depends largely on the hiring of new by-law officers and prosecutors, as well as the creation of a new "project Civil City Commissioner" and the striking of a number of councils and committees who will meet regularly (Sullivan, 2006). In short, Sullivan intends to add more layers of governance and surveillance to an area already governed and surveilled (though not controlled by the people who live there). He has also made clear that he is interested in enlisting the assistance of business

interests and business improvement associations to govern the city.

Neo-liberalism, according to Nikolas Rose, is “marked by suspicion of the capacity of governments to calculate and regulate in the national interest” (Rose, 1999:230). Government cannot be trusted, but individuals, and businesses or corporations will, “in calculating to serve their own best interests, serve the best interests of all.” (Rose, 1999, p.230). The Vancouver Agreement and the Four Pillars drug policy (as detailed in A Framework for Action) attempts to involve all three levels of government in implementing the Four Pillars, while at the same time, involving businesses and corporations as well as individuals, in directing this operation. The architects of the Vancouver Agreement appear to both expect government to lead and be responsible for policy development and implementation, and expect business to drive the realization of these policies through funding, donations, and ‘partnership agreements’. However, the Vancouver Agreement does not expect the same levels of involvement from the governed. This is rather like expecting the fox to guard the chicken coop. NGOs, schools, and unions were not consulted in the development of any of these policies. It appears that the foxes are in charge of the hens these days. In relation to Vancouver’s drug policies, projects which (for example) propose vague “job training” programmes are endorsed, but interventions which have more long-term and collective goals and address structural issues such as income inequality are not (Friedman and Touze, 2006)

The Safe Injection Site and the North American Opiate Medication Initiative (NAOMI) project are two parts of a drug strategy that rely heavily on the institution of medicine to address the political/social problems of (often) generational poverty and political disengagement (Boothroyd, 2005). Both of these projects offer drug users some

measure of comfort, social support, and respite from criminalizing actions of police. As I have shown in both chapter's 4 and 5, both of them also require people who are enrolled in them to submit to increased surveillance and cooperate with a "public order" agenda of police and other agents of the state, including "business improvement associations" and medical institutions.

Rose's particular contributions to understanding how power operates through such institutions and associations are useful for recognizing some of the ways in which the governed drug addicts of the DTES participate in their own governance. As "citizen-consumers" of both illicit drugs and the social-service technologies which are increasingly (and nearly inextricably) tied to drug use¹¹⁵ (Roe, 2003; Egan, 2002; Friedman & Touze, 2006), people who use drugs in the DTES are perceived as 'anti-citizens.' They can nonetheless be 'normalized' through the provision of medicalized service which functions to render the recipient as ill and a 'good user' rather than defiant, and therefore not responsible for their conduct or their contributions to the (also pathologized) community, which Rose has named the "new territory of exclusion" (Rose, 1999:262).

WHAT BOURDIEU HAS TO OFFER

The habitus of the various social actors in the DTES collide, shift, mesh and wander about to create a kaleidoscope of actions, environments, traditions, 'rules', and discourses which shape and constrain the possibilities for people in the neighbourhood. Bourdieu's theories about positional suffering, and how it is that people learn to accept

¹¹⁵ Such social service technologies include safe injection sites, instructions of safer injection techniques, care of abscesses, development of "rules" in consultation between staff and 'members' or 'clients' of area centres of service, among other myriad activities and techniques that serve to encourage people to put their trust and faith into the hands of people who will 'help'—but ultimately take on the responsibilities of action

abhorrent living conditions, and how government policies and actions tend all too often to fuel social and cultural reproduction, and his life-long passion for bringing scholarship to a world of activism (Bourdieu, 1998; Bourdieu, 2003), help to reveal opportunities for change.

Grains of Sand (Apologies to Pierre Bourdieu: (Bourdieu, 2000)¹¹⁶

If I say that humanity is in danger today, that it is threatened by the rule of money and commerce and by mercenary spirit that takes many forms, it will be said that I am exaggerating.

If I say that politicians and bureaucrats who sign agreements promoting the implementation of the Four Pillars drug policy, and such associated ‘actions’ as the safe injection site, are contributing (without always knowing it) to the containment, not the liberation, of disenfranchised people within the machinery of a human services industry, it will be said that I am exaggerating.

On the other hand, if I say that politicians and bureaucrats who back out of agreements to provide the small mean comforts of the safe injection site, and who promote an agenda of law enforcement and prevention are *also* abandoning people who use these sites to continually perpetuating the industries of social service and policing agencies, it will be said that I am exaggerating.

If I say that watching the implementation of the four pillars drug policy in Vancouver has been rather like watching Michael Jackson’s face—beginning beautiful, with some kind of hope, some kind of will to make changes and slowly taking the twisted

and thought ‘on behalf’ of their ‘clients’.

¹¹⁶ This piece is written in the style of Bourdieu’s original short essay titled “Grains of Sand”, which appeared in the French TV listings magazine *Télérama*, Oct. 4, 2000. I have copied his style and used my own words.

and uneven shape it has today, with Harm Reduction and Law Enforcement squaring off in a ring of fire that is the DTES, with no real winners but the human services industry, it will be said that I am exaggerating.

And yet...

If I recall now that the possibility of stopping this infernal machine in its own tracks lies with all those who, having some involvement in social service agencies, or better, in equality-seeking, voluntary organizations, and some power within those, can each throw their grain of sand into the well-oiled machinery of resigned complicities. And if I say that I believe this downward spiral of addiction, dependence, despair and cynicism can be, *is being* interfered with, every day, via brave and strident activism — and that *no one*, no matter who or where they are, what they've done, *no one*, wants or deserves to be addicted or to be prostituted, and that it is possible to bring an end to both of those, and to *eliminate* harm—it would be said that I am being desperately and impossibly optimistic.

And yet... (Bourdieu, 2000: 64-65).

RECOMMENDATIONS AND IMPLICATIONS FOR FUTURE RESEARCH

Two central goals of the Four Pillars drug policy are “Public Order” and “Public Health”. Nowhere in the Vancouver Agreement or in A Framework for Action will you find a goal of fair redistribution of resources, just and meaningful participation or an end to addiction, or attainment of meaningful work, educational opportunities or community bonds for all of the citizens of Vancouver. To give the city's drug policy coordinator the benefit of the doubt, perhaps such goals were considered as too lofty, too unattainable to be usefully addressed by policy. But why not? If all levels of government are to be involved in finding and funding solutions, why not also all levels of the governed?

My analysis of policy and media suggest that the agenda of the state is *only* order and health. The difficult, damaged, pathologized subjects of policy are easier to manage if they are contained and tidied up for the consumption of the social services. Freedom is messy and vague. It is difficult to figure out what freedom is, what it means, and how to attain it. It is much easier to imagine what security and order look like, and how one might attain that. This kind of concern takes on both local and global significance. Indeed, it should come as no surprise that risk and security not only match the concerns of those who govern but of those international agents who are concerned, for example, with other issues of security in a post 9-11 period. There is indeed a rising global moral panic about those who live in 'sites of exile' in many affluent nations.

The social services and the policies of the Four Pillars, whilst claiming positive egalitarian goals, seem to function instead to diminish real opportunities for people to take responsibility for making their world more meaningful. People do not typically like change as it can be frightening and troublesome. In such a context, the Four Pillars operates to feed on our fears of impending change, and offers us a promise of stability, sometimes disguised as some kind of justice. The strategies and techniques labelled Harm Reduction seem to be more about containing harm than reducing it. It may be more about encircling populations of exiled people and keeping them seething in a smaller and smaller pot¹¹⁷.

¹¹⁷ Increasing construction of new, expensive condominiums in Gastown to the west of the DTES; construction of the Olympic Village on the south side of False Creek just outside of the southern-most border of the DTES and Chinatown; a new branch of the Rapid Transit line from Downtown Vancouver to South Vancouver and other construction and business-related activities (especially in relation to the Olympic Games), have resulted in shrinking the borders of the DTES considerably, and reducing the housing stocks available in the neighbourhood. Though there is a lot of talk about reducing homelessness, there are more people 'sleeping rough' on the streets or shelters of Vancouver each month. Indeed, according to the biennial report on homelessness released by the Greater Vancouver Regional District in 2005, the number of homeless in Vancouver nearly doubled, from 1,121 in 2002 to 2,174 in 2005

The current emphasis on harm reduction, and in particular the ongoing battle between the Federal Government and the Vancouver Coastal Health Authority over the continuation of the supervised injection facility, indicates that the *causes* of harm are ignored in favour of attention to specific techniques to effect immediate, short-term intervention. Illicit drug use is blamed for the increasing degradation of the DTES while effects of the increase of middle- and upper-income property owners in an area of increasing poverty are ignored (Sommers, 2001, in Roe, 2003: 240).

The experts in the lives of residents of the DTES or drug users, and their experiences of harm reduction are the residents and drug users themselves. In my experience, when people are consulted and provided opportunities to think and act on their own behalf, their horizon of expectations becomes broader. If any of the Pillars in *Framework* were to become concerned with the development of alliances between drug users, residents and voluntary, equality-seeking NGOs, it may be possible to imagine harm reduction, rather than perpetuation of bare service. The “partial harm reduction” (Roe, 2003: 243) currently in operation in the DTES today does not operate to reduce harm so much as it operates to constrain the activities of drug addicts in and to the DTES.

Future research into potential contributions to knowledge and the actions of local, regional and national NGOs, equality-seeking and volunteer organizations may reveal innovative, participatory and politically transformative operations which both reveal causes and reduce or eliminate social harms. Specifically, harm reduction might function better if its operations were placed into the hands of those it is meant to help. What is required is significant alteration of the power imbalances which are most apparent in the DTES, but which are also increasing throughout the country.

WE'RE ALL IN THIS TOGETHER-

As I was finishing this thesis, I attended a play which was written, produced and performed by Vancouver Moving Theatre in collaboration with people who live and work in the DTES. The title of the play was *We're All In This Together*, a title I think that indicates an approach to the problems of social inequality and resulting addictions which can be advanced through the use of the thinking of Arendt, Bourdieu and Rose.

This play offered a portrait of the DTES as a lively, troubled urban space; a home to lively, troubled exiled people. The story, enacted by shadow puppets behind a screen and people on the stage, went from the particular to the general, and illustrated some of the reasons for addictions and some of the struggles in which folks engaged. It was a moving and inspiring piece. Each evening, after the play, there were panel discussions or talks with some of the key players in drug policy development in Vancouver, including Donald MacPherson, Bruce Alexander, Susan Boyd, and others. The process of making this piece of theatre, the actual run of the play itself, and the community discussions during the run were all, I think, useful interventions into the life of this pathologized neighbourhood.

Most of the problems and solutions put forward were still primarily de-gendered, de-racialized, ignorant of class inequality and centred upon individual recovery and healing. However, the act of making a play in itself provided meaningful work and community solidarity to people from the DTES, for the time of the production of the piece. What is now required are more and varied broad interventions to not only be "in this together", but to alter what we are in, or get out altogether into another type of social structure which has more room for the meaningful participation of all.

The DTES, difficult and troubled as it is, is also home to nearly 20,000 people

who are not 'garbage' or denizens of 'our four blocks of hell'. They are human, and we need one another. We need to think together and act together to engage in our own governance in meaningful life-affirming ways, not merely applying or capitulating to techniques of power to collaborate with the current neo-liberal policies of the state.

The key to beginning to ameliorate the conditions in the DTES is in developing policy which has as its aim not merely the attainment of public order, but of public *life*; to not merely reduce either risk or harm, but to redefine "risk" to include those risks worth taking, which rush headlong to embrace a life which will be remembered. We owe those with whom we share the conditions of our birth solidarity, the solidarity of the "wrong" class, gender or racialized group. We owe those from whom we are separated by our unearned privilege, our alliances and a promise to 'make room and get out of the way'. The Four Pillars drug policy has potential to enhance that solidarity and strengthen those alliances, but at present it does not appear to follow such a direction. Instead this policy serves to drive a wedge between drug users and the world from which they disengage. They have been rendered stateless and they have turned away from those who find them disposable. But there is resistance and a yearning for belonging and where there are people, there will always be the possibility of an expanded horizon of expectations.

I hope I have shown why an expanded horizon of expectations is necessary, and offered some glimmer of hope that it may be attained. A sense of greater possibilities for freedom, autonomy and solidarity with others is necessary. According to those 20th century thinkers such as Arendt and Bourdieu, it is a responsibility we must share with and for each other. Those who are beyond the pale are not beyond hope. Perhaps within this small examination of public policy, and with the help of the combined theoretical

frames of Bourdieu, Arendt, and Rose, there may be found aspirations to raise the bar in terms of what we can expect from policy and governance.

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Appendix A

The partners of Vancouver's Coalition for Crime Prevention and Drug Treatment

(From *A Framework for Action*, p. 82)

Vancouver School Board	Vancouver Park Board
Vancouver Board of Trade	Vancouver Port Corporation
Vancouver International Airport Authority	Tourism Vancouver
University of British Columbia	Volunteer Vancouver
S.U.C.C.E.S.S.	Simon Fraser University
United Way	Vancouver Foundation
Downtown Vancouver	VanCity Credit Union
Business Improvement Association (BIA)	Vancouver Hotel Association
Rotary Club of Vancouver	Royal Canadian Mounted Police
Health Canada	Insurance Bureau of Canada
Insurance Corporation of British Columbia	Browning-Ferris Industries (BFI)
Kaiser Youth Foundation	The Gathering Place
Collingwood Community Policing Centre (CPC)	The United Youth Movement
Vancouver Recovery Club	The British Columbia Regiment
Boys and Girls Clubs of Greater Vancouver	Vancouver Family Court & Youth Justice Committee
Hope in Vision	Taiwanese-Canadian Cultural Society
Downtown Vancouver Association	Downtown Eastside Youth Activities Society
Salvation Army	Mount Pleasant CPC
Mount Pleasant BIA	Granville CPC
BARWATCH	Kensington Community Centre
Kerrisdale BIA	First United Church
Alcohol-Drug Education Service	Vancouver Economic Development Commission
Robson Street BIA	YWCA of Vancouver
Chinese CPC	Davie Street CPC
Odd Squad Productions	Concert Properties Ltd.
Grandview-Woodlands CPC	Canadian Bankers Association
Cedar Cottage Community Policing Centre	Renfrew Collingwood Drug & Alcohol Committee
Circle of Hope Coalition Society	Anglican Diocese of New Westminster
The International Dyslexia Association, BC Branch	BC Coalition for Safer Communities
Vancouver Police	TELUS
Native Liaison Society	
Together We Can	
Victory Outreach Vancouver	

Appendix B

The Four Goals of A Framework for Action

1. **Provincial and Federal Responsibility:** To persuade other levels of government to take action and responsibility for elements of the framework within their jurisdiction by encouraging a regional approach to the development of services, and by demonstrating the city-wide, regional, national and international implications of the drug problems in Vancouver. This is the overarching goal and the key element to achieving the following three goals:

2. **Public Order:** To work towards the restoration of public order across Vancouver by reducing the open drug scenes, by reducing the negative impact of illicit drugs on our community, by reducing the impact of organized crime on Vancouver communities and individuals, by providing neighbourhoods, organizations and individuals with a place to go with their concerns related to safety, criminal activity, drug misuse, and related problems, and by implementing crime prevention techniques to increase public safety.

3. **Public Health:** To work towards addressing the drug-related health crisis in Vancouver by reducing harm to communities and individuals, by increasing public awareness of addiction as a health issue, by reducing the HIV/ AIDS/hepatitis C crisis, by reducing overdose deaths, by reducing the number of those who misuse drugs, and by providing a range of services to groups at risk such as youth, women, Aboriginal persons, and the mentally ill.

4. **Coordinate, Monitor and Evaluate:** To advocate for the establishment of a single, accountable agent to coordinate implementation of the actions in this framework, and to monitor and evaluate implementation through senior representatives of the Vancouver/Richmond Health Board, the Vancouver Police Department, the City of Vancouver, the BC Centre for Disease Control, the Ministry of Children and Families, the Office of the Attorney General, and community representatives.

From *A Framework for Action* (MacPherson, 2001)

Appendix C

A Story From 'The Field'

This is an account of one week in the life of a woman who has lived in the Downtown Eastside for ten years. She arrived there with her partner, who was physically abusive, and introduced her to heroin. She continued to use heroin for ten years, and in the last five also smoked crack cocaine. She used to inject cocaine but has managed to stop that practice, and has not injected cocaine for more than two years. One week ago, she attended the drop-in centre where I work. She had not slept for several days, and was experiencing chest pains. The staff of the drop-in centre called an ambulance, and the paramedics attending suspected she had pneumonia. She was taken to the nearest hospital. That evening, I went to the hospital on my way home, to check in on the woman. She was asleep, and I learned, upon talking with the emergency room nurse, that she was to be discharged that night.

“Where will she be released to? She has nowhere to go, as far as I know.”

“I guess to a shelter or something,” replied the nurse. She was busy. She took records of the patients’ vital signs and left.

I went home. But I couldn’t shake the woman in the hospital. Finally I called the emergency room and spoke to the social worker. She agreed to talk to the doctor about keeping her in over night if I would promise to come to get her in the morning. I knew that there was a bed in Vancouver Detox for her the next afternoon, and that I could take her back to the drop-in and my co-workers would see that she got to detox.

I visited her twice during her stay in the detox, and was relieved to see her looking better. She told me that she had arranged to go to a recovery house in Surrey,

which, she said, was operated by her Alcohol and Drug counsellor. Seven days after her admission to the detox, she called me to say that she was ready to go, but she needed some help to pick up her cheque and go to the doctor's office to get a TB test before getting a ride with her A& D counsellor to the recovery house. I was pressed for time, but I agreed to go get her.

When we arrived at the welfare office (sorry, Ministry of Human Resources Office), we were told by her Employment Assistance Worker that the office had sent her cheque back because she had not picked it up last week. My friend had called the office when she arrived at the detox to tell them she would not be able to get her cheque because she was in detox, and would pick it up on Monday. The EAW apologized, told her she had not received that message. We went out for coffee. We returned to the office an hour later, and waited another half hour for the cheque to be printed. When it finally arrived, it was half what my friend expected.

"Oh, no, it's not your whole support cheque, it's just the comforts allowance, \$95."

My friend cursed under her breath, but thanked the worker as graciously as she could. We then went to a Money Mart, where she paid a little over five dollars to cash her cheque. I drove her then to the clinic where her Alcohol and Drug counsellor works, and dropped her off. She talked to her counsellor there,

"Hey, remember what I said last week?"

"Yea, I do," said a young man, shaved head, tattooed forearms.

"I'm ready. I want to go."

The young man looked at her and nodded. "See the doctor?" She nodded. "Just wait there, we'll get you in, okay?" She looked frightened. She told me that she would call when she arrived at the recovery house.

So far, she hasn't called. The next day I called the clinic, the alcohol and drug counsellor said she left, he's hoping she'll come back. "They can't be down here, you know, they can't just wait down here," he said over the phone, as if I didn't know that. I left her there anyway. And he let her walk out the door.

Everyone she met that day let her down. Every one of us abandoned her. This is what the process of making humans superfluous looks like. This is how it is lived out.

I don't know if she'll live through another run around that field ...and when she dies, or moves on, five more will take her place. And when I finish with this, and move on, there will be others to take mine, "shepherds of the street"--we are the real beneficiaries of the human services industry.

I'm sure it doesn't have to be this way. We can move from the particular to the general, from individual suffering to collective transformation. We can, we must, I'd say, expand the circle of expectations and chances.

Appendix D
Text of Vancouver Sun Articles

On the beat: With dealers shielded and few treatment options for addicts, cops must strike a fine balance. Series: Fix: Searching for solutions on the Downtown Eastside

*Lindsay Kines. The Vancouver Sun. Vancouver, B.C.: Nov 24, 2000. pg. A.16
 (Copyright The Vancouver Sun 2000)*

Late on a Thursday evening, Constable Clive Milligan of the Vancouver city police turns his cruiser into the alley on the south side of East Hastings and pulls to a stop. In the glare of the car's headlights, people scatter from the alcoves and doorways in what police call "The Lane of Shame" -- a short stretch of blacktop carpeted in needle wrappers and reeking of garbage.

Milligan rolls down his window as a man in a hooded jacket walks quickly past the car and makes a break for the street. "How are you doing?" Milligan says. "Stand over here in front of my car."

Like so many police officers on the Downtown Eastside, Milligan has learned to read the street like a second language. Over the noise of the car engine, he can detect the clink of a crack pipe being dropped behind a dumpster. Or he can spot, in the shadows, the quick but sure movements of an addict tossing his dope in the trash.

As the man steps to the front of the cruiser, Milligan climbs out, shines his flashlight on the ground and stoops to retrieve a folded piece of paper. The flap contains a "point" of heroin -- a tenth of a gram worth about \$10 at the corner of Main and Hastings. But Milligan, a 14-year police veteran and the acting sergeant on shift this night, knows it would be difficult to pin the drugs to the man now standing before him. "The defence would be all over me. How much litter is in that alley? Did you see him drop it?"

"No. But I thought he might have.

"Oh. Could he have dropped a cigarette butt?"

"Yes.

"And how many people were in that lane?"

"Well; two for sure.

"How many in this lane during the day?"

"Hundreds."

Milligan knows all this as he questions the man, whose black, lank hair hangs over his face. He was in a recovery program, he says. His friend got sick and died. Upset, he smoked a joint to take the edge off, failed a urine test, and got tossed from the program. Now he's here on East Hastings and back on heroin.

After a few minutes, Milligan tells the man he can go. Then it happens. In a scene that illustrates how things have become on Vancouver's Downtown Eastside, the man turns as he is walking away and asks for his drugs back. Milligan refuses.

"We're not in the business of handing out drugs to people we've just taken them off," he says, later. "Obviously, that's a ridiculous concept. But that's what he figured was his last chance. That's the desperation. He's asking the police to give him dope. It's pretty absurd, really."

Absurd, but perhaps to be expected these days on the Downtown Eastside, where the drug problem has spun so far out of control that nothing seems clear anymore.

Now, addicts ask police for drugs. Now, people openly smoke crack outside the Carnegie Centre at Main and Hastings, while dealers brazenly ply their trade in full view, holding wads of cash and Tic Tac boxes filled with crack cocaine, even as people board buses to the suburbs.

As governments search for answers, the police have been left largely alone on the front lines to deal with the fallout, one crisis at a time. It is a confusing place to be. The Vancouver police department has tried to strike a balance by enforcing the drug laws even as they argue that enforcement alone won't solve the problem.

"Canada has never had a war on drugs," Deputy Chief Gary Greer says. "That's an American euphemism." The new laws, bigger prisons, tougher sentencing, zero tolerance at the borders. "All of that occurred there," he said. "It has not happened here."

Here, the Vancouver police board and the police department recently endorsed a drug policy that stresses enforcement, yes, but also treatment, harm reduction and prevention - the so-called four pillars of the Vancouver Agreement.

"The Vancouver police board and the Vancouver police department accept that substance addiction should be dealt with as a health and social issue and not a criminal one," the policy states.

The department stops short of endorsing safe injection sites or heroin maintenance. But the policy does support a "comprehensive continuum of care model for substance abuse" that includes prevention, detox, counselling, housing, training and literacy education. Nor does this seem to be a case of window dressing, a bromide thrown at the media and community groups while beat cops are out there busting chops. In fact, it's hard to find an officer, whether in management or standing on a street corner, who doesn't believe problems on the Downtown Eastside are beyond their control.

"This is not a police problem," Sergeant Doug Lang says, echoing the Vancouver Agreement almost word for word. "This is a health problem and a community problem and a social problem."

Unfortunately, the reality is, many of the resources pegged in the policy papers as part of the "continuum of care" simply do not exist.

Sergeant Mark Horsley, who oversees the "Dawn Patrol" on the Downtown Eastside, says he is routinely approached by two groups of people: "People who want drug treatment and there's generally no place to take them; and people who have mental problems to the level that they really feel the need for institutionalization, and you can't do it."

In one case, Horsley said he encountered a mentally ill man who wanted to be back in care so badly that he planned to rob a bank to get there. Horsley managed to stop him during the day, but that night, after the bank closed, the man robbed a McDonald's.

"You're dealing with a guy who doesn't even belong in the court system," Horsley says. So much time is spent dealing with the mentally ill and other aspects of the social services that policing sometimes takes a back seat. Last week, as Constables Ian Upton and Tim Houchen prepared to give a Vancouver Sun reporter a tour of the Downtown Eastside, they were called to an apartment off Commercial Drive where a mentally ill man claimed to have a gun and was threatening to harm himself.

For the second time in nine days, police headed to the apartment along with a negotiator, paramedics and an entire emergency response team. In the end, the man had no gun, refused to go to hospital voluntarily, and had to be arrested under the Mental Health Act.

Then, for five hours, the police officers waited with him at Vancouver Hospital until he could be examined and admitted, five hours they could have been walking the beat at Main and Hastings. The situation, they said, was typical.

No wonder senior members of the Vancouver city police often sound more like social policy analysts these days. Yes, their pillar -- enforcement -- is crucial, they say. But they also point to the desperate need for expanded mental health services, better housing, drug-treatment beds, training programs and education. There are too many children at risk on the Downtown Eastside, they say, too many illegitimate businesses fronting the drug trade, and too many bar stools in a neighbourhood with too many other problems.

Dealer makes \$1,000 a day

The conditions, they say, force them to get creative. They crack down on hotels to force them to improve people's living conditions. They've gone after liquor establishments for over-serving alcohol and harbouring drug dealers. They played a key role in getting rice alcohol pulled off the shelves of corner stores.

And yes, police do conduct undercover buy and bust operations to attack the drug traffickers and restore order on the street, says Greer, a former inspector on the Downtown Eastside. But it's rarely as easy as it looks.

"Some people believe police have these huge all-encompassing powers and we don't," he says.

Police need probable grounds to arrest and search someone. They need evidence to make an arrest and get a charge. But dealers are aware of how police and the courts work, and have set up their businesses accordingly.

Many of the dealers carry the drugs in their mouth -- rocks of crack wrapped in plastic that look like pieces of roasted peanuts. If the police approach, they swallow the evidence.

The buy and busts attempt to get around this by having undercover officers purchase drugs directly from the dealers. But the dealers have learned to use middle men or "middlers," who are often drug addicts themselves. One holds the drugs, the other the cash, while a third steers buyers from one to the other. The main dealer, who does not have substance-abuse problem and works simply for the money, stands back and runs the operation.

One such non-addicted dealer, interviewed by The Sun, claims to clear more than \$1,000 on a good day after paying off his supplier and his "staff." He works a seven-hour shift at Main and Hastings, selling crack and powder. So far, he says, he had sent more than \$60,000 back to his parents in Latin America. He has never been arrested, he says, and has never carried more than \$5 in his wallet.

"It becomes our challenge to get to them," Horsley responds. "If we could do it half the time, I'd be thrilled."

Yet even when police do bust people, it rarely keeps them off the street for long, Greer says. "We arrest. We charge. But they're released prior to their trial to carry on down there. And, when their trial does occur and they're convicted, if you look at sentencing, very few get any kind of sentence and they're back on the street again."

If they're addicts, they're back committing crime to support their habit or middling to earn one rock of crack cocaine for every 10 they sell. It is a frustrating cycle for police, especially when they are faced with increased public pressure to stop the trade. Police have to consider the benefit to the community of sitting in an office, writing up a charge

against an addict caught with a \$10 rock, when they could be on the beat keeping a lid on street disorder.

Accordingly, the department stresses "high visibility" policing, based on the belief that an officer's mere presence can provide a sense of safety in the neighbourhood -- even if the officer stands on a corner doing nothing. In police parlance, it's called "doing a Seinfeld," a nod to the television show about nothing that was, nevertheless, highly successful. In the first nine months of the year, there were three homicides in District Two -- down from 10 over the same time period in 1999, and officers credit the decline to their higher visibility.

Where are the other pillars?

Not everyone agrees, of course. In the famously polarized and fractious Downtown Eastside, there are at least three distinct critiques of current policing practices.

Groups like the Community Alliance, made up of residents and business people, want police to deal with drug use as they would anywhere else in the city. Otherwise, they say, the Downtown Eastside becomes a catchment area for addicts and dealers. If enforcing the laws means clogging the courts with addicts and dealers, so be it. That will put the onus on judges to do their job.

Another constituency, one that includes many of those who provide social services, believes it is pointless to pursue and detain addicts, as all are sick and many are mentally ill. The more Seinfeldian the police, the better, since visibility and consistency will lead to a more orderly street scene.

Then there is the view that the police are already far too visible, that they are engaged in heavy-handed, American-style policing of downtrodden addicts. Many addicts and former addicts would rather see much of the police budget channelled to services instead. Faced with so many diverse views, the police have tried to work with all the groups, while still upholding a semblance of the law. But time is short. Two years ago, city council committed 20 extra officers for three years to restore order in the Downtown Eastside. "The whole concept of us having these extra people was to hold the fort for a while to let other people, other agencies, other pieces of this puzzle get ready and to get in place and to get up and running," says Horsley of the Dawn Patrol. Two years later, none of those other pieces are in place.

"Where's the health care?" asks Inspector Beach. "Where's the housing? Where are all the liquor inspectors?"

Despite everything, police officials say beat officers remain motivated. "They can all see ways they can improve the big picture, but that's not stopping them from fulfilling what their obligations are," Horsley says. "The bottom line is we're going to hold up our friggin' pillar and we're going to hope that some other people get their pillars in while we're holding this pillar."

"I would hate to think that five years from now it will be the same down there as it is today," Beach says. "I mean, can we afford that many more victims, that many more lost sons and daughters and grandchildren? Can we?"

Crackdown: taking back the street

Gerry Bellett. The Vancouver Sun. Vancouver, B.C.: Apr 15, 2006. pg. B.2

(Copyright Vancouver Sun 2006)

(Abstract) Vancouver police announced a crackdown in February on anyone caught using drugs in public view. Reporter Gerry Bellett and photographer Ian Smith hit the streets to watch officers enforce the new zero-tolerance policy and follow one crack addict from his arrest on Hastings to judgment day in a provincial courtroom.

There's no doubt that Shane Aitken and his partner Greg Paxton care about the state of the neighbourhood and its 18,000 residents, for whom the broken, disordered and impossible Downtown Eastside is as much a prison as it is a home. Poverty, addiction, mental illness, disabilities of spirit and body and all their various combinations sentence many to live in this small, notorious, few square blocks of Vancouver.

It's Monday morning and as the city begins another work week, these two Vancouver police officers are out on the beat pushing against what is inevitably spilling on to the street from all the suffering.

"For a while there we were losing," says Aitken, badge 1908, a member of the Citywide Enforcement Team (Squad Three) that polices this part of the city. "Now I think we're getting it back. . . ."

"Hey, Paxton arrest her," he points to a woman walking toward them outside the Carnegie Centre at Main and Hastings. "She's got four outstanding warrants." There's nothing but apathy from the woman as the cuffs snap shut, and within seconds syringes are tumbling from her pockets along with a length of surgical hose used as a tourniquet to help find veins, and a crack pipe -- still warm.

"Yeah, so over the last few years street disorder has crept in. We need to take the territory back and that's what we're doing," says Aitken.

What police lost was the ability to prevent the pornography of addicts shooting up in full public view or smoking crack cocaine in their trademark glass pipes where and as they liked.

"Right here this morning there's a guy hooting on a crack pipe right in front of buses filled with people going to work, and kids. And if that wasn't bad enough he's doing it right in front of a parked police car," fumes Aitken.

Street disorder has turned this part of the city into a trash bin of discarded needles and condoms, detritus from the commodities of sex and drugs upon which the area's economy depends.

Insp. Bob Rolls, who has operational command of the area, has told these officers to crack down on addicts smoking or injecting drugs in public view -- something that had become so routine in the Downtown Eastside it was no longer an amazement except to tourists.

The slide began some years ago when officers stopped arresting people for simple drug possession because federal prosecutors refused to process minor charges. As a result the police targeted the ethnic groups distributing drugs in the area, taking on the likes of

the Hondurans and Persians while leaving their customers alone. In the face of official apathy the customers began shooting up in public.

But now Rolls has convinced the Crown it should lay charges because open drug use on city streets was becoming ingrained, frightening to the public, and affecting the surviving Downtown Eastside businesses who find their customer base dwindling. "We've seen guys shooting up within feet of the safe injection site and we've asked them to get off the street and go inside and had them tell us no," says Aitken.

The officers who patrol the area couldn't effectively do their job if they were anal retentive about city bylaws or practised what Aitken regards as '50s-style policing. "We can't do everything by the book. I mean look at this guy. 'Hey, get off the sidewalk,' " he tells a cyclist dodging between pedestrians on Hastings.

Without getting picky he could have slapped the cyclist with a ticket for not riding on the road, not wearing a helmet or failing to have a reflector on the back of his bike, daylight or not.

But it's the plight of the mentally ill that concerns him.

"If only we had a system that could protect the mentally ill so they are not down here being victimized and abused," says Aitken. "They're so vulnerable. They come here looking for friendship, or community, but get exploited and turned into addicts.

"Although," he says pulling himself up, "you have to balance all their needs -- which are many -- with all the needs of the law-abiding community who themselves are trying to work hard and make it though the day."

It's maintaining this equilibrium that makes the officers' daily rounds through the alleys and streets such an intriguing exercise in human relations.

"Most the problems associated with drug use would be instantly cleaned up if the government would build new mental-health facilities and get people the help they need," says Aitken. "I'm not talking about old Riverview-style places but modern facilities. The vast majority of the drug population here had pre-existing mental-health problems.

"But the government shut down facilities and gave these people long-term disability pensions but the only place they can afford to live is here, and here they end up being victimized because they can't make rational, healthy decisions.

"They get victimized by violent criminals and drug pushers and to add to their problems they become addicted. It's a vicious circle, it's frustrating and it's a nightmare.

"As a responsible society there's no way morally or ethically we should let them be on the streets because all they do is harm themselves and eventually end up harming others. It beats me how anyone can argue it's in their best interests and civil rights to be down here becoming drug-addicted, raped and abused."

It's a monologue that ends when the officers turn into the alley behind the Carnegie and spot a woman leaning against the wall who becomes flustered and fumbles as she tries to hide a crack pipe in a shirt pocket. Confronted, she empties her pockets and out comes the crack pipe, a small quantity of drugs, and a few personal possessions. Aitken is calling in her description and name through the mike attached to his shoulder. She's wearing a hospital identity bracelet and he asks how long she has been discharged. She doesn't seem to know. Her arm still shows a fresh puncture wound from an intravenous line.

"Here's a classic example. She's a psychiatric patient with a mental-health disability doing crack in the lane. Look, me and my partner are going to cut you a break.

Just get out of the lane -- it's dangerous -- you'll get the crap beat out of you if you stay here."

They cross Hastings and find the morning's street market set up. This is another of their running battles. Unchecked the vendors, who seem to be selling nothing but junk, will overrun the pavement and the police have been enforcing the vending bylaw to shoo them away.

It's been a game of cat and mouse because the vendors would gather near a parking lot and as soon as the police arrive would grab their stuff and retreat to the lot claiming sanctuary on private property. This lasted until the police figured out the parking lot was city property and convinced city hall to erect a fence.

Since it went up it's been constantly attacked, with pieces ripped off and sold to scrap dealers.

"It's a battle of wills right now, but we want to bring back cleanliness to the area," says Paxton.

As they pass the north lane behind Hastings two men in the alley -- one on a crutch -- suddenly part.

"That one there just threw down a pipe," says Paxton as they order him to stop.

He's searched and a small quantity of crack cocaine is found in a phial.

He gives his name as Charles John Carty. His companion -- his lookout who failed his brief -- is now hobbling to safety down the alley on his crutch.

Aitken calls in Carty's description and name to see if he's is wanted on any warrants.

Nothing is outstanding so Aitken starts to lecture him on using drugs in public and how the police were cracking down.

Carty nods and says he knows.

"You mean you know and you did it anyway?"

"Yeah, I hope you're gonna give me a break?"

A pair of notebooks are suddenly produced and a call is made for a police wagon.

"Fraid not. You're under arrest."

Within minutes the wagon arrives and after being handcuffed and electronically frisked Carty is placed inside.

"He'll go to the city jail, he'll be finger-printed and photographed and hopefully he'll learn from this. We were going to cut him loose but not after what he admitted. I mean this guy doesn't have any mental-health problems, he sees us, drops his pipe and tries to walk away," says Aitken.

Carty is in jail overnight. The meat sandwiches he's given compare favourably with the peanut butter he remembers from a previous visit.

When released he's told to appear in Vancouver Provincial Court, courtroom 100, and over the next few weeks appears there twice while the justice of the peace grants time for him to find a lawyer.

On April 5 -- more than five weeks after being arrested -- Carty finds himself pleading guilty before Judge Ray Low in courtroom 101.

He's apprehensive because he appeared in front of Low once before on a similar charge and was hit with a \$750 fine. Today Carty hasn't got the cash to pay anything like that and believes he's facing jail.

His morale isn't improved as he watches an exasperated Low dealing with a bunch of difficult in-custody prisoners who seem determined to thwart Low's best efforts to ensure they are properly represented or seen by a psychiatrist -- as in the case of the pleasantly grinning suspect arrested for plaguing the 911 service with calls about the CIA -- to determine if they're fit to stand trial.

Then Carty is called. The agent for the Crown, Paula Grahame, tells Low that Carty intends to plead guilty.

Carty's shoulders slump when Low asks Grahame to outline the maximum penalty for simple possession, which is six months in jail or a \$1,000 fine with everything doubled for a second offence -- "and do you understand that sir? and would you like to talk to a lawyer?"

No, says a crestfallen Carty, he'll plead guilty.

Grahame delves into Aitken's report and reads out the particulars ". . . found in the Unit block Hastings, smoking rock cocaine . . . discards pipe . . . blows out large cloud of smoke . . . small quantity of rock cocaine found in an outside pocket . . ."

"There's also a record your honour with a related conviction but it's quite dated."

"What is the Crown seeking, a fine or community work?" asks Low.

"He was arrested and held overnight in jail so the Crown says he's served two days," says Grahame.

"Okay. Sir, I'm taking into account your time in jail and the fact you pled guilty. You seem to have an addiction to crack cocaine and I wish you luck in dealing with it and getting treatment, but Vancouver police have announced they have a no-tolerance policy for people doing drugs on the street."

"They've been pretty tolerant," admits Carty.

The judge responds: "If you insist on using crack cocaine you would be advised to be more discreet and not use it in public. I sentence you to time served."

Outside the court Carty can't believe his luck.

"I'm just glad he didn't recognize me. Last time it was \$750 fine or three months for having a flap of cocaine worth 10 bucks. I thought for sure I was going to jail. That stupid jerk with me was supposed to keep lookout."

Flushed with the joy of deliverance Carty swears he's giving up crack, as though it were that simple to banish years of addiction. "No more crack. I'm going home to do some pot."