The Anxious Enjoyment of Poverty: Drug Addiction, Panhandling, and the Spaces of Psychoanalysis

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Abstract

This dissertation draws on fieldwork with drug-using panhandlers and interviews with social service providers to examine drug addiction and panhandling as social issues significant to poor and gentrifying neighbourhoods. I provide ethnographic accounts of both of these phenomena, beginning with drug users' experiences of Vancouver's current harm reduction drug policy initiatives, such as the Insite supervised injection site and methadone treatment programmes. In the second half of the dissertation, I provide a similar account of panhandling in the rapidly gentrifying Gastown area of the Downtown Eastside. The dissertation draws on this empirical research to offer a social-theoretical framework for understanding panhandling and drug addiction as social issues with the capacity to provoke visceral, emotional reactions on the part of those who encounter them and those who are charged with regulating them. Characterizing this reaction as one of *anxiety*, I trace a series of anxieties which permeate discourses on panhandling and drug addiction, from concerns with the pleasures of drug users to anxieties over what poor people do with their money. The dissertation seeks to resolve paradoxes within both of these social phenomena: How can we account for the anger, discomfort, and disgust that are provoked in people by issues that affect them so little? How can we explain people's implacability to drug policy that is so empirically sound? And how can we understand people's anxieties with panhandling encounters when the amounts of money concerned are so insignificant? Drawing a distinction between the *manifest* and *latent* content of these anxieties, I use psychoanalysis to argue that they cannot be understood without recourse to the unconscious. I argue that the discourses and public policy that concern drug use and panhandling are subtended by unconscious anxieties about the *jouissance* and the *lack* in the Other. Only when we consider the unconscious dimensions of these social phenomena can we understand the visceral, emotional reactions that panhandling and drug addiction regularly provoke.

Keywords: Harm reduction; drug addiction; panhandling; psychoanalysis; anxiety; Downtown Eastside.

To René, who got clean.

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The idea of trying to thank everyone who helped me in this project strikes me as impossible. If I included everyone who was truly important to this project; everyone with whom I have had thought-provoking discussions about psychoanalysis, cities, gentrification, activism, and poverty, I would never reach the end. Let me try to keep this manageable by focussing only on those who have been closest to this project— knowing that the rest of you, my dear friends, know who you are and how essential you've been to me.

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I owe a huge debt to Hilda Fernandez, Clint Burnham, and the members of the Vancouver Lacan Salon for three years of wonderful discussion. In the Salon, I found the intellectual community I was always looking for. Thank you for showing me that all it takes is a group of thoughtful, dedicated people getting together at a community centre— and for demonstrating how rare that situation actually is!

In particular, thank you to Salon member Chris Dzierzawa for some wonderful conversations, which helped me to see my experiences with panhandlers and psychoanalysis in striking, novel ways. I've thanked you specifically in chapter four for our conversations about panhandling and the circulation of lack.

To Luisa, for so, so many things. Our conversations about politics, activism, and ethics have made a huge impact on me, far more than you realize. I like talking to you about ideas more than almost anyone else. Thank you for everything.

To all the people in the Downtown Eastside who worked with me on this project, answering deeply personal questions and trying to show me something about your lives. To the extent that I understand anything new about the experiences of poor people in the neighbourhood, it is because of you.

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Chapter 1.

Introduction

The week that the condominiums at the new Woodward's development opened, it felt like everything changed: one day I was in the Downtown Eastside—the so-called "poorest postal code in Canada"— and the next, there were joggers on Cordova Street and business men on the corner of Main and Carrall. I couldn't recall ever having seen men in suits in Pigeon Park and I wondered if they might be property developers, sizing up the buildings nearby. Of course, it was all a bit of a fantasy on my part—Woodward's hadn't changed the Downtown Eastside overnight. Business men have surely walked through Pigeon Park many times before, and the neighbourhood's gentrification began long before Woodward's opened. But that week, when nearly a thousand middle-class people moved into the new condos, it felt like the tide had turned in the Downtown Eastside. Something that people had said was imminent for over ten years was finally happening.

The gentrification of the Downtown Eastside does not take place in isolation. Property speculation in the neighbourhood must be examined within the context of massive increases in housing prices in Vancouver as a whole, increases which have made its real estate the most expensive in the country and among the most unaffordable in the

world (Cox and Pavletich 2010). The price of the average home has nearly tripled over the past ten years, now exceeding the median family income 11.2 times over[1] (Ladurantaye 2011). As housing prices have increased, so too has homelessness: the number of people without a place to live doubled between 2002-2005 and then increased by a further 22% by 2008, remaining at these levels today (City of Vancouver 2005, 2008, 2011)[2]. The average rent in Vancouver reached an all-time high of $1,181 per month this year, a figure that makes it the most expensive in the country (Morrissy 2011). At the same time, the Downtown Eastside lost its lowest threshold housing—Single Room Occupancy (SRO) hotel rooms—to upgrading and demolition at such a rate that only 12% of the neighbourhood's 3,500 hotel rooms are currently rented at the provincial welfare shelter allowance rate of $375 per month (Pedersen and Swanson 2010).

Alongside the pressures of gentrification, skyrocketing real estate values, and concomitant increases in homelessness, the Downtown Eastside also faces challenges to its social services. As I write in June of 2011, the fate of the Insite supervised injection site, North America's first medically supervised site for injection drugs users, is being decided by the Supreme Court of Canada. After mounting a successful case for its right to exist as a healthcare facility at the B.C. Court of Appeals in 2010, Insite, which serves some of the most marginalized members of the Downtown Eastside, once again faces threat of closure from the federal Conservative government.

Record highs in both homelessness and real estate values, a drug policy landscape being contested before the courts, a neighbourhood poised on the edge of massive

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[1] Cox and Pavletich define "affordable" housing markets as those with a factor of 3 times the median family income or lower. Factors of 5 or higher are "severely unaffordable".
[2] The 2011 homeless count recorded 2,623 people as homeless.

redevelopment (and, many of its poorer residents argue, dispossession): this is the Downtown Eastside today. While this project is about neither gentrification nor homelessness nor even the Downtown Eastside as a whole, my research is nonetheless inseparable from and impossible to understand outside of these issues.

This project concerns two social phenomena significant to the Downtown Eastside: drug addiction/drug policy and panhandling. I argue that drug policy is worthy of attention not only because drug addiction is such a pressing social issue in the neighbourhood, but also because harm reduction drug policy is perhaps the most important policy innovation in the Downtown Eastside in the past two decades. By the same token, panhandling has become an increasingly significant issue because as the gentrification of the Downtown Eastside progresses in step with the arrival of new middle class residents, contact and conflict between them and the poorest of the neighbourhood's long-time residents is increasingly of concern.

Panhandling and drug addiction first became the subjects of my research because of their centrality to the lives of the people with whom I conducted my fieldwork: panhandling drug users in the Gastown area of the Downtown Eastside. Drug users and panhandlers are among the most vulnerable people in the Downtown Eastside. They are often homeless or marginally housed, they are at significant risk of serious illness due to both drug use and the vicissitudes of poverty, and they are frequently victims of violence. They represent a segment of the population that is marginalized not only within the city as a whole but often within the already marginalized population of the Downtown Eastside. They form, in other words, a sort of *lumpenproletariat* within the

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neighbourhood (Marx and Engels [1872] 1967[3]), a sub-class excluded from the traditional proletariat of the Downtown Eastside, a marginalized of the marginalized, or, to misquote Lacan, an "Other of the Other". This group lies at the centre of my project, and my research objectives concerning drug policy and panhandling should be understood as an attempt to reckon with extreme marginality and the responses, both progressive and conservative, to it.

The connection I draw between drug policy and panhandling is more than *empirical*, however; I have not chosen to focus on these phenomena simply because drug addiction and panhandling often coincide in the same individual. As I will argue, there is also a profound *geographical* connection between them which is expressed through the space of the Downtown Eastside itself. Far from being a mere backdrop for the phenomena I examine here, the Downtown Eastside is an integral part of them. It is a space that is constituted by expressions of poverty such as panhandling and drug addiction and, in turn, these phenomena are themselves constituted in part by taking place in the Downtown Eastside.

This is a neighbourhood whose history is indelibly marked by poverty, crime, and "vice". A neighbourhood where these issues are so deeply associated with it that, at this point in Vancouver's history, the very term "Downtown Eastside" functions as a metonym for drug use and poverty. My discussions of panhandling and drug addiction, and in particular people's attitudes toward them, are profoundly influenced by such constructions of place, and the Downtown Eastside thus figures as an active character in

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[3] Original publication dates are provided in square brackets for readers' reference, followed by the date of the printing being cited.

these discussions, being represented alternately as a space of misery and depravity and also as a space of inclusion and community. Such geographical imaginaries make panhandling and drug addiction in the Downtown Eastside what they are, at least as much as the material institutions such as supervised injection sites or soup kitchens and public spaces like alleyways and panhandlers' strolls which bind these phenomena to the neighbourhood do.

In the most classically geographical sense, then, I argue that the space of the Downtown Eastside and the phenomena of drug addiction and panhandling exist in a reciprocal relationship. Drug addiction and panhandling are essential parts of the neighbourhood's recent history and essential elements of what has produced the neighbourhood as a distinct space within the city. In turn, the neighbourhood, with its long history of poverty, crime, and "socio-spatial stigmatization" (Takahashi 1997) has conferred upon these phenomena their own particular geographical character. My empirical research on panhandling and drug addiction are thus impossible to understand without the Downtown Eastside. In many ways, both academically—and as I will show, personally—this dissertation is an attempt to understand something about the unique character of the Downtown Eastside as much as it is an attempt to theorize its ostensible objects of study.

Finally, there is also a profound *theoretical* connection between these two social phenomena that is illuminated by reference to psychoanalytic theories of pleasure and anxiety. Drug addiction and panhandling are issues that produce visceral emotional reactions on the part of those who encounter them and are charged with regulating them. As I demonstrate in this project, drug addiction and panhandling are phenomena with the

capacity to produce profound *anxieties* in people: anxieties they might experience when confronted by a panhandler, or when they witness, or simply think about, a drug user injecting heroin.

I argue that these anxieties must not be taken at face value. While they may appear, variously, to be nothing more than a common sense reaction to the perils of drug use, middle-class squeamishness about poverty, or a simple reflection of a person's political beliefs, these anxieties are, I argue, far more complex phenomena that require a close critical engagement. As such, theorizing the precise nature of this anxiety is the central concern of my research. I argue that the anxieties generated by encounters with *lumpen* drug addiction and panhandling are overdetermined because they contain both a *manifest* social content—including concerns over the pleasure that addicts take in drug use, and what Collins and Blomley call "anxieties about poor people's money" in panhandling exchanges (2003, 40)—as well as *latent* unconscious anxieties about what Lacanians call the jouissance and the lack in the Other. Only when we include the unconscious in our theorizations of these social phenomena—that is, when we attend to both their manifest *and* latent content—can we hope to fully account for the singular constellation of contradictory reasoning, ferocious anger and deep unease that characterize reactions to harm reduction and panhandling.

In this dissertation, I attempt to rethink Foucauldian and political economy approaches to the urban geographies of poverty, gentrification, and social problems by calling attention to the unconscious psychical forces that permeate them. This impulse to rethink should not be taken as a dismissal of political economy or historicist analyses of disciplinary power—indeed, my research draws on these extensively. I contend that it is

impossible to understand social phenomena such as drug addiction/drug policy and panhandling without recourse to core concepts like disciplinarity, biopower, class, and social constructions of discourse. My aim is not therefore to abandon historicism or political economy, but to extend these approaches by showing how psychoanalysis can illuminate some of the contradictions and lacunae within these frameworks, deepening our theorizations of urban spaces and social problems.

This claim to "extend" or "deepen" historicist approaches with psychoanalysis is, perhaps, one that appears difficult to sustain, considering the long-standing antipathies towards the latter by the former. Let me clarify the relationship I envision between the two and what, specifically, I see as the object of analysis. My argument is that social constructivist frameworks, as "immanent" approaches which posit "the reduction of society to its indwelling network of relations of power and knowledge" (Copjec 1994, 6), cannot account for the paradoxical ferocity of people's extreme emotional responses to issues that barely affect them in material ways. The "spare change" that is at issue in panhandling and the miniscule amounts of social spending that harm reduction initiatives consume fail to explain the anger, discomfort, and disgust that harm reduction and panhandling regularly provoke. Put differently, these phenomena cannot be explained by what is manifestly occurring; they can only be fully explained by reference to what Freud called the *anderer Schauplatz* (the "other scene") of the unconscious. Freud described the unconscious as the psychical locality separated from consciousness by repression, emphasizing how ideas that had been repressed could reappear as if from another place. Only by postulating the existence of a latent dimension to social phenomena, a parallel narrative operating alongside that which is consciously acknowledged, can we finally

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begin to understand the visceral emotions issues such as panhandling and drug addiction evoke.

It is not that social constructivist approaches have nothing to contribute to this inquiry, it is rather that they fail to account for the *excessive* aspects of these issues: those overdetermined moments within social phenomena where people's reactions cannot be explained by, or *reduced to*, social discourse, economic interest, and political identification. Psychoanalysis, Lacan argued, is not a *weltanschauung*, it is a theory of nothing more or less than the subject. My argument therefore, is not that psychoanalysis can explain everything about drug addiction and panhandling but that there are aspects to these issues—particularly those related to people's anxieties—that exceed a social accounting. It is with respect to these crucial, yet under-theorized, aspects that psychoanalysis can make an important contribution to social science: by examining those excessive moments, those moments that are overdetermined by their social and psychical components, and providing explanations. Thus, the dissertation provides a psychoanalytic framework for understanding those concepts such as "pleasure" and "anxiety" that are routinely employed by, but are often taken for granted in, historicist and political economy approaches.

The logic underpinning this is that of the psychoanalytic "absent cause", the theoretical gesture employed when a given situation simply does not make sense on its own terms and can only be fully explained by examining that which is absent, repressed, or disavowed. It is only by assuming that the absent cause operates at a different level than its manifest effects that we can understand the situation we are presented with. For psychoanalysis, the unconscious is the fundamental absent cause. In examining drug

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addiction, harm reduction, and panhandling, this dissertation argues that it is only by

recourse to the unconscious that we can fully understand the anxieties that attend these

phenomena. The research questions that guide this project, then, are as follows:

> How are we to understand opposition to harm reduction? In particular, how do we account for the implacability of people's opposition to a health policy that is so empirically sound?

> How are we to understand people's anxieties about panhandling? Given that the amounts of money involved are negligible, why do destitute people's requests for small change produce such fraught encounters?

> How do drug users experience the policies intended to serve them, not to mention more generalized social anxieties about drug use? How do panhandlers experience the anxieties that they provoke in others?

The first two questions are theoretical. They mirror one another, asking how both harm

reduction and panhandling are experienced as moments of anxiety for people and how we

can best explain this anxiety given the relative monetary insignificance of panhandling

and the established scientific status and comparatively low social cost of harm reduction.

The third question is empirical and phenomenological. It concerns both harm reduction

and panhandling and asks how drug users and panhandlers respond to the anxiety that is

directed at them, whether that be through personal interactions in the case of panhandlers,

or experiences of public policy in the case of harm reduction. To these ends, I explore

not only the question of anxiety in these social phenomena but also the lived experiences

of panhandlers and drug users, the strategies they develop to deal with the anxieties

directed towards them, and the challenges they face in navigating public policy regimes

permeated with anxiety.

Gentrification, Poor Neighbourhoods, and Psychoanalysis

This research is situated within a number of contemporary debates and literatures within human geography and the social sciences. While it is not specifically concerned with the larger processes of gentrification and urban change in the neighbourhood, it is impossible to understand my account of drug policy and panhandling independent of these processes. This project, then, should be read at least in part as the product of my reading on gentrification as both a social and economic phenomenon (Ley 1996, 2003; Mitchell 2003; Smith 1996; Smith and Derksen 2003), and as an attempt to provide an account of two social phenomena—drug addiction and panhandling—that are of consequence within many poor and gentrifying neighbourhoods.

At the most local scale, the history and politics of the Downtown Eastside are an essential component of this project. The history I provide in chapter two is intended to serve both as an overview of historical scholarship on the Downtown Eastside and to make space for the *lumpen*, or "undeserving poor", within the received history of the neighbourhood. This project also aims to contribute to the rich geographical work that has been done on the Downtown Eastside, from the primary texts and oral histories compiled by Knight (1980), Kimbley (1987), and Marlatt and Itter ([1979] 2011) to David Ley's essential history of the Downtown Eastside Residents' Association (Hassan and Ley 1994), and Jeff Sommers's (1998, 2001) study of working-class masculinity, as well as more recent work by Nick Blomley (2004; Sommers and Blomley 2002) and Heather Smith (2003). Following Sommers's (1998) work on the politics of representation in the neighbourhood (see also Blomley 2004, chapter 2), this project aims to extend the story of Downtown Eastside residents' successful reframing of the

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discourse about their neighbourhood, from "skid row" to "working-class community", in order to include the more recent challenges to this "working class" discourse as the neighbourhood's marginality has become more profound and the working class has been eclipsed by a growing population of *lumpen* poor.

Beyond the Downtown Eastside, this research is situated more broadly within the literatures on urban poverty and marginality (Davis 1992; Duneier 2000; Engels [1845] 1968; Lewis 1966; Riis [1890] 1957; Wilson 1987) as well as specific manifestations of poverty such as panhandling (Collins and Blomley 2003; Erskine and McIntosh 1999; Hermer 1999, 2001; McIntosh and Erskine 1999), drawing in particular on work that considers these issues through ethnographic research (Bourgois 1996, 1998, 2002; Bourgois and Schonberg 2009; Wacquant 1999, 2001, 2008). Philippe Bourgois's work is a recurring presence in this project, most notably in the third chapter concerning harm reduction. The nascent ethnography I offer here is deeply indebted to his model of ethnography, even though it is far more limited in scope, length, and depth[4].

This project directly engages with scholarship in the field of drug policy and harm reduction. It offers important ethnographic assessments of users' experiences of harm reduction initiatives in Vancouver, which corroborate larger-scale epidemiological studies (Wood *et al.* 2004; Wood *et al.* 2005; Wood *et al.* 2006). While limited in scope by the small number of participants, this project provides intimate details of injection

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[4] I use the term "ethnography" to describe this research with considerable caveats. Comparing my work with panhandlers and drug users over the past few years to the sort of complete immersion in a culture that characterized classical anthropological ethnographies renders it necessarily lacking. It is, nevertheless, the best description of the research I present here, since it has far more in common with ethnography and the ethnographic tradition than any other qualitative research method. I leave it up to readers to assess the fieldwork as they will and make their own decisions about where the boundaries of ethnography should be drawn.

users' lives and patterns of social service use, including reasons why they use, or shun, harm reduction initiatives. My study provides data that address the critical literature on methadone policy (Bourgois 2000, Koester *et al* 1999), as well as a comparative analysis of methadone provision in British Columbia and the United States (for another Canadian example see Smith 2008 on Ontario). I explore the lives of methadone users, the challenges they face in attempting to stay off heroin and on methadone, and the problems they face in negotiating the methadone maintenance therapy system in British Columbia. My research also engages with the burgeoning literature critical of harm reduction from within progressive schools of thought on drug policy (e.g. Fischer *et al* 2004; Roe 2005), which highlight the biopolitics and potentially neoliberal uses of harm reduction within contemporary urban development strategies.

Finally, this project offers a much-needed social-theoretical consideration of both harm reduction and the persistent phenomenon of opposition to harm reduction. Such a theoretical inquiry cannot be neglected in favour of amassing ever more empirical data to support harm reduction. As should be abundantly clear, despite more than thirty peer-reviewed studies showing positive results, even seemingly unassailable data is often not enough to quell the opposition of policy makers or the public (British Columbia Centre for Excellence in HIV/AIDS 2009). This project, then, contributes a philosophical defence of harm reduction, aligning this policy innovation with the principles of humanitarianism and then continuing with a classical-liberal critique of opposition to harm reduction as well as a psychoanalytic critique of the phenomenon.

Within the discipline of geography, this project engages with recent research on drug addiction, and harm reduction in particular. McCann, in particular, (2008, 2011)

examines harm reduction strategies, such as Vancouver's InSite supervised injection site and recent experiments with heroin-assisted therapy, as examples of "mobile" policy, or public policies that are transported from place to place—from Amsterdam to Zurich, from Sydney to Vancouver—by consultants and policy professionals as cities seek out politically expedient "best practices" to persistent urban problems. DeVerteuil and Wilton (2009, 2009b) also consider harm reduction in geographical terms. They discuss harm reduction initiatives such as detoxification facilities and rehabilitation clinics as spaces of both "care" and "abeyance": spaces, that is, which play a politically ambivalent role by both caring for those in need and containing the threat they present to increasingly image-conscious neoliberal urban elites.

Writing about drug addiction itself rather than drug policy, Christopher Moreno (2009) takes a different tack and draws on Deleuze and Guattari to critique what he calls "modernist readings of addiction" (219). Through a reading of Aronofsky's (2000) film *Requiem for a Dream*, he uses the concept of the "assemblage" to explore the relations between drugs, drug-using bodies, and the spaces they inhabit, emphasizing the fluid nature of addiction and the capacity of drug-user-assemblages to both produce desire as well as limit it. Peta Malins's (2006) research on drug users in Melbourne also draws on Deleuze's ideas of assemblage (specifically his work on the "fold") to theorize the public injection strategies of women. Caught between the need to hide their actions from law enforcement and the need to be visible in case of overdose, Malins examines the explicitly spatial strategies these women adopt, seeing in them a complex interaction between addicted bodies and urban spaces.

Alongside the contribution this project makes to urban geographical scholarship, it also engages directly with geography's growing body of psychoanalytic literature (for an overview see Kingsbury 2004, 2009, and Philo and Parr 2003). Geographers have drawn on a variety of psychoanalytic perspectives, including Freudian dream analysis and the Oedipus complex (Nast 2000; Pile 1996, 2005), Kleinian object relations (Sibley 1995), Lacanian theorizations of *jouissance* and the mirror stage (Blum and Nast 2000; Kingsbury 2007, 2008, 2011; Proudfoot 2010), Winnicottian ideas about potential space (Bingley 2003; Bondi 1999), and Kristeva's notion of the abject (Sibley 1995; Wilton 1998).

While this research takes its theoretical bearings from Freudian and Lacanian approaches exemplified by work by Heidi Nast, Steve Pile, Paul Kingsbury, and Felicity Callard, it is also indebted to geographers who have considered the issue of "otherness" through psychoanalysis such David Sibley and Robert Wilton, as well as Liz Bondi's engagements with psychotherapy as a research method. Sibley's (1995) *Geographies of Exclusion* draws on Kleinian object relations and Julia Kristeva's notion of the abject to theorize the ways that marginalized people are constructed as Other and are spatially excluded in a process that mirrors human psychosocial development. In the Kleinian model, the infant first exists in an undifferentiated world of "part-objects", with no clear division between itself and the objects (such as the mother's breast) it interacts with. The process of creating a bounded sense of self involves introjection and projection, whereby undesirable objects are excluded from the self, in "an endless series of misrepresentations, all of which share an identical quality, the quality of Otherness, of being not-me" (Hoggett, cited in Sibley, 6). Certain problematic objects cannot be easily

introjected or excluded and exist liminally, constituting what Kristeva called the abject.

The abject, which "we may call a border; [for] abjection is above all ambiguity"

(Kristeva 1982, 71), provokes anxiety because of the psychical threat it poses for the

boundary of the subject. Drawing on Mary Douglas ([1966] 2003) and Stallybrass and

White (1986), Sibley argues that such psychical boundary-making is replicated at the

societal level in binaries of purity and defilement, order and disorder, and normality and

deviance. These binaries then become inscribed in the landscape itself as subjects seek to

preserve a coherent sense of self and expel the abject through spatial exclusions such as

segregated neighbourhoods, gated communities, or slum clearances.

Wilton (1998) picks up on these ideas of abjection in his discussion of the siting

of AIDS hospices. Wilton argues that the "visible presence of 'sickly bodies'" (181) in

hospices produce feelings of anxiety in nearby homeowners as they are forced to confront

the realities of illness and death. Conflicts over hospices emerge when they are sited in

residential neighbourhoods because these areas are coded as spaces of life and social

reproduction. Within this space, the hospice is a blunt reminder of residents' mortality

and a psychical-spatial intrusion that offends precisely because it is abject: it is intimate

to the subject yet cannot be effectively excluded. Wilton thus spatializes abjection and

reads landscape as a sort of "spatial fix" for psychical conflict where psychically

problematic issues, such as death, illness, and madness are spatially segregated to

maintain the integrity of the self and the social. When this segregation is challenged, for

example, when a hospice appears in a residential neighbourhood, we encounter the social

expression of psychical conflict as the repressed returns and the abject is made manifest.

Liz Bondi has approached the use of psychoanalysis in geography somewhat differently. While drawing on psychoanalysis for concepts such as empathy and identification (2003), perhaps more significant to this project has been her development of analytic methods (1999, 2005). As a practicing psychotherapist in the humanist tradition, Bondi has been perhaps the most vocal proponent of using psychotherapy as a research method. Her (1999) article "Stages on Journeys: Some Remarks about Human Geography and Psychotherapeutic Practice" presents a brave and compelling case for the uses of psychotherapy in qualitative research. Writing in a mode that borders on the confessional, Bondi recounts her own troubled relationship to academic writing and the struggle to maintain connections to political activism, as well as the value of psychotherapy and even supervisory relationships to understand these challenges. While she herself wonders if perhaps the text does not lapse into "self-indulgent middle class angst" (14), there are moments in Bondi's auto-ethnography that speak to the methodological riches that psychoanalysis/psychotherapy can bring to research. Such risks of self-indulgence are to be expected in experimenting with psychoanalytic methods, and while they must be carefully interrogated for this predisposition, equally important perhaps is questioning the opposite tendency and asking why it is that researchers are so wary about making themselves an object of analysis.

I employ a markedly different psychoanalytic perspective that that of Sibley, Wilton, or Bondi in this project, both in terms of the radically different understanding of the subject presented by Lacanian psychoanalysis and the different understandings of "otherness" that this entails. Nevertheless, the work done by these geographers in grappling with the spatialization of psychical processes and how this intersects with

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processes of social marginalization, as well as the potential of using psychoanalytic methods to examine the researcher him or herself, remain important touchstones for this project.

In this dissertation, I attempt to take seriously Felicity Callard's (2003) critique of the "taming" of psychoanalysis in geography, wherein she contends that only those psychoanalytic concepts which support existing social constructivist analyses have been put to use, while other central (and less politically palatable) concepts such as the repetition compulsion and the death drive—to say nothing of castration—have been quietly shelved. Against this tendency, I grapple with what Callard calls the "truly *monstrous* (in contrast to the grotesquely parodic) figures of psychoanalysis" (308, emphasis in original), employing a thoroughly Lacanian analytic framework to interpret those features of drug addiction, drug policy, panhandling, and urban poverty that social constructivist and political economic accounts fail to fully explain. To this end, I engage with debates within psychoanalytic geography over methods (Healy 2010; Kingsbury 2010; Pile 2010; Proudfoot 2010; Thomas 2007) and the appropriate use of psychoanalysis within qualitative research, and longstanding debates within feminist geography over reflexivity, positionality, and situated knowledge (England 1994; McDowell 1992; Nast 1994; Pratt 2000; Rose 1997).

My hope is that this project will introduce a novel and innovative research agenda to the discipline: a properly psychoanalytic urban geography that bridges the clinical foundations of Lacanian psychoanalysis with those of politically engaged urban ethnographic research in such a way that both schools of thought are invigorated by the encounter. I have attempted to avoid simply importing concepts from one approach and

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dropping them unceremoniously onto the other, instead seeking to work creatively with the vocabularies of psychoanalysis, urban geography, and ethnography to see what each of them can illuminate in the others. Issues such as panhandling and drug addiction are complex and overdetermined social phenomena that require radical approaches. They cannot be understood only as the product of large-scale social forces like poverty, inequality, or disaffiliation, nor can they be reduced to individual pathology or monadic "interpersonal" encounters. They are, I argue, overdetermined by both their social and psychical components, and only a properly psychoanalytic approach, one that is attentive to both the unconscious dimensions of the social field as well as the ways in which the unconscious itself is a site of politics, can hope to map their terrain.

Outline of the Dissertation

The dissertation is divided into two main sections, the first on harm reduction drug policy in the Downtown Eastside and the second on panhandling, both of which are the product of my fieldwork with drug-using panhandlers. Before turning to the fieldwork, I provide a historical geography of the Downtown Eastside in chapter two, in which I focus on the politics of representation and tradition of political activism within the neighbourhood. My purpose in introducing this research on panhandling and drug addiction with a history of the neighbourhood where the research takes place is to highlight the central importance of the Downtown Eastside and its unique geography to the phenomena under investigation. The history I provide serves to situate the empirical research as part of the broader project of understanding the Downtown Eastside today, including the nature of the problems it faces, how these problems have been conceived historically, how different groups have responded to them, and how they are bound up in

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the space of the neighbourhood itself. In this chapter, I discuss the ways in which community groups such as the Downtown Eastside Residents Association (DERA) countered the dominant "skid row" discourse about their neighbourhood in the 1970s-1990s with a discourse of "working class community". Moving into the present, I consider the challenges that their efforts have faced since then as the generation of retired resource workers who made up DERA's base has passed away and been gradually replaced by more marginalized groups living in the neighbourhood's SRO hotels. These new *lumpen* groups, most notably drug users, are the focus of the empirical research that follows.

In chapter three, I discuss drug addiction and drug policy in the Downtown Eastside. Harm reduction has been one of the most innovative policies introduced to the neighbourhood over the past two decades. As a radical departure from traditional prohibitionist/abstinence-based approaches to drug addiction, harm reduction has the capacity to change the lives of drug users as well as improve conditions in the neighbourhoods where they live. I begin the chapter with a history of the harm reduction movement in Europe and then in Vancouver. Following this, I consider harm reduction in a more conceptual sense, tracing the different models of addiction that have defined drug use, from traditional *moral* discourses on drug use to more recent *medical* discourses. I situate harm reduction within these as an approach that challenges some of the categories employed by these moral and medical discourses even as it fails to question (and perhaps remains trapped in) others. I propose, finally, that harm reduction be understood through the lens of humanitarianism even though it does not always live up to this goal. In reviewing the critical literature on drug policy, I identify the theme of

pleasure used by authors such as Bourgois (2000) and O'Malley and Valverde (2004), who contend that policy makers' concern about the pleasure of addicts' drug use lies at the heart of many of the most regressive drug policies. This theme will prove central to the psychoanalytic discussion of harm reduction I offer later in this chapter.

Equipped with this conceptual apparatus, I then turn to my fieldwork with drug users and social service providers to assess the operation of what is arguably the most important harm reduction initiative in Vancouver: the Insite supervised injection site. In Foucauldian form, I discuss the "space of the clinic", leading the reader through a visit to Insite from the perspective of drug users as a heuristic device to discuss Insite's positive features as well as its problems. I then turn to another harm reduction initiative (broadly defined), the far more traditional approach of methadone maintenance therapy. In this section, I perform a close reading of the *Methadone Maintenance Handbook* published by the College of Physicians and Surgeons of British Columbia (CPSBC), interweaving this reading with stories from my fieldwork with methadone users. I discuss the difficulties inherent to methadone maintenance therapy that are faced by those in treatment, and how these difficulties can often be traced back to persistent institutional anxieties over methadone users' "pleasure". Drawing on my fieldwork, I examine the relationship of methadone to the prison justice system, methadone users' attempts to circumvent systems designed to stop them from accessing illicit pleasures by getting high, and the issues associated with the funding system for methadone in British Columbia, a system with highly problematic effects for impoverished methadone users. I conclude this section with a discussion of Vancouver's nascent heroin-assisted therapy trials (NAOMI-

SALOME), which point the way towards a new and potentially more humane form of harm reduction that transcends the moralizing discourse of methadone treatment.

Following this, I discuss the opposition to harm reduction from social conservative prohibitionists and those who advocate abstinence-based drug policy, such as the federal Conservative party. I draw a distinction—one that recurs throughout the project—between the *manifest* content of their critique and its *latent* content, introducing the conditions for a psychoanalytic reading of this phenomenon. Strategically drawing on classical liberal philosophy, I propose a critique of anti-harm reduction positions from within opponents' own discourse of liberalism. I consider the ways ethics are understood in law and the different uses that law is put to, sometimes in the service of morality while at other times the biopolitical governance of populations. I discuss the tensions between these different conceptions of law and the ways which opponents of harm reduction attempt to draw on them. Having presented this philosophical critique of opposition to harm reduction, I note a second paradox, this one political, by arguing that harm reduction, while frequently associated with the left, is not necessarily politically progressive. I touch on the biopolitical critique of harm reduction and its potential uses as a neoliberal urban development strategy that offers elites the ability to control deviant populations in situations where disciplinary law enforcement approaches have failed.

The critiques presented up until this point have all aimed at what I call the "manifest content" of anti-harm reduction discourse. Following this, I turn to the latent content of such discourse, arguing that the phenomenon of opposition to harm reduction cannot be understood without recourse to an unconscious motive, or absent cause, that animates the manifest content. I argue that what previous writers have called "concerns

with the pleasure of addicts" is correct but partly misconceived. Using Freud's concept of the pleasure principle and Lacan's subsequent development of the concept of jouissance, or "enjoyment", I argue that what is actually at issue is not pleasure but enjoyment: a profound unconscious experience of both intense pleasure and overwhelming horror. This is what confronts people psychically when they encounter the abject figure of the drug user. When we understand what psychoanalysis has to say about jouissance, we can better explain people's apparently irrational responses to empirically sound policies such as harm reduction. I draw on public discourse about harm reduction and drug addiction from online news "comment" and "feedback" pages to support my argument that a purely social (that is, not psychoanalytic) analysis of the phenomenon cannot account for the implacability of people's opposition to harm reduction. I further develop my analysis of the pleasure principle to theorize drug addiction and conclude by arguing that harm reduction is an example of what Lacan calls "traversing the phantasy," wherein the subject finally recognizes the lure of Imaginary antagonism for the illusion that it is and confronts the truth of his or her own desire. I argue that in successfully traversing the phantasy of drug addiction, the harm reduction movement has much to be proud of, though it should now be clearer why the fight has been so hard and why so much more remains to be done.

In the second half of the project (chapter four), I turn my attention from drug addiction/drug policy to panhandling, drawing comparisons between drug addiction and panhandling as social phenomena that engender a particular form of anxiety. The chapter provides a critical analysis of panhandling in the gentrifying Gastown area of the Downtown Eastside. I summarize a series of discourses on panhandling, discussing their

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long histories in Western thought and contemporary manifestations in panhandling encounters in Vancouver. In an attempt to theorize panhandling as a fraught social encounter, I turn to the anthropological literature on the gift, beginning with Marcel Mauss's inaugural *Essay on the Gift* in 1923, and trace debates about the nature of the gift up to the present day. I propose that panhandling, and in particular anxieties over panhandling, can be understood in part by recourse to the conceptual apparatus of the gift. Using the central notion of reciprocity, I argue that panhandling is a fraught encounter precisely because the obligation to reciprocate is called into question in the "open" space of the panhandling encounter. Beginning with Collins and Blomley's (2003) evocative phrase "anxieties over poor people's money", I move on to describe a constellation of anxieties experienced by the middle class when confronted with the demands of the poor, an exercise that spans historical periods and different forms of inter-class wealth transfer, ranging from welfare to begging. I focus on two anxieties in particular: the anxiety over whether panhandlers are genuinely in need, and the related anxiety of what they will do with money if given it. After exploring these anxieties in depth, I argue that panhandlers are well aware of the anxieties (and associated discourses) that concern them and argue that much of panhandlers' behaviour can be understood as reactions to these anxieties and strategies designed to address them. I turn to my fieldwork to provide examples of these strategies, discussing the central role of *labour* as a reframing strategy used by panhandlers to transform the anxious space of the "open" gift encounter into the more familiar space of waged labour wherein they provide a service and ask for remuneration. My fieldwork also suggests, however, that the offer of labour and other strategies used by panhandlers to deal with others' anxieties over poor

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people's money go beyond the level of tactics and end up functioning as acts that are productive of panhandlers' identities. Panhandlers, I argue, internalize many of the same discourses about the poor that they are commonly subjected to, and use what I have called "strategies" to generate a sense of self-worth. My fieldwork provides ample evidence that panhandlers are aware of—and to differing degrees, even agree with— discourses about the (un)deserving poor, and that they use labour as evidence of their position on the deserving side of the binary, often by positioning other panhandlers opposite them.

Following this, I propose that this discussion of anxiety over poor people's money is essential to understanding panhandling, but that it does not, in itself, go far enough, for it constitutes only the manifest content of those anxieties which circulate in panhandling encounters. If we want to understand panhandling as a social phenomenon, we need also examine the latent content of these encounters. How else can we account for the contempt, fear, and disgust that commonly greet the figure of the panhandler? Why is it that these gift exchanges concerning such insignificant amounts of money, amounts that most people would not notice if they simply lost, engender such anxiety, anger, and violence when this money is given to poor people? I argue that the anxieties that attend panhandling encounters have an unconscious as well as conscious basis, and only by investigating the latent, unconscious anxieties about panhandling can we explain people's irrational responses. Drawing on Lacan's idea of *lack*, the idea that subjectivity and desire are founded on a fundamental lack-of-being which haunts the subject, I explore panhandling as a traumatic encounter with the "lack in the Other", a social expression of a psychical conflict central to the structure of neurosis. I then use this formulation of

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panhandling to complicate my earlier discussion of the gift and reciprocity, arguing that panhandling must be conceived as an exchange in which lack is the first gift that is given—by the panhandler to the potential donor.

I continue to explore psychoanalysis' potential insights into panhandling in the following section on methodological concerns. Here, I discuss the problems of conducting research with panhandlers, specifically the problem of deception and "hustling". Doing research with desperately poor people who depend on gifts for their survival presents obvious difficulties for the researcher who is wealthy by comparison and who has established a relationship on the basis of giving money. I reflect on what it means to conduct research within what I call the "space of the hustle" and draw on Lacan's clinical writing to discuss the triadic structure of the analytic setting, arguing that researchers should bear in mind Lacan's injunction to not be seduced by the Imaginary illusion of interpersonal communication, and instead understand intersubjective relationships as being determined by the intercession of a third party that is constituted by language, or the "big Other".

In the final section of the chapter, I continue to discuss methodology, entering into the debate within psychoanalytic geography about the potential role for psychoanalytic methods in qualitative research. In an effort to shift the terms of the debate, which often focuses on researchers' anxieties about psychoanalyzing their research subjects, I propose that the most logical object of analysis is actually the researcher him or herself. After decades of feminist and post-structuralist geographers' calls for researchers to attend to their own "positionality" (Dowling 2000) and "reflexivity" (McDowell 1992; Rose 1997), I argue that psychoanalysis offers an ideal

model for interrogating the subject of the researcher. To these ends, I discuss my own experiences with a Freudian/Lacanian technique called "analytic supervision" in which an analyst sees another analyst regarding the problems they are experiencing with their patients. Supervision is used as another sort of analytic space, where the analyst can reflect on her or his own unconscious investments with patients. I argue that analytic supervision offers a practicable psychoanalytic model for qualitative social science. While different in obvious ways, the role of the researcher can be seen as analogous to that of the analyst insofar as researcher and researched form emotional bonds that can be examined in analysis. I discuss my own experience in analytic supervision with a Lacanian psychoanalyst and the unique insights it afforded me into my research practice. I conclude by connecting these analytic observations to larger processes of urban change and discussing the fraught position of the participant-observation researcher conducting fieldwork on urban poverty within gentrifying neighbourhoods.

Research Design, Methods, Methodology

The nature of ethnographic research means that it is often difficult to precisely demarcate the scope of research activities. This issue becomes even more apparent when the researcher lives in the study site. In February of 2004, I moved into an apartment at the corner of Powell and Columbia streets, one block east of Maple Tree Square and two blocks north of the Insite supervised injection site. Maple Tree Square quickly became the focal point of my everyday life: I shopped in the small groceries, ate at the cafés, drank in the bars, and passed through the Square everyday en route to the bus stops. It was through my daily life in Gastown that I became familiar with the panhandlers in and around Maple Tree Square. Thus, while my ethnographic fieldwork officially began in

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2009, in many ways, this was just the formalization of a process that had been progressing slowly for several years.

This project was conducted using a variety of qualitative research methods including ethnography, participant observation, key actor interviews, street interviews, and archival research. As I have argued, the ethnographic component is the most difficult to quantify because of my immersion in the study site and the fact that panhandling was both the object of my research and an unavoidable fact of my everyday life. The bulk of the ethnographic fieldwork was conducted over two years from February of 2009 to February of 2011. I conducted research with twelve panhandlers and drug users. Of these twelve, I formed closer relationships with a core group of six who appear in the upper portion of the table below. Nearly all of these research participants were both panhandlers *and* drug users: only one panhandler did not have a significant history of drug use and only one of the drug users in the core group was not also an active panhandler.

Table 1. Ethnographic Research Participant Summary

Pseudonym	Research role	Intensive participation[5]	Recorded interview(s)	Sex
Dean	Panhandler, Drug user[6]	X	X	Male
Mark	Panhandler, Drug user	X	X	Male
Girard	Panhandler, Drug user	X	X	Male
Diane	Panhandler	X	X	Female
Jack	Panhandler, Drug user	X		Male
Tammy	Drug user	X	X	Female
Laura	Panhandler, Drug user	X		Female
Sam	Panhandler, Drug user			Male
Allen	Panhandler, Drug user		X	Male
Serge	Panhandler, Drug user		X	Male
Tara	Panhandler		X	Male (trans)
Shelly	Drug user		X	Female

I conducted formal, digitally recorded interviews with nine participants, and more extensive informal research on the street with the entire cohort[7]. This "informal research" quickly revealed itself to be by far the most important component of the ethnography. While recorded interviews produced transcripts that made it easier to work with longer quotations, the significant amount of time I spent in spontaneous conversation with panhandlers on the street meant that much of the information I gleaned came at times outside the formal interviews. In lieu of audio recording, I carried a

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[5] "Intensive participation" describes panhandlers and drug users with whom I conducted a significant amount of research. I use the term to distinguish between this "core" group and the larger network of people who are referred to in the text.

[6] In this dissertation, "drug user" refers to a heroin or cocaine user, or else to a former user of heroin, currently on methadone maintenance treatment, who may continue to use benzodiazepines in conjunction with methadone. See chapter 2 for a further discussion.

[7] A further group of approximately eight panhandlers, including street musicians and artists, are also referred to in the text.

notebook at all times and transcribed significant comments, conversations, and events as fieldnotes, also keeping daily records of conversations I had with the research participants.

In addition to conversations and interviews, I spent a great deal of time each week simply observing the panhandlers in the research group as they asked passers-by for spare change, which proved to be an essential research method. This technique was applicable more to certain panhandlers than others, depending on where the research subjects panhandled and my ability to find a suitable location from which to observe them. For a short time in early 2009, I used a video camera to conduct some experiments with collaborative filming of Diane in her panhandling location. While this produced some interesting films, I abandoned the practice after concluding that they did not generate any new perspectives compared to simple observation.

In addition to the ethnographic component of this project, I conducted in-depth interviews with seven different social service providers and addictions professionals. In 2009 and 2010, I interviewed four employees of the Portland Hotel Society and Insite supervised injection site, including one senior administrator. As part of this institutional research, I also toured the Insite facility[8] and, in February of 2009, I worked for one day at the Portland Hotel itself as a volunteer, interviewing staff, meeting residents and acting as a participant-observer[9]. I also interviewed a senior policy maker for housing with the

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[8] The site was temporarily closed for the purposes of the tour.
[9] This day of research was originally intended to be the beginning of an institutional ethnography of the Portland Hotel. After initially approving the project, senior management later reversed their decision and cancelled the project.

City of Vancouver, an addictions specialist, and a coordinator for a religious-based homeless shelter in 2010.

As part of the panhandling component of this project, I conducted twelve street interviews with members of the general public about their experiences being panhandled. These short interviews, ranging from a few minutes to approximately twenty minutes, were digitally recorded in and around the Vancouver Central Library in the fall of 2009. Interviewees were approached "cold" and were asked about their experiences of and attitudes toward panhandlers.

Alongside this fieldwork, the project also draws on archival research. As part of the harm reduction component of this project, I researched British Columbia's methadone maintenance program and harm reduction practices. This material can be found in the section entitled "Methadone in Vancouver". I also analyzed media accounts of current events related to panhandling and harm reduction, focusing on online news sources, and in particular, the interactive "comments" and "feedback" sections that accompany much online journalism. These fora function as a new form of "letters to the editor", with the primary differences being that they are often anonymous and largely unedited, making them a fertile site for public opinion on current events.

Sociologists, anthropologists, and marketers have used the term "online ethnography" or "netnography" to describe such research and have vigorously debated the practice as well as its relationship to traditional ethnography (Hine 2000; Kozinets 2000; Sade-Beck 2004). Debates have focused on whether online "communities" can be considered communities in the traditional sense, whether the researcher's usual position

as an observer (or "lurker" in internet parlance) means they occupy a fundamentally different position from the traditional ethnographer's participant-observer position, and how the texts produced by online commentators can be read. Hine (2000) for example, recounts a story from her fieldwork in which she was deceived by a participant who logged into a chat room under different names and pretended to be different people. Following Geertz (1973), Sade-Beck (2004) also cautions that online ethnography cannot provide a "thick description" of the social phenomena being examined and maintains that data must be triangulated through research in the "real world".

With respect to my use of online "comments" pages as data, two things are essential to note: first, that I do not rely on these data exclusively and always seek to read them with and against other textual data such as newspaper journalism and statements by public figures. Second, I use this data as an example of *discourse* rather than as the unique expression of an individual. This means that I do not attempt to represent the views of an individual person who lies behind the text, since such subjects may in fact express and hold far more varied opinions in different contexts. Rather, I treat online data as a *social act* and as a text. In this context, it matters less what an individual "genuinely believes" and more what social acts they engage in and what texts they produce. The goal of this "online ethnography" is thus to map the discursive contours of popular anti-harm reduction discourse, not to faithfully represent the subjectivity of ethnographic research participants in the traditional sense, a task which is both impossible using this method and moot since it is not the goal of this project.

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Finally, some additional research methods are important to note. I volunteered for the City of Vancouver's Homeless Count in 2009 and 2010, requesting early morning shifts in the Downtown Eastside and East Downtown areas and using these two-hour shifts as an opportunity to make contact with panhandlers. As part of the final section of my chapter on panhandling, in which I engage with debates within geography on the use of psychoanalytic methods, I also draw on research conducted in the spring of 2011, when I took part in eight sessions of analytic supervision with a Lacanian psychoanalyst.

Following the guidelines laid out in the ethics approval for this study, I employ pseudonyms for all the panhandlers and drug users who took part. It should be noted that nearly all informed me that this was unnecessary and that they were comfortable using their own names. I have opted to use pseudonyms throughout not only because this was my original proposal to the Office of Research Ethics, but also because the practice allows more freedom with the stories I recount since there is no potential for the individuals to be identified. As a convention, I use pseudonyms for the panhandlers and drug users with whom I conducted extended ethnographic research (e.g. "Dean", "Mark", "Girard") and generic titles for the interviews with social service providers and the general public (e.g. "Insite employee 1", "street interview 2").

Chapter 2.

The Derelict, the Deserving Poor, and the *Lumpen*: A History of the Politics of Representation in the Downtown Eastside

Figure 1. *Abbott & Cordova, 7 August 1971.* Stan Douglas (2009). Digital Photograph in Glass. Installed in the Atrium of the Woodward's development, Vancouver. Used with Permission.

Figure 2. Untitled Portraits in the Atrium of the Woodward's Building. 2010. Photo by Author.

Immediately to the left of Stan Douglas's photo-mural *Abbott & Cordova, 7 August 1971* (2009) in the atrium of the new Woodward's building, a series of portraits and quotations proposes an interpretation of the Woodward's site and its historical significance. Adorning the entrance to one of the chain stores, they depict local residents and their answers to questions such as: "What do you think of the changes going on in the area?" and "What do you think about the Woodward's development?" Considering that the piece was created by the building's developers, it is unsurprising that it offers a sunny interpretation. The carefully chosen faces of marginalized Downtown Eastside residents, new middle-class arrivals, and community leaders all speak of the positive impacts of the new development and the ongoing gentrification of the neighbourhood. Couched in the language of "social mix," their quotations extol the virtues of "diversity," misleadingly

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implying that the Downtown Eastside—one of the most diverse neighbourhoods in the city—somehow lacked diversity in the past. The quotes trumpet the social housing component of Woodward's, even though the number of housing units is a fraction of what community groups argued was necessary. And they make fallacious claims that the new businesses are employing Downtown Eastside residents and helping them to "get off the streets"—as if the problem of poverty in the Downtown Eastside was the result of too few minimum-wage jobs.

Writing on Douglas's piece in the *Walrus*, Leigh Kamping-Carder (2010) remarks that real-estate developers often forget that neighbourhoods like the Downtown Eastside are palimpsests—spaces continuously written over by different social groups throughout their history. *Pace* Kamping-Carder, what texts like those described in the previous paragraph suggest is that developers are in fact acutely aware of the histories of the places they seek to remake, at least insofar as it helps them sell condominiums. The quotations attributed to this all-too-perfect collection of faces are uncanny precisely because they seem to address every facet of the public discourse around Woodward's, seeking to reassure new property-owners that not only is their investment secure but that their very presence is beneficial to the community. The ideological centre of the text is found in a quote from "Ali", who, in giving his thoughts on how the neighbourhood will change, jokes, "I might not be able to buy a coffee here in five years!". To the newly-arrived middle class being hailed by this discourse, the message is clear: *Don't sweat the bad reputation; this place is going to be worth a fortune.*

It is in this politically contested space that we encounter Stan Douglas's *Abbott & Cordova*, a depiction of a 1971 riot in which police attacked a group of hippies protesting

marijuana prohibition. It is a somewhat frivolous protest compared to the political

struggles more commonly associated with the neighbourhood: the labour strife of the

1930s, the fight against urban renewal and demolition in the 1960s, the fight for humane

drug policy in the 1990s, or the struggles against gentrification (including the occupation

of the Woodward's building itself) in 2002. Nevertheless, in this minor event located at

the periphery of the protest movements of the 1960s, we encounter a powerful

representation of the naked violence of the state brought to bear on a group of people.

What can be said about the politics of this image? What function does it perform

here in the historically overdetermined space of the Woodward's building? On one level,

Abbott & Cordova is a representation of a riot and can be read as a powerful indictment

of state repression and police brutality, and as a defence of civil liberties during a time of

social upheaval. In so far as it dredges up an uncomfortable past, the image offers an

important corrective to sanitized histories of the neighbourhood that efface the traces of

conflict from the palimpsest of the Downtown Eastside. We can also discern parallels

between that historical period and our own, reading the piece as a reminder that such

political struggles and violent repression continue, even if the issues and actors differ.

Conversely, we can read the piece looking not for similarities but differences and

call attention to what might be effaced in this representation. In this reading, we look at

the riot and ask: *Whose* riot? *Which* community is being represented? Hippies are not

the first group that Vancouverites associate with the Downtown Eastside of the 1970s.

They were, after all, only recent arrivals to the neighbourhood. The more iconic figures

of the Downtown Eastside were the working-class men living in the neighbourhood's

residential hotels—those men who look on like detached spectators from the peripheries

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of Douglas's mural[10]. We are therefore entitled to ask about the important *class*

differences between the middle-class protest depicted in *Abbott & Cordova* and the

traditionally working-class politics of the Downtown Eastside. Indeed, why is it that in

Woodward's, at the very site of the neighbourhood's most contentious battles over

gentrification, we find the depiction of a riot concerned not with the politics of

redistribution but the politics of (marijuana) consumption? Could we argue that *Abbott &*

Cordova functions as a sort of gentrification of the political history of the Downtown

Eastside? Could we even suggest that it somehow apologizes for the gentrification of

Woodward's by providing an image of middle-class protest for the gentrifiers to identify

with, thereby legitimizing their presence in the neighbourhood as the rightful inheritors of

the legacy of the 1960s protest movement?[11]

This line of questioning likely goes too far, for it is clear that Douglas intends

quite the opposite with the piece. It's clear that he intends this image of a notorious riot

to facilitate a discussion about the contested history of the neighbourhood. Nevertheless,

it is precisely because such a conversation is necessary that it is essential to pay attention

to how class and class struggle are articulated in representations of the Downtown

Eastside—especially when real estate developers are actively engaged in writing their

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[10] In an interview with Alexander Alberro, Douglas notes: "…middle-class people and working-class older men… watch the action as if it were street theatre. That's something I noticed in photographs and film footage from the time. People who couldn't be outwardly identified as hippies didn't feel threatened by the police action. They just watched the action as if it were some kind of entertainment." (Alberro and Douglas, forthcoming 2011).

[11] I argue that it is precisely this sort of middle-class, counter-cultural identification that condo marketer Bob Rennie was aiming at when he enjoined prospective Woodward's buyers to "be bold, or move to suburbia." Rennie Marketing Systems, *Woodward's District*. http://www.woodwardsdistrict.com, 2006. The slogan has since been removed from the website; a supplementary reference to the slogan can be found in: Tim Carlson, "Condofest," *Vancouver Review* no. 10, Summer 2006; http://www.vancouverreview.com/past_articles/condofest.htm.

own histories of the neighbourhood with the goal of making it safe for property speculation rather than political discussion.[12]

In the historical analysis that follows, I take up these issues of class, class struggle, and the politics of representation. The central historical transition I am concerned with is representational: it is the transformation of public discourse about the Downtown Eastside, primarily as a result of political struggle from a variety of groups within the community. Specifically, I focus on the articulation of a discourse of "working-class community" by the Downtown Eastside Residents Association (DERA) in the 1970s and 1980s as a reaction to the earlier language of "skid row" and the subsequent challenges that discourse has faced since then. This latter transition is tied to an important demographic shift in the neighbourhood: the diminishing numbers of retired resource workers who once populated the neighbourhood's hotels. As a result of this shift, there have been changes in the political actors who have been able to successfully articulate a narrative of the neighbourhood. In this case, I chart the shift in power from DERA in the 1980s to the Portland Hotel Society (PHS) in the present day. Entwined in these transformations are a host of others: transitions from industrial to post-industrial, from alcohol to heroin and then to crack, and from the "respectable" working-class to the "undeserving" *lumpenproletariat*.

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[12] The necessity of such analyses is made clear by another representation offered by the developers of Woodward's. In a didactic panel (located on the Hastings side of the building) discussing the history of Woodward's, they appear to argue that the Woodward's development represents the *successful* culmination of the 2002 "Woodsquat" occupation of the Woodward's building by activists and homeless people. Given that many activists view Woodward's as the complete *failure* of their struggle against gentrification, this argument should be read as an attempt at ideological recuperation whereby a history of opposition is co-opted by the victors. With respect to my claim that the developers are not interested in fostering political discussion, it is also worth noting that the Woodward's building has repeatedly refused Simon Fraser University students—who attend school in the building—the right to hold protests on campus.

The area now known as the Downtown Eastside was Vancouver's original town site. Comprised of a number of distinctive sub-areas, including Gastown, Chinatown, and Strathcona, it extends as far east as Clark Drive and abuts the central business district in the west.[13] The "Granville town site," as it was named by royal surveyors in 1870, was built on a beach called *Luk'luk'i*, a seasonal food-gathering settlement of the Squamish, Tsleil-Waututh, and Musqueam First Nations (City of Vancouver 2007). Chosen because of its proximity to the nearby Stamp's Mill, the town site was organized around resource extraction and processing, activities which grew and persisted well into the twentieth century. An industrial waterfront emerged in the area comprised of canneries, warehouses, grain elevators, dockyards, and rail yards alongside a lodging-house district centred on Carrall and Cordova streets. Here, the loggers, miners, and migrant labourers of the hinterland found temporary accommodation in the numerous rooming hotels after returning from months of isolation in remote work camps. Beer parlours, cafés, and other businesses catering to these mobile, single men abounded in the dense few blocks around Maple Tree Square, which soon became known as the loggers' district (Knight 1980, 29–30).

As the city grew, affluent Vancouverites moved farther west, away from the sights and pungent smells of the industrial waterfront, making the Downtown Eastside the centre of the city's working class. With its concentration of hard-working and hard-living men, the neighbourhood quickly acquired a reputation for being a rough part of

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[13] The boundaries of the Downtown Eastside have been the subject of a great deal of politicized debate, with community groups fighting against government and real estate developers, often for the simple recognition of the neighbourhood's existence. When I speak of the Downtown Eastside, I employ the definition advanced by neighbourhood groups (and eventually adopted by the city), but by and large limit my discussion to the lodging-house areas of Gastown, Oppenheimer, and the Hastings corridor. For a discussion of the neighbourhood's contested boundaries, see Blomley 2004, chapter 2.

town (Sommers 1998, 292–293). Widespread unemployment during the Great

Depression did nothing to help this situation, and the neighbourhood became known for

confrontation after a series of violent clashes between police and unemployed men:

striking longshoremen clashed with police at Ballantyne Pier in 1935, and, in a series of

conflicts, groups of unemployed men occupied numerous public buildings including the

Carnegie Library, the Hudson's Bay Company, the Post Office, and Art Gallery at

different times throughout the 1930s (Hassan and Ley 1994, 174).

While the war-time recovery of Vancouver's economy cooled tempers somewhat,

the economic recovery did not include the Downtown Eastside. Expansion of the

highway system changed the dynamics of transportation such that waterfront industries

could now relocate to cheaper land in the suburbs. The closure of the Union Steamship

docks at the foot of Carrall Street and nearby North Shore ferries, as well as the end of

streetcar transport along Cordova and Hastings around this time, also contributed to a

massive decrease in pedestrian traffic through the neighbourhood (Campbell *et al.* 2009,

City of Vancouver 2007).

The neighbourhood—with its cheap hotels and beer parlours filled with working-

class men—had long been associated with vices such as drinking, prostitution, and the

racialized anxieties surrounding the gambling and opium "dens" of Chinatown. In the

1950s, with the neighbourhood in profound economic decline, these moral anxieties

coalesced into a language of "skid row" (Sommers 1998, 296). Residents of the

Downtown Eastside were now characterized as deviants, derelicts, and criminals in local

media, and stories of alcoholism, drug use, and violence filled the newspapers. The

neighbourhood itself became a "square mile of vice" (MacTavish 1947) whose "canned-

heaters, drug addicts" and "streetwalkers" (Montreal Gazette 1951) were described in lurid detail by the press.

The rooming houses and residential hotels in these years housed a large number of retired resource workers (Sommers 1998, 296). The men who had once stayed in the neighbourhood during the off-season or between jobs were now settled there permanently, making up a large and stable percentage of the community. By the late 1950s and early 1960s, new social groups began to arrive, including transient men, First Nations people, and younger substance abusers (Hassan and Ley 1994, 175). Heroin also appeared around this time and a nascent street-drug scene emerged on the corner of Main and Hastings streets. The three decades following World War II thus saw a continued deterioration in the neighbourhood. A number of factors—including the end of the streetcar service that brought pedestrians to the neighbourhood, increasing suburbanization (affecting traditional downtown retailers like Woodward's), and the arrival of new groups of very poor people in the Downtown Eastside—all contributed to the production of an economically depressed neighbourhood with increasingly pressing social problems.

These problems were defined in terms of "blight" and "urban decay" by city planners and gave rise to proposals for "urban renewal" to change the neighbourhood. Consistent with the planning ideology of the 1960s, such proposals often took the form of large-scale demolition and high-rise construction. Project 200, put forward in 1965 by a coalition of business and government forces, proposed fourteen new office towers and a massive freeway expansion that would demolish most of Gastown and Chinatown (Sommers and Blomley 2002, 35; Smith 2003, 497). The proposal sparked opposition

from a wide variety of groups including Strathcona property owners, Downtown Eastside social workers, and heritage preservationists, who eventually succeeded in preventing the plan from being realized.[14] So, while social problems were deepening at the time of the 1971 riot depicted in Douglas's photograph, the Downtown Eastside was still a stable working-class community entering the decade on a wave of successful community organizing and resistance.

The Downtown Eastside Residents Association (DERA) was officially incorporated in 1973. Modelled as a sort of trades-union for low-income people, it was the product of unique period in the history of the Canadian welfare state, when governments attempted to assimilate oppositional movements, such as those that had opposed Project 200, by granting them official status and providing them with funds (Sommers 1998, 305). Initially headed by Bruce Eriksen, a Downtown Eastsider who had spent his working life in resource and industrial jobs, DERA quickly proved to be too politically confrontational to benefit from this largess of the state. Only three years later, when their funding was rejected by city council in 1976, DERA had already grown to 2,000 members and had embarrassed the municipal government on many occasions through rallies, pickets, and raucous appearances at council (Hassan and Ley 1994, 181, 186). The object of these actions was consistent: to improve the living conditions of their membership, the retired resource workers living in the neighbourhood's residential hotels. DERA framed their demands using the discourse of equality, arguing for equal enforcement of the law in the Downtown Eastside as was expected in other parts of the

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[14] One important strategy in the fight against Project 200 was the 1971 heritage designation of Gastown. On this point see Smith, "Planning, Policy and Polarisation ..." 501.

city. An important aspect of this demand was the enforcement of building codes and fire regulations, bylaws that were frequently ignored in the dilapidated hotels of the Downtown Eastside, often with disastrous consequences for those who lived in them. In 1973 alone, there were 107 hotel fires in the neighbourhood, which claimed the lives of ten people (ibid. 192). DERA's membership and influence continued to grow throughout the 1980s, with the organization claiming 4,500 members in 1989 and two of its executive, Bruce Eriksen and Libby Davies, making the leap to formal politics when they were elected to city council early in the decade.

At the same time as DERA was making real progress in organizing residents and lobbying on their behalf, economic and social decline continued in the neighbourhood. The deinstitutionalization of significant numbers of mentally-ill patients from Riverview hospital, often without adequate support systems, led to many of these people moving to the Downtown Eastside in search of affordable accommodations. The neighbourhood's heroin trade also grew explosively throughout the 1970s, and the 1980s saw the arrival of crack cocaine, which only compounded the neighbourhood's problems with addiction.

Gentrification in other parts of the city, such as Kitsilano, Fairview, and the West End, which saw the conversion of single room occupancy (SRO) accommodations to middle-class apartments, put additional pressure on the neighbourhood to absorb the city's low-income singles (Ley 1996, 67). These problems came to a head in the lead-up to Vancouver's hosting of the World Exposition in 1986 (Expo '86). The Expo grounds' proximity to the Downtown Eastside raised concerns that a high-profile mega-event would have disastrous effects for the neighbourhood through upwards pressure on rents and increased real-estate speculation. DERA raised the alarm early on that Downtown

Eastside hotel owners intended to convert their properties to tourist accommodation and evict long-term tenants, many of whom had lived there for decades. Pressure on city council to enact rent freezes and moratoriums on conversions fell on deaf ears, and Expo resulted in an estimated 500 to 950 tenants being evicted from their homes in the lead-up to the event (Olds 1998, 13). DERA was later successful, in part because of this tragedy, in pushing for legislation that extended tenant's rights to the men of the rooming hotels in 1989. Nevertheless, the Expo evictions had a destabilizing effect on an already changing community (Smith 2003, 499).

While much of DERA's efforts were directed at material struggles around tenants' rights and living standards, in important ways they were also concerned with issues of representation. The principle target was the discourse of "skid row" that had come to define the neighbourhood since the 1950s. Skid row described a space filled with transients and derelicts, a neighbourhood where the washed-up ended up. Against this popular image, which was endlessly repeated in the press and civic discourse, DERA advanced a counter narrative of working-class community, drawing on the collective history of the retired men who made up their membership. They emphasized the residential stability of the neighbourhood—the second highest in the city—and the deep connection many felt to the community (Hassan and Ley 1994, 190, 178). Jeff Sommers discusses this process in terms of the production of a new dominant figure in the neighbourhood: where once the "derelict" had represented skid row, now stood the figure of the "retired resource worker" (Sommers 1998, 300). By the mid-1980s, when the Expo evictions occurred, the success of DERA's rearticulation of the neighbourhood's inhabitants was evidenced in the appropriation of this figure by journalists: "[T]hey are

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blasters, loggers, union workers, old soldiers, fathers, mothers, grandparents … They are poor now, but before their bodies grew old and began to break they were working to help build this country" (Hume 1986, cited in Sommers 1998).[15] The most striking example of DERA's successes at the level of representation comes in the name of the neighbourhood itself: whereas the area was once referred to as "Skid Road,"[16] after a decade of discursive work, DERA had succeeded in renaming the neighbourhood as the Downtown Eastside, even receiving a citation to that effect from the mayor (Hassan and Ley 1994, 190).

This transformation of the neighbourhood at the level of representation is one of DERA's greatest legacies. The replacement of the figure of the derelict with that of the retired resource worker has been immensely important to the neighbourhood in its struggles for recognition and equal treatment under the law.[17] It should be apparent, however, that such an ideological re-articulation, while radical in its own way, is not without its problems. Principle among these is the reification of a very bourgeois binary between the deserving and undeserving poor. In many ways, DERA succeeded in winning support for its agenda in the larger political field only by mimicking the vocabulary and conceptual framework of Vancouver's elite. In other words, DERA argued that Vancouverites were wrong to stigmatize the retired workers of the Downtown Eastside as derelicts on *empirical* grounds—because they weren't really derelicts—rather

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[15] See also the two most important texts in the production of this narrative: Rolf Knight's *Along the No. 20 line*, 1980, and Laurel Kimbley and Jo-Ann Canning Dew's *Hastings and Main: Stories from an Inner City Neighbourhood*, 1987, the latter a product of research by Carnegie Centre, itself a product of DERA's lobbying (Sommers, 301).

[16] "Skid Road" is a Vancouver variant of the more common term "skid row".

[17] There were, of course, more concrete achievements as well, such as the remarkable amount of social housing DERA succeeded in having built in the neighbourhood.

than undermining the ideological framework itself and arguing that, derelicts or not, Downtown Eastsiders deserved equal treatment and recognition.[18]

Jeff Sommers, drawing on Iris Marion-Young, argues that "the deployment of a rhetoric of community … also produced a series of exclusions." Counterpoised to the retired resource worker were the "criminals, drug addicts, and alcoholics" who preyed on the worthy poor and degraded the neighbourhood (Sommers 1998, 302).[19] The representation that DERA advanced about the neighbourhood and its inhabitants, while successful in enfranchising many, was nevertheless a representation that did not hail everyone: "it was a representation of only *some* bodies" and served to suppress "the identities of the many others who used that space" (Sommers 1998, 305).

This distinction might be no more than academic if it actually were the case that the neighbourhood was entirely composed of the type of men hailed by this discourse.[20] This was never the case, of course, and more significantly, from the late 1980s onwards, the picture in the Downtown Eastside has changed even more. The numbers of retired resource workers in the neighbourhood has gradually declined due to aging and the

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[18] Some may argue that DERA's language was not always this exclusionary and did in fact occasionally "hail" the very groups I am claiming they positioned as "outsiders." DERA produced a great deal of texts over its tenure, some of which may contradict my claim. Doubtlessly, many of the struggles they undertook (for example, in fighting for enforcement of fire codes in hotels) certainly benefited everyone in the Downtown Eastside. Nevertheless, there are numerous examples that speak to the distinction I am identifying and, in any case, my argument does not depend on whether the "blame" rests on DERA for the reification of the deserving/undeserving poor binary: what is important is that *this* was the language that was successful in changing public opinion and was repeated in newspapers and civic discourse. This issue is critical because this discourse is what comes under threat when the figure of the now-respectable retired resource worker is no longer dominant in the neighbourhood.

[19] See also: Iris Marion-Young, *Justice and the Politics of Difference* (Princeton: Princeton University Press, 1990), chapter 8.

[20] By the end of the 1980s, DERA's membership also included a significant minority of Chinese-Canadian women. While this speaks well to the diversity of residents the group was able to attract, it should still be clear that other groups were excluded.

legacy of the Expo evictions.[21] As these men have passed on, they have not been

replaced by another generation of resource workers, because those jobs have, by and

large, left the city or disappeared altogether. Indeed, since the late 1980s a new, younger

cohort has come to dominate the neighbourhood's SRO hotels: heroin and cocaine users,

women involved in the sex trade, First Nations people, the mentally ill: in short, people

even more marginalized than the generation that preceded them and people who are

exemplary of those *not* hailed by the discourse of the noble poor (Smith 2003, 499;

Sommers 1998, 305). According to Jeff Sommers, this transition has meant that the

"iconic representation of the aging resource-industry worker has been increasingly hard

to reconcile with reality" (Sommers 1998, 305).

This "younger, meaner, rougher crowd," (City of Vancouver 1998, 2) as the city's

planning department put it, grew substantially over the 1990s and 2000s, changing the

character of the neighbourhood from one recognized by the generation of loggers as a

community, to a neighbourhood that began to look more and more like a "U.S.-style

inner city ghetto" (Middleton 1996, cited in Sommers 1998, 305). Storefront vacancies

along Hastings increased dramatically, leaving the neighbourhood looking derelict and

abandoned.[22] The 1990s saw an explosion in HIV transmission among the IV drug-using

population that was the highest in the developed world, prompting the Vancouver-

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[21] There is still a high percentage of seniors (+sixty-five) in the Downtown Eastside (twenty-two percent compared to thirteen percent in the city overall in 2005–06, according to the City of Vancouver *2005/06 Downtown Eastside Community Monitoring Report,* 8), so demographics fail to capture this transition. It can be inferred, however, from two factors: the disappearance of resource sector jobs from the neighbourhood and from the ages of this generation: if DERA claimed in 1987 that the average Downtown Eastsider was a former resource worker aged fifty-five, those men would be nearing eighty years old in 2011 in a neighbourhood where men's life expectancy is sixty-six.

[22] Between 1986 and 2001 storefront vacancies increased from thirteen to forty-three percent (CCAP 2002, cited in Smith 2003, 500).

Richmond Health Board to declare the city's first "public health emergency" (Campbell *et al.* 2009) in 1997. Deaths attributed to illegal drugs nearly doubled over the 1990s and overdose deaths reached 300 annually (Millar 1998, *i*). Homelessness increased as Vancouver's real estate market became the most expensive in the country, giving an even more visible character to poverty in the neighbourhood: drugs or alcohol once consumed in hotel rooms were now increasingly consumed on the street, in full view of drivers passing through the neighbourhood.

These transitions are the result of processes I have identified above: the growth of the drug trade, deinstitutionalization and erosion of support for mental patients, the widespread loss of affordable housing in other parts of the city, as well as macro-economic factors such as the neoliberal retrenchment of the welfare state. Taken together, they amount to what I call a process of *lumpenization* in the Downtown Eastside: a deepening of poverty and breakdown of the earlier community.

Marx and Engels use the term *lumpenproletariat* to refer to the social class below the traditional proletariat. They refer to this unemployed, propertyless group as "vagabonds, discharged soldiers, discharged convicts … swindlers, charlatans, pickpockets … rag-pickers, beggars" (Marx [1852] 2005, 46). In the contemporary Downtown Eastside, I use the term *lumpen* to refer to those radically excluded from traditional working-class citizenship: drug users, panhandlers, prostitutes, and petty drug dealers; in short, the same groups stigmatized with the designation of the "undeserving poor." It is the growth of this population since the 1980s and their concentration in the Downtown Eastside that has produced the transition I refer to here as *lumpenization*.

Progressive scholarship and political activism have had a long and troubled relationship to the *lumpen* that extends as far back as Marx and Engels' first formulation of the category. In the *Manifesto*, they refer to the *lumpen* as:

> The 'dangerous class,' the social scum, that passively rotting mass thrown off by the lowest layers of old society. [The *lumpen*] may, here and there, be swept into the movement by a proletarian revolution; its condition of life, however, prepare it far more for the part of a bribed tool of reactionary intrigue (Marx and Engels [1872] 1967, 92).

The *lumpen*, according to Marx and Engels, live a "degrading, destructive mode of life," (Bussard 1987, 683). They lack any sense of class consciousness and exist parasitically, preying on the working class or acting as pawns of the bourgeois in putting down proletarian revolution. While rarely expressed with the vehemence we encounter here, this hostile attitude toward the *lumpen* parallels some of the exclusions one occasionally encounters in contemporary progressive movements. And while DERA was not concerned that the *lumpen* of the Downtown Eastside would sabotage their efforts by assisting Vancouver's elites, they were nevertheless portrayed as "outsiders," preying on the noble working class whose image DERA had worked to rehabilitate (Sommers 1998, 302-303).[23]

The idea of the *lumpen* as a group lacking class consciousness also has parallels in the Downtown Eastside. While DERA was able to consolidate a class identity for its members drawing on a shared history and genuine attachment to the community, this was not necessarily the case for *lumpen* groups. Indeed, I would argue that many of the *lumpen* of the Downtown Eastside do not have a strong sense of class consciousness and

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[23] For more on Marx and Engel's discussion of the *lumpen* see Draper 1972, and Hayes 1988.

often have little or no love for the neighbourhood in which they live. In my own research with drug-using panhandlers, anti-neighbourhood sentiments appear near universal, as are expressions of dislike and distrust for other panhandlers. I cannot recall a single expression of solidarity with other panhandlers from the people I have spoken with, and I vividly recall the day a panhandler told me that the best thing that could happen to the neighbourhood (where he had lived for over a decade) would be if it all "burned to the ground." Panhandling drug users who are either homeless or inadequately housed represent a segment of the Downtown Eastside so marginalized that the neighbourhood appears to offer no sense of meaningful emotional attachment; for them, it is simply a place of pain and humiliation[24].

It is important not to draw too much from emotionally-charged statements like these. At the risk of levelling charges of "false consciousness" against these panhandlers, there is certainly much about the neighbourhood that they would miss if it were gone. The Carnegie Community Action Project's (CCAP) recent *Community Vision for Change* featured a questionnaire conducted with 655 low-income residents and claimed that ninety-five percent of respondents would prefer to remain in the neighbourhood—*if* they had safe and secure housing (Pedersen and Swanson 2010, 6). At the same time, a 2008 demographic survey of the neighbourhood found that only sixteen percent of the SRO residents they interviewed wanted to remain in the Downtown Eastside (Lewis *et al.* 2008, 23). Martha Lewis, the study's lead author, warned against drawing overly hasty

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[24] This point is more fully developed in Chapter 4, *The Gift and the Lack: Panhandling, Anxiety, and the Subject in Question.* There are, nevertheless, groups doing remarkable work trying to produce just such a sense of class (or group) consciousness. First amongst these is the Vancouver Area Network of Drug Users (VANDU) who have created a very powerful sense of shared identity for their 1,500-plus members and who mobilize this identity to fight for their interests as drug users.

conclusions from this statistic because it did not account for people's desire to remain in the neighbourhood if their most pressing complaints were addressed.[25] These caveats are important in as politically charged a climate as this one, where suggestions that residents do not like their neighbourhood are used by property-developers and politicians as justification for gentrification.[26]

The CCAP's *Community Vision* is explicit that the Downtown Eastside possesses qualities that residents desire. Foremost among these is the sense of acceptance and "sanctuary" people feel in the community (Pedersen and Swanson 2010, 10). Indeed, the Downtown Eastside is a place where many marginalized people are accepted, are not stigmatized for their addictions, and are perhaps also spared the prejudice they encounter in the rest of the city. Nevertheless, these benefits are apparently not experienced by all, as the example from the panhandlers and drug users I refer to above suggests. If part of achieving political change depends on the successful creation of a class or group identity—that is, of individuals recognizing that their personal problems are shared by others and can be solved through common struggle—then the continued feeling of exclusion expressed by these *lumpen* subjects suggests that they have not felt themselves hailed by contemporary progressive discourse.

In light of the demographic transition in the Downtown Eastside from the retired resource worker to the more marginalized *lumpen* population of today, it is telling that DERA is no longer the hegemonic political voice in the neighbourhood. Arguably, since

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[25] In a separate question, nearly half (forty-eight percent) rated their satisfaction with the neighbourhood as "poor" or "very poor" as reported in Lewis *et al.* 2008, 33.

[26] This concern was precisely what prompted the study's authors to include the caveats mentioned above. See Martha Lewis's comments in *The Dominion* (Condon 2008).

the late 1990s, it has been the Portland Hotel Society (PHS) that has advanced the

dominant articulation of the neighbourhood, its problems, and the appropriate solutions.

The PHS was initially a product of DERA, who purchased the Pennsylvania Hotel

at Hastings and Carrall, intending to renovate it in order to provide housing for people

with concurrent disorders.[27] The PHS took over control of the building in 1993 and today

operates thirteen residences for the hard-to-house, along with the Insite supervised

injection site, Washington needle depot, and even a bank for residents who cannot access

conventional financial services (Portland Hotel Society n.d.).[28] The scope of the PHS's

activities in the neighbourhood cannot be overemphasized; over the past fifteen years,

they have become by far the most dominant group in the Downtown Eastside,

commanding significant amounts of government funding for the neighbourhood and

becoming BC Housing's de facto provider of services for the hard-to-house.

There is much to be inspired by in the PHS's ethics. Staff members treat residents

with respect and generosity, and they do not pass judgment on the lives they live, even

when they involve sex work, active drug addictions, crime to feed addictions, and

disruptive behaviours related to past trauma. Whether in the hotels or at the supervised

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[27] A concurrent disorder describes a situation where a person experiences both a mental health issue, such
as schizophrenia or clinical depression, as well as a substance abuse problem.
[28] The PHS also runs an art gallery, "life skills" centre, café, and free medical/dental clinic.

injection site, they endeavour to support and house an extremely challenging—indeed,

lumpen—population and have been incredibly successful in doing so.[29]

There is a great deal that is different about the PHS from their forebears in DERA. If there is a righteous anger at the centre of any political group, in the PHS, it concerns the violence of the bourgeois dichotomy between the deserving and undeserving poor, between working class and *lumpen*:

> I think in the past, the Downtown Eastside got a lot from this notion of the bearded white loggers that built the wealth of the province. But I don't know if that was true or false ... but, the older activists were very successful in pushing that kind of version of what was going on down here. And, because of that, lots of housing got built. But, nowadays, the cracks in that image start to get revealed. That it's more complicated. There are mainly people down here who wider society sees as undeserving. That we don't have to worry about, and we don't have to provide a house and a roof and a bit of food. That really they should be punished for the sort of people they are ("male co-executive director", quoted in Gurstein and Small 2003, 723).

The PHS positions itself as a progressive group carrying on the legacy of defending the rights of Downtown Eastsiders but frames their work *against* the representational strategies employed by the generation before. Whereas DERA challenged the 1950s discourse of skid row with one of working-class community, the PHS points to the exclusions that were produced in the process of reifying the figure of the "bearded white logger."

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[29] Residents of the PHS are the epitome of the sort of *lumpen* subjects I am describing. Penny Gurstein and Dan Small provide this statistical picture of the residents: "Most have limited education, and have not completed high school. Thirty-five per cent have had some form of childhood trauma, most often physical and/or sexual abuse. Thirty-four per cent have a diagnosed mental illness. Thirty-three per cent are HIV positive or have AIDS that they most likely got from injection drug use. Twenty-five per cent have Hepatitis C. Eighty-eight per cent have a drug or alcohol addiction and seventy-three percent are injection drug users. Ninety per cent have been involved in the criminal justice system. All are well below the poverty level." (Gurstein and Small, 2003, 725).

In light of the changing demographics of the Downtown Eastside, as well as the fundamental political necessity of including the *lumpen* in any legitimate political project, the critique represented by the PHS is an essential component to the political discourse of the Downtown Eastside. This does not mean that the PHS as a whole is an answer to the neighbourhood's need for an organization that can represent it and deliver change. Indeed, unlike DERA, the PHS is not a democratically run organization, and thus is not accountable to its residents in the way DERA was accountable to its members. And while much of what the PHS does is politically very progressive, it is not an organization dedicated to building political solidarity and class identity in the way that DERA was. If DERA presented an image of the retired resource worker as a counterpoint to the skid row derelict, who does the PHS offer as a political figure? So far, that figure has been the "hard-to-house" and the resident with "concurrent disorders." This has meant that the discourse offered by the PHS in replacing DERA's "working class community" is one of "human rights" and perhaps "best practices" in the management of difficult populations—an important *humanitarian* discourse perhaps, but not the sort of radical *political* discourse the neighbourhood also requires. This work of building a class identity has fallen to other groups in recent years: the Carnegie Community Action Project (CCAP), Downtown Eastside Neighbourhood Council (DNC), and Vancouver Area Network of Drug Users (VANDU) most notably. We can see in these groups the continuation of a legacy of democratic, citizen-led organizing for which the Downtown Eastside is justly famed. More importantly perhaps, while these groups share much with the rhetoric of community solidarity advanced by DERA, the conception of community they advance is not one predicated on the exclusion of a *lumpen* other. Indeed, the

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interests of drug users, panhandlers, and binners feature prominently in the CCAP's

recent *Community Vision for Change* through recommendations for a regulated legal drug

market, as well as rights for those who make their living through binning at the weekly

Street Markets organized by the DNC. The work done by these groups is vital if the

Downtown Eastside is to remain a politically active community and create a new political

subject that includes the *lumpen* who were previously excluded. As important as the

work done by the PHS has been to sustaining the lives of this group, it does not appear

that they will be the ones producing such a political subject. Nevertheless, they continue

to be the organization advancing the dominant narrative of the neighbourhood, as well as

the group through which substantial state monies enter the neighbourhood for housing

and health care. It remains to be seen whether other, more political—and at the same

time, more inclusive—narratives can rise to prominence, allowing the Downtown

Eastside to speak in a voice more fully its own.

Chapter 3.

Beyond the Pleasure Principle of Drug Policy: Biopolitics, Jouissance, and the Obscene Enjoyment of Harm Reduction
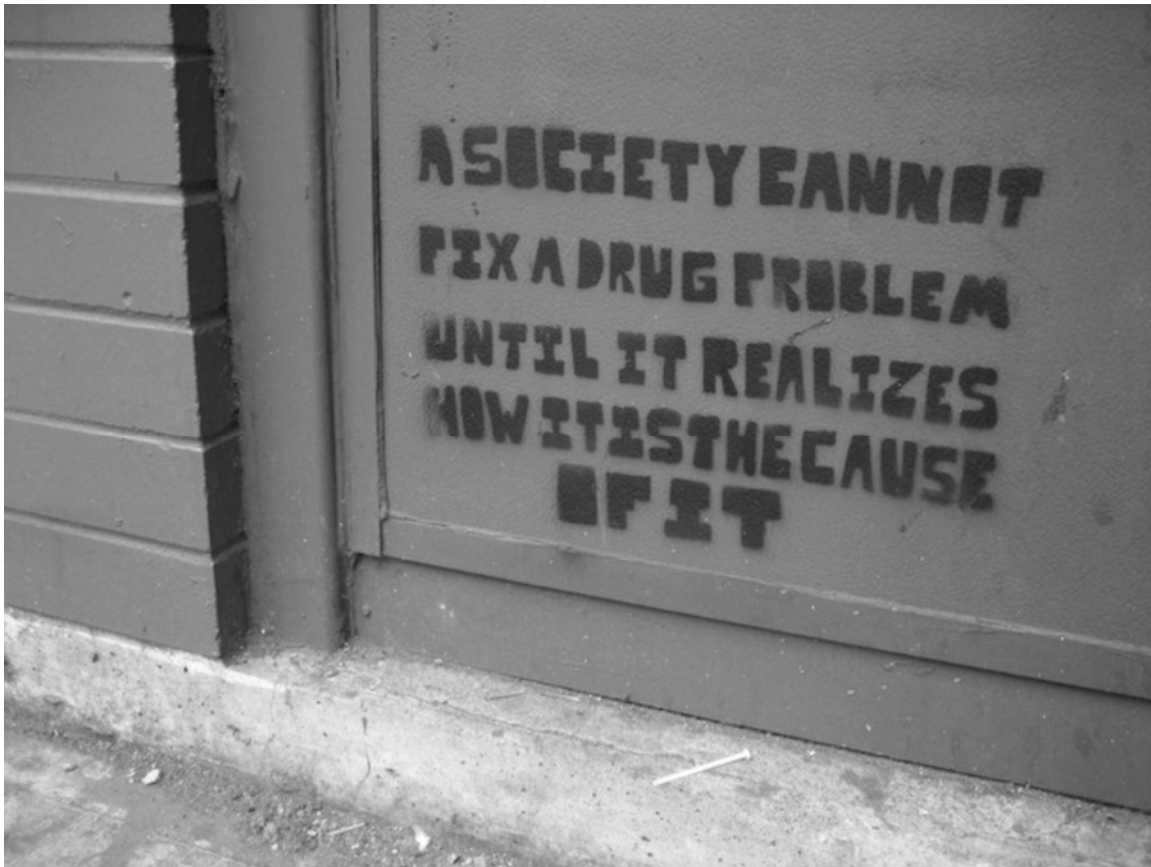
Figure 3. A Society Cannot Fix a Drug Problem Until it Realizes How it is the Cause of it. Downtown Eastside Graffiti. Artist Unknown. Photograph by Author.

Introduction: Seeing Harm Reduction Through the Law

In January of 2010, the British Columbia Court of Appeal handed down its ruling in the matter of *PHS Community Services Society v. Canada (Attorney General)*, dismissing the federal government's appeal. At issue was the question of whether Insite, a medically supervised injection site (SIS) for drug users, constituted a healthcare facility and was therefore exempt from the laws governing controlled substances in Canada. It was not the first victory for Insite, the respondents having already successfully argued their case before British Columbia's Supreme Court in 2008, and since the federal government quickly moved to appeal the case to the Supreme Court of Canada, if they were to be successful, it could not be their last.

For the first three years of its operation (2003-2006), Insite operated under a section 56 exemption from the *Controlled Drugs and Substances Act* (CDSA), the same exemption commonly given to researchers conducting experiments with controlled substances. When the federal Liberal government who granted the exemption was replaced by a Conservative government in 2006, the new administration refused to grant another three-year exemption, and instead awarded the site two shorter extensions (each at the eleventh hour) before finally refusing a further extension past June of 2008. With the threat of closure hanging like Damocles' sword, the operators of the site launched a

constitutional challenge in April of 2008 arguing that the federal government in fact had no right to decide their fate at all.

The argument that is generally presented in support of harm reduction initiatives like supervised injection sites is quite simple: providing injection drug users with a safe space in which to consume drugs reduces the risk of death from overdose, the amount of syringe sharing, and the transmission of blood-borne illnesses such as HIV and Hepatitis. It reduces public injections, street disorder, and puts drug users in contact with health-care professionals where they can be offered treatment and medical care. Simply put, so long as people are going to use drugs, the best thing to do is reduce the harms associated with it.

The legal arguments advanced by the plaintiffs at the supreme court took a different tack and speak to a number of the themes I examine in this chapter. They contended that Insite did not need a legal exemption from the *Controlled Drugs and Substances Act* (CDSA) firstly, because the law itself was unconstitutional, and secondly because the site was not subject to federal jurisdiction. The plaintiffs argued that sections (4)1 and (5)1 of the CDSA—the sections that prohibit possession and trafficking—were unconstitutional because prohibiting these activities in the context of a safe injection site violated the drug users rights' to life, liberty, and security of the person as guaranteed under section 7 of the Charter of Rights and Freedoms (*PHS Community Services Society v. Canada (Attorney General)* 2010). The court of appeals upheld the Supreme Court's ruling that these sections of the CDSA were unconstitutional because of overbreadth, that is, in the course of prohibiting justifiably illegal acts such as possessing a controlled

substance, they also prohibited necessary acts such as the right of an addicted person to access medical care.

Against this position, the federal government argued that people enjoyed no right to access controlled substances and the government was under no obligation to make breaking the law safer or less stressful. The plaintiffs responded that indeed, they did: heroin addicts were sick people, they argued. While at a certain point in the past they may have used heroin recreationally, once they became addicted to it, their agency was diminished to the point that any law preventing them from using drugs in the safest manner possible necessarily meant that the law came between a sick person and the medical treatment they require.

Something interesting has happened in this argument, and it involves the conception of addiction that is being advanced. Before I turn to that, let me briefly discuss the second constitutional argument because a similar operation is at work. The plaintiffs argued that they did not require a legal exemption to the CDSA because the site was not subject to federal regulation. The argument is jurisdictional: since addicted people are sick people and the treatment they receive at Insite is medical, the site is a healthcare facility and is therefore under provincial rather than federal jurisdiction. Those familiar with the political landscape of harm reduction in Canada will immediately understand the significance of this argument: British Columbia's provincial government supports harm reduction while the federal government does not.

In both of these arguments what we see is a highly strategic deployment of legal arguments. The plaintiffs make use of the jurisdictional argument because the current

political situation makes it advantageous. Likewise, they argue that addicts are "sick"

because it allows for supervised injection sites to be considered treatment[30]. But

strategies have consequences: harm reduction advocates could well find themselves in a

situation one day where a liberal federal government was a far closer ally than a

conservative provincial government. Likewise, the argument that addiction is a disease

requiring medical treatment is an argument that many progressive critics of drug policy

are uneasy with. The so-called "disease model" of addiction can be strategically useful—

particularly in critiquing *moral* condemnations of drug users—but it can also give rise to

highly problematic arguments, as when advocates of abstinence-based drug policy argue

that addicts should be jailed or quarantined until "cured" of their disease. For those of us

who support harm reduction, what this suggests is that the arguments we employ in the

fight for a progressive drug policy may have consequences beyond our intentions, and it

behooves us to think carefully about the discourses and tactics we use to frame the issues

and advance our programme.

Overview of the Chapter

In the chapter that follows, I offer just such a consideration of harm reduction in

the hopes of reframing the discussion and introducing what I think are important new

conceptual frameworks. I begin with a discussion of the history of the harm reduction

movement in Europe and then turn to chronicle its history in Vancouver. Following this,

I examine drug addiction discursively, elaborating a series of discourses that have

functioned historically to define the problem of addiction. In particular, I discuss

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[30] There is a further dimension of strategy at work here, if we follow the logic that addiction is an illness
and that harm reduction is a recognized treatment, the argument also opens the door for more radical
harm reduction initiatives such as heroin-assisted therapy (HAT) in the future.

traditional *moral* and more recent *medical* models of addiction, noting harm reduction's uneasy relationship with both. I note the significance of the concept of "pleasure" in the critical literature on drug policy, and the contention by authors like Bourgois (2000) and O'Malley and Valverde (2004) that anxieties over the pleasure of addicts continues to haunt drug policy. I then turn to my fieldwork with drug users, social service providers, and methadone patients to assess two different harm reduction initiatives in Vancouver: the Insite supervised injection site and British Columbia's methadone maintenance programme. I examine "the space of the clinic" at Insite and use a visit to the site to describe users' experiences of harm reduction. I then discuss methadone through a close reading of the College of Physicians and Surgeons' *Methadone Maintenance Handbook* interwoven with stories from methadone patients about getting high, going to jail, and getting taken advantage of by your landlord. I follow Bourgois in noting the persistence of problems within methadone provision that stem from latent anxieties over the illicit pleasure of users but also discuss the significant differences between US and Canadian (specifically British Columbian) methadone programmes. The section concludes with a discussion of the preliminary results of Vancouver's newest and most ambitious harm reduction initiative, the NAOMI opiate-assisted therapy trails.

In the sections that follow, I consider the phenomenon of opposition to harm reduction at length. I begin by assessing the arguments mounted against harm reduction and offer a critique that draws on the same liberal framework employed by opponents of harm reduction. I then turn to consider what I refer to as the "latent" content of opponents' critiques, arguing that opposition to harm reduction cannot be understood without considering the Freudian unconscious. I ask how it is possible to understand

opposition to harm reduction when not only is the science that supports it empirically

unassailable but also that it appears, in many ways, to be potentially congruent with the

sort of neoliberal urban redevelopment policies shared by opponents of harm reduction.

Without an empirical or philosophical rationale, and lacking a political motive, I argue

that opponents' critiques of harm reduction have an unconscious basis and I develop a

psychoanalytic critique to explain it. I argue that what previous authors have called

"concerns with the pleasure of addicts" is correct but partly misconceived. Using Freud's

concept of the pleasure principle and Lacan's subsequent development of the concept of

jouissance, or "enjoyment", I argue that what is actually at issue is not pleasure but

jouissance: a profound unconscious experience of intense pleasure and overwhelming

horror. This is what confronts people when they encounter the abject figure of the drug

user and drug policies which do not enjoin such users to abstinence: it is an encounter

with the traumatic jouissance of the Other. I draw on public discourse about harm

reduction from online "comments" fora to support my argument that only through

psychoanalysis can we account for the ferocity of people's anger toward issues and

people who barely affect them in material ways.

In the final section, I continue to examine drug addiction through the analytic of

the pleasure principle, concluding that harm reduction represents an example of what

Lacan calls "traversing the phantasy", when the subject finally recognizes the illusion of

the Other's enjoyment for what it is and confronts the truth of his or her own desire. The

proponents of harm reduction in Vancouver have much to be proud of in this regard, for

they have overcome profound psychical antagonisms in the struggle for a more humane

drug policy. Drawing on the resources of psychoanalysis, it should now be clear why the fight has been so hard and why so much remains to be done.

Harm Reduction

Harm reduction describes a wide range of policies and practices, both legal and medical, which are aimed at reducing the social and individual ills associated with illegal drug use. Under the aegis of harm reduction one finds such disparate phenomena as outreach clinics providing medical care for drug users, needle exchanges, supervised injection sites, methadone programs and more recently opiate prescription programmes. Harm reduction is best understood as a philosophy rather than a specific set of policies. As a philosophy, it is humanitarian in nature, and is primarily concerned with the welfare of drug users rather than ideological or moralizing discourse about illicit drugs.

Harm reduction presents itself as the pragmatic alternative to prohibitionist, abstentionist, law and order, "just say no" approaches, as well as libertarian legalization critiques, although there is occasionally overlap with the latter (Erikson et al. 1997; Inciardi and Harrison 1999). There is great diversity within harm reduction such that some strategies have more or less in common with traditional drug policy. Accordingly, harm reduction policies differ substantially in how politically and socially palatable they are, with some like methadone maintenance treatment (MMT) being common while supervised injection sites (SIS) and heroin-assisted therapy (HAT) are far more controversial. While there are significant and important differences between these various harm reduction approaches—significant both in their effectiveness and the impacts they have on the lives of drug users—there is a still a great deal they share, and

understanding the underlying dynamics is important to understanding how approaches can be improved. Harm reduction policies can be seen as those that intervene in the space between abstinence and dangerous, unsustainable drug use with the aim of improving drug users' lives, even if they decide to continue using drugs.

A Genealogy of Harm Reduction

Despite the fact that laws regulating drugs are almost always national, harm reduction has a distinctly urban history. From Liverpool to Amsterdam, Frankfurt to Sydney, Zurich to Vancouver, harm reduction is a story of cities. Wodak (2006) proposes that the reason for this national-local scalar anomaly lies in the relative distance of federal politicians from the realities of drug-related harm and poverty: "the more remote our politicians are from what is happening in the streets and parks of our local neighbourhoods, the more likely they are to be seduced by the utopian nostrums of a drug free world" (84). Of the six principle cities associated with the emergence of harm reduction, only Amsterdam is a capital city.

This disjuncture gives rise to tensions and contradictions within the evolution of harm reduction policy as authority to make changes to law often does not rest with the parties who have undertaken the project. MacPherson et al. (2006, 130) note that there are limits to how much a municipality can achieve, especially within a context of drug prohibition. Policy responses which run counter to strict prohibition such as heroin-assisted therapy (HAT), safer injection sites (SIS), and in some legal contexts, even needle exchange programs (NEP) often encounter legal hurdles in the form of national laws which prevent such projects from being realized. This has lead to a variety of

creative attempts to challenge or circumvent such laws both through the courts, as in Vancouver's ongoing charter challenge, and through civil disobedience, as seen in the establishment of illegal needle exchanges and safer injection sites in Sydney and Vancouver (Wodak 2006).

Many histories of harm reduction begin with the first *International Conference on the Reduction of Drug-Related Harm* held in Liverpool, England in 1990. It was here that the constellation of new ideas about mitigating the harms associated with illegal drug use coalesced into what is now known as the harm reduction approach (Erikson *et al*. 1997). Liverpool was a fitting site for such an event both because it was in the midst of an epidemic rise in heroin use and also because it had a long history of non-conventional approaches to drug abuse.

Liverpool, and the greater Merseyside area—like many of the other cities I will describe—experienced a meteoric rise in the availability and problematic use of heroin in the early 1980s (Jarvis and Parker 1989; Parker and Newcombe 1987). Some of the problems associated with this epidemic are reflected in the 262% increase in burglaries over the period 1980-1986, compared to an increase of 90% nationwide. Research carried out at the time revealed a strong correlation between the increase in heroin addiction and the increase in "acquisitive crime": Parker and Newcombe (1987) found that 50% of their sample of burglars were committing the crimes to support their addictions.

At the same time, Liverpool also had a unique history of unconventional approaches to the problem of drug addiction dating back to the 1920s. In the time before

the advent of widespread prohibition in the West, the Rolleston Committee, a group of

British physicians, proposed that the way to deal with opiate addiction was through the

establishment of drug dependency clinics (Marlatt 2002; Riley and O'Hare 2000). One

of the services such clinics would provide was the prescription of opiates to middle-class

addicts who were unable to overcome their addictions. The underlying philosophy was

simply that addicts might require maintenance on a prescribed medication in order to live

useful lives. Once a person was addicted to opiates, their condition was considered a

medical problem which required a medical solution.

That such an approach strikes us as radical in our present context should alert us

both to the strength and tenure of prohibitionist discourse as well as how differently the

issue was conceived of before prohibitionism achieved its current hegemonic status.

British physicians of the time clearly saw the problem of addiction as within the purview

of medicine and also as an affliction worthy of a humanitarian response[31]. These

attitudes, however, did not survive the twentieth century unchanged. In 1968, the NHS

stopped the prescription of heroin by physicians switching to newer, more medically

legitimate methadone injections and eventually to oral methadone (Berridge 2009; van

den Brink et al. 1999), but while the practice diminished nationwide, it continued in

Liverpool under the Merseyside Health Authority (Marks 1991; Marlatt 2002)[32].

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[31] Riley and O'Hare also note that opiate prescriptions were available on a *take-home basis*, a practice which would be inconceivable in many of today's methadone maintenance programmes (see Bourgois 2000 for examples). This further testifies to how disparate British physicians' of the 1920s conception of addiction was from the criminal law models at work today.

[32] Larrimore and Brill's (1967) research suggests that it was the shift from bourgeois addicts who respected the authority of the medical establishment to younger, working class addicts which precipitated the demise of the "British System" by the 1970s (cited in Mitcheson 2005).

Liverpool's unique legacy of harm reduction *avant la lettre*, as well as its epidemic of heroin addiction in the 1980s made it a fitting site for the symbolic birth of harm reduction as a movement. Before the oft-cited *International Conference* however, the roots of harm reduction had also been growing elsewhere. Amsterdam, the city most associated with liberal attitudes towards illicit drugs, was also experimenting with novel approaches to drug use. If England could claim a unique history with the drug dependency clinics, the Netherlands' history of tolerance dating back to Renaissance policies on religious freedom is often evoked as an explanation for Dutch tolerance of substance use (Cohen 1997).

The 1960s saw the rise of a counterculture in the Netherlands similar to that which was occurring across Europe and the Americas. Drug use, principally marijuana, became a more visible feature of life in major cities like Amsterdam. The response from Dutch legislators to this phenomena was the passage of the revised Opium Act of 1976 based on the findings of two commissions: the Hulsman Commission in 1971 and the Baan Commission in 1972. These commissions advanced a number of positions that remain controversial to this day: that criminal law is an undesirable means of regulating drug use because it brings users of more benign drugs in contact with users of more addictive drugs, that the "stepping-stone" or "gateway" theory of drug use does not hold up to scrutiny, and that the right to use drugs and even harm oneself through drug use is a right of the individual (ibid). The revised Opium Act stopped short of the most radically liberal proposals to decriminalize all drugs opting instead to simply decriminalize marijuana.

Heroin appeared in the Netherlands in 1972 (van den Brink et al. 1999). Numbers of addicts rose sharply through the 1970s peaking at 30,000 in 1984 (Schreuder and Broex, 1998 cited in ibid.). Methadone programmes preceded the advent of heroin, having been introduced in 1968 to treat morphine addiction. Early methadone programmes were similar to current US methadone programmes in that they were directed towards abstinence: these programmes also suffered from similarly high drop-out rates. Policies were soon changed toward stabilization and harm minimization out of fear that the medical system would lose contact with addicts (ibid). These new "low threshold" approaches allowed Dutch methadone programmes to eventually reach 50–80% of heroin users. By comparison, high-threshold methadone programmes geared towards abstinence in the United States currently reach only 15–20% of addicts (Bieleman et al. 1995; Office of National Drug Control Policy 1998, cited in van den Brink et al. 1999).

While Dutch methadone programmes kept users in contact with the medical system and showed some positive effects in terms of reducing illicit drug use, criminality, and improving social integration, they remained limited in their effects with only 36% of participants showing overall improvement (ibid). Such disappointing results provided the impetus for alternative approaches, in particular opiate prescription, of which three experiments were conducted in 1983, 1990, and 1995. These experiments, using intravenous morphine, injectable methadone, and synthetic opiates showed some but still limited success in patient retention and improved health. Above all, van den Brink et al. argue the outcome of these experiments was for Dutch authorities to turn their attention to innovations in other countries, most notably Switzerland.

The Swiss prescription opiate trials of 1994–1996 tested the utility of injectable and inhalable heroin, injectable and oral morphine, and injectable and oral methadone for improving addicts' health and social integration (Uchtenhagen et al. 1997; van den Brink et al. 1999). The results of these seminal Swiss trials were significantly more positive than what was achieved in either Liverpool or Amsterdam. More than perhaps anything else, the Swiss trials succeeded in legitimating the idea of opiate prescription and showing its potential.

The Swiss trials began in the wake of the now infamous "Needle Park", a 1986 experiment intended to concentrate Zurich's open drug scene to a single park, the Platzspitz, in an attempt to reduce street disorder and facilitate better service provision (Klingemann 1996). The experiment failed miserably and Needle Park was closed in 1992 after conditions had deteriorated so far that increasingly violent competition between dealers made service provision nearly impossible (McCann 2011). Responses to the failure of the Needle Park experiment were varied, reflecting the controversies and divided attitudes towards drug addiction in Swiss society. On the one hand, new opiate prescription trials began in 1992 and even larger trials began in 1994 (ibid). On the other hand, the drug scene that was displaced from Platzspitz soon reappeared in the abandoned Letten train station and was reported to be even worse than Needle Park. More ominously, in 1993, a detention centre for users who were not citizens of Zurich was established to incarcerate users for 24–48 hours before deporting them to their "home communities" (Klingemann 1996, 731). So, alongside progressive programmes for heroin prescription and growing humanitarian sentiment regarding the situation of drug

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users—evidenced in approval for such polices in national referendums[33]—we also see nakedly revanchist attitudes seeking to exile drug users to the peripheries and even beyond the city itself.

These reactionary views, however, ultimately failed to sway public opinion, mainly because of the favourable results of the Swiss opiate trials. Indeed, the Swiss experiments produced positive results where Liverpool and Amsterdam had shown only promise. Out of 1146 addicts taking part, 796 remained for the duration of the study, a retention rate of 70%. Illicit (that is, non-prescribed) drug use declined "rapidly and markedly" (Uchtenhagen 1997, 7), while overall physical and mental health improved, permanent employment more than doubled, income from illegal activities declined from 69% to 10%, and criminal activity overall fell 60% (ibid). Significantly, the study also demonstrated that heroin prescription in particular showed markedly better retention rates and produced fewer adverse drug reactions than either methadone or injectable morphine (van den Brink et al. 1999). Findings such as these have been immensely important in legitimizing harm reduction, heroin-assisted therapy, and have formed the backbone of arguments for these approaches in other countries.

The history of harm reduction, however, is not limited to Liverpool, Amsterdam, and Zurich. Frankfurt, Germany and Sydney, Australia have also both contributed significantly to the clinical evidence supporting harm reduction through pioneering opiate prescription, needle exchanges, and other humanitarian interventions. In 1985, Australia adopted a policy of "harm minimization" which led to the establishment of the first

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[33] Klingemann notes that support for safer injection sites and opiate prescription programmes was already high in 1991 and still increased by 1994: from 59% to 73% and from 64% to 70% for each issue respectively.

needle exchange in 1985 and the first safer injection facility (SIF) in 1999. Interestingly,

while harm minimization as a policy was adopted at a national level—in response to

advocacy from Sydney-based health care providers—both the needle exchange and SIF

were initially quasi-illegal acts of civil disobedience (Fitzgerald & Sewards 2002 cited in

Wodak 2006), a fact which points to an alternative genealogy of harm reduction as driven

by activists and users rather than scientists and policy makers. Frankfurt, for its part, is

significant here because its successful experiments with harm reduction served as the

model for Vancouver's most recent harm reduction strategy, the Insite supervised

injection site (McCann 2011). It is to Vancouver's particular history of harm reduction

that I now turn.

Harm Reduction in Vancouver

Vancouver's story is one of a crisis in the 1990s and the responses to it. The

Downtown Eastside had long experienced issues with alcohol and heroin use, but in the

late 1980s, a significant change occurred in the neighbourhood's pharmacological

landscape. Powder cocaine appeared in the neighbourhood at much lower prices than

ever before and heroin potency increased dramatically (MacPherson et al. 2006). From

1988 to 1993, overdose deaths increased eight-fold, with 200 occurring in Vancouver in

1993 and the birth of an HIV epidemic amongst IV drug users (Cain 1994; MacPherson

et al. 2006)[34]. In response to these events, the province's chief coroner of the time, Vince

Cain, convened a special task force on the overdoses that produced a report the following

year (Cain 1994). In it, Cain called for sweeping changes to the legal and medical

systems regulating illicit drugs. He suggested that criminalization of drugs was a

significant cause of the harm they inflicted and argued that addiction must be approached

as a medical not criminal issue. In retrospect, the Cain report came too early to have

significant effects; its recommendations were largely ignored by the centre-left provincial

New Democrats and centre-right municipal Non-Partisan Association as Vancouver's

HIV and overdose crisis claimed ever more lives (MacPherson et al 2006).

On September 23rd, 1997, another political actor called attention to the unfolding

crisis: the Vancouver–Richmond Health Board (now Vancouver Coastal Health

Authority) declared a "public health emergency" in the Downtown Eastside over the

epidemic spread of hepatitis A, B, and C, syphilis, and HIV/AIDS (VANDU n.d.). The

emergency that the VRHB had designated was taking place within a context of cutbacks

to drug treatment through the 1990s. Marsh and Fair (2006) note that responsibility for

addictions treatment was transferred between provincial ministries five time in the

decade. Funding freezes and cutbacks had also adversely affected access to drug

treatment services. The wait time for Vancouver Detox prior to 2001, for example, was

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[34] Research by Bourgois suggests that Vancouver's HIV crisis has a great deal to do with the type of heroin
available here. In the United States, heroin users on the West Coast had HIV rates two to three times
lower than their counterparts on the East Coast. This geographical anomaly can be traced to the
different types of heroin available in each area and the injection practices they require. West coast
users injected Mexican "black tar" heroin, whose gooey consistency required syringes to be rinsed
before being reused. East Coast injectors used heroin from Southeast Asia, which came in the form of a
highly soluble powder, meaning that syringes did not require rinsing between injections. Heroin in
Vancouver is of a similarly soluble type, which suggests that the city's astronomic HIV rates may be
related to risky injection practices encouraged by the specific properties of heroin itself (Bourgois 2009,
108; Bourgois 2002; Ciccarone and Bourgois 2003)

six weeks; this for a service most outreach providers argue need to be available on demand.

Outside of the sphere of formal politics, activist groups in the Downtown Eastside were agitating for drug users' rights. The same year that the Vancouver-Richmond Health Board declared the public health emergency in the Downtown Eastside, a group of active and former IV drug users formed the Vancouver Area Network of Drug Users. VANDU, along with groups like the Portland Hotel Society (PHS) began staging actions to raise awareness about the crisis unfolding in the Downtown Eastside[35]. In 1997, they erected 1000 crosses in Oppenheimer Park, a long-standing site of Downtown Eastside labour struggles to commemorate the deaths of drug users (VANDU n.d.). Then, in 2001, VANDU presented a coffin to mayor Philip Owen during a City Council meeting along with an oversized "cheque" for ninety human lives to protest a ninety-day moratorium on new services for drug users (ibid). VANDU also attempted to work within formal politics, with founders Bud Osborn and Ann Livingston running for city council in 1999 on harm reduction platforms. Osborn himself was earlier nominated to the Vancouver-Richmond Health Board and the board began providing funding for VANDU a year after their inception in 1998 (ibid).

A watershed moment for harm reduction in Vancouver came in December, 2000 with the adoption of the *Four Pillars Drug Strategy* by the City of Vancouver, the document that opened the door for the Insite supervised injection site. The Four Pillars was the brainchild of mayor Philip Owen and was written by the City's Drug Policy

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[35] We can see that VANDU and the PHS follow a pattern established years before by the Downtown Eastside Residents Association in their use of these tactics (see Chapter 2 on the history of activism in the Downtown Eastside).

Coordinator, Donald McPherson (MacPherson 2001). Owen's proposal of a drug strategy including a pillar devoted to harm reduction would have been unthinkable only a few years before but the mayor had experienced a genuine conversion to harm reduction in the years leading up to the publication of the Four Pillars. Philip Owen successfully ran for mayor in 1993 and 1997 as the candidate for the rightwing Non-Partisan Association, a party that had governed Vancouver for the greater part of its history since 1940. He was twice elected on a prohibitionist, "war on drugs" platform but began to question its efficacy as thousands of Vancouver drug users died over the course of the 1990s (Wodak 2006). Owen's commitment to harm reduction and proposal of the Four Pillars strategy estranged him from his party and led to an unprecedented "leadership review" prior to the 2002 election. The NPA misread public sentiment, however, because at the same time, opinion was shifting in Vancouver about harm reduction. As Small *et al*. argue, "in 2001, it was difficult to find people in authority who would publicly support SIFs… by the end of 2002, Vancouver was on the edge of transformation" (2006, 74).

Owen's conversion and subsequent estrangement from his party captured the city's popular imagination. Aided in no small part by local cultural phenomena like Nettie Wild's (2002) film *Fix: The Story of an Addicted City* which sympathetically profiled the mayor, Owen's popularity grew at the direct expense of his party and their new mayoral candidate Jennifer Clarke. The beneficiary of this political infighting, however, was another chief coroner, Larry Campbell, who ran for mayor with the left-of-centre Coalition of Progressive Electors (COPE) against Clarke on an explicitly harm reduction platform winning a "landslide" victory in 2002 (Howell 2002, 6).

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Since the 2002 election, harm reduction measures have accelerated in Vancouver, the most significant being the establishment of Insite, North America's first supervised injection site in the Downtown Eastside and the NAOMI-SALOME opiate prescription trials which began in 2007. Insite provides a medically supervised space for the injection of illicit drugs such as heroin or cocaine. Nurses and trained staff provide sterile injection equipment and health care to IV drug users. After injecting, users can relax in the "chill out room" where peer workers and staff are available to provide medical services such as abscess care, referrals to treatment, and access to detoxification at the Onsite Recovery located upstairs. Insite has been thoroughly evaluated by researchers and studies on it have been published in nearly all of the most prestigious medical journals including the *New England Journal of Medicine, The Lancet, The Canadian Medical Association Journal* and the *British Medical Journal* (Kerr *et al.* 2005; Marshall *et al.* 2011; Wood *et al.* 2004; Wood *et al.* 2005; Wood *et al.* 2006)[36].

Alongside Insite, the NAOMI and SALOME opiate prescription trials followed 251 long-term treatment-resistant heroin addicts in double-blind testing of heroin and Dilaudid prescription against a methadone control group (NAOMI 2008). While the SALOME portion of the study is ongoing, preliminary results are very promising, showing high retention rates of participants overall and significantly higher rates for HAT than methadone, corroborating earlier European data (ibid)[37].

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[36] These are just a few of more significant publications related to Insite. For a recent summary of findings see BC Centre for Excellence in HIV/AIDS *Findings from the Evaluation of Vancouver's Pilot Medically Supervised Safer Injecting facility – Insite* (2009) and for a regularly updated list of publications see: www.communityinsite.ca/science.html [June 25, 2011].

[37] See the section entitled *Coda: Heroin-assisted Therapy in Vancouver* later in the chapter for a detailed discussion.

While still controversial, it is now possible to say in 2010 that harm reduction has become hegemonic in Vancouver. There is near universal support for harm reduction policies in government and the public service: from the mayor and council, to police, health, labour, and even business associations. Support for Insite in particular has become so strong[38] that even the conservative provincial government supports the site, sending the Attorney-General of British Columbia to act as an intervener in the charter challenge at the supreme court.

This narrative of the gradual progression and acceptance of harm reduction, however, is complicated by other events. At the same time as Insite was opening its doors to drug users with City's approval, the Vancouver Police Department (VPD) began "Operation Torpedo" later called "Citywide Enforcement Team" (CET), a police operation designed to disrupt the open drug market in the DES. The operation tripled the number of officers in the neighbourhood and involved the arrest of 90 people in the first five days (Fong and Bula 2003, cited in Eby 2006). The operation ran directly counter to what harm reduction advocates proposed as a solution to the open drug market. Following the crackdown, they noted that the disruption of the drug market had simply displaced it to other areas while at the same time creating a climate of fear in the neighbourhood which increased unsafe injection practices amongst users. They also noted that the operation failed to have any effect on the price or availability of drugs in the neighbourhood (Eby 2006). What is important to note, is that even though local politicians supported the crackdown as it was going on, City Council had turned down

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[38] Health Canada's *Final Report of the Expert Advisory Committee* (Ogbourne *et al.* 2008) revealed that the site was supported by 76% of Vancouverites and 63% of Canadians.

the VPD's request for extra funding for the operation prior to its taking place and the mayor was quoted as opposing increased policing three days prior (Eby 2006). What this event illustrates is that the narrative of linear progress in harm reduction belies the fact that a variety of political actors—from activists to health boards and from coroners to police chiefs –are willing to contest these discourses and advance competing discourses.

With these histories of harm reduction in mind, I now turn to consider drug policy at a more abstract level, elaborating a series of discourses about drug addiction and the effects that these discursive constructions have had for harm reduction in Vancouver.

Models of Addiction: The Plough Horses of Morality and Medicine

In *Freud and Lacan*, Althusser argues that in order to constitute a science, a practice must have its own theory, technique (method), and object of analysis ([1961] 1974). The practice of psychoanalysis, he tells use, takes place within analysis, its technique is the analytic method and its object is the unconscious. Drawing on Althusser's categories, I would like to outline some important ideological shifts that have occurred and continue to animate the "science" of the state's regulation of illicit substances. This science clearly has a more modest object of analysis than what Althusser identifies in either psychoanalysis or Marxism, but his categories are nonetheless useful for my discussion.

The *practice* of this scientific discourse is found in the concrete regulation of illicit substances by the state. Its method, consequently, is in *policy*: whether it be prohibition, harm reduction, the free market, or some form of state regulation. These policies are informed by its *theory*, which I call for the purposes of this discussion *models*

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or *discourses*. Discourses of what precisely? The answer, I contend, is not entirely clear because it pertains to the *object* of this science: it asks what the state's regulation of substances actually aims at. I hope to demonstrate that the commonsense answer— "drugs"—is inadequate, for while drug policy and the discourses that support it appear to be explicitly concerned with drugs, they also suggest that other concerns are involved. "Addiction" is perhaps closer to what I see animating discussions of drug use and drug policy, a concept which suggests that behind the "object" lie a series of social concerns that are the actual objects of these discourses. As I hope to show, however, this is also too simple; for, depending on which discourse is dominant, the object of analysis changes as well: ranging from addiction to more disparate concerns like productivity, discipline, public order, and even pleasure.

The main narrative I trace here is Foucauldian. It is the story of an historical transformation from traditional *moral* discourses on addiction to modern, medical, biopolitical models of addiction. In many ways, it parallels the narrative that Foucault lays out concerning sexuality in *The History of Sexuality Vol. 1*, around the theme of the "repressive hypothesis" ([1978] 1990). This narrative is one that is principally advanced by proponents of harm reduction, it is quite notably absent for prohibitionist-abstentionist narratives of drug policy. Indeed, we could even say that rather than *describing* an historical progression, proponents of harm reduction *desire* it. It is a narrative that they have by and large written, and in so doing, they have reproduced and legitimated their own discourse through it. It is important to be careful and not shed needless doubt on this conception of the evolution of drug policy because I think it is by and large correct.

What is important to highlight is the fact that accurate or not, this narrative is political and must be analyzed as such.

In his *History*, Foucault describes an historical transformation in sexuality that culminates in the Victorian age and is commonly discussed as something which we are only "freeing" ourselves from now. According to this narrative, prior to the seventeenth century, sexuality was freely discussed in public and within the family, with bawdy language and coarse pleasures easily exchanged. With the advent of the modern era, this frankness disappears, being replaced by prohibition, repression, and censorship. Foucault is critical of this account, arguing that rather than being simply repressive, this transformation was also a *productive* "institutional incitement" "to transform desire… into discourse" (18, 21). This speaks to a theme in Foucault's work about the positive, generative nature of modern power: power does not simply prohibit or repress but is also productive of new knowledges and new subjectivities. In "We 'Other Victorians'", the opening chapter of the *History*, he makes clear that one of his targets is the notion of repression—the persistence of Victorian morality—and the narrative that only now, since the sexual revolution of the 1960s–1970s are we freeing ourselves from this repression.

The historical transformations in drug policy described by proponents of harm reduction borrow the same narrative identified by Foucault. Where the repressive hypothesis sees the sexual revolution as freeing sex from the strictures of Victorian morality, harm reduction sees itself as freeing drug policy from the moralizing discourse that has characterized the modern approach to drugs in the West: from alcohol prohibition to temperance movements, to the "War on Drugs", and abstinence-based drug education.

In keeping with the spirit of Foucauldian critique, however, such a neat historical transformation needs to be viewed with suspicion. Indeed, one of the most salient features of the newer biopolitical model of addiction is the remarkable persistence of morality within a supposedly scientific discourse. Thus, rather than reading this transition as strictly historical, it is perhaps more productive to think of the moral and the biopolitical as *poles* around which discourses oscillate, being pulled this way and that by competing and often contradictory dictates.

This point is echoed by some of the more progressive factions within harm reduction. These commentators argue that harm reduction is a philosophy distinct from the medical (biopolitical) model of addiction. Nevertheless, we also find under the umbrella of "harm reduction", staunchly medical/biopolitical discourses being advanced about drugs and drug use which should alert us to the different uses to which the term is put: at one moment it describes tobacco warning labels, the next heroin prescription.

In the section that follows, I outline what I think are the most significant models that have been employed historically to think about drugs and drug use, and to examine them not as concepts that have been transcended, but as poles around which discourse continues to orbit. Against a backdrop of existing moral discourses on addiction, I discuss the emergence of medical, biopolitical models of addiction and the complicity and critiques of this model that emerge from harm reduction. I also outline a *social* model of addiction proposed by Bruce Alexander which begins to incorporate political economy into the discussion of addiction. Finally, though not until a later section, I discuss what a *psychoanalytic* model of addiction looks like, or at the very least, what

psychoanalysis can tell us about drug addiction, harm reduction and the anxieties that attend it.

The Moral Model of Addiction

Morality, or the moral model of drug addiction, is the context within which these other discourses unfold. While it needs to be seen as a discourse like all the others (and thus be subjected to the same type of critique), its power to shape discourse on drugs is substantially greater than any other way of speaking about drugs. This is undoubtedly because of the profound historical legacy of Protestant morality (Weber [1958] 2003), but also because moral discourses are not necessarily superseded by competing discourses, even while they have achieved a degree of hegemony of their own. All this is to say that the spectre of morality continues to haunt drug discourse to such an extent that all others articulate their critiques in large part against it.

What is interesting about the moral model of addiction, however, is how difficult it is to find contemporary evidence of it, even in those places one would most expect to find it. Archetypical institutions like the Foundation for a Drug Free America and D.A.R.E., rarely evoke the language of morality to discuss the dangers of drugs, opting instead for physiological descriptions of the effects of drugs and claims about their dangers (D.A.R.E. 1996; The Partnership at Drugfree.org *formerly the Partnership for a Drug Free America* 2009). Societal norms, or simple historical precedent often seem to suffice as justification: it is as if the "wrongness" of drugs was so self-evident that no one, not even the staunchest proponents of abstinence and prohibition, felt it necessary to explain why that is anymore.

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Churches still produce literature which discuss drugs in terms of morality, though they are increasingly harder to find reference to: a fact which is reflective of churches' long-declining hegemony in determining discourses on drug use in North America. The moral argument tends to turn on the idea of the body as a gift from God, making harms done against the body into immoral acts (Barragán 2001; Methodist Church of Great Britain 2010)[39]. In the main, however, the pronouncements of these bastions of the moral model of addiction tend towards arguments for compassion to be shown towards drug users, rather than the sort of righteous condemnation imagined by progressive critics of drug policy. Indeed, in many ways, references to the moral model of addiction appear more often in the discourse of progressive critics of drug policy than they do in the conservative groups they contest. As a co-executive director of the Portland Hotel Society put it:

> I think our fear of harm reduction is not rocket science; I think it's really basic. I think we live, particularly here in North America, still in a very Victorian, kind of attitudes towards all kinds of issues: morality, sexuality… (Interview, May 2009)

The moral model becomes a sort of *bête noire* for progressives even while mainstream opponents of harm reduction eschew moral language in favour of an "empirical" critique of the evils of drugs.

We should be wary, however, of thinking that we can dispense with the moral model on these grounds. O'Malley and Valverde (2004) for example find a great deal of

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[39] In this way, we can see how religious arguments are directed towards the classical liberal conception of the subject I discuss later in this chapter. Religious critiques invert the liberal notion of individual freedom by postulating the existence of a transcendent Other (God) to whom the subject owes everything, making harm to the self a sin against an Other. See the section entitled "The Manifest Content of Opposition to Harm Reduction" for this discussion.

explicitly moral condemnation of substance abuse in Victorian discourse on the "vice", "idleness", and "excess" (27) of gin drinkers and it is this historical period that the Foucauldian critique of repression first identifies as significant. Secondly, echoes of morality still reverberate within contemporary conservative accounts of drug addiction, whether it is the language of "enabling" drug users (Wente 2005, 2010) or a creating a problematic "culture of entitlement" through service provision to addicts (Clement 2008). So while the moral model and moral discourse on drugs may be less prominent than it once was, the argument advanced by Foucauldian critics that moral discourse persists within modern scientific discourses is well taken[40].

For our purposes here in discussing the moral model of addiction as a context within which medical models emerge, we can identify a series of key features. The moral models holds that drug addiction is a moral problem of willpower on the part of the individual user. In some versions, drug use may be viewed as an example of widespread moral decay in society. A bright line is drawn between legal, prescribed drugs and illegal drugs with the law itself serving as sole justification. In general, a great deal of emphasis is placed on the law as an accurate arbiter of the morality and dangers of drugs. Finally, moral arguments about drugs tend to invoke the spectres of crime and disorder, as well as tropes common to the political right such as the need for personal responsibility and problems with "permissive" culture.

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[40] Remarkably, these discourses persist unchanged in some, rare cases. The *Women's Christian Temperance Union*, for example, a group that claimed 120,000 members in 1879 and was influential in the years leading up to prohibition in the United States, is still active to this day. They continue to support alcohol prohibition, the prohibition of drugs, as well as abortion and same-sex marriage, offering explicitly Christian moral arguments against them. See: www.wctu.org (2009) [last accessed June 29, 2011].

Medicalizing Morality

It is against this backdrop of moralizing discourse about drug use that what has been called the *medical model* of drug use and addiction has established itself. The medical model seeks to replace deviance with illness, redefining addicts who were previously "bad" as "sick". The power of this discourse is how it is able to address a central problem within moral discourse on drugs, namely the stigmatization of drug users. By redefining addiction from moral failure to a medical problem, it neatly sidesteps the question of "personal responsibility" as it is framed in moral discourse.

The medical model has only been able to accomplish this redefinition after a long process of legitimation. Owing to the tremendous advances in medicine over the past 150 years and the near universal public confidence in science, one can comfortably say that medical discourse is hegemonic. This hegemony has allowed the medical establishment to redefine a variety of phenomena and bring them under the purview of medical science. Mental illness, alcoholism, drug addiction, and depression are all psychical phenomena that have been slowly redefined from moral, religious, and social issues into medical problems best solved with medical solutions (Erikson *et al.* 1997).

But where the germ theory of disease that gave birth to modern medicine has been successful in curing diseases and improving treatment of chronic conditions, medical science has met with far more limited success in the treatment of problems such as mental illness and addiction. This is in part because the aetiology of these conditions remains opaque despite ongoing attempts from the fields of genetics and neuroscience to

find causal mechanisms[41]. These issues notwithstanding, the hegemony of medical science is such that even on issues where it has had little success, the discourses that it generates on addictions and drug use remains dominant.

To understand how the medical model of addiction is also biopolitical, we need to examine how it is put into practice and what knowledges medical discourse produces. It is in the moment of instrumentalization that we see what productive capacities or repressive sanctions the knowledges that constitute medical discourse produce. Medical discourse produces a host of knowledges about drug use, from the reimagination of addiction as moral corruption into addiction as illness, to technical, neurochemical knowledges about serotonin levels, opiate agonists like methadone and emergency opiate antagonists like naloxone deployed in the event of overdose.

It is also important to differentiate between biopolitics and disciplinarity, for while these two concepts are intertwined, Foucault draws a distinction between them. Biopolitics generally refers to actions taken by the state at the scale of the population regulating its health in aggregate and altering its capacities—for warfare, for longevity, for growth—at the macro scale. Biopolitics is closely related to the discovery of "population" in the 18th century as a governable entity distinct from individual subjects ([1978] 1990). Disciplinarity, conversely, refers to practices at the scale of the institution which seek to mould individual subjects to norms and to produce subjects capable of

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[41] This issue has long been of concern to theorists of addiction. E. M. Jellinek, in his seminal *The Disease Concept of Alcoholism* (1960) was forced to argue that "the fact that they are not able to explain the nature of a condition does not constitute proof that it is a disease" (cited in Valverde 1998, 114). His contemporary, Seldon Bacon, argued in 1976, that while "'alcoholism is a disease' was a slogan that worked", he also asked "But was it 'true'?" noting that the argument had been more influential outside of medicine (in particular in Alcoholics Anonymous) than within it. (cited in ibid, 44).

executing the tasks required of them by institutions: be they schools, armies, or hospitals. Alongside this scalar distinction we can draw another distinction along the axis of repressive/productive applications of power. Where disciplinary power often operates through repressive measures, for example curfews at school dormitories, biopolitical power more commonly operates through productive measures, e.g. maternity benefits used to increase the birth rate.

This distinction, so central to Foucault's project, neatly parallels Lacan's remark on the changing dictates of the superego in the 20th century from that of censorious prohibition to the "obscene" injunction to "enjoy" (Lacan 1988)[42]. In both cases, the observation is that power is never simply repressive, it is increasingly "positive" in nature and this creative face of power is another mode of its operation.

These distinctions between scales and the repressive/productive deployments of power potentially obscure as much as they illuminate however. Both biopower and disciplinarity operate at a variety of scales, and individual practices are often simultaneously repressive and productive. Further complicating any analysis of modern power/knowledge, one must also insist that discourses, for example the medical model, are never "total" because others, for example moral discourses, persist and continue to animate subsequent discourses. This point is crucial because, as I have mentioned earlier, one of the most notable critiques of modern, biopolitical understandings of addiction is how moral judgments continue to haunt medical science.

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[42] There is more on this crucial point later in the dissertation.

Biopolitics and Disciplinarity in the Medical Model

It is this paradox of the medical model that is the focus of medical anthropologist Philippe Bourgois's "Disciplining Addictions: The Biopolitics of Methadone and Heroin in the United States" (2000). Bourgois's ethnographic study of heroin and cocaine users in New York and San Francisco demonstrates how biopolitical and disciplinary logics are set in motion in response to persistent moral concerns which centre on the enjoyment addicts derive from drugs. The research follows addicts using methadone maintenance therapy (MMT) to stabilize their addictions to opiates, a treatment regime that Bourgois argues "represents the state's attempt to inculcate moral discipline into the hearts, minds, and bodies of deviants who reject sobriety and economic productivity" (167).

He demonstrates how a host of disciplinary measures in US methadone programmes, including restrictions on eligibility, urinanalysis screening for poly-drug use, and restrictions on "take-home" doses, have profound effects on the lives of addicts. At every step in methadone programmes, concerns over addicts accessing illicit enjoyment—whether it be through supplementing methadone with alcohol and benzodiazepams, or selling methadone to buy heroin—mobilize complex surveillatory systems to prevent it. Routine urinanalysis is employed to monitor whether addicts are drinking excessively or continuing to use opiates and users are denied methadone if detected. Similarly, concerns over addicts selling methadone and continuing to use opiates results in limited availability of take-home doses, which means that addicts must commute to clinics everyday to receive methadone, a practice that often makes maintaining legal employment difficult.

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These repressive measures have profound effects on the lives of addicts using methadone to stabilize their addictions. In addition to causing them great discomfort when they are denied medication and causing them financial distress when they are rendered unable to hold down jobs, the repressive apparatuses of methadone maintenance also greatly reduce the effectiveness of treatment itself. While low-threshold approaches in the Netherlands reached between 50-80% of the opiate user community in 1998, in the United States, these high-threshold programmes reached only 15-20% (Office of National Drug Control Policy 1998, cited in van den Brink et al 1999). By targeting "good performers" who remain abstinent, US methadone policy effectively limits the reach of programmes that could improve the health and well-being of even those who do not achieve abstinence[43].

Bourgois notes that US methadone programmes' efficacy is further compromised by widespread discrepancies in dosages: ranging from inadequate dosages as result of concerns that addicts will feel the euphoric effects of methadone, to excessively high dosages which make addicts so completely dependant on methadone that they lose all agency in their treatment. Methadone professionals note uncritically that high dosages produce greater treatment retention yet:

> Fail to recognize that it is the painfully physiologically addictive properties of methadone that reduce even the most oppositional outlaw street addicts… into stable patients once their bodies have built up a large enough physical dependence on methadone to make it too physically painful for them to misbehave (Bourgois 2000, 183).

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[43] Despite having a multitude of problems, methadone treatment nevertheless has the capacity to effectively stabilize addictions for many opiate addicts when not fettered by counterproductive regulations.

Attached by the arms to the plough horse of morality, by the legs to modern medicine, the body of the addict is rent in two by the competing dictates of abstinence and sobriety, disease and addiction.

As the above quotation indicates, the question of agency is as central a concern to differing conceptions of addiction as the question of pleasure. Indeed, agency is the issue at the heart of one of the most significant critiques of the medical model of addiction. As medicine redefines addiction from a moral failing to an illness, it succeeds in destigmatizing the addict but it does so at the expense of stripping them of agency. The addict is freed of moral culpability but is transformed into a sick person, at the mercy of a disease called addiction and unable to make decisions about their condition[44]. This discursive reconfiguration of addiction is Janus-faced; any progressive change in the understanding of addiction must find a way to extricate it from morality, but to do so at the level of agency via disease can have debilitating effects. As I show in the following section, the construction of addicts as "slaves to the drug" is often used to argue for profound violence against them.

Pleasure and Compulsion in Modern Liberal Governance

Criminologists Pat O'Malley and Mariana Valverde trace a Foucauldian genealogy of these questions of agency and pleasure in their (2004) article "Pleasure, Freedom and Drugs: The Uses of 'Pleasure' in Liberal Governance of Drug and Alcohol Consumption". At the centre of their argument is the contention that pleasure, as a

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[44] Readers will hopefully recall that this argument was essential to the plaintiff's arguments in defence of Insite that I described at the beginning of this chapter. Some of the consequences of this argument should now become clearer.

warrantable motive for drug use, decreases when consumption is seen as problematic for liberal governance. We can see clear parallels to Bourgois' argument here. What O'Malley and Valverde do is deepen the discussion of pleasure and agency by tying them, like Nikolas Rose (1999), to reason and freedom. "Discourses of 'pleasure'" they argue, "are linked to discourses of reason and freedom, so that problematic drug consumption appears both without reason (for example 'bestial') and unfree (for example 'compulsive'), and thus not as 'pleasant'" (2004, 25).

Pleasure, in this liberal framework, is only possible within a certain conception of freedom. In the "Repressive Hypothesis", the assumption is that there was a point in history when we were unconstrained by morality (medieval Europe), another point at which we became repressed (Victorian times) and now, we are finally liberating ourselves from this repression. What this ignores, Foucault points out, is that our very notion of freedom today is produced by the notion of repression we carry with us and aim to escape. Whatever our pre-Victorian pre-repression state was, it doesn't necessarily bear any resemblance to what we seek in "liberation" now: liberation and repression are mutually constitutive[45]. In similar fashion, this is what O'Malley and Valverde point out about pleasure: it can only be understood within a particular discursive context—in this case, they argue, liberalism—and when pleasure opposes the dictates of liberal governance, it ceases to be recognizable as pleasure, appearing instead as addiction, compulsion, and unpleasurable fixation.

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[45] Foucault would probably be dismayed to learn that this argument is also deeply Lacanian. Lacan's concept of jouissance, we will see later in the dissertation, is closely tied to the idea of transgression and the Other's demand, such that what is prohibited is closely related to what is desired. See the final section of this chapter (*The Latent Content of Opposition Harm Reduction*) and Lacan's second seminar ([1954] 1988).

These constructions persist in harm reduction discourse, and O'Malley and Valverde argue that despite harm reduction's attempts to discuss drug use and addiction in scientific terms, when it comes to pleasure, the discourse takes on a distinctly neoliberal character. Drug "addicts" become drug "users", rational consumers who—if "empowered" with facts about drugs and risks—will perform the felicity calculus and make "informed choices" about their drug use. Indeed, harm reduction drug policy is replete with educational material designed to inform addicts about healthy injection practices and the risks of needle sharing, in an attempt to discourage such behaviours by making addicts aware of consequences. Such didacticism is often woefully misguided according to Bourgois, however, because it ignores the lived realities of addicts, and the social and political-economic reasons behind practices like needle sharing, which are often borne out of necessities like avoiding the more immediate problems of heroin withdrawal, or the crucial social bonds that are created through what he calls "moral economies of sharing" (1998).

The discourses that O'Malley and Valverde identify, however, treat the drug "user" as a rational actor akin to those in the market, who weigh risks against benefits and make informed decisions accordingly. What is most interesting is that in spite of this assumption of a rational subject of drug use, pleasure—as a warrantable motive for drug use—is repressed in the felicity calculus. Almost nowhere in these discourses on drugs does one find the pleasure of getting high acknowledged as a reason why someone would use drugs, despite the fact that users themselves talk of nearly nothing else. Furthermore, in harm reduction discourse of this stripe, pleasure is carefully elided, replaced instead by discussions of "peer pressure" or "advertising pressures" as reasons for use, which should

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be remedied by raising users' self-esteem or by increasing their social affiliation. It is here that we can see clearly how *agency* once again is at the centre of discourses of addiction and drug use. Within a liberal framework of governance and the governability of drug use, pleasure, as a motive for drug use, is only possible when it is connected to a rational subject who chooses.

Of course, as the examples from Bourgois above and my own below suggest, drug users *are* often rational subjects, they usually do make decisions for quite rational reasons. What O'Malley and Valverde identify as a "rational subject" is more precisely a subject who is understandable to liberal governance. Drug users' decisions make a great deal of sense once you understand their day-to-day realities, they only appear incomprehensible when viewed from across a perspectival gulf such as that which separates drug users from government officials. It is only when the factors that motivate them are unknown that drug users' actions take on the appearance of irrationality.

Addiction and Social "Dislocation"

What this misrecognition points to is the elision of the lived experience of drug users, in particular an understanding of the political economy of poverty and drug addiction. Vancouver psychologist Bruce Alexander (2001) provides a different sort of social/political economic model of understanding addiction that turns on the idea of dislocation as a motive force. For Alexander, addiction needs to be understood not as a cause of suffering but as a symptom of deeper social dislocation. The cause of this dislocation is when an individual is unable to achieve "psychosocial integration" (Erikson 1963, 1968, cited in Alexander 2001) with their family and broader community. What

Alexander adds to Erikson is the contention that free market capitalism—by "pitilessly [tearing] asunder the motley feudal ties" and "constantly revolutionizing… the relations of production" (Marx and Engels [1872] 1967, 82–83)—is responsible for a widespread decline in psychosocial integration, an increase in dislocation, and finally the consequent "globalization of addiction" (2000).

Alexander's work is successful in that it shifts the focus of addiction from the drug user as individual to the drug user as a social being and in insisting on the importance of political economy in understanding addiction. There are two aspects to this argument that require greater clarification because his attempts to make broad arguments obscures what I see are important details and distinctions. Firstly, Alexander's political economic argument is that dislocation is a universal feature of free market capitalism, and while this is difficult to dispute in principle, it somewhat impoverishes the concept of dislocation if it is made to apply both to the anomie of bourgeois *alienation*, as well as the overt oppression of working class *exploitation*. At some level, both of these experiences can be described as dislocation but the differences between them is surely as great as their similarities: collapsing them into a single category makes it difficult to discuss the reasons why poor people experience addiction in such nakedly brutal ways[46]. In short, I would argue that what Alexander calls dislocation is sometimes the experience of the free market atomizing individuals in ways that impoverish their spirits and at other points is a structural feature of life on the sharp edge of the sword of capital. It is essential to maintain the ability to discuss these differences.

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[46] It's quite possible to read Alexander generously on these points and I do not suggest that he has overlooked these aspects. My critique is directed at the utility of the concepts he employs and how they can be used when they are extended to their logical conclusions.

Secondly, and in a similar vein, I think that Alexander's subsumption of all forms of addiction, from video games, to the acquisition of wealth, to heroin and cocaine, into a single category does a similar epistemological violence to the concept and our ability to discuss it. Again, I do not object to the spirit of this conceptualization, in fact there are aspects of this argument which fit well with how I will later propose to discuss addiction; nevertheless, I think we need to insist on the differences between these forms of addiction because of the vastly different experiences people have of them. Even if heroin addiction and being a "workaholic" both have their roots in dislocation, the lived realties of each are so strikingly different that it is irresponsible to collapse the two empirically or conceptually.

Finally, Alexander's argument is social, and while there is much to be applauded in a social model of addiction, I argue that a fully articulated account of addiction requires a psychical as well as social vocabulary, and it is here that psychoanalysis can be of considerable help. Alexander's subject is deeply humanist and assumes the possibility of a stable subjectivity from which one might be integrated or dislocated. From a psychoanalytic perspective, subjects are always dislocated—they are "split", Lacan says—by their desires, by language, and by the unconscious. Only a psychoanalytic approach to addiction can account for the traumatic experience of subjectivity itself and still avoid the psychologistic trap of fixating on the individual and neglecting the social. Because my discussion of psychoanalysis and addiction will also consider the phenomenon of opposition to harm reduction, it will have to wait until later in the chapter when I have discussed this phenomenon in depth. Before turning to that, I put these

concepts to work, and see what the moral, medical, and even social models of addiction can help us understand about harm reduction in Vancouver.

Assessing Harm Reduction in Vancouver

Equipped with this vocabulary of moral, medical, biopolitical, and social discourses on addiction and drugs, what can be said of harm reduction measures in Vancouver? Is the "Vancouver model" (Cooper 2009) a nakedly biopolitical apparatus of the state designed to discipline deviant bodies of the Downtown Eastside? Is its medical science suffused with Calvinist morality? Or is it a genuinely humanitarian approach, conscious of the social and political economic forces at play in drug users' lives?

This enquiry relates to the third research question I identified in the introduction: How do drug users experience the policies intended to serve them? Drawing on interviews conducted with service providers, outreach workers, city staff, and my fieldwork with addicts themselves, my goal is to demonstrate how the moral, medical, and biopolitical models of addiction play out in the practice of harm reduction policy in Vancouver. What does it mean for an addict to encounter morality-suffused policy? Through which policies, procedures, or regulations do users actually experience these discourses?

My analysis concerns two of Vancouver's most important harm reduction initiatives: the Insite supervised injection site, and British Columbia's methadone maintenance treatment system, specifically, as it is provided to users in the Downtown Eastside. I conclude with a brief discussion of a third harm reduction measure, the recent NAOMI and SALOME opiate medication trials.

Insite

The Insite supervised injection site (SIS) opened in 2003 by the Vancouver Coastal Health Authority (VCH) after years of advocacy from local harm reduction groups and sympathetic factions within the health board and City government. It is run jointly by VCH and the Portland Hotel Society (PHS), and is staffed by employees of both organizations. Insite's stated purpose is to reduce the harms associated with injection drug use. It accomplishes this by providing IV drug users with sterile injection equipment, medical supervision, and assistance in case of overdose. Over and above supervised injections however, Insite aims to bring addicts back in contact with health service providers since, as a result of drug prohibition, they are an often hard-to-reach community who face serious health risks. As discussed earlier, supervised injection sites, like harm reduction as a whole, emerged during the HIV-AIDS epidemic of the 1980s–90s, when it was discovered that syringe-sharing practices between addicts were a primary vector of disease transmission. Insite's supervised injection services aim to reduce syringe-sharing by providing syringes free of charge and by providing addicts with a place to inject.

In addition to discouraging syringe-sharing by bringing injections into a supervised setting, SIS also address a number of other harms associated with illicit IV drug use. These include reducing injections using non-sterile water. In the worst cases, such street injections use the puddle water found in the alleyways of the Downtown Eastside which serve as injection sites. Finally, SIS work by combating the very real possibility of overdose while injecting alone.

Insite's most oft-quoted statistic is without a doubt the number of overdoses

which have taken place at the facility without a single fatality, a number which currently

stands at 2,395[47]. This number alone makes the value of SIS clear and puts supervised

injections in stark relief to street or home injections where overdoses are a leading cause

of death amongst IV drug users (Kerr *et al.* 2006). The most recent research published on

Insite in *The Lancet* notes a remarkable 35% decrease in the fatal overdose rate in the

Downtown Eastside since the opening of the SIS (Marshall *et al.* 2011). In debates over

the efficacy and morality of SIS, this benefit is perhaps the most difficult for opponents to

contest, since they are so clearly effective at keeping users alive. Common arguments

that SIS divert funds from potential treatment beds (e.g. Wente 2005) appear misguided

in light of this simple fact: SIS keep users alive until they are ready to access treatment.

To be sure, no one has ever gotten clean if they are dead[48].

While statistics about prevented overdose deaths are the most frequently

referenced in discussions of Insite, it is only perhaps because they are most easily

quantified. The site has also decreased hospital visits and injection-related infections

among users, as well as increased use of detox services, benefits which speak more

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[47] This figure comes from Insite's website and has increased dramatically since I began writing. The number, 2,395, is current as of June 30th, 2011. See: www.communityinsite.ca for an updated figure.

[48] Such arguments are also deeply misleading when the amounts of money spent on SIS are compared to the amounts spent on law-enforcement. Insite's annual operational budget is a mere three million dollars (Ogbourne *et al.* 2008) while estimates of the federal government's spending on law enforcement suggest it accounts for 70% of spending on drugs. Treatment programmes by comparison receive 17%, and a mere 2% goes to harm reduction initiatives (Chesser 2009).

generally to the site's success in reaching their target population (Small *et al.* 2008; Stolz *et al.* 2007; Wood *et al.* 2007)[49].

While the site has clear health benefits for users, it remains to be seen how Insite functions in light of critiques of harm reduction as a biopolitical apparatus of the state designed to discipline the bodies of addicts. In order to assess this, I draw on interviews conducted with employees and management of Insite and the PHS, fieldwork with IV drug users who make use of Insite's services, and my own visits to the site itself[50]. Drawing on this research, I aim to show how the site is experienced by users on the ground and assess whether it falls into the same moralizing, disciplinary modes as the methadone programmes described by Bourgois and others (Bourgois 2000, Bourgois and Schonberg 2009; Moore 2004; Moore & Fraser 2006). My method for doing so is by recreating a visit to Insite, describing the procedures, regulations, conflicts, and compromises encountered by users and staff in the process of using and working at the site. Given that Foucault argues disciplinary and biopower operate through institutions like the clinic, it is important to pay attention to the micro-practices that constitutes these spaces. Here, in the moment of instrumentalization, we gain the clearest understanding of what repressive sanctions and productive capacities are engendered in the exercise of this particular power and knowledge.

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[49] These benefits are hardly disputed—notwithstanding two critical assessments published in non peer-reviewed journals based on meta-data analysis of existing research (Davies 2007; Mangham 2007). Both articles appear in the avowedly prohibitionist, anti-harm reduction *Journal of Global Drug Policy and Practice*, which is funded by the U.S. Department of Justice. The articles themselves were funded directly by the RCMP who have been one of the most consistent critics of harm reduction in Vancouver (Paulsen 2008).

[50] See the section entitled *Research Design, Methods, Methodology* in the Introduction for details.

Situating Insite

Figure 4. The 100 block of East Hastings. Photograph by the Author.

Insite is located on the 100 block of East Hastings between Main Street and

Columbia, which is to say that it is located in the heart of open-air drug market of the

Downtown Eastside. The block is a mixture of decrepit SRO hotels, social housing,

long-empty businesses, an adult bookstore, a cheque-cashing outlet, and two skid-row

bars[51]. The street is nearly always busy. When it is not raining, the sidewalks overflow

with people talking, dealing, copping[52], and selling used goods. Insite shares the block

with the neighbourhood's most visible open-air drug-market located to the East at Main

and Hastings Streets. The corner occupied by the Carnegie Centre is nearly impassable

for the throng of people gathered there to talk, make use of the community centre's

services, as well as buy and sell drugs. Walking through this crowd, the calls of "up" and

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[51] One third of the long-empty buildings on the South side of Hastings are now slated for demolition, including the former Pantages theatre, pictured above on the right.
[52] Copping refers to buying drugs.

"down"[53] seem more informative than suggestive, simple affirmations of who is holding what and when. A variety of lower-potency but still desirable substances are also frequently offered, "T3s"[54] as well as an assortment of benzodiazepines ranging from lorazepam to clonazepam and their analogues[55].

Across Hastings in front of the pharmacy and cheque cashers, a crowd sits against the wall, passing bottles and talking when the weather permits. Only a few feet away, a very different looking crowd of commuters wait for the numerous downtown-bound buses which stop there. At the opposite end of the block, on the northeast corner of Columbia street, another drug market operates. The dealing is more discreet here, with sales taking place quietly between sellers who line the wall and those who pass by. Around the corner on Columbia, users sit on storefront stoops smoking rock cocaine and keeping watch for cops, friends, and acquaintances. In the alleys that bisect Hastings, IV drug users inject behind dumpsters, making use of the alleys' proximity to drug markets and semi-public nature to inject beyond the gaze of police yet close enough to others that they will not go unnoticed if they overdose (for a discussion of this behaviour among IV drug users in Melbourne, Australia, see Malins *et al.* 2006). Even in Vancouver, where simple possession of narcotics is rarely prosecuted, users still risk having drugs and works (injection equipment) confiscated if apprehended.

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[53] "Up" and "down" are the most common terms in the Downtown Eastside for cocaine and heroin respectively.

[54] "T3s" refer to *Tylenol 3* pain reliever, which contains 30mg of codeine along with 300 mg of acetaminophen and 15mg of caffeine. The codeine in these pills makes them a desirable commodity for opiate users.

[55] Benzodiazepines are a part of the sedative family of pharmaceuticals, the most well-known of which is Valium (diazepam). Ativan (lorazepam) is commonly prescribed as a sedative for people suffering panic attacks and generalized anxiety. They are also commonly taken by methadone users for their synergistic, quasi-narcotic high.

Describing the 100 block of Hastings to an outsider, one could say that it is a place you become comfortable with in time, but it most likely appears threatening at first. For those who know it well, it is a beloved neighbourhood hub and one of the most lively social spaces in Vancouver. Nevertheless, it is also a place where animosities are played out in the open; people scream at one another over debts and betrayals, forced—as the homeless always are—to air their grievances in public. Violence is also a fact of life here for users, with beatings against non-paying debtors being a disturbingly common occurrence. Users, as well as those who work nearby, recount stories of latex-gloved "enforcers" appearing without warning and, in the space of an instant, exacting terrifying violence upon drug-users with outstanding debts.

What this description is intended to convey is that Insite is located at the centre of the Downtown Eastside's drug trade and is therefore immediately accessible to the neighbourhood's drug users, who already frequent the area either as residents, to see friends, or buy drugs. While the site also attracts users from other parts of the city according to interviews, it would be a mistake to suggest that the site "attracts" non-users as is sometimes suggested by prohibitionist critics. As the description that follows will demonstrate, while SIS are important health care spaces, it does not stand to reason that they are attractive places to non-injection drug users.

The space of the clinic

Figure 5. Insite Supervised Injection Site. Photograph by The Blackbird. Used with Permission.

Viewed from the exterior, Insite is a non-descript double storefront with partially

opaque windows and separate entrance and exit doors. Upon entering, visitors enter a

reception area similar to those found in a doctor's office. A staff member greets them

and asks that they register and sign in. Because Insite is a research site operating under

an exemption from the Controlled Drugs and Substances Act, all participants must be

registered. Registration of identities is obviously a fraught issue when dealing with

illegal drugs and stigmatized activities. Insite manages this tension through the use of

user-chosen nicknames and dates of birth as identifiers rather than proper names. Users

are thus permitted to remain anonymous in the eyes of the institution while Insite fulfils

its obligations to the state. During this registration process, users also indicate what substances they will be consuming. This gives medical staff the information necessary to intervene in the case of an emergency, as well as giving researchers a sense of what drugs are being consumed in the community at a given time[56]. Staff who work the reception area are employees of the Portland Hotel Society. They have generally worked with marginalized populations in the DES for some time, have received training in this regard, and have often developed relationships with users of the site.

After signing in, users wait in the reception area until there is a booth available in the injection room. According to interviews, current wait-times range from five to forty-five minutes, depending on the day, the time of day, and the provincial welfare calendar. Wait times are an issue of crucial importance to the functioning of the site. Wait times depend on two factors: the number of users and the length of time users remain in their (injection) booths. The absolute number of users varies during the day and during the week, with Friday and Saturday nights being predictably busier. By far the busiest times of all follow the monthly rhythm of provincial welfare payments. Considering that Insite's primary user-base is poor and often disabled, the monthly welfare and disability disbursement represents a significant influx of cash into the community. Employees report that "welfare week" sees a predictable increase in traffic, however, this increase is counterbalanced by a decrease in time spent by users:

> During welfare week, it's fucking insane, but nobody's ever in there for more than, like, twenty minutes, right? Because they have other things to do… you have money so you can go out… and do shit. When the

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[56] If a user is new to Insite, they are also asked if they have injected drugs in the past. If they respond that they have not, they are referred to a nurse for counselling before admission with the aim of dissuading them from injecting.

money's out then you notice people are there for longer, they'll go and do a fix but then they'll hang out for a longer period of time (employee 2, interview, April 2010).

Alongside disposable income, the single most significant factor affecting time spent at Insite by an individual is homelessness. Homeless users spend longer in their booths for a variety of reasons. For those living outside, Insite represents a space where they can relax for a moment, take stock of their belongings, unpack, and re-organize them without fear of being robbed, or harassed by police or private security:

> It's really dependant on a person's own situation. For some people, having that one space where they can hang out and get high, unpack their clothes, organize their things, wash up… You're not going to get robbed in there. If you pull out everything you own [on the street]… you have people coming by who'll just grab it. You pass out, or you're on the down[57] and if you do that out here then you're gonna get dug, right? Which is, like, when people see somebody sleeping and they'll go through all their pockets and steal everything they have.

> People that I've met when they're homeless will take a long time doing a fix… for whatever reason, [whether] that's feeling safe, or just trying to get their things together before they go back out and have to keep on doing whatever they're doing, whether it's working the street, or robbing, or picking cans, scrap-metaling.

> It's really different when you see someone that's like that and then when they're housed. They come in and they'll be in for like two minutes and then they're out again. I've had a couple clients who I've known when they were homeless and then when they were housed they're like, totally different. They're really, like, quick, they're fast, way more, like, polite, and courteous (ibid).

Insite is also a place where homeless people can wash themselves, even if it is against the rules, strictly speaking:

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[57] Also known as "nodding off": a quasi-conscious state during an intense drug high, usually "downs" such as heroin.

> There are two sinks, some people will hop in, try to fully clean themselves up, try to have a shower, though you're not supposed to. They'll like, wash their hair and do whatever. And that could last an hour, right? That accounts for some people not being able to get in right away (ibid).

> Some people, the booth they use to inject their drugs in is the only refuge they have when they're homeless… it took me a while to realize that but it's true. Like, sometimes it's hard to get people out of their booths because it's raining and their soaking wet. Or, they work on the street, they're involved in prostitution or drug dealing… they're staying awake all night to stave off the cold and doing drugs… A lot people come in and sleep at Insite (employee 1, April 2010).

Insite's own research indicates that 17% of their clientele are homeless (Insite for Community Safety n.d.). The issue of homeless users taking longer translates into increased wait times, a factor which has consequences for the efficacy of the site overall. This issue is a clear example of the direct effects of poverty and the city's lack of affordable housing on service provision. When people's basic needs such as bathing and security of the person are not provided for in the form of affordable housing, they are forced to meet these needs anywhere that is available, in this case, at Insite. This has the effect of making the supervised injection site double as a shower facility and ersatz community centre, roles which it is only partly capable of performing, and roles which decrease its efficacy as a health care centre.

This problem is most noticeable when wait times discourage users from injecting at Insite. One of the users I interviewed, a cocaine injector who panhandled at a nearby parking lot, reported that he frequently made use of Insite but only to pick up fresh syringes, never to inject:

> [It's] too slow. When I got drugs in my hand, I don't want 'em in my hand, I want 'em in *me*… My thinkin' was, if I'm there for twenty

minutes, I could be missing twenty bucks at my parking lot, which'll get me even higher (Girard, January 2010).

Girard's panhandling (which is discussed at length in the following chapter) followed a routine where he generated income directing cars to free parking spots in a Gastown cul-de-sac, then purchased cocaine with the money he earned on the corner of Hastings and Columbia. Walking back to his panhandling spot, he used the alleyway bisecting Cordova and Powell streets as an injection site. Describing this routine to me, Girard explained that he was so practiced, that in the time it took to walk from Hastings, he could prepare his fix in the syringe and inject while walking through the alley. As the above quote indicates, this strategy has clear benefits because it allowed him to generate even more income by spending additional time panhandling instead of waiting for a booth at Insite.

The fact that Girard's routine takes place literally *within a block* of Insite gives a sense of the sort of standards that SIS must meet if they are to attract injectors like these. Clearly, for many IV drug users, waiting almost anytime at all to gain access to a medically-supervised site is a non-starter. As Girard, referring to detox services, put it, addicts "don't want to wait that couple days. We're addicts, we want everything and we want it *now*" (ibid). The significance of this issue is not lost on staff:

> We're doing 9-1200 visits a day and there are not enough booths. Sunday nights it's empty, but on busy days, we don't have enough room… People get dopesick and they see five people waiting and they go "screw this, I can go stand out front on the sidewalk and slam this shit into my vein in two seconds. Why would I wait ten, fifteen, twenty minutes when I'm dopesick? (employee 1, April 2010).

When wait-times exceed that deemed tolerable by users, they shun supervised injection sites in favour of the streets and alleys they used before. This is doubly problematic because cocaine injectors like Girard often engage in some of the most risky injection practices: needle-sharing resulting from frequent, and often social, binge injection sessions as well as injections with increased risk of blood loss[58]. Long wait-times therefore discourage use by those for whom supervised injection sites should be most beneficial[59].

Long wait times no doubt also contribute to Insite reaching only 5% of the total injections in the DES, a statistic often cited by prohibitionist critics pointing to its ineffectiveness in reducing street injections (Mangham 2007). Findings such as the above suggest, however, that the logic is reversed: rather than closing sites because they do not reach enough users, the obvious response is to increase the number of SIS and thereby decrease wait times. In this way, high-risk users with little tolerance for waiting will make use of the facilities that improve their health and keep them in contact with health care providers.

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[58] "Booting and jacking" (see Bourgois 1998, 2339 and Bourgois and Bruneau 2000, 336-337), or "flegging" as it is known in Vancouver, involves injecting directly into a vein and prolonging the injection process by drawing blood into the syringe, partially injecting the solution, and then drawing blood back into the syringe, a practice which heightens the experience for some injectors.

[59] Although, see Wood *et al.* 2005 for evidence that Insite is nevertheless successful at attracting high-risk injectors.

Figure 6. Injection Room at Insite. Photograph by The Blackbird. Used with Permission.

Having waited for their nickname to be called by the person working the reception desk, users proceed into the injection room. There, they are greeted by one of two VCH nurses who monitor the injection booths. The nurses are told what drugs they will be using and provide them with fresh syringes, sterile water, alcohol wipes, tourniquets, and sterile cookers for dissolving drugs into injectable solutions. The injection booths are sterilized after each user and are equipped with mirrors allowing staff to monitor whether the user (who is turned away from them) is overdosing[60].

While the injection room is a space for the medically supervised injection of drugs, it is also a place where health providers can educate users about "best practices" which may improve their health in other ways. These interventions range from the mundane, such as encouragement to wash their hands before injecting at the site, to more

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[60] The mirrors are also used to assist users in injecting into areas which are difficult to see, such as the neck.

esoteric, for example providing education about safer solvents for dissolving drugs. In Vancouver, for example, it is a common practice among rock-cocaine (crack) injectors to use vinegar as a solvent to break down the crack rocks into an injectable solution (employee 2 interview, April 2010). Acetic acid (vinegar), however, is highly damaging to blood vessels and can contribute to vein collapse, a common problem amongst chronic injectors. Staff at Insite intervene by providing users with vitamin C powder (ascorbic acid) instead, another solvent which can break down crack but which is less damaging to veins. In this very concrete manner, harm to the user is measurably decreased and their capacities for self-care are increased. The intervention does not eliminate harm by any means, but it engages the user on their own terrain—in the singular space of their addiction—and makes substantive improvements, improvements that may well keep the user alive long enough to make more substantial changes to their drug use in the future.

These sort of interventions are amongst the most important work Insite accomplishes. Because they engage users in ways that are concrete and meaningful to them, they build trust between health care providers and users who are often mistrustful of institutions. This trust is what then allows Insite staff—whether they are nurses or program and peer-support workers—to offer help beyond simply providing medically supervised injections. Nurses can provide abscess care and foot care[61], and program workers can connect users with on-site alcohol and drug ("A&D") counsellors.

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[61] Podiatric problems amongst homeless people are common. They are caused by walking and standing, often in substandard footwear and often in the rain, for extended periods of time. It is worth noting, in the context of my discussion of building trust, that foot care is a highly symbolic act as well as medically therapeutic. The act of caring for another person's feet, especially when that person is accustomed to being treated as repellent, is a deeply meaningful and compassionate act, I think, echoing the biblical story of Mary Magdalene washing the feet of Jesus. Its role in building trust between health-care workers and homeless drug users should not be underestimated.

What is essential to note about these sort of interventions is that they do not require coercion by staff: they are offered as suggestions to users who have the capacity to make choices about their drug use for themselves. Advice is offered in this way because employees are well-aware of the futility of forcing messages of abstinence or detox on users. Prohibitionist critics often insist that safe injection sites or heroin-assisted therapy mandate offering treatment *before* moving to harm reduction measures, in an attempt to position harm reduction as a "last resort". Attending to the real social spaces in which such interactions occur shows the absurdity of this critique. Users of Insite are by and large repeat, long-term users who soon develop first-name—if not more personal—relationships with Insite staff. These users are often also significantly older than the staff they encounter. Mandating that employees inform or coerce users into considering abstinence each time they access the site would quickly reveal itself to be an absurd and empty bureaucratic scenario. Users are by and large already well aware of the detox/recovery house options available to them after having accessed services for a short time. If they are not availing themselves of these services, *it is because they have valid reasons for doing so.* In contrast, Insite's practice of informing users of the services available and allowing users to make use of them as they see fit, gives staff the opportunity to form deeper, potentially more meaningful relationships with them, rather than hollow bureaucratic ones. These relationships then put staff in a far better position to offer users the correct form of assistance when they are ready for it:

> I think for some people, the things they have to do—or the things they do—to keep up their habit are, like, really horrible things, right? Like, they have to endure really horrible things. You know, like, sex trade workers or, like, you know, some people can't even work as sex trade workers cause they've… had their faces smashed-in so much. So they get

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high by ripping dealers off or doing things that are, like, really dangerous, and they end up getting thrown out of buildings. So if I see somebody's that's having like a really bad time—maybe they have an increased use… I'll be like, 'hey, do you think that you'd be interested in trying a detox program?'' and then I would, like, just offer them up the idea. Or just let people know that we have a detox program, or I could set you up with a detox program that you feel would work for you a bit better…

So it's really case-by-case. We're not there to push detox programmes on anybody. It's not like, "you wanna come here, you should go to a detox programme". It's not my mandate, I'm not going to tell somebody how to live their life. The majority of those people are far older than I am, they can make their own fucking decisions. And I think it's a little self-righteous to try to push detox programs on people anyway. I just like to let people know, if they want, there is a program that's available to them (employee 2, April 2010)

Such interventions emerge out of the relationship between staff member and user and the staff member's knowledge of their situation, rather than as an ideological injunction to abstinence, administered bureaucratically, without any attention to the individual's own situation. This touches on an interesting contradiction in prohibitionist critique: while it often ignores structural forces like poverty or race in favour of the individual and "personal responsibility", in this respect there is little to no consideration of the user as an individual. Instead, their experiences and reasons for using drugs are flattened by the injunction to abstinence, delivered without consideration of the circumstances of the user. In this way, we can see how harm reduction measures like Insite work from a position of efficacy and respect, rather than ideology and patronizing attitudes toward users. It's important to note as well that such interventions, when administered improperly also tend to drive users away, an effect which contradicts the

point of harm reduction measures like Insite. They amount to an empty stand on

principle to the detriment of good practice[62].

Figure 7. Non-Moralizing Harm Reduction: Poster Advising Heroin Users to Exercise Caution After Overdose Numbers Skyrocket. Photograph by Author.

Interventions like these can occur throughout the site, from a program worker in

the reception area, a nurse in the injection room, or a peer-support worker in the final

space of the clinic. After users have injected and are ready to leave the injection room,

they enter the chill-out room located next door. Here, they can relax on benches, enjoy

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[62] Notice, as well, how the notion of "choice" that is at work here is the polar opposite of the neoliberal choice discussed earlier where users are "empowered" with information and then are expected to make "informed choices". In contrast to the false choices offered to users—empty choices that ignore the real circumstances in which they live—the options users are offered at Insite relate directly to their lived experiences and are offered by people with intimate knowledge of the difficulties they are facing and what may be of use.

coffee or juice, watch TV, and talk with support workers. Employees from Onsite—the

detox programme located above Insite—will occasionally bring extra food to people

waiting in the chill-out room. The chill-out room provides yet another series of

opportunities for staff to connect with users, perhaps encourage them to let a nurse

examine cuts or abscesses, or monitor the availability of detox beds. Outreach workers

from other agencies such as BC Housing, or provincial welfare workers will also

periodically set up shop in the chill-out room so they can connect with the marginalized

drug-using population.

For homeless users, the chill-out room functions as a *de facto* drop-in centre. It's

a space where they run into friends and a space where they are safe from being robbed or

assaulted. Many who are compelled to remain awake throughout the night because of

fear of violence will use the chill-out room to sleep for a few hours before they return to

the streets. These uses of the space are another example of how the systemic poverty of

the Downtown Eastside forces Insite to operate in ways that make it less efficient as a

health-care facility. Yet at the same time, in being forced to act as a drop-in centre, Insite

also creates a sense of community among its regular users, who "take a lot of ownership

over it" (employee 2, April 2010) and in turn builds the sorts of relationships that are

necessary to reconnect people with the health-care system and eventually provide them with access to treatment[63].

Methadone in Vancouver

I now turn from examining the Insite supervised injection site to another significant, but far less controversial harm reduction initiative, British Columbia's methadone maintenance treatment (MMT) system. Methadone is the most prevalent pharmaceutical therapy for opiate addiction in North America. In British Columbia alone, there are over 8000 registered recipients of MMT (Marsh and Fair 2006). Methadone is regulated by the College of Physicians and Surgeons of British Columbia (CPSBC) for the treatment of opiate addiction and management of opiate withdrawal symptoms. MMT consists of the prescription of methadone on a daily basis to alleviate the painful and debilitating symptoms of opiate withdrawal and to stabilize patients who are trying to stop using opiates. Daily treatment takes place under the supervision of a pharmacist with periodic assessments by a physician with special accreditation to prescribe methadone. Patients visit a pharmacy each day at a specified time to receive their methadone, which is dispensed in liquid form, most commonly mixed with orange-flavoured drink crystals.

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[63] It is possible to conceive of these relationships as a form of "gift exchange" between employees of Insite and the drug users they serve. Employees provide material gifts of injection equipment and detox referrals, as well as immaterial gifts such as emotional support. In return they receive a variety of (generally immaterial) gifts, one of which might simply be the subjective sense that they are "doing good". In the following chapter, I develop a theory of the gift with respect to panhandling exchanges drawing on the anthropological literature (Mauss [1923] 1990). I suggest that readers recall the relationships between providers of harm reduction and those who are served by it when they read the following chapter and consider the question of the gift and gift relationships. I am indebted to Eugene McCann for pointing out this connection.

Pharmacologically, methadone is a μ opiate receptor agonist which attaches to the same opiate receptors as heroin or morphine, mimicking their action. Because of this, heroin addicts can theoretically switch from using heroin on a daily basis to receiving daily doses of methadone without experiencing the wrenching physiological withdrawal symptoms normally associated with heroin withdrawal.

Methadone was discovered in 1938 by Max Bockmühl and Gustav Ehrhart, who were German scientists attempting to develop a non-addictive gastrointestinal tract antispasmodic and analgesic (College of Physicians and Surgeons of British Columbia 2009). By the 1940s, physicians began using methadone to treat opiate addiction and in the mid 1960s, Drs. Vincent Dole and Marie Nyswander in the United States published findings about the possibility of using methadone as a long-term maintenance treatment[64] in the same model as insulin treatment for diabetes (Dole and Nyswander 1967). At the same time, Drs. Robert Halliday and Ingeborg Paulus in Vancouver were conducting experiments with "prolonged withdrawal" treatment using methadone and formalizing the principles of what would later become modern MMT (Fischer 2000). They published the findings of the first institutional MMT program, based in Vancouver, in 1967 (Paulus and Halliday 1967). MMT programs expanded in both Canada and the United States and were given official sanction from the landmark Le Dain Commission into the "non-medical use of drugs" in 1972–3, where, despite misgivings that MMT was not drug-abstinent treatment, the committee made clear that "even the most dismal statistics"

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[64] Interestingly, the discovery came as part of an experiment intended to show that prescription of *morphine* to addicts engaged in repeated criminal activity could stabilize their behaviour and reduce crime (Smith 2008). This experiment fit with the early 20th century practice of physicians prescribing morphine to opiate addicts—a forerunner of controversial heroin-assisted therapy (HAT) seen today.

indicated MMT was obviously far more effective than abstinence-based therapies or incarceration of addicts (cited in Fischer 2000, 192).

Alongside the ringing endorsements coming from some factions however, the 1970s saw a rise in anti-methadone sentiment drawing on familiar law-order-and-abstinence rhetoric. The Special Joint Committee formed by the Department of Health expressed concern with the rapid growth of methadone prescription and diversion of methadone to the black market (ibid). These voices, which affirmed again that drug abstinence should remain the ultimate goal of treatment, were eventually successful in changing the regulatory framework of methadone, making it more difficult for addicts to be accepted for MMT, as well as creating stricter controls for treatment. These changes lead to a dramatic decrease in the number of physicians willing to prescribe methadone and a significant decrease in the availability of MMT in the 1970s and 80s. As late as 1995, Canada had one of the lowest rates of per capita MMT when compared to the US and Western European countries with comparable populations of opiate addicts (ibid).

In 1996, the federal government changed tack and devolved responsibility for methadone to the provinces, in B.C. coming under the supervision of the College of Physicians and Surgeons. This move precipitated a massive expansion of methadone provision as the CPSBC loosened restrictions on a number of key issues, making methadone accreditation easier for physicians, drafting more lenient definitions of patients' adherence to treatment, and significantly, making changes to *where* methadone prescriptions would be filled. As a result of the devolution of methadone treatment to the provinces, British Columbia, alongside Ontario, moved to a private, for-profit pharmacy model of methadone provision. The results of these regulatory changes were dramatic: in

1995, there were just over 1000 people in British Columbia receiving methadone[65], by 2004 there were 8270, with approximately 3000 in Vancouver (Marsh and Fair 2002, 140). This trend was just as significant in Ontario, where the number of patients in MMT increased over 500% between 1996 and 1999 (Fischer 2000)[66].

In a study of methadone clinics in Toronto, Smith (2008) notes that these regulatory changes were intended in large part to entice those physicians who had shied away from methadone prescription during the 1970s and 80s when strict regulations made the practice unappealing. The effect of this liberalization, which included streamlined training and approval procedures, as well as removing caseload restrictions, made methadone prescription highly profitable (Fischer 2000, Smith 2008). The concomitant arrival of private methadone pharmacies designed to service the increase in methadone patients further eased physicians' concerns that unruly methadone patients would disrupt their private practice waiting rooms (CAMH 2000 cited in Smith 2008). With a rapid increase in the number of physicians capable of prescribing methadone and the explosive growth of private methadone pharmacies to provide medication, the stage was set for British Columbia's current methadone industry.

Getting on Methadone in British Columbia

What does methadone maintenance treatment look like for heroin users in the Downtown Eastside? How does MMT in the Downtown Eastside compare with Bourgois's account of biopolitical/disciplinary nature of MMT in the United States? My fieldwork with MMT patients in the Downtown Eastside, interviews with service

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[65] Fischer puts the exact number at 1349 (2000, 203).
[66] From 770 patients to 4500 (ibid).

providers, and research into CPSBC guidelines for MMT prescribers reveals a markedly different landscape than the one described by Bourgois. I will show, however, that while many of the most disciplinary features are absent, there remain aspects of MMT in British Columbia that may still be considered biopolitical, not the least of which is the brute fact of methadone itself.

To see how this is the case, it is instructive to see how MMT operates. In order to be admitted to British Columbia's methadone maintenance programme, a prospective patient visits a doctor who has been authorized by the CPSBC to prescribe methadone. This certification gives the physician a Section 56 exemption to the *Controlled Drugs and Substances Act*, allowing them to prescribe a controlled substance. Since the handover of MMT to the provinces in 1996, this certification process for doctors has been streamlined significantly, requiring doctors to attend little more than a single day workshop, followed by a short preceptorship, and interview (CPSBC 2009)[67].

The physician interviews the patient, enquiring about their drug use, and takes a urine sample. The sample should generally show the presence of opiods, however this is not necessary if the physician is convinced that the patient is indeed an addict. The patient should meet the DSM-IV definition for opiod dependency and agree to address their dependence[68]. All four of the MMT patients[69] I worked with described this meeting as unremarkable, stating that they simply went to the doctor, asked to be placed on

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[67] Practitioners are also required to undertake a minimum of 12 hours per year of continuing education in addictions medicine and undergo a peer review after the first year.

[68] The DSM-IV, or 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* is the American Psychiatric Association's official publication listing all recognized mental disorders.

[69] Dean, Tammy, Shelly, and Allen.

methadone and were told they "would be good candidates for methadone" (Dean interview, Jan. 2010).

The actual dispensation of methadone takes place for the most part in privately-run methadone pharmacies rather than through physicians. In British Columbia, approximately three-quarters of MMT patients receive their methadone through these private pharmacies (Marsh and Fair 2006). Here, users receive their methadone as "DWI": Daily Witnessed Ingestion, meaning they must come to the pharmacy every day and consume the medication in the presence of the pharmacist. Ingestion must be witnessed because methadone is a controlled substance and there are substantial concerns about "diversion" of methadone to the illicit drug market. The preoccupation with diversion motivates a number of the more disciplinary practices in MMT, both in the United States, but also in more lenient systems such as British Columbia's. The fact that methadone is a daily prescription, which must be ingested at the issuing pharmacy in the presence of the dispensing pharmacist, places obvious and significant restrictions on the mobility and daily activities of MMT patients, especially because treatment is expected to last years or more.

Patients who have regular employment face obvious difficulties with this regulation. The procedure for dealing with this issue is the system of "carry privileges" whereby patients are allowed to take methadone doses home with them in the same way as standard prescriptions. Carry privileges are the subject of extensive regulation and assessment criteria in the methadone literature. While it is acknowledged that granting carry privileges has been shown to improve the effectiveness of MMT (see CPSBC 2009), concerns over abuse and diversion to the illegal drug market make these privileges

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tightly controlled. Carry privileges come to occupy the position of a reward for good behaviour in MMT. Patients who comply with treatment goals and stabilize their drug use and living conditions are given progressively longer carry privileges. The metric for assessing stability and improvement expects that patients "demonstrate social, cognitive and emotional stability" (ibid, 21), as demonstrated in examples such as:

> Keeping all scheduled appointments, attending the pharmacy, improved social relationships, returning to work or school, and having urine screens which are free of all mood altering drugs for a minimum of 12 weeks (ibid).

Stability, measured against this rubric by the physician, gives the patient a "one-day carry" at first, meaning that they receive one dose of methadone as DWI at the pharmacy and another day's dose to take home. If they continue to comply with MMT guidelines over a period of a months, they may graduate to further days of carry privileges, the most stable patients being sustained on a twice-weekly pick-up schedule—an admittedly still frequent schedule justified in the CPSBC *MMT Handbook* as being "a reasonable balance between safety and patient inconvenience" (ibid, 21).

None of the patients I interviewed were given carry privileges; all were still active illicit drug users who failed to meet standards for stability, laid out by the CPSBC. In describing how they were treated by the system, the marker they referenced instead was increased length of prescription. When I first discussed methadone with Dean, he had been in treatment for two years. He was being monitored closely by his doctor and received a new prescription each week. Getting a new prescription meant a visit to the doctor which allowed him to constantly reassess Dean's adherence to the programme and use of illicit drugs. Later in the fieldwork, Dean was moved to bi-weekly prescription

refills and at time of writing, he, along with his girlfriend Tammy, have switched to a new methadone clinic and are receiving prescriptions for a month at a time. Dean and Tammy's experience of gradually increasing prescription lengths is typical in MMT and shows how regular consultations with the prescribing physician is a key technique for monitoring patient progress and adherence.

Alongside physician consultations, the primary surveillance technique employed in MMT for assessing compliance is urinalysis. Patient urine is screened for a number of illicit substances including stimulants, sedative-hypnotics such as benzodiazepines, as well as for the prescribed methadone itself. Urinalysis is conducted, in short, to answer two of the primary concerns of MMT compliance: abstinence from illicit drugs and diversion of methadone to the black market. If a patient's urine reveals no trace of methadone, providers have evidence that the methadone is not being consumed and may have been redirected to the black market for sale. If the patient's urine reveals traces of drugs other than methadone, the physician reassesses the patient's stability and may make changes to their dosage.

In significant contrast to the US MMT programmes described by Bourgois (2000, Bourgois and Schonberg 2009) giving a "dirty urine" or a sample revealing traces of illicit drugs, does not mobilize a disciplinary apparatus or result in patients being kicked out of treatment. Bourgois describes methadone patients in San Francisco being denied daily doses, having their dosage levels punitively[70] cut down when breathalyzer samples

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[70] I use the term "punitively" here to refer to occasions where dosages are cut down for a period of time as a result of non-compliance with rules. If the dosage reduction were medically—rather that morally—motivated, we would not expect to see it cut down for a set period of time but have it modified depending on the patient's alcohol use.

reveal they have been drinking alcohol, or having dosages increased against their will if they continue to use illicit opiates (2000). In comparison, at least three of the four MMT patients I interviewed continued to use illicit drugs with the full knowledge of their physicians[71]. One occasionally used rock cocaine recreationally, while the other two used benzodiazepines. Of these latter two, one, Dean, continued to use heroin occasionally. The CPSBC *Handbook* for methadone prescribers flatly states that "the continued presence of opiods in urine screens may indicate too low a dose of methadone" (CPSBC 2009, 18). My discussions with Dean revealed that consultations with his doctor about his use of heroin resulted in his being prescribed progressively higher doses of methadone. These increases, in contrast to those described by Bourgois, however, were his decision, and at no point was he compelled to take more methadone than he wanted. For the majority of the fieldwork, Dean was maintained at 140mg of methadone per day. His dosage varied however, and at time of writing had been increased to 200mg/day, a high dose by almost any standard but one that he reported being the most comfortable on[72]. Both Dean and Tammy characterized meetings with their methadone doctors as being receptive to their opinion and intended for their benefit: "He said 'I just want to get this out in the open and out of the way: *I'm here for you*. My job is to make sure that you're comfortable'" (Tammy, March 2010). Dean reported similarly that decisions about dosages were centred on the patient: "I tell *him* how much I want. He asks 'how is this level working out for you?' and I tell him what I want" (Dean, March 2010).

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[71] That a majority of my interviewees continue(d) to use illicit substances while on MMT is consistent with previous longitudinal studies of heroin use by methadone patients (e.g. Caplehorn *et al.* 1993)

[72] To illustrate this significance of this dosage level, special permission is required for physicians in the United States to prescribe doses higher than 100mg.

Because a positive result for illicit drug use did not endanger their access to methadone treatment, my respondents reported that they spoke freely with their doctors about what drugs they continued to use[73]. In this more tolerant climate, urinalysis' primary surveillance function is instead to monitor diversion to the black market[74]. To these ends, urinanalysis is carefully regulated by the CPSBC. A urine test is first required before admission to the programme; this is to ensure that the prospective patient is an active opiate user[75]. During the "stabilization" phase, urine screening is conducted every month and later, during the "maintenance" phase, tests are conducted at least once every eight weeks (CPSBC 2009). Urine is taken randomly rather than at scheduled appointments so patients cannot modify their substance use in preparation for the test. Patients are contacted by phone and given 24 hours to report to the clinic to provide a sample. Samples are obtained in the clinic washroom and a range of surveillance measures govern how they are collected. Patients are not permitted to bring bags or bulky coats into the washroom that could disguise a smuggled container of "clean" urine. CPSBC regulations stipulate that hot water must be turned off in the washroom to ensure patients do not attempt to create counterfeit samples. The temperature of urine samples is noted and recorded by staff immediately upon receipt. The CPSBC recommends that toxicological screening of samples test for methadone metabolites rather than the simple presence of methadone itself since they note "a patient can easily tamper with a urine

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[73] There are some exceptions to this statement that I will discuss later.

[74] While urinanalysis results showing continued illicit drug use will not result in patients being kicked out of methadone programmes or denied medication, a "dirty urine" still has effects, most notably for carry privileges since continued drug use indicates patient "instability" (22) as discussed above.

[75] There are certain circumstances when a patient may be admitted where no opiates are positive in the test however, such as an opiate user who has been through detox but is at high risk of relapse (CPSBC 2009).

sample by adding a few drops of methadone" (ibid, 20). In the event that physicians or staff are suspicious, a "witnessed collection" may be ordered whereby the collection of the urine sample is conducted in front of staff member.

While the procedures for collection of urine samples speak to a panoptic apparatus that patients are forced to negotiate in order to access methadone treatment, they clearly pale in comparison to what Bourgois describes in the United States. The most disciplinary features outlined by Bourgois such as lack of control over dosage levels and punitive denial of medication are not present here. And while the definitions of patient "stability" that award carry privileges and the opportunity to be less tied to the clinic are certainly normative and proscriptive, physicians are encouraged to base treatment on the patient's desires:

> In order to assist the patient in meeting treatment goals, methadone prescribers **must** establish trusting, therapeutic relationships with their patients. Physicians need to create non-judgmental, collaborative environments in which patients feel safe to express their concerns... *Treatment goals should be chosen by the patient, not the physician*. Many appropriate treatment goals are not necessarily focused on drug-using behaviour. for example, patients may wish to move to better or safer housing, improve their general health, enroll in training programs, learn better communication skills,... or improve the quality of their personal relationships (CPSBC 2009, 23, bold type in original, italics added).

This passage is significant. The emphasis it places on the user affords them not only the power to make decisions but also the position of knowledge. The user is invested with a knowledge that the physician does not possess. They alone are positioned as being the one who knows what is best for them. The explicit recognition that valid treatment goals may not relate to decreased drug use, regardless of whether the physician may agree, is a significant departure from the methadone regulations described by Bourgois. This latter

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point is important because drug use by marginalized people often becomes the focal point of intervention by outsiders, even when the person in question feels other issues, for example their housing situation or abuse by a partner, are more pressing. Focusing on drug use in this way obscures the underlying political economic conditions which structure homeless and marginalized drugs users lives, as well as obscuring the causal role of the various traumas that initially gave rise to their drug use.

In many respects, then, methadone maintenance treatment in British Columbia appears to skirt the most problematic biopolitical aspects encountered in the US system. Patients are not expelled from MMT for continuing to use illicit substances and they are given significant consultation in determining dosage levels. Alongside this, we should also not forget one of the most obvious differences between the two systems, which is that patients are *not charged* for their use of MMT in British Columbia. The simple fact that MMT in the United States is paid for directly by the user is both a significant barrier to entry, as well as a problematic inducement to continue whatever illegal income-generating strategies users may have been involved with in the past. The necessity for the user to pay for MMT creates a situation where users wanting to break with their drug-using lives are compelled to continue engaging in activities which connect them to the people and places where they used to use drugs. While this remains a problem in British Columbia, for example where a lack of affordable housing traps users in SRO hotels which are centres of the drug trade, the simple fact that MMT is covered by health care allows users to access treatment without consideration of cost.

To focus entirely on these mechanics of methadone provision would be a mistake, however, because one risks losing site of the larger issue: methadone itself. There is a

compelling argument to be made that—independent of any particular procedure or praxis—methadone itself is a powerful biopolitical system of control that requires justification. Especially when, as I will show later, there are, and have always been, alternatives to methadone.

In looking into other facets of methadone in British Columbia, I return to the issue of the anxiety over pleasure that I highlighted earlier. In a variety of ways, this anxiety returns in MMT, because the pharmacological properties of methadone are unable to deliver what is politically demanded of it: to be heroin without the high. An illustration of one such disconnect is found in the problems with methadone's prolonged "induction" period. While methadone is defined as an opiate agonist that blocks the operation of other opiates, these effects are not as evident at lower doses. This is significant because in the initial stage of MMT, patients cannot be prescribed the dosage levels they require. Methadone carries serious risk of overdose unless an extended dosage "induction" period is observed, *even for patients who are accustomed to long-term heroin use*. In the case of my respondents, all four of whom were long-term heroin users, the initial dose was 30mg/day, consonant with CPSBC guidelines. Patients are "ramped up" over the course of one month to appropriate dosages in the range of 60–200mg. In the methadone clinical literature, it is commonly agreed that the minimum effective dosage for daily maintenance therapy is 60mg/day (Bourgois 1998; CPSBC 2009; Marsh 2009). Patients who receive 40mg/day or lower are five times more likely to drop out of MMT than patients who receive 60mg or more (CPSBC 2009).

This initial phase of methadone treatment wherein patients are acclimatized to appropriate dosages has profound effects for addicts using methadone to stabilize

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addictions. Because methadone treatment must be started at low dosages, dosages too low to be effective for long term opiate addicts, patients are *de facto* under-medicated in the initial phase of treatment. This creates a situation where addicts will frequently need to continue consuming heroin on a daily basis to avoid withdrawal symptoms even after having made the decision and taken action to enter treatment. Three of the four methadone patients I worked with confirmed that they had continued to use heroin after beginning methadone treatment because the effects of the medication were insufficient to stave off withdrawal symptoms. They also reported anecdotal evidence that this was a common situation with other methadone patients they knew. Dean and Tammy continued to use heroin after this initial period as well, though far less frequently and for its euphoric effects rather than simply to maintain their addiction[76]. The College of Physicians and Surgeons confirms the consistency of these ethnographic findings with accepted medical experience in their handbook for methadone prescribers, stating that "during the induction phase, patients are likely to continue to use illicit drugs." (BCCPS 2009, 17).

That such poly-drug use is even possible is evidence that the characterization of methadone as a drug which "blocks" opiate activity is at least partially inaccurate. For, while this is indeed part of methadone's pharmacological action, it is neither complete nor are these effects the same for all users. Methadone's opiate blocking properties become more pronounced at higher doses, although they continue to vary significantly between users. This means that methadone patients who continue to use heroin

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[76] The distinction between using drugs for euphoria versus maintaining an addiction is obviously difficult to maintain, considering that addicts are nearly always using drugs for their euphoric effects even when this effect is diminished because of the duration of their addiction to opiates.

recreationally are obliged to use far greater quantities to feel its effects. Bourgois (2000) corroborates this, noting the wide range of tolerances exhibited by users to methadone's euphoric and/or opiate agonist effects, including one user who continued to get high by insufflating (sniffing) heroin while receiving a 120mg dose of methadone per day (2000).

The issue of poly-drug use and methadone's status as an opiate blocker is significant for a number of reasons relating to both to patients' health and to methadone's discursive-political position in the field of drug policy. With respect to this latter point, methadone has achieved hegemonic status in large part because of the perception that it stabilizes addicts while blocking opiate activity, thus preventing addicts from using opiates and accessing illicit pleasures (Bourgois 2000).

This idea of "heroin without the high", drugs without pleasure, and the idea of addicts moving from "drugs" to "medicine" has been ideologically essential to legitimizing methadone as a treatment. As early as the 1970s, Agar, noted the drug's capacity to shift the discursive terrain of drug use: "The 'dope' became 'medication,' the 'addict' became a 'patient,' 'addiction' became 'treatment'" (1977, 176). In a society still suffused with anxieties about the pleasure of the addict, methadone's promise of eliminating cravings for drugs without providing addicts with a high has differentiated it as a treatment from more controversial heroin-assisted therapy (HAT) and supervised injection sites (SIS) as politically palatable drug policy.

What is remarkable is that the characterization of methadone as opiate "blocker" has been empirically disputed for decades. Agar notes noted that diversion of methadone to the illegal drug market began at the same time as methadone maintenance treatment in

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New York City. It rapidly became "the most easily obtainable street drug" (Conrad and Schneider 1992, 139) and was popular because of the pleasurable high, especially when injected. "These reported methadone 'highs'", say the authors, "dealt the myth of the 'heroin blockade' a severe blow' (ibid). A severe blow perhaps, but not one severe enough to prevent the story that methadone is both a drug without a high and a drug which blocks opiate activity from persisting unchanged to the present day.

The evidence that an anxiety about pleasure (rather than simply a concern with addiction) lies at the heart of this issue is evinced by the fact that methadone itself is extremely addictive, by some measures even more so than heroin. Methadone withdrawal symptoms are often described as being twice as severe as those of heroin withdrawal and, because methadone is a long-acting opiate with a long half-life, withdrawal symptoms also last much longer: often weeks to months. Two of the methadone recipients I spoke with expressed the wish that they had never began methadone treatment. It was "probably the biggest mistake I've ever made in my life" (Jan. 2010), said Dean:

> Methadone soaks into your bones. Heroin does not, it just goes into your muscles. So, when you withdrawal from heroin, it's not nearly as bad as methadone. Methadone? You want to commit suicide when you're quitting methadone. Literally (ibid).

Dean's girlfriend Tammy echoed this sentiment that her addiction to methadone was worse that her previous addiction to heroin:

> [quitting] heroin cold-turkey is a cake-walk. Methadone, you go into detox, you're looking at seizures and everything. You can't sleep. I couldn't sleep for like two months, it didn't matter how many sleeping pills I took (March 2010).

Tammy also repeated Dean's assertion that methadone "soaks into your bones" to describe the cellular-level agony associated with withdrawal[77].

Accounts like these suggest that what I have described earlier as an anxiety over pleasure is what is truly at issue here, rather than a concern with addiction. If the issue really was about addiction, it would in no way be acceptable to substitute an addiction to heroin for a potentially even deeper addiction to methadone. It should become clearer now that it is the perceived pleasure of the addict and the legal status of the drugs involved that actually motivate intervention around heroin addiction.

Actually-existing Methadone Part 1: Going to Jail

Apart, then, from any specific practices of methadone treatment, be it the determination of dosage levels, the restrictions placed on patients' drug use, or the systems employed for granting "carry privileges", methadone itself needs to be seen as necessarily biopolitical. Its addictive properties and extended induction period alone are enough to warrant it being characterized as a disciplinary technology in the state's management of addicts, independent of any particular micro-practices of control that serve only to ameliorate or deepen this fundamental fact.

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[77] There is actually no evidence that methadone damages bones. This is, however, one of the most common myths about methadone, no doubt because bone ache is a common side effect of withdrawal. Goldsmith *et al.* (1984) additionally suggest that many long-term addicts have poor dental health related to years of neglect and, once they give up heroin and switch to methadone, they begin to feel the discomfort that was previously dulled by heroin. The point nonetheless stands that methadone withdrawal is qualitatively worse than heroin withdrawal and the pain associated with it is extreme. In MMT, the pains of withdrawal are reportedly mitigated significantly when addicts follow proper guidelines for withdrawing from methadone: this involves a lengthy (six months to one year) "taper" period of no more than 5% of total dose per week. Aching, insomnia, and loss of appetite are still notable in the later stages of withdrawal even under optimal conditions (Centre for Addiction and Mental Health (CAMH) 2000, 2001; CPSBC 2009).

This fact is not lost on methadone patients, who despite not being subject to the sorts of draconian policies found in the United States, nevertheless find themselves controlled at the most intimate level of their physical being by the regulation of methadone maintenance treatment. Shortly after describing his experiences with MMT and elaborating on how open the system was to his continued drug use and setting of dosages levels, Dean's tone changed quickly when he revealed that he thought getting on methadone was a mistake: "It just becomes like the system's got you by your balls. I'd rather be a heroin addict" (Dean, January 2010).

The sense of masculine protest evident in Dean's choice of metaphor—methadone as castration, as emasculation—echoes one found by Bourgois and Schonberg amongst homeless heroin users in San Francisco (2009). The term "righteous dopefiend", which serves as the title of their book, refers to the identity adopted by users themselves that they opposed to being addicts or methadone patients. While this terminological distinction did not emerge with the users I interviewed, Dean's comment speaks to a similar "outlaw" identification that was significant to him and was threatened by methadone. Bourgois and Schonberg argue that methadone users are often found at the bottom of street drug social hierarchies because of their dependence on medical services and lack of "hustle" (see also Bourgois 2000). Dean, having lived an "outlaw" life for many years, though more so in the past than now, felt trapped by methadone, unhappy about the prospects of eventually detoxing, and angry about being beholden to "the system".

As sincere as these feelings were, there are other, contradictory, facets of state-managed methadone addiction that affect the lives of people like Dean:

Fieldnotes:

Dean and I are sitting at a table in the Starbucks at Tinseltown, a failing mall built too early in the gentrification of the Downtown Eastside. Our table is small and the café is crowded—too crowded, it feels, for a personal conversation about drug addiction. Dean doesn't seem bothered and I wonder whether my discomfort has less to do with the personal nature of the conversation and more with how conspicuous I feel surrounded by business people, talking to someone as rough-looking as Dean. When he finishes the muffin he's been eating, Dean wants to head outside for a smoke. We leave the café and see two Vancouver police standing by the mall entrance alongside two security guards. Between them, seated on the ground, is a man who looks to be homeless, hands cuffed behind his back, looking resigned. Dean recognizes him at once, "fuck, that's Geoff, I know him". "What's up?", I ask. "What's he getting busted for?" "Been caught stealing", Dean guesses, perhaps because Geoff is sitting against the doorway of a large chain drugstore attended by their security. "That's the way it is," he says matter-of-factly, "you do what you gotta do to survive". Geoff is soon being stood up and Dean walks over, takes the half-smoked cigarette from his mouth and asks the cops if he can give it to his friend. They nod and Dean places the cigarette in the handcuffed man's mouth as he is lead away to the cruiser: the last smoke he'll have for while. "Take it easy, Geoff". As he walks back to where I'm standing, Dean explains the situation: "Shitty for him cause he's a full-blown heroin addict and he's not on methadone. So he's gonna have to go detox. See it's different, now if I go out, go stealing and get caught, sure I go to jail but I go to jail with the comfort of methadone, right? I just sit there all day and nod off all day long. And there it's a lot different from out here... in there, it just gets you right wrecked".

What this vignette speaks to are some of the very material realities that come from the difference in legal status between methadone and heroin. As a methadone addict, whose daily medication comes from the state, Dean's addiction will be provided for by the various institutions he encounters, whether he is admitted to hospital for injury or incarcerated by the police. Geoff, on the other hand, will have to detox in his cell because he is addicted to an illegal drug not provided by the state.

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Despite being on methadone and having stabilized his drug use considerably from years past, Dean continues to live a somewhat outlaw life: committing the sort of crimes associated with keeping up a hustle in the Downtown Eastside. He shoplifts occasionally, buys and sells stolen bicycles (one of the most common forms of transportation in the neighbourhood), acts as a lookout for drug dealers, sometimes steals from dealers, and continues to purchase illicit drugs. All this means that arrest and incarceration are a very real concern for him, even more so because Dean reported that he had a total of 72 convictions and failure to appear (FTA) warrants at present, meaning that he was no longer eligible for bail if arrested. In this way, we can see how Dean benefits from the legal status of methadone and its interpenetration with the criminal justice system. While he resents the power that the state has over him through his addiction to methadone and how this power disturbs his masculine outlaw identity, methadone nevertheless has profound benefits because Dean still does live an genuinely outlaw life and the threat of incarceration does not come with the additional sting of involuntary detox.

Actually-existing Methadone Part 2: Getting High

As I have discussed earlier, a key element of methadone's political acceptability has always been the belief that its effects are not pleasurable. This is what has made possible the distinction Agar (1977) identifies when "dope" becomes "medication". Methadone is supposed to provide relief from opiate withdrawal symptoms but not provide the euphoria associated with opiates. Agar's fieldwork from New York City

showed as early as the 1970s that this conception of methadone was at least partially untrue as demonstrated by the rapid rise of methadone sales as a recreational street drug.

Likewise, methadone is described as an opiate "blocker" which prevents users from feeling the effects of other opiates while they are using methadone. Methadone patients are thus denied the pleasure that creates so much anxiety among policy makers at the same time as their addictions are seemingly stabilized. As I have alluded to earlier, however, this distinction between dope and medication has always been difficult to maintain, as is the characterization of methadone as an "opiate blocker".

As my description of methadone's lengthy induction period attests, methadone's opiate blocking properties are far more variable than methadone's political advocates would care to admit. On top of this, there are the stories from users who continue to use heroin while being maintained on methadone, overcoming its agonistic properties. Tammy described using heroin with methadone as follows:

> Methadone pretty well deletes the heroin unless you do a shit-load. Like, if you do a ten-paper[78], you wouldn't feel it. So, when you're on methadone you gotta use more than you usually would to get high (March 2010).

What this quote illustrates is an acknowledgment of methadone's opiate blocking properties alongside a description of deeper, persistent problems: namely, that methadone users continue to pursue illicit highs and often engage in risky, poly-drug use in order to do so. The upshot of this is clear, if one of methadone's central tenets is its ability to prevent users from accessing the pleasures of drugs, and if this tenet is shown to be false, the arguments for methadone treatment need to be re-examined.

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[78] A Vancouver term for ten dollars worth of powder heroin.

Of the four methadone users I worked with, three continue to use illicit drugs recreationally: Dean and Tammy used a variety of benzodiazepines, while Shelly occasionally smoked crack. Dean will also occasionally use heroin from time to time, though he describes this as very infrequent. This sort of drug use is consistent with the College of Physicians and Surgeons' description of the most common drugs used by methadone patients, as is the ubiquity of poly-drug use, which the CPSBC describes as "very common" (2009, 46). The term employed in the methadone literature is "poly-drug comorbidity", which describes the simultaneous presence of two chronic ailments or conditions, in this case, two different substances. The most common drugs to combine with methadone are stimulants such as cocaine, alcohol, and sedative-hypnotics such as benzodiazepines[79]. Since both benzodiazepines and methadone are depressants (they are both "downs" in Vancouver's terminology) combining benzodiazepines with methadone has a synergistic effect, heightening the effects of both drugs. Before I began fieldwork, I had no idea how powerful this combination of "downs" could be.

> *Walking down to Bill's Confectionary to pick up a few things before they close. As I turn the corner onto Carrall, I see Dean walking towards me; he's weaving a bit as he walks and his mouth is hanging slightly open. He's moving quickly though, with the sort of agitated movements you see when people have been up for days on coke—the chicken dance. It's not quite that intense though and he can still hold a conversation. He asks me if I can buy him some food from Bill's and as were negotiating how much I can spare another panhandler approaches. Dean's on him right away, "He doesn't have any money. I'm already talking to him". The second guy ignores Dean and keeps trying to talk to me. Dean flips out and turns on him, "fuck off!" and pulls a length of thick metal chain from the front of his pants. Before he starts to brandish this weapon, the new guy takes off while Dean curses him for having tried to cut his grass. Shaken, I end up giving Dean money instead of buying him the food to avoid spending*

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[79] Benzodiazepines are most commonly prescribed as anti-anxiolytics (anti-anxiety) and for insomnia; Valium and Ativan being perhaps the most well-known.

any longer hanging out. When I get back to my building (only a block away) a few moments later, I hear a noise and turn to see Dean outside the glass. He's riding a BMX and dragging the chain along the ground, occasionally raising it up and swinging it around his head. He looks crazy, he's laughing and yells through the glass that he's looking for that guy, that he'll find him.

I was convinced that Dean must still have been using heroin after that conversation. He had told me that he was on methadone, but after seeing him staggering, laughing, and threatening a near stranger with a length of chain, I was sure he must be high, which I assumed at the time meant that he must not be on methadone. Later, when we had established more of a relationship, I asked Dean about that night. By that point, I had learned more about the effects of changing dosages and thought that might explain his state that night. Dean did not remember the night in question but doubted that a change in methadone would have affected him so. "I was probably doing benzos", he told me, and explained that he gets "wrecked" when he takes benzodiazepines along with his methadone[80].

Dean's use of benzodiazepines is comparatively minor he claims. By comparison, his girlfriend Tammy uses them nearly everyday in large doses.

She gets so fucked up. I only take them when I need to sleep or just to chill out. She takes them *all the time*. She'll get so fucked up she'll just stand there [imitates a person standing upright bent over 180º at the waist] all day, passed out" (January 2010 [quoted from memory]).

Dean worries about Tammy a lot. Many of our conversations during the latter part of my fieldwork revolved around her drug use, reclusiveness, and Dean's concerns for her health. By her own account, Tammy had been a heroin addict for a long time, going on

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[80] I recount another story involving Dean's methadone-benzodiazepine use in the following chapter on panhandling. See the section entitled *Streetscape, Dreamspace.*

methadone for the first time in 1989. She is now on methadone for the third time, currently at the level of 145mg/day. Tammy's daily use of benzodiazepines, which often leave her nearly asleep on her feet according to her partner, is evidence that despite being maintained on a high level of methadone, patients can continue to lead lives of heavy, illicit drug use, similar to those they did when they were daily heroin users. If methadone treatment is endorsed by the state because it stabilizes the lives and drug use of patients, stories like these need to be taken into account as part of the full picture of methadone treatment.

The issue of poly-drug use is significant because of the effects it has for addicted people. As the College of Physicians acknowledges, poly-drug comorbidity is "very common" among MMT patients. They go on to say that "patients who use sedative-hypnotics, stimulants, alcohol… are at high risk for methadone toxicity". (CPSBC 2009, 16). This is particularly significant for the sort of benzodiazepine use engaged in by Dean, Tammy, and so many others, because methadone and benzodiazepines are both "downs", their synergistic effects create a high risk of respiratory depression leading to fatal overdoses. Thus, the situation of methadone treatment is one where a large number of patients are at high risk of overdose because they engage in practices that are directly related to those that they are using methadone to combat.

This is one of the most troubling outcomes of the attempt to create a treatment regime around the idea of "heroin without the high". If one of the most common characteristics of people who use the system is that many continue wanting to get high, while nonetheless making a sincere first step towards stabilizing their drug use, then it is deeply problematic that the ways that are available to them to get high put them at such

great risk of overdose. This paradox would be merely scholastic if there were not alternatives to methadone treatment—alternatives that did not leave people as vulnerable to the vicissitudes of their addictions. These alternatives exist however, specifically in the form of heroin-assisted therapy (HAT). They remain controversial because the promise of replacing "dope" with "medication", of "heroin without the high" continues to animate discourses on drug policy. Before turning to the principles of HAT and the significant departure it represents from methadone treatment, however, I present one more facet of methadone treatment in British Columbia: an outcome of the transition to private, for-profit pharmacy distribution and the ambivalent effects it has had for patients in the Downtown Eastside.

Actually-existing Methadone part 3: Enticement Schemes and "Redistributive Justice".

Dean wants to show me where he gets his "juice" every morning. We meet at the Pender free clinic where he gets his scripts filled even though he doesn't need a new one today; he just wants me to see it. It's a good thing he's chosen this spot rather than the pharmacy itself, despite knowing the block well, I have to look around to find the place he's describing, having never noticed there was a pharmacy here before.

"It's good you get to see this", he says, referring to his running nose. He's a bit dopesick this morning and wants me to know what it's like for him before he gets his juice. The pharmacy itself is non-descript: the doorway and windows are covered by white metal security bars and the sign is painted plywood. Inside, it looks like no pharmacy I've been in before, just a dingy eight foot square room with Plexiglas windows separating the staff from the clientele. Three clients sit against the wall in chairs when we enter. Their eyes are closed, mouths slightly open in a methadone nod.

Dean walks in like a regular and approaches the young woman at the counter. He asks for his methadone and tells her to get him cookies and coffee, throwing his weight around a bit. She doesn't respond but goes to the back to dispense the methadone. It comes in a Styrofoam cup, mixed with Tang. As Dean drinks it, I scan the shelves behind the counter, they

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are small and sparsely filled, there's little doubt what this pharmacy's primary commodity is. Dean tells the pharmacist to get him Gravol and asks where the owner is, with whom he has an arrangement for free cigarettes. He's not around so we'll have to come back later to collect.

Three quarters of British Columbia's 9,601 methadone patients get their daily medication from privately-run for-profit pharmacies (Reist 2010; Marsh and Fair 2006). In the Downtown Eastside, this percentage is doubtlessly even higher since rural methadone patients are served almost exclusively through family physicians, thus skewing the percentage in urban centres towards private pharmacies. In this case, "for profit" does not refer to "full service" pharmacies like London Drugs or Shopper's Drug Mart but a particular type of pharmacy whose primary service is methadone provision. There are thirteen methadone pharmacies in the Downtown Eastside, many located within a block of each other (Hasiuk 2008).

Figure 8. Downtown Eastside Methadone Pharmacy[81]. Photograph by Author.

For the thousands of methadone patients in the Downtown Eastside, these pharmacies are a part of daily life. Some, like Dean's pharmacy, are cramped, dingy storefronts with nearly bare shelves and Plexiglas security dividers giving them the appearance of a skid row cheque cashers or off-track betting parlour. Others, like the Omnicare Pharmacy where Shelly fills her prescriptions, are less decrepit places decorated like family physicians' offices with genuinely good-natured staff.

Because methadone patients are by and large compelled to visit the pharmacy every day, there is a strong geographical component to methadone provision. Unless they want to spend a great deal of their time (and limited resources) on transit, patients need to use a methadone pharmacy that is close to their home. In the Downtown

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[81] Poetically, the South Asian owners of this pharmacy have named it after Renuka, the Hindu goddess of the fallen.

Eastside, with its high numbers of methadone patients, this has created a lucrative market for private methadone pharmacies. Pharmacies are paid each time they dispense a daily dose of methadone to a patient. At present, the dispensation fee is $16.60, meaning that each patient treated by a pharmacy represents six thousand dollars per year of income (Nosyk and Anis 2009, Tomlinson 2008).

Considering that rent is low in the Downtown Eastside and numbers of staff required are small, the primary barrier to profitability is competition with other pharmacies. With so many other pharmacies in a small area, competition for the neighbourhood's methadone patients is fierce. In 2008, this lead to a scandal over methadone "kickbacks" which garnered significant media attention (CBC News 2009; Culbert 2008; Luymes 2008; Tomlinson 2008). In order to attract patients, methadone clinics had begun offering incentives in the form of free coffee, cookies, and eventually cash. Pharmacies are prohibited by law from offering incentives, even minor ones such as free coffee. This law, however, is not uniformly enforced. The going rate in 2008, before the story broke and forced many pharmacies to change their practices, was ten dollars for a week's prescription. This one week prescription would in turn generate $166.20 for the pharmacy, making the ten dollar kickback an intelligent business expense[82].

The publication of this kickback scheme by local media generated a swift public backlash against pharmacies and provincial regulators stepped in, revoking the license of AYC pharmacy and recouping money through the courts from Gastown Pharmacy (Culbert 2008; Tomlinson 2008).

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[82] Rates have increased marginally since 2008, figures stated here are based on 2010 amounts.

Amidst the calls from policy makers that the practice was "completely outrageous and unacceptable" (NDP Health Critic Adrian Dix, quoted in Vancouver Sun 2008)—and certainly, self-interested corruption in methadone pharmacies *is* unacceptable—many patients in the Downtown Eastside were sorry to lose the extra income. For Dean and Tammy, the kickbacks they received for a weekly "script" were a welcome addition to their meagre welfare payments—the rates of which, it is worth noting, are virtually unchanged since 1994. Dean explained that before the crackdown, part of his hustle was knowing which pharmacies paid the most money or offered the most lucrative kickback at any given time. Even now, he claims, there are places where scripts can be sold for money, though he no longer sells his because they are simply too far away to make it worth his time.

In the wake of the 2008 crackdown on kickbacks, pharmacy incentives have become less conspicuous, or, more precisely, less egregious. While they no longer offer money, most of the pharmacies I visited offered free coffee to patients and Dean was given cookies with his methadone. Under the table, Dean has an arrangement with the pharmacy's management to receive two packages of cigarettes in exchange for his one week prescription. He sells these packs of cigarettes in turn to the employees of a Gastown store for less than the going rate, thus translating the cigarettes into ten dollars cash. Against the obvious reading of this situation as one of corruption and abuse of provincial medical funds, it's important to also include these experiences, where poor methadone patients enjoy a quasi-redistribution of wealth as pharmacies share with them part of the money they receive from the state. As difficult as this situation is to justify, in

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a climate of declining real income as a result of long-stagnant welfare rates, any transfer of wealth to the poor needs to be viewed broad-mindedly.

Finally, there is one more facet to this story of methadone scams that affects poor methadone patients in the Downtown Eastside. At the same time the story of enticement scams was breaking, hotel owner George Wolsey was taken to court for having evicted one of his tenants, Teresa Baillie, for not filling her methadone prescription at the pharmacy he owned around the corner (Tomlinson 2008). Wolsey owned both the Gastown Pharmacy, a methadone pharmacy on Carrall Street and the Wonder Hotel, an SRO on nearby Cordova Street. In an attempt to maximize profits, he required that only registered methadone recipients could live at the Wonder and that an unwritten condition of their tenancy was that they fill their prescriptions at his pharmacy. When Ms. Baillie elected to fill her prescription at another pharmacy, she was evicted. With the help of the Downtown Eastside Residents Association (DERA), Ms. Baillie was able to challenge the eviction and win in court, but only after being homeless for a month (ibid.).

Dean was also a tenant of Wolsey's Wonder Hotel at the time and was evicted for the same reasons[83]. When he switched his prescription to another pharmacy, he was promptly evicted. Dean's reason for wanting to switch was the same as always: Wolsey was not paying for scripts while another pharmacy was. It should now be apparent how ambivalent the experience of methadone corruption is for patients in the Downtown Eastside. At some points they are courted by pharmacies, offered incentives to patronize businesses in fierce competition with each other, while at other points they are preyed upon by parasitic slumlords who violate their rights and throw them into the street.

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[83] According to Tomlinson (2008), they were not the only two tenants evicted.

Coda: Heroin-assisted Therapy in Vancouver, the NAOMI-SALOME Trials.

The Insite supervised injection site and British Columbia's methadone maintenance treatment system represent two of the most significant manifestations of harm reduction for drug users in the Downtown Eastside. As the preceding descriptions have demonstrated, they are instances of public policy with complex effects for the people who use them. In many ways, they are less obviously disciplinary institutions when compared to the starkly biopolitical US methadone system described by Bourgois and others. At the same time, we can see that problems remain both at the level of micro-practices and regulations, such as methadone patients being forced to consume their medication in the presence of a pharmacist every day, and at the level of the solution itself, as I have suggested in my discussion of the pharmacological problems with methadone itself.

Insite, for its part, appears to be a profoundly humanitarian harm reduction initiative: a space where marginalized drug users can form trusting relationships with non-judgmental heath workers and improve their lives in material ways. The problems I have identified at Insite stem almost entirely from the fact that it is forced to play multiple roles that it is only partially equipped for. The brute facts of poverty in the Downtown Eastside, the high percentage of homeless users of the site, and the realities of violence on the streets means that Insite is occasionally used as a drop-in centre or community centre when its primary purpose is a healthcare facility. This would not be a problem if it did not create excessive wait times that discourage some high-risk users from using the site. As I have argued earlier, the community centre atmosphere of the

chill-out room serves an important function in that it creates a space where staff can connect with marginalized users and refer them to services. The obvious solution is therefore to expand supervised injection facilities in the Downtown Eastside so that wait times decrease[84] and at the same time, address the problems of poverty such as the lack of affordable housing for poor drug users.

In the case of British Columbia's methadone maintenance treatment, we find a system that avoids many of the most egregious disciplinary technologies described in the critical methadone literature while still demonstrating the problems inherent to methadone itself. The system appears to be remarkably "patient centred" and users I spoke to describe positive interactions with the system and the health care professionals who administer it. Users do not have to pay for methadone, making it accessible to the very poor and decreasing their reliance on criminal activity to pay for treatment. While urinanalysis is used as a surveillance technique, the presence of illicit drugs in patients' urine does not mean that users are denied methadone, nor are they forced to take more than they want[85]. Nevertheless, methadone, as a pharmacological solution to opiate addiction, suffers from problems such as its extended induction period, meaning that users are de facto under-medicated and often continue opiate use during the early part of treatment. Likewise, users frequently engage in dangerous poly-drug use, combining alcohol and/or benzodiazepines with methadone because, despite genuine desires to

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[84] A solution which has already been suggested by other commentators (see McKnight *et al.* 2007).

[85] Nevertheless, Marsh (2009) notes that up to 30% of British Columbia methadone patients never receive 60mgs/day, the widely agreed upon minimum effective dosage, demonstrating that problems with dosages persist in the province.

stabilize their drug use and quit opiates, they nevertheless maintain a desire to get high on occasion.

These issues, and others I have discussed in the preceding section, suggest that methadone maintenance treatment is not beyond criticism as a strategy for addressing problematic opiate use. By way of concluding this section assessing these two harm reduction strategies in Vancouver, I turn to a third strategy: the NAOMI opiate medication trials, as an example of a new form of harm reduction with great potential for Vancouver's opiate users. The North American Opiod Medication Initiative (NAOMI) was a study conducted for twelve months in 2005-6 in Vancouver, designed to assess the effectiveness of prescribing opiods (such as heroin) to chronic heroin users who have not responded to abstinence or methadone treatments (Marsh 2009; Oviedo-Joekes *et al*. 2009)[86]. Building on previous Swiss and German experiments with heroin-assisted therapy, the NAOMI trials were North America's first and only attempts to treat heroin addiction with prescription opiods, in this case diacetyl morphine (heroin) and hydromorphone (Dilaudid). After extensive screening processes, the study recruited 192 chronic heroin users in Vancouver, all of whom had been using heroin for over five years[87], were over twenty-five years old, and had had at least two prior attempts at

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[86] The NAOMI study was conducted in Vancouver and in Montreal simultaneously. I only discuss the Vancouver study here, though the outcomes were similar. See Marsh 2009 and Oviedo-Joekes *et al*. 2009 for detailed results. See also "SALOME FAQ" at http://www.naomistudy.ca/pdfs/SALOME_FAQs_v4.pdf [July 15, 2011] for information about the subsequent SALOME (Study to Assess Long-term Opiod Maintenance Effectiveness) study which followed the NAOMI trials.

[87] The average number of years injecting drugs among the participants was actually far higher at 17.4 years, suggesting that researchers were correct in their contention that the study participants were amongst the hardest-to-treat group of users.

methadone maintenance treatment[88]. Of the 192 participants, 45% were given injectable

heroin, 10% were given hydromorphone[89], and 45% were put on an optimized methadone

maintenance programme as a control group. The participants in the injection group

visited the NAOMI clinic three times per day for injections of pharmaceutical grade

heroin or Dilaudid and were allowed to choose the amount they received, up to 1 gram

per day. The study measured two outcomes: treatment retention, that is, whether

participants remained in the study until completion, and treatment response, which was

calculated as a 20% or greater improvement in their European Addiction Severity Index

(EASI). On all metrics, the study showed significant improvements for the participants

and statistically significant differences between heroin-assisted therapy and the

methadone control group. Treatment retention was 88% for the injection group versus

54% for methadone[90]. 67% of the injection group showed positive response to the

treatment compared to 47% in the methadone group as measured on EASI. The amounts

of illicit opiates participants consumed decreased, with a greater reduction occurring in

the injection group, and the amount of time spent in criminal activity decreased for both

groups. Participants also showed statistically significant improvements in both their

physical and psychological health.

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[88] Participants also had to have not been on a methadone programme for six months prior to beginning the
study and have no outstanding legal issues which might prevent them from completing the study. One
or both of these two issues were what prevented Dean from participating in the study, something he was
very upset about at the time.

[89] An interesting outcome of the study was the discovery that users could not tell the difference between
hydromorphone and heroin. The injection group was conducted as double-blind and at the end of the
study only one of the participants in the hydromorphone group could identify that they had been
receiving hydromorphone.

[90] 54% is an improvement over the 40% retention rate for methadone in British Columbia in general,
demonstrating that the optimized methadone treatment offered by NAOMI was itself an important
innovation.

In addition to these outcomes, which, by and large, corroborate the positive results of Swiss and German HAT studies, a few other facts are notable. Firstly, while participants in the injection group were given the freedom to determine their own dosages, the average dosage turned out to be less than half of what they were permitted. This demonstrates that even among the hardest-to-treat, addicts will voluntarily limit their consumption given the option of doing so. Marsh (2009) notes that in the Swiss HAT trials, 70% of participants voluntarily switched from injection opiates to oral methadone within five years of treatment. Data such as these are important because they present a very different picture of drug users than the one we are used to and they show that policies like HAT may not be as radical as they seem.

While the NAOMI researchers are emphatic that HAT is not intended to replace methadone maintenance, we can see that it possesses a number of advantages over methadone. In addition to the improvements in treatment retention and treatment response, HAT also has a much shorter induction period than methadone, lasting only a few days in the NAOMI trials. The decreases in illicit heroin consumption also suggest that HAT is effective at decreasing the poly-drug use described earlier with respect to methadone maintenance[91]. So, while an eventual transition to methadone or abstinence may be the eventual goal of treatment, HAT clearly presents itself as an effective harm reduction strategy for stabilizing users' drug use, and putting them in regular contact with the health-care system. The NAOMI trials thus serve as a fitting conclusion to this discussion of harm reduction in Vancouver, as an example of how treatment can be

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[91] Marsh notes however that rates of cocaine use remained relatively constant among the participants in all groups. This is obviously still problematic, nevertheless it is worth noting that it is significant that these rates did not *increase* as some suggested they would since users would suddenly have more money to spend on cocaine once their heroin needs were being met.

improved and how the most hard-to-treat users can be reached, if policy-makers prove willing to re-examine the "anxieties over pleasure" that have animated our drug policy in the past.

Opposition to Harm Reduction: Manifest and Latent Content

Having examined the remarkable empirical success that harm reduction has been in Vancouver, I turn now to consider a different facet of the issue: political and ideological opposition to harm reduction. How and why has harm reduction been opposed in Vancouver and in Canada more broadly? Many groups that initially opposed the policies, for example, the Chinatown Merchants' Association and former mayor Philip Owen, are now supporters of initiatives like the Insite supervised injection site. Still, support is far from universal, and as heroin-assisted therapy comes to the fore following the successes of NAOMI, new rounds of opposition are to be expected. A recent Angus Reid poll found that while Insite was supported by 43% Canadians, 24% still oppose it (Angus Reid 2010)[92]. So, what are the arguments that have been used to oppose harm reduction? Who espouses them? And what discourses have been invoked to counter the medical/humanitarian discourses that support harm reduction?

The central arguments that my research identifies concern *morality* and what I will call liberal unease over *excess*. The former expresses itself in condemnation of drug use as "immoral" (see Kay 2008 on addicts' "moral agency") while the latter is expressed in anxieties about "enabling" or the "culture of entitlement" (VPD Inspector John McKay

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[92] Support is lower in Alberta, where 41% supported the federal Conservative government's appeal of Insite's victory at the BC Supreme Court. In British Columbia, a majority support the site (68%) and oppose the government's attempts to shut it down. Misinformation persists however, and fully 26% of Canadians still believe that Insite provides illicit drugs to users (Angus Reid 2010).

quoted in *Vancouver Courier* 2008). Against harm reduction's aims of limiting harm and

offering treatment when addicts are ready, opponents advance a vision based on

abstinence and often mandatory treatment. The language is replete with references to

"personal responsibility", "tough love" and arguments for increased anti-drug education.

Misinformation also abounds in these critiques, making accurate comparisons difficult.

Often, opponents will contrast:

> harm-reducers - those advocating safe-injection sites, needle exchanges
> and general decriminalization - against the prevention-and-treatment
> crowd, who want more emphasis on anti-drug campaigns and a tougher-
> love approach (Wente 2008).

Statements such as these misleadingly characterizing harm reduction as being opposed to

treatment (as well as conflating it with decriminalization), a disingenuous claim which is

easily contradicted by many harm reduction initiatives, most notably by the Onsite

Treatment Centre located above the Insite safe injection site[93].

There are a number of ways to respond to these critiques of harm reduction, but in

order to do so, I want to first draw a distinction between what Freud called *manifest* and

latent content. Freud develops these terms in *The Interpretation of Dreams* ([1905]

1991) to distinguish between the content that we remember from our dreams (the

manifest content) and the repressed thoughts those dream images conceal (the latent

content). The purpose of dreaming, he argues, is wish-fulfilment, but these wishes

cannot be brought to consciousness because they are unsettling to the dreamer. The

dream-work is the process whereby repressed wishes are given expression in the

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[93] Supporters of harm reduction are also amongst the most vociferous supporters of increased funding for
treatment such as detox and recovery houses.

dreaming unconscious through a complex series of distortions, substitutions, and condensations that translate the wish into a form tolerable to the dreamer. The manifest content, then, is what we dream, the latent content is what we desire.

I argue that a similar distinction is valid in the critiques of harm reduction: while concerns with morality and values form the manifest content of these critiques, they are animated by latent, unconscious anxieties about enjoyment and excess. I take two tacks in addressing their arguments; the former requires a liberal response, the latter, psychoanalytic. The liberal argument forms what I argue is a sort of immanent, philosophical critique, a critique which seeks to expose the inconsistencies within the argument presented by opponents of harm reduction. The psychoanalytic argument speaks to the critical impulse I presented at the beginning of this chapter, and which runs throughout the dissertation: that only through psychoanalysis can we offer a meaningful explanation for the visceral, emotional reactions that we find to issues such as harm reduction. A purely social account of this phenomena, one which confines itself to the political, cultural, and ideological dimensions cannot fully account for the implacability of people's responses to these issues. On the surface, that is, on the manifest level, these are issues that affect people in seemingly negligible ways. When we consider the issue psychoanalytically, however, when we examine the "other scene" of the unconscious, we are afforded a rare glimpse of the latent dimensions of these phenomena.

The Manifest Content of Opposition to Harm Reduction, or "Liberal Formulations"

While most opposition to harm reduction employs a modern liberal vocabulary (responsibility, entitlement, enablement), the language of morality continues to animate

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it, as when Conservative health minister Tony Clement called physicians who support

harm reduction "unethical" (Canadian Medicine 2008) or when opponents worry about

"condoning" drug use (CCSA 2009). Confronted with objections like these, we are

warranted in asking how, precisely, is drug use immoral or unethical? This question

speaks to a long-standing tension within conservative thought between liberal rights and

social conservatism. From a liberal perspective of rights, the argument that drugs are in

some sense "wrong" and should be regulated by the state is problematic. It is

problematic because it is very difficult to argue that drug use is an unethical act since it is

undertaken by an individual and does not directly affect other people, at least not in the

limited ways dealt with by law. The logic behind crimes such as theft, murder, assault,

fraud, or even indecency is that they are crimes because they involve an act committed by

a subject against an Other. Drug use does not easily map onto this conception of an

ethics grounded in the Other.

The ethics I am drawing on here comes from J. S. Mill's "harm principle" in his

On Liberty ([1859 1998) where he establishes the grounds for a just application of law:

> That the only purpose for which power can be rightfully exercised over
> any member of a civilized community, against his will, is to prevent harm
> to others. His own good, either physical or moral, is not sufficient
> warrant... The only part of the conduct of anyone, for which he is
> amenable to society, is that which concerns others. In the part which
> merely concerns himself, his independence is, of right, absolute. Over
> himself, over his own body and mind, the individual is sovereign (13).

Mill's argument speaks explicitly to the question of the Other as the basis for liberal,

judicial ethics. Only actions that have effects on an Other bear ethical consideration

insofar as law is concerned. This is the classical liberal conception of the reach of law

over the individual and it is an important component of the principles governing limitations on rights.

Mill's harm principle is supplemented in common law traditions by the Hart-Devlin debate, which asks whether it is the business of the law to uphold a "common morality" in order to preserve societal cohesion (see Wacks 2008, 72–73 for a discussion). Against this position, Hart argues that such a common morality has never existed, an assertion more in keeping with pluralist, multi-cultural societies. While this is framed in terms of morality, there are other ways to understand what is at issue. I argue that while morality, or more precisely, an "ethics of the Other", is an essential component of this, it is also a question of the different faces of the law: law as moral arbiter and law as biopolitics.

A less morally charged example provides an illustration of this point. Beginning in 1976, the provinces of Canada enacted laws requiring the use of seatbelts in cars. The debates over seatbelt law were active in 1987 when I was growing up in Alberta and focused on whether it was appropriate for government to legislate what was widely perceived to a personal choice. The argument was persuasive because law, in the popular imagination, must be tied to a concept of morality, and legislators were hard pressed to give seatbelt law a moral character. Arguments for seatbelt law continue to be based on the consensus view that wearing seatbelts is the intelligent thing to do. There are few references to seatbelts being a morally or ethically superior choice, largely because the decision does not directly affect an Other.

Seatbelt law represents a different face of the law than that which regulates crimes such as theft or assault. This is law that *governs*; it is the biopolitical face of law. Laws such as these do not draw on individual morality for their justification. Rather they are laws which affect society at the level of a population, shaping statistics instead of interpersonal relations. There is no obvious moral or ethical standard for one person wearing their seatbelt, but the aggregate effect of a population wearing seatbelts or not is a significant difference in traffic fatalities. The state takes up the role of protector of the population rather than protector of the individual. A tension emerges because in order to do so, it has to regulate decisions at the level of the individual and people often balk at laws that do have a clear moral basis.

Be this as it may, seatbelt legislation is hardly a rallying point for libertarians, at least not in Canada of 2010. And I would argue that this is so because while seatbelt legislation undoubtedly restricts individual liberty (pardon the pun), most people feel the restrictions are comparatively minor. The freedom to drive without a seatbelt and the happiness that is derived from it, are apparently negligible.

The same, however, cannot be said about psychoactive drugs. The pleasure people derive from drug use is substantial and they continue to pursue it despite laws far more severe than those which mandate seatbelt use. The penalties for drug use (to say nothing of trafficking), are, of course, amongst the most severe in the legal code, and in some countries, it is still punishable by death.

But where the penalties for violating seatbelt and controlled substance laws are as disparate as could be, the logics underpinning them are identical. Like wearing one's

seatbelt, there is little that can be said ethically about the recreational use of drugs; it is an act which has no direct effect on others insofar as law is concerned. So the legal prohibition of recreational drug use can have little to do with morality or ethics in a classically liberal sense. The rationale for prohibition therefore must be the same as seatbelt legislation, it is law in its biopolitical guise, regulating individual behaviour to produce changes at the level of the population[94]. In the eyes of the state, drug use appears as a regulable problem of addictions, medicine, crimes, street disorder in aggregate form. Prohibiting drugs is one measure designed to address these problems. We are certainly warranted to ask whether this restriction is warranted, both on the basis of individual rights, as well as statecraft, since, as many have suggested, outright prohibition may not be the most effective way of managing the effects of drug use on society.

Just as there is a popular discourse of law's foundation in morality there is a popular discourse of biopolitics too. We can see evidence of this in popular anger at "search and rescue" expenses in British Columbia where, every year, skiers who choose to ski in out-of-bounds areas get lost and require costly rescue operations:

> The village idiot has no common sense! So the courts should stop coddling them with ridiculous rulings that encourages them to be bigger idiots! (TickedOff 2009).

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[94] Many opponents of liberal drug laws would contest this, of course, claiming a definition of morality grounded in religion, and appealing to an absolute, transcendent morality rather than the liberal ethics grounded in others I present here. As I noted earlier in the chapter, however, religious critiques of drug use often rely on their own ethics of the Other, the Other in question being God rather than another person. The subject's relationship to the divine Other is what grounds the moral claim that one has harmed an Other by harming themselves, since the body was a gift from God and the subject is indissolubly tied to Him.

It also appears in anger at the health care costs incurred by smokers who develop lung cancer and emphysema, or obese people who suffer from heart disease. Seatbelts too, provoke anger from those who embrace the idea of a law based on biopolitical reason: "If people don't wear seatbelts, why should the rest of us pay for their stupidity?" asks Edmonton emergency room physician Louis Francescutti who advocates that those who are injured while not wearing seatbelts should pay the first $20,000 of their health care (Edmonton Journal 2007).

The subject that is assumed by these commentators is the neoliberal subject who assesses risk, makes decisions, and is responsible for his or her deliberate actions. If people choose to ski out-bounds, smoke, or eat unhealthily, their argument is that the law should in some way force them to pay for their decisions. This argument finds its justification—and vitriol—in a rediscovery of morality within these apparently individual acts. The question of the Other as I raised it earlier is recuperated, though now the Other has transcended intersubjectivity and has become the body politic itself. In Lacanian terms, the grounding of ethics has moved from other to the big Other[95].

These arguments have become common: from laws requiring cyclists to wear helmets to ongoing debates about banning trans fats (partially hydrogenated oils) in food. In each case, the question concerns the capacity of law to act biopolitically and to restrict personal freedoms in the service of improving health outcomes (or health expenditures) at the level of the population. It should be clear, however, that this is not the law in its role as moral arbiter; this has nothing to do with law being grounded in morality, which is why it is so puzzling to hear opponents of harm reduction frame drug use in moral or

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[95] I discuss this distinction in more detail later in the dissertation.

ethical terms. If the act in question does not affect an Other in a legally meaningful way, I maintain that it is impossible to frame that act as being either ethical or not as far as law is concerned.

Leaving this question of ethics, let us examine another critique that is often presented of harm reduction. Opponents of harm reduction are fond of arguing that harm reduction fails because it does not stop people from using drugs. It does not, in other words, promote abstinence or eliminate drugs from society. Federal Health Minister Tony Clement claimed, while discussing opposition to Insite that the government's goal in drug policy was "stopping drug use" (quoted in Blackwell 2008). There are three important things to note in responding to this critique. To begin with, this statement is absurd. No Western nation has succeeded in "stopping drug use", despite nearly a century of drug prohibition and forty years of the War On Drugs in the United States. Moreover, street drug prices are currently at an all-time low in Canada, the United States, and the United Kingdom, while purity has increased (Heed 2006, Macpherson et al. 2006; United States Office of Drug Control Policy 2004). This has lead even the United Nations to conclude that the evidence that law enforcement has failed to prevent the availability of drugs is now unambiguous (Degenhardt *et al.* 2008; Reuter 2009; United Nations Office of Drugs and Crime 2005). So, at a point in history when one could presume to see some effects from the over one trillion dollars spent by the United States alone (Mendoza 2010) enforcing drug laws and the creation of the world's largest prison population, drug use has not declined and the criminal infrastructure that supports it is more efficient than ever. This should make us very suspicious of any claims that the goal

of government policy is "stopping drug use" and alert us to the fact that such statements are pure ideology, bereft of any connection to evidence or sound policy[96].

Secondly, the issue of drug addiction needs to be considered independently of mere drug use. Bruce Alexander reminds us that even with "hard" drugs such as cocaine and heroin, the vast majority of drugs are taken solely for their benefits and do not lead to addiction (Alexander 2010). Drug use therefore should not be constructed as the problem when drug addiction is what requires attention. In dealing with the problem of obesity, it is rarely proposed that unhealthy foods be prohibited, in large part because people recognize the pleasures that such foods bring and because they also recognize that most foods are only "unhealthy" in excess. The same is true of nearly all illicit drugs, they are not significantly harmful in moderation, they bring substantial pleasure to people, yet the proposed solution to addiction—one small subset of their use—has been complete prohibition.

The third and final response to this argument is to examine the idea of abstinence itself. Opponents of harm reduction often claim that initiatives like safe injection sites should not be considered healthcare facilities because in allowing people to inject drugs, they continue to harm themselves and damage their overall health. The only health-care "solution" for drug-related harm is abstinence:

> The people who refer to Insite as a 'safe injection site' are perpetuating a dangerous misunderstanding. There is nothing safe about repeated daily

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[96] The same Associated Press information request reveals that "just say no" prevention messages to high school students cost the United States $33 billion dollars. In spite of these efforts, high school students report the same levels of drug use today as they did in 1970 when president Nixon first declared the War On Drugs (Mendoza 2010).

injections that bypass a person's normal defence systems (Dr. Stan de Vlaming, quoted in Kay 2008)[97].

While this logic may appear commonsensical to those unfamiliar with harm reduction, the argument does not bear scrutiny. Another medical analogy makes this clear: imagine an obese patient who visits his doctor because he is concerned about his health. He tells the doctor that he eats fast-food hamburgers three times a day. If the doctor can convince the patient to start eating a stereotypical North American diet—say, pasta, tuna casserole, some vegetables, pork chops—and to reduce his fast-food dining to twice a week, most would agree that the doctor had made a significant contribution to the patient's health. What's essential in this example is that the diet I describe falls well short of what would be described as healthy today; it is a relative improvement from an unsustainable situation.

Is it in any way logical to dismiss the doctor's efforts because the patient has not become a macrobiotic vegan? Can one honestly argue that no progress has been made because the new diet is not "fast food abstinent"? This is in essence what critics of harm reduction argue when they claim that safe injection sites do not constitute health-care because "harm" still occurs there. In this view, any intervention that does not achieve abstinence fails to meet the test of being health-care, even if it measurably improves the health of the patient.

Not only does this argument not hold up to common sense, as the above example illustrates, it also represents a complete misunderstanding of the balancing of beneficence

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[97] Perhaps because of arguments like these, "safe" injection sites are generally referred to as "supervised" or "safer" injection sites, in the same way as "safe" sex, was later renamed "safer" sex by the HIV/AIDS community.

and non-maleficence in medical ethics. In brief, the principle of beneficence refers to actions which promote well-being; non-maleficence is best-known to us in the phrase "first, do no harm" in the Hippocratic oath (Hope 2004, 65). The tension in medical ethics emerges because many medical interventions carry risks of harm at the same time as the promise of good. Doctors contend with this every day, weighing the benefits of a hip replacement for the mobility of an elderly patient against the possibility of complications related to surgery, or prescribing drugs that are harmful to the body in some ways while beneficial in others. To claim therefore that SIS are not health-care facilities because they perpetuate harm while improving overall health is a facile reading of an issue which lies at the heart of medical ethics.

This analogy also helps to illustrate how it is *attitudes towards drugs* that are actually at issue when abstentionists talk about "health". For, while fast-food and macrobiotic veganism are easily judged as being part of a continuum of diet, illicit drugs constitute a bright line demarcating health from harm in prohibitionist-abstentionist discourse. The fact that there are profound differences between different illicit drugs, that there are commonalities between legal and illicit drugs, that there are problematic and responsible users of both types, and that the legal status of these substances varies historically and geographically, is entirely elided in these analyses.

Independent of the philosophical critiques of harm reduction I have outlined above, critics have also made a variety of *technical* arguments against harm reduction. Such critiques have included casting doubt on the exact numbers of lives saved through overdose intervention, arguing that the Insite SIS has limited impact because it only accounts for 5% of injections in the DES, and questioning whether Insite actually

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decreases HIV and Hepatitis C transmission (Expert Advisory Committee 2008; for a

summary see Wente 2008[98]).

While these critiques eschew philosophical arguments in favour of more technical

points, the appropriate response is nevertheless philosophical. Harm reduction, if I may

be permitted the comparison, is analogous to the "orthodox Marxism" described by

Georg Lukacs in his essay of the same name:

> Let us assume for a the sake of argument that recent research had
> disproved once and for all every one of Marx's individual theses. Even if
> this were proven, every serious 'orthodox' Marxist would still be able to
> accept all such modern findings without reservation and hence dismiss all
> of Marx's theses *in toto*—without having to renounce his orthodoxy for a
> single moment.   Orthodox Marxism, therefore, does not imply the
> uncritical acceptance of the results of Marx's investigations. It is not the
> 'belief' in this or that thesis, nor the exegesis of a 'sacred' book. On the
> contrary, orthodoxy refers exclusively to *method* (Lukacs 1972, 1).

Just as I argued earlier with respect to Althusser, harm reduction needs to be viewed as

being akin to what Lukacs calls method: it is an overarching philosophy of drug policy

rather than a mere set of policies. Harm reduction holds that drug addicts should be

treated with respect, dignity, and not condemned to suffer and die by ideologically driven

policy and law. Following Lukacs, I argue that even if every one of the claims made by

research on safe injection sites, needle exchanges, or heroin-assisted therapy were

definitively shown to be wrong, it would not mean that harm reduction was any less

correct and necessary. Even if Insite did not change HIV transmission rates, even if it did

not decrease street disorder, even if it did not get addicts into detox and treatment, harm

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[98] N.B. the Expert Advisory Committee's report is widely held to be a positive endorsement of Insite, it is
commentators like Wente who have endevoured to represent it as ambivalent or even critical.

reduction would still be the most important approach to drug policy because it is the only

approach that genuinely responds to users' needs and seeks to improve their lives.

The Latent Content of Opposition to Harm Reduction: Psychoanalytic Formulations

Viewed in this way, critiques of harm reduction's efficacy or philosophical

foundations become difficult to understand, and it becomes especially difficult to read

them in good faith. McCann quotes a representative of a Vancouver advocacy

organization who voices precisely this suspicion when (s)he describes an anti-harm

reduction campaigner visiting Europe on a fact-finding mission:

> She… went over and any little sort of whisper [anything she found that
> was] not quite exactly perfect or had a little bit of debate about [it], her
> mind would pick that out and bring it back [to Vancouver]… She'd be the
> 'yes, but' person. And she would always sound like she supported harm
> reduction but in the end it was always 'later' (Quoted in McCann 2011,
> 13).

Despite visiting countries where progressive forms of harm reduction have been shown to

work, to improve the lives of users, and reduce the social impact of drug use, this

campaigner returns home unconvinced and unwilling to advocate it for Vancouver. In

such cases, we are compelled to ask: why do people so forcefully oppose policies shown

to work so consistently while steadfastly defending policies that have never done so?

This is the question that informs my argument that there is both a manifest and latent

content to harm reduction opposition. The manifest content I have described above

speaks a language of liberal values and Protestant morality, but within it, I argue, are

unconscious anxieties over excess and enjoyment, what Lacan calls "the obscene

enjoyment of the Other" ([1959] 1992). This latent content of the critique is where I now

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turn and it is concerning this content that I argue that Lacanian psychoanalysis is vitally important to our understanding of drug addiction and opposition to harm reduction.

Summarizing the Critiques, Making Room for Psychoanalysis

The issue of why Right-wing prohibitionists oppose harm reduction is actually doubly paradoxical. Not only does the evidence overwhelmingly support the position that harm reduction accomplishes the goals that both the Right and Left agree upon, but harm reduction in itself is not necessarily even a "progressive" cause. While I have argued earlier that harm reduction in its more radical forms constitutes a genuinely humanitarian shift in the state's treatment of poor drug users, my discussion of the biopolitical character of many harm reduction policies is suggestive of another, more neoliberal side to these developments. Indeed, why should this be surprising considering the time in which such policies have come into vogue? Harm reduction emerges alongside a host of policy prescriptions eschewing "managerialism" in all its forms and aiming at a "responsibilization" of citizen-consumers (Harvey, 1989; Rose 1999; see Roe 2005 for a specific consideration of harm reduction as neoliberal). Harm reduction parallels these developments, attempting to create responsible drug users through education about the risks of various drug use practices. These newly-educated consumers of drugs are expected to perform the felicity calculus, balancing risks against perceived rewards and to decide in favour of healthier drug use options. The argument against this logic applies as much to drug use as it does to borrowers of sub-prime mortgages: in both cases, the consumer "chooses" poorly because the actual choices available to them are limited by the structural forces (poverty, drug prohibition) that govern their lives.

Of course, not all harm reduction strategies are quite this neoliberal. As I hope to have demonstrated, there are significant differences between programmes like methadone maintenance treatment in the United States and heroin-assisted therapy in Switzerland. As important as these differences are, however, harm reduction nevertheless represents a policy prescription that is at the very least *complicit* with neoliberal urbanism, even if it is also motivated by a genuine desire to alleviate suffering. The Insite supervised injection site is a fitting example of this. On the one hand, one should not doubt that those who conceived of Insite have anything other than genuinely humanitarian goals in operating the site and expanding harm reduction services in the neighbourhood. At the same time, Insite and harm reduction projects like it, potentially serve a function in the ongoing gentrification of the Downtown Eastside. *Pace* critics of harm reduction, safe injection sites and heroin-assisted therapy have a real capacity to reduce the public disorder associated with street drug use by providing users with a regulable space in which to consume drugs. This can decrease public injections, injection drug litter such as discarded syringes, and, when employed alongside heroin-assisted therapy, decrease the acquisitive property crime associated with drug use[99].

These sorts of desirable outcomes are politically ambivalent in that they serve the needs of real estate developers as much as they do the residents of communities grappling with drug abuse. Indeed, almost all the goals associated with harm reduction can be seen to facilitate gentrification in so far as they decrease the most problematic—which is to say the most *visible*—aspects of drug use in poor neighbourhoods.

[99] Discarded syringes have become nearly synonymous with urban decay, prompting moral panics about children contracting HIV from needle pricks. In the 2008 federal election, liberal candidate for Vancouver East Ken Low sent pamphlets to Downtown Eastside residents featuring an image of a young girl playing on a swing set with a discarded syringe in the foreground.

It has long been a paradox in Vancouver that the Downtown Eastside, whose proximity to the Downtown core and anomalously high rent-gap should have made it the first East Vancouver neighbourhood to gentrify, has somehow managed to be one of the *last*. This is due in no small part to the *spectacular* nature of poverty in the Downtown Eastside, a neighbourhood where poverty is on display through homelessness, prostitution, street dealing, and mental illness largely unsupported by the state. This sort of spectacular poverty—as opposed to the more mundane forms encountered in the basement suites of greater East Vancouver—is a serious impediment to real estate developers and would-be gentrifiers because its sheer publicness tends to dissuade investors and depress property values.

The critical literature on gentrification has often focused on the more draconian strategies employed by the state and local business groups to displace poor people from gentrifying neighbourhoods (e.g. Mitchell 2003 on Berkeley; Smith 1996 on the Lower East side of New York City). Such strategies range from the State's outright destruction of public housing projects to business improvement associations' (BIA) creation of private security forces (such as Vancouver's Downtown Ambassadors) to regulate the activities of homeless people. Simple inaction by the state, however, can also be an effective strategy. In Vancouver, the continued refusal of the municipal government to extend full tenant's rights to SRO residents or to charge development fees protecting SROs from conversion to condominiums can be seen as a strategy designed to "let the market take its course" in the Downtown Eastside, slowly displacing existing residents by replacing the housing stock.

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Between inaction and these more draconian strategies however, harm reduction also needs to be understood as a parallel technique that can serve the needs of development capital *even while it also has humanitarian dimensions*. Through the minimization of public disorder and the reduction of street crime, harm reduction achieves what often proved impossible under law-and-order, prohibitionist regimes: the successful regulation of the deviant bodies of poor drug addicts. Harm reduction's "carrot" to prohibition's "stick" can be seen therefore less as a progressive set of policies than a more evolved and efficient means of achieving the same goals the state and capital have always had in urban development: the maximization of property values.

The paradox behind harm reduction's efficacy and its rejection by the Right is no doubt an example of one of the most significant cleavages dividing the Right itself: that of conservative morality and liberal economics, a divide exemplified in the popular distinction between "social" and "fiscal" conservatives. This divide notwithstanding, such contradictory logics are frequently encountered in the same individuals, to say nothing of their occurring simultaneously in Right-wing organizations such as the *National Post*.

All this makes it even more difficult to understand precisely why critics on the Right oppose harm reduction. To summarize my argument thus far, I hope to have demonstrated that harm reduction has been shown in numerous peer-reviewed studies to be more effective than prohibition/abstinence in achieving the agreed-upon goals of drug policy. This is my *empirical* critique of opposition to harm reduction. I have also argued that prohibitionist arguments against harm reduction are simultaneously contradicted by their own classically liberal philosophy. This is the *theoretical* critique. In the section

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immediately above, I hope to have also demonstrated that harm reduction is actually

congruent, and potentially also complicit, with neoliberal urban development agendas.

This is the *political* critique I propose. Finally, in this section, I turn to the question of

enjoyment, which I have identified as the unconscious dimension of opposition to harm

reduction. Beneath the manifest critiques offered by prohibitionists on empirical and

theoretical grounds, lies a latent anxiety about the Other's enjoyment. This is the kernel

of my argument, and I argue that the only way to understand this latent content is through

Freudian-Lacanian psychoanalysis, specifically, the interconnected concepts of

jouissance, the pleasure principle, and the death drive.

Pleasure and Enjoyment

Earlier, I described how Foucauldian scholars such as Philippe Bourgois, Pat

O'Malley, and Mariana Valverde identified *pleasure* as a central issue underlying

attitudes towards drugs. Bourgois discusses how the addict's pleasure becomes a object

of concern in methadone maintenance programmes, mobilizing a host of disciplinary

technologies designed to prevent addicts from accessing illicit pleasures (Bourgois 1996,

2000, 2009; see Moore 2004 for a discussion of methadone in Australia). O'Malley and

Valverde (2004) identify a similar concern at the heart of alcohol regulation and find its

roots in liberalism itself. They argue that liberal pleasure is deeply entwined with ideas

of reason and freedom such that pleasure requires a subject to possess both reason and

freedom in order to have his/her pleasure recognized as such. When reason and freedom

appear to be absent, pleasure disappears, being replaced by discourses of compulsion and

addiction. This connection to freedom is corroborated in part by the etymology of the

word *addiction* itself, which comes from the Latin *addictus*, referring to a bondsman who was given over to his creditors for non-payment of debts. Just as the bondsman is seen to lose his freedom when he becomes *addictus*, so the addict loses access to pleasure when he loses his freedom[100].

These authors are right to point to the latent concern with pleasure that motivates drug policy and discourses on addiction. In and of itself, however, this observation falls short of adequately explaining opposition to harm reduction. It's not simply that other commentators have previously identified pleasure as a central issue in drug use—and indeed, any drug *user* would tell you that pleasure is a primary reason for doing drugs – but that the concept of pleasure employed by these authors remains under-theorized. It is here that psychoanalysis can advance these Foucauldian analyses. For, while pleasure is a taken-for-granted category in Bourgois and Valverde it has a long and complex history in psychoanalysis.

Drawing on Freud's formulation of the pleasure principle and death drive in *Beyond the Pleasure Principle* ([1920] 2003) and on Lacan's subsequent elaboration of the theory, I argue that *pleasure* is not precisely what is at issue in discussions of drug addiction, rather it is *enjoyment,* what Lacan calls *jouissance[101]*. Equally important is that while enjoyment is central to this question, it is actually the *perception of enjoyment* of

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[100] Alexander and Schweighofer (n.d.) note that the meaning of *addico* was not entirely negative, implying also a devotion to something socially valorised—such as scholarship—and that the use of the term "addiction" itself has varied historically, only coalescing as the modern concept of addiction (with drugs as the paradigmatic example) in the 19th century.

[101] I use these terms interchangeably in this section, following the standard translation of jouissance as enjoyment employed by many of Lacan's translators. It should be noted that jouissance is also an accepted English word, appearing in a number of dictionaries.

drug users that animates opposition to harm reduction, a crucial distinction that is explained by the Lacanian concept of the Other and the relation of the Other to jouissance

Freud's Pleasure Principle

What is the pleasure principle? For Freud, it concerns the human being's pursuit of pleasure through the avoidance of unpleasure. This process is so fundamental that Freud calls it one of the "two principles of mental functioning", according it an ontologically primary status. Freud initially borrows the term *lustprinzip* from Fechner (1848, cited in Laplanche and Pontalis 1973, 323) who posited that human beings were governed not by an innate hedonism (pleasure-seeking) but by an impulse to *avoid* unpleasure. The distinction he draws here is between a *pursuit* of pleasure—which necessarily contains an idea about a *future* satisfaction—and an avoidance of unpleasure, which occurs in the present.

The definition of pleasure that Freud advances is, strictly speaking, economic. Pleasure is a measurable object defined as the *qualitative* experience of a change in the *quantity* of excitation in the psyche. Freud argues that human beings experience pleasure when the quantity of excitation in the psyche diminishes. Correspondingly, unpleasure is the experience of an increase in excitation. Pleasure and unpleasure are experiences best likened to tension in this theory, with the least pleasurable states being those that feature the greatest degree of tension.

Freud draws heavily on the research on cellular biology of his time, drawing parallels between his theory of the psyche and the actions of cellular organisms interacting with their environment. His theory of the pleasure principle also shares a

great deal with the second law of thermodynamics, which was formulated during Fechner's time. The second law of thermodynamics states that in a closed system and over time, matter tends towards a state of equilibrium. This idea corresponds productively with Freud's view of the role of perception-consciousness (*Pcpt-Cs*[102]) as being responsible for moderating the impulses that constantly bombard the human organism. The *Pcpt-Cs* apparatus receives external stimuli such as visions and smells (sense-impressions) and internal stimuli such as hunger and pain. The task of the psyche, according to Freud, is to "master" these stimuli, moderating them and making them tolerable to the human being as organism. Freud describes this process of moderating stimuli in energetic terms, with the *Pcpt-Cs* system expending a (-) quantum of energy for every (+) quantum of stimulation it receives, in an attempt to reduce the stimulus to a state of homeostasis[103] (Freud [1895] 1966). This idea of homeostasis, of the state of rest, is perhaps the simplest way to understand Freud's theory of pleasure. Pleasure is not found in hedonism or sexuality but paradoxically in the retreat from these stimuli, in the reduction of such excitations to a pleasurable homeostatic balance.

The pleasure principle is stasis and repetition in contrast with progress and novelty. Think of the inertia that people feel when they only want to stay in bed in the morning. Or think of how children often want to hear a favourite story told over and over again. More tellingly, think of how these children want the story repeated *verbatim* and will correct the storyteller who attempts to modify details. Finally, think of how people

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[102] See Section IV of *Beyond the Pleasure Principle.* The *Pcpt-Cs* system first appears in *The Interpretation of Dreams* [1905] 1991 and later in *The Ego and the Id* ([1923] 1960).

[103] It is important to note that Freud's theory does not depend on an actual physical mechanism of positive and negatively charged particles. His theory of such "neurones" proposed in the *1895 Project for a Scientific Psychology* is best understood metaphorically, though Freud did indicate that he supposed such a process would be understood physiologically one day.

repeatedly place themselves in situations they claim to dislike: the man who repeatedly

falls for women who are already romantically involved, or who treat him like the

overbearing mother he claims to detest.

This sort of *repetition* is characteristic of the pleasure principle and is what

initially prompts Freud to speculate that a different principle governs the operation of the

unconscious. For, while he describes the pleasure principle in the discourse of the natural

science of his time, it is in his clinical practice—that is, the *social*—that he discovers the

operation of the pleasure principle.

The pleasure principle is closely related to the concept of the drive, or *Trieb*. In

many ways, Freud's *Eros—*which includes the "life drives", "sexual drives" as well as

"instincts of self-preservation"—appear as the obverse of the pleasure principle. Life

drives constitute the energy that *preserves* life, that maintains the integrity of the

organism and impels it towards further bonding and unities:

> Eros, by bringing about a more and far-reaching combination of the
> particles into which living substance is dispersed, aims at complicating life
> and at the same time, of course, preserving it (Freud [1923] 1960, 38).

In contrast with the pleasure principle's tendency towards stasis, Eros propels the

organism towards more combinations and to "complicating" life: countering repetition

with novelty. The allusion to sexuality that attends this language of "unities" and

"bonding" is not accidental. Eros is the motive force behind the sexual drive and is what

Freud will also call *libido* at the energetic level ([1940] 1949). Libido is that fundamental

energy that drives the organism, preserves it, and urges it onwards.

Viewed through the pleasure principle however, these life drives prove to be the exception rather than an equal correlate of the death drive. Returning to his speculations on the tendency for organisms to return to stasis, Freud postulates that the pleasure principle is the fundamental principle governing unconscious processes, calling it the *primary process* ([1895] 1966). The reality principle—or *secondary process*—is now shown to be merely a detour of the pleasure principle. Freud aligns the reality principle with consciousness (and Ego) and argues that while external "reality" may present the unconscious with obstacles that prevent the pure functioning of the pleasure principle, it is not a fundamental drive in the same sense as the pleasure principle. Returning to my earlier example, while the pleasure principle is at work in people's desire to stay in bed in the morning, the reality principle is what compels them to get up and go to work. This secondary principle is not fundamental but contingent; it does not operate at the same level as the pleasure principle. Instead it simply means that the pursuit of pleasure is often circuitous rather than direct.

Freud's energetic model of the psyche—of energy that is preserved, transferred, cathected, and abreacted—forms a continuing theme from his earliest work on hysteria with Breuer ([1895] 1976) to the end of his life. It is an essential element of Freud's theories regarding a variety of psychical phenomena, including the formation of the unconscious, for example when ideas that cause the psyche excessive excitation are repressed, and the energy associated with them is transferred to other non-repressed ideas. We also find the energetic model at work in Freud's theory of *displacement* in dreams, where affect-laden signifiers are displaced onto other signifiers through metaphor and metonymy. Finally, we see it in evidence in the earliest moments of

infancy, when Freud theorizes that the hungry baby finds succour in hallucinating the satisfaction it first felt at being fed. All of these elements of psychical life depend on an energetic/economic model of the psyche, where pleasure is the qualitative experience of a quantitative change in excitation in the psyche.

By the time *Beyond the Pleasure Principle* was published in 1920, Freud's speculations on the economic dimensions of the pleasure principle led him to troubling conclusions. Confronted with the repetitive nature of neurotic symptoms, where the unconscious seems to compel subjects to recreate situations that cause them to suffer, Freud postulates that repetition is more than merely characteristic of the drives, it is *constitutive* of them. The drives are conservative in nature, aiming always for a return to a previous state, even when that state causes the subject to suffer. The drives, by this point in Freud's model of the psyche, are a near parallel to what he describes in the pleasure principle. The pleasure principle, however, no longer bears much resemblance to what we think of as pleasure once the logic of the drives is fully developed. For, if the drives are conservative, if they tend toward a return to earlier states, if they aim always to reduce tensions and excitation, then paradoxically, the drive can only be towards death. Indeed, Freud argues in *Beyond the Pleasure Principle*, insofar as the drives are the motor force of the organism, "the goal of all life is death" ([1920] 2003, 78).

This is Freud's first formulation of the death drive. It is the logical extension of his argument that inherent in all drives is the tendency to return to an earlier state, to repeat rather than innovate. If this process where allowed to play out to its logical conclusion, the only goal of the drives would be to quiescence and death. Just as the first

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single-cell organisms theoretically emerged from inorganic matter, so all life seeks to return to the inorganic, to a state of final rest.

While Freud upheld the concept of the death drive for the rest of his life, it was amongst the first to be repudiated by his followers and critics. The idea that the primary drive governing unconscious life ultimately oriented the subject towards death did not fit with ego-psychology's ideal that psychoanalysis could strengthen the ego and keep the Id at bay. Of Freud's followers, only Lacan and Melanie Klein took the death drive seriously, seeing in it the key to Freud's theory of the subject. Lacan's interpretation of the death drive radically reconfigures it, however, rejecting the foundation Freud sought in biology by locating the death drive in the sphere of culture. Through his introduction of the concept of jouissance, Lacan also finds a language to explain Freud's paradoxical claim that the goal of all life is death.

Lacan's Pleasure Principle

In order to understand Lacan's formulation of the death drive, we need to understand how Lacan reads Freud, specifically through his concepts of the registers[104] of psychical life: the Symbolic, Imaginary and Real. The registers are amongst the most significant early contributions Lacan makes to psychoanalytic vocabulary, articulating them in his first published seminar in 1953 (Lacan [1953] 1988). In general terms, the three registers correspond roughly to Freud's tri-partite "structural" model of the psyche: Freud's ego is Imaginary in Lacanian terms, the Id is Real, and the super-ego is Symbolic.

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[104] Lacan's "registers" are often called "orders". I use these terms interchangeably in the discussion that follows.

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The Symbolic

Lacan's Symbolic register is best understood as the order of signification, culture, and the Law. Because these phenomena are at some level based in language, the Symbolic is linguistic. Language itself is not coterminous with the Symbolic, however, because language and communication also operate in the Imaginary and Real registers. To employ the classic Saussurian distinction, we can say that the Symbolic encompasses the dimension of the signifier rather than the signified (Saussure 1983). Lacan's idea of a Symbolic order comes from his reading of structural anthropology, specifically the idea that the social order is governed by laws regulating the exchange of gifts and structures of kinship (Evans 1996; Levi-Strauss [1949] 1969; Mauss [1923] 1990). The Symbolic order concerns the law and social codes, all those injunctions and mores, philosophies and ethical mandates, that regulate our relations with the Other.

Just like Saussurian linguistics, Lacan is emphatic that the Symbolic has no positive content. It is completely contingent, bearing no intrinsic relation to "reality", and functions only because it is a system of pure difference. In Saussurian terms, the word "chair" and its corresponding concept bear no intrinsic relation to the chair as referent (object); the word chair signifies a chair simply because it functions in a formal system of differential elements, meaning that "chair" is "chair" because it is not "bear", "hair", or any other term. Similarly, Lacan argues, the Symbolic order is entirely arbitrary. The laws, language, and culture that we inhabit are contingent phenomena which have no intrinsic connection to whatever "reality" could be said to exist beneath them.

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This radically anti-essentialist position has profound effects for Lacan's reinterpretation of Freud's Oedipus complex (since he rejects the claim that the incest taboo is grounded in biology), as well as the relation of the Symbolic to the order of the Real. In Lacan's account of subjectivity, the subject's existence in the Symbolic world is paramount. This is because subjects only have access to the world through Symbolic structures, they cannot access the Real. Lacan's rereading of the Oedipus complex argues that what is actually happening in Oedipalization is not the child's renunciation of its love for the parent of opposite sex and identification with the same sex parent but the subject's entry into the Symbolic order. As the child acquires language and internalizes culture and the law, s/he undergoes a form of Symbolic "castration" wherein the unmediated relationship that the infant once had to the Real is forever lost[105]. Henceforth, the subject of language—of the Symbolic—will relate to his or her desires through a language not of their choosing, a language and culture never entirely coextensive with their desire.

The Imaginary

This "developmental" model of the Symbolic provides a useful segue to Lacan's order of the Imaginary. The Imaginary is the register of the ego. In the development of the subject, we can say that one is born *into* the Symbolic; language, culture, and the law predate the individual. Many of us are already named when we are born and all of us are

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[105] This "pre-Symbolic Real" is what is "killed" by the signifier when Lacan claims, following St. Paul that "the letter kills" ([1957] 2006, 423). Lacan will also insist on a different Real, one which is produced *by* the Symbolic and the impossibilities that are generated by signification itself. The status of a pre-Symbolic Real is somewhat moot on epistemological grounds however, since, for Lacan, the only access we have to such a thing is through speech, making suppositions about what exists before language necessarily impossible.

born with a position in the Symbolic order, as sons, daughters, as eldest, or perhaps "accidents". In contrast, the Imaginary comes into being during our lives. In developmental terms, this occurs through Lacan's well-known "mirror stage", when the infant is between six and eighteen months of age. The mirror stage is Lacan's account of ego-formation. In it, the infant encounters its reflection in a mirror and identifies the reflection as one of itself. Lacan argues that the specular image in the mirror confronts the subject as an image of wholeness and mastery which stands in stark opposition to the viscerally uncoordinated infant. The infant is beguiled by the wholeness it locates in the specular image and desires the mastery over its body that it promises. The ego is the product therefore of a profound *misrecognition* resulting from the subject's desire for wholeness and mastery. It is not simply a relationship of "recognition"—for ethology teaches us that chimpanzees also recognize their reflection—but of identification and projection. It is the infant's *desire* for the wholeness it finds in the image that produces the ego, much in the same way as Freud theorizes narcissism. In the myth, Narcissus becomes enamoured with his own reflection in the water much as the child does in the mirror. Freud argues that in Narcissism, libido energy is re-directed from a love object to the ego. Lacan will point out that this does not entail libido being directed *inwards* but towards the specular image in the mirror. Ego is thus outside the subject even though it takes on the appearance of being individual and interior.

The relationship of the ego to psychical phenomena like narcissism means that the Imaginary register is characterized by eroticism, aggressivity, and rivalry: eroticism because the specular image possesses something that the subject desires and aggression

because of the infuriating gap that separates the subject from possessing the *gestalt* of the image.

Lacan, however, does not restrict his discussion of the mirror stage to a moment in the development of the subject. Rather, he sees in the mirror stage a fundamental component of human subjectivity. The specular image that confronts the subject in the mirror is not restricted simply to literal mirror images or even to representations; Lacan argues that all of our interactions with other people are also Imaginary relations. In these "little" others (as opposed to the "big" Other of language and the Symbolic), the subject will play out his or her Imaginary rivalries, infatuations, and aggressions. Finding in them projections of their own desires, evaluations of their worth, and confirmations of their darkest suspicions. The ego is thus a site of a profound alienation in the Other that is comparable to the alienation in the signifier produced by the subject's entry in the Symbolic universe of signification. The Imaginary represents the other half of Saussure's sign; it is the signified to the signifier of the Symbolic.

While Lacan characterizes the Imaginary register as fundamentally deceptive, as a domain of illusion and misrecognition, he does not argue that it can be dispensed with or overcome. The Imaginary is quite real and an inevitable consequence of existence in the Symbolic. Lacan's critique of Imaginary relations is that psychoanalysis has tended to reduce analysis to the Imaginary, ignoring the Symbolic. Ego psychology's emphasis on "identification", wherein the analysand is taught to identify with the "healthy" ego of the analyst, is characteristic of this Imaginary captation[106]. Lacan argues that such

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[106] Lacan's translators often use this largely unknown English word because it is a cognate of the French *captation*. It is best understood as referring to "captivation" by the image.

"therapeutic alliances" (which are certainly part of most mainstream psychotherapy today) are always deceptive because they reduce the analytic interaction to the Imaginary. When the analyst attempts to provide a model for the analysand, or indeed even when they position themselves as a friend to the analysand, they occupy the position of the "little other" in an Imaginary relation. The analysis will remain trapped in the Imaginary register as the analysand plays out the various roles s/he has always played out with the Other. Only when the analyst refuses Imaginary identification—in practical terms, when s/he refuses to participate in casual "empty" speech opting instead to remain silent or point out of the slips and omissions in the analysand's discourse—can the analysand's Symbolic structure be brought to the fore. This is Lacan's first and most recognized contribution to psychoanalysis: his insistence on the centrality of language and signification in the determination of the subject, which is exemplified in his dictum "the unconscious is structured like a language' ([1973] 1998, 48).

The Real

The Real is the most paradoxical of the three orders and Lacan does little to settle confusion by speaking of it in cryptic and often contradictory terms. Insofar as Lacan's orders correspond to—or at least make reference to—Freud's structural model of the psyche, the Real is most closely aligned with the Id. If we instead follow the Saussurian model I employed earlier, the Real is perhaps the referent to the Symbolic's signifier and Imaginary's signified. But just as Saussure once argued that any analysis of the referent is beyond the scope of linguistics strictly speaking, the Real can hardly be said to be a simple taken-for-granted "reality" that subtends signifiers and Imaginary representations.

The Real is best understood in two slightly different senses. In the first sense, the Real is something material, often associated with biology, a sort of brute physical being lying beneath the Symbolic and Imaginary. This assertion seems to contradict what I said only a moment ago about this being a naïve understanding of the Real. The distinction lies in the relationship between the Real and the other registers. There is not a simple correspondence between this Real qua brute materiality and the Symbolic/Imaginary registers. The Symbolic is radically contingent for Lacan, it bears no intrinsic connection to the Real. Moreover, as subjects, we exist entirely in the Symbolic and Imaginary and cannot simply bypass them and access the Real. Our only way of approaching the Real is through the Symbolic, Lacan argues; this is an essential part of what it means to be a speaking being, that we lose our connection to the Real once we gain access to the world of signifiers.

The second way of understanding the Real is related to this idea that it is opposed to the Symbolic and Imaginary. In this view, the Real is that which resists symbolization absolutely. It is a structural operation, defined solely by its radical exclusion from the realm of signifiers and representations. This definition allows us to see the clinical use Lacan makes of the Real. The Real as that-which-resists-symbolization is the definition of the traumatic memory that is repressed in neurosis. In Freudian terms, it is the "repressed idea". For Lacan, it is the signifier that is excluded from the signifying chain because it is too traumatic for the subject to bear. Lacan argues that psychoanalysis has misunderstood the Freudian unconscious, seeing it as "merely the seat of the instincts"

([1957] 2006, 413)[107]. Lacan's unconscious is located at the level of the Symbolic, it is the "the Other's discourse" ([1955] 2006, 10), the "effects of the signifier" on the subject ([1964] 1978, 126), meaning that the unconscious is the result of the subject being forced to live in a world of signification, culture, and law. We can see here how Lacan's three registers allow him to clarify some of the vagaries of Freud's theoretical framework: the unconscious is not simply instincts or the even the repressed but the subject's lived experience of the signifier. The Real is part of this but not coextensive: the Real is that signifier which is excluded from the signifying chain of the subject's unconscious.

Just like the Freudian repressed idea, that which is repressed "returns in the Real" ([1955] 1997, 44). The Real appears in the Symbolic only in the formations of the unconscious: in jokes, parapraxes[108], and dreams. Most significantly, the Real appears in the Symbolic through its absence; the Real is the signifier that is skipped over. In the analytic situation, where the analysand is engaged in free association, the Real is encountered as the point at which the associations stop, where the signifying chain breaks off. These absences are those signifiers which cannot be brought to consciousness and can only be revealed—that is to say, brought into the Symbolic—years into a person's analysis when they are touched upon again and again in free association.

Lacan's position on the existence of the Real with respect to the Symbolic and Imaginary is itself contradictory. At some points in his teaching, he discusses the Real as something that exists independently of the Symbolic, as something which the subject exists in before (s)he enters the Symbolic. In this view, there is a "pre-Symbolic Real", a

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[107] This is a misunderstanding that is also repeated by many geographers. For a discussion, see Kingsbury (2010).

[108] Parapraxes are slips of the tongue or bungled actions, what are commonly known as "Freudian slips".

quasi-mythical maternal wholeness between infant and caregiver ("mother") before the intercession of the Symbolic order in the form of the father through the Oedipus complex[109].

At other points, Lacan argues that the Real is a product of the subject's entry into the Symbolic order. Here, the Real is born out of the Symbolic as that which is excluded from signification. It only comes into being as an impossible category literally outside of reason and comprehensibility as the constitutive outside of the Symbolic and Imaginary orders. This view makes a great deal of sense in relation to Lacan's argument that because we only have access to the Real through the Symbolic, it is impossible to speak of what might have come before it. Tautological as this may seem, if the Real is quite literally a knowledge outside of knowledgability it is therefore *meaning*less to posit that it could have existed before the Symbolic.

The Real's position as radically outside of sense and intelligibility, as well as its clinical connection to the repressed means that it is often a source of anxiety. For both Freud and Lacan, anxiety occupies a special place among the affects. Lacan goes so far as to say that anxiety is the one affect that "doesn't lie" and Freud accords it a similar stature in his discussion of "signal anxiety" ([1926] 2003)[110]. The common distinction drawn between fear and anxiety is that anxiety has no object whereas fear does. Lacan

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[109] It's important to note that in Lacan's version of the Oedipus complex, the "mother" and "father" do not need to be gendered as woman and man respectively. The "mother" is simply the primary caregiver while the father is a "function" who serves to delimit the mother-child relationship, preventing the mother from "devouring" the child and preventing the child from rejecting the social/Symbolic world in favour of total immersion in the mother-child dyad.

[110] My quote is actually paraphrased. "Anxiety is the one affect that does not deceive" is another common variant. It refers to remarks made by Lacan in his not officially translated *Seminar X: L'Angoisse*. I am paraphrasing rather than quoting because no official translation exists. I discuss this issue of anxiety further in the following chapter, in the section entitled *The Other Face of Anxiety: Psychoanalysis and the Encounter with the Poor.*

will refute this assertion by arguing that anxiety does indeed have an object. Specifically, this object is in the Real. Anxiety is thus the affect that "signals" the over-proximity of the subject to the Real. It appears when the subject approaches that object (or signifier as I have called it earlier) that has been expelled from the signifying chain of the unconscious.

Objet petit a

This particular object occupies a special place in the Lacanian account of the subject. It is called the *objet petit a*[111], what Lacan calls the "object cause of desire". The *objet petit a* is a Real object which causes desire to circulate. Rather than being a particular object in "reality" such as a person, a part of a person, or a consumer good, the *objet petit a* is that which is "in the object more than the object" (Žižek 2006, 17). It is the mysterious quality in an object that causes us to desire it in the first place: a particular look in a lover's eyes, the lilt of their voice, or the way the light shines on a movie star in a particular scene that captivates us.

This elusive quality is difficult for the desirous subject to articulate precisely and even when it can be articulated, the descriptions are often less than illuminating. In his essay on fetishism, Freud ([1927] 1961) tells of a patient whose desire was triggered by a "*glanz auf der nase*", a "shine on the nose" that certain women possessed. Over the course of the analysis Freud discovered that the fetish was essentially linguistic, originating in the patient's homophonic translation of the English phrase "glance at the nose" which he had heard in his infancy, to the German *glanz* meaning "shine". The

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[111] Lacan insisted that *objet petit a* should remain untranslated so that it attains "the status of an algebraic sign" (Sheridan 1977, cited in Evans 1996, 125). The symbol Lacan uses in his own algebra is *a*.

libidinal energy that the phrase had acquired for the analysand was transferred

("displaced" in Freud's language) into the patient's adult language and become a

fetishized quality which he bestowed upon women he was attracted to. The elusive

"shine" is a perfect illustration of the *objet petit a,* it is a quality which is in the object but

is more than it. Having no objective existence, it is present only for the desirous subject

who discovers it in the object and is compelled to pursue it[112].

Lacan argues that the *objet petit a* is the "object-cause" of desire, meaning that it

is both the object of desire and the object that causes desire to circulate. It is an object

located in the Real, which is to say that it is, strictly speaking, unspeakable and

unknowable: by its very nature it lies outside the Symbolic[113]. In clinical terms, Lacan

will argue that the *objet petit a* is related to the "lost object" of enjoyment which was the

infant's primary caregiver. The primordial connection between infant and mother is the

object of Freud's Oedipus complex. In Lacan's reading, the mother-infant dyad is the

pre-Symbolic Real inhabited by the infant before it enters the world of the Symbolic

through the intervention of the father. The father acts as a function of the Symbolic,

preventing the infant from remaining in the plenitude of the Real, coming between the

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[112] The *objet petit a* can be seen as Lacan's attempt to formalize one of Freud's central insights, which is that desire has no object. Freud corrects the common understanding that desire is desire for a particular object by arguing that the object of desire is not predetermined—desire is an abstract quantity which can be directed at any number of contingent objects. This insight is crucial to Freud's earliest and still more controversial theories, about the "polymorphous perversity" of the infant, and bisexuality as the root of human sexuality. Through his clinical work on infantile sexuality and the study of fetishism, Freud demonstrated that sexual desire has no fixed object but can instead be directed at a variety of contingent objects. In discovering the abstract nature of desire, he sweeps aside many things, including the normative, biologistic fantasy that desire is inherently tied to heterosexual genital intercourse.

[113] The *objet petit a* does have strong connections to the Imaginary however, as evidenced by the algebraic sign *a* that Lacan uses. The *a* is also the sign for the ego, which is located in the Imaginary. Recall that the ego is formed through the subject's *desiring*-identification with the specular other (*a'*) in the mirror. The object-cause of desire then is a Real object, but in inciting desire it is often perceived as being at the level of the Imaginary, the register where erotic feelings are often aroused.

mother and child establishing the word of law, the requirements of culture, and the imposition of language[114]. In the subject's passage into the Symbolic, a fundamental alienation occurs, an alienation in the signifier, as the Real is forced into the Symbolic. Whereas the Symbolic is a system of difference and opposition like Saussurian linguistics, animated by an alternation between presence and absence, the Real is non-dialectical, it is pure positivity, a realm without gap or fissure (Evans 1996). Only when the Symbolic is imposed does lack appear, created by the gap that inevitably exists between the Real of the subject's desire and the Symbolic universe s/he is forced to inhabit. This gap is synonymous with the "lost object", the *objet petit a*, and the subject's desire in the Imaginary and Symbolic will always be incited by this Real object which haunts them.

Jouissance

The *objet petit a* as object of the drives is closely related to Lacan's concept of jouissance. Jouissance is often translated as "enjoyment", however, the English term lacks the sexual connotations present in the original French. The verb "joui" in French is the slang for orgasm, equivalent to the English "to come", so for Lacan to use this term implies a connection to libidinal satisfaction. Jouissance is closely attached to the *objet petit a* I have just described and also to the pleasure principle. Let me expand on Lacan's theory of the Symbolic's relation to the Real. As I have explained above, the subject's entry into the Symbolic universe is Lacan's re-reading of Freud's Oedipus complex wherein the father function comes between the mother and child in their quasi-mythical,

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[114] It bears repeating that in Lacan's account of the Oedipus complex, the father need not be the child's "real" father or even gendered as a man.

pre-Symbolic dyad. Freud is (in)famous for his theory that the fear which motivates the male child in the Oedipal phase is that of castration. As usual, in his re-reading of Freud, Lacan will lay claim to the spirit of Freud's argument while discarding many of Freud's explanations. Lacan understands castration to be a real force, but not in the sense that Freud originally proposed it. For Lacan, castration is what happens—to all subjects— when we enter the Symbolic and lose our original connection to the Real. Castration is thus not an imagined threat from the father, but a real process that occurs through the father as function of language. As we enter the world of signification and are forced to articulate our needs and desires through language—a language not of our own making, Lacan says—we lose something. In part because language can never fully account for us as subjects, can never fully describe our desires[115], and because that primordial connection we once had with the mother has been forbidden to us[116]. This "thing" that we lose is jouissance; jouissance is the price of the Symbolic. Henceforth, our access to jouissance will be limited and what access we do have will occur through the Symbolic. As Lacan says at the end of his most explicit discussion of desire, jouissance, and the Symbolic, "castration means that jouissance has to be refused in order to be attained on the inverse scale of the Law of desire" ([1960] 2006, 700).

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[115] to say that language can never fully articulate our desires or ourselves as subjects is the same as saying that the Symbolic is not entirely coextensive with the Real. There is always a leftover, an outside, a surplus that is excluded from the Symbolic. This is the Real.

[116] Whether or not that primordial connection was actually "fulfilling" is itself even suspicious. What is more important is that it is *supposed* to be fulfilling once the subject no longer has access to it. A full explanation of this requires an understanding of Lacan's idea of need, demand, and desire in relation to the "original satisfaction" the infant felt at the breast and the search for that satisfaction that ensues: even as soon as the very next time the infant is hungry. This discussion forms part of the following chapter.

The Real Beyond (of) the Pleasure Principle

The concept of jouissance is what allows us to understand Lacan's reworking of Freud's pleasure principle and its connection to harm reduction. As we saw earlier, Freud's later formulations of the pleasure principle led him to the troubling conclusion that "the goal of all life is death". This is because the pleasure principle, which he calls the basis for all mental functioning, is essentially a conservative drive, seeking to repeat, to return to a previous state, and to lead the organism away from novelty to the peace of the inorganic from whence it emerged. For Lacan, Freud was right to note the repetitive character of the drive but he misrecognizes it by attempting to understand it as an organic process. Rather than explaining repetition through cellular biology, Lacan sees repetition as a product of the structure of language and the Symbolic order[117].

This makes a great deal of sense within Lacan's theory of the subject, since the unconscious is the "effects of speech upon the subject" ([1964] 1977, 126) meaning that it is an effect of the signifier and is located at the level of the Symbolic. The Symbolic, therefore, is where Lacan situates Freud's "primary process" of the pleasure principle. Lacan argues that repetition is a essential characteristic of signification and that the subject is powerfully determined by the "chain of signifiers" at the level of the unconscious.

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[117] This is a common theme in Lacan. While his famous "return to Freud" enjoined psychoanalysis to return to its roots in Freud, Lacan's "return" was as much rhetorical as it was theoretical. At every turn he lays claim to the "spirit" of the Freudian discovery while dismissing a great many of Freud's own claims, often characterizing Freud's use of his concepts as somewhat vulgar. His rearticulation of the Oedipus complex and pleasure principle are just two prominent examples. Lacan argues early on that Freud was, in many ways, a prisoner of his time because he lived before the Saussurian discovery of structural linguistics and thus lacked the theoretical framework that would fully realize the latent potential of his ideas.

A complete description of this aspect of Lacan requires a great deal of explanation and is not necessary for the argument that follows. For our present purposes, it suffices to say that the language Lacan refers to as structuring the unconscious is not the language we commonly refer to in speech. Rather, he is referring to the formal structure of language, particularly the rules which govern syntax. In his post-face to the *Seminar on the Purloined Letter* ([1955] 2006), Lacan demonstrates how even the most rudimentary forms of signification, whereby "raw events" are categorized and brought into the diachrony of language, almost immediately generate impossibilities. These impossibilities—that is, particular *combinations* of signifiers that cannot occur within the signifying chain—constitute a form of memory which emerges from the rules governing the syntax. He also demonstrates how this process occurs entirely independently of whatever raw (contingent) events give rise to signification in the first place. In this way, we can see that the signifying chain itself can be said to generate its own form of memory and can compel subjects to forms of repetition independent of whatever events underpin signification originally.

At the level of the unconscious, then, the pleasure principle engages the subject in a process of repetition toward homeostasis, moving the subject through the Symbolic— that is, through language and culture—with the least degree of friction that is possible:

> The function of the pleasure principle is, in effect, to lead the subject from signifier to signifier, by generating as many signifiers as are required to maintain at as low a level as possible the tension that regulates the whole functioning of the psychic apparatus ([1959] 1992, 119).

This process, which Lacan dubs the "restitutive tendency", is his Symbolic reading of Freud's biologistic speculations on the tendency for the psychical apparatus to tend

toward homeostasis and even death[118]. This is what I referred to earlier as the first face of the death drive: the fundamental character of all drives to repeat.

But is this compulsion to repeat, this principle of conservation and homeostasis enough to justify Freud's claim to a death drive? One of the problems he attempts to resolve in *Beyond the Pleasure Principle* is the destructive impulse in human beings: their sadism, their desire to harm others or destroy things. Freud speculates that this impulse is explained through the concept of the death drive, whereby the death drive which is initially directed inwards, is turned toward the outside world as an aggressive impulse ([1924] 1961). This explanation should, however, strike us as highly problematic. For how does a tendency towards *inaction* translate into an externalized *action* within an economic theory of the drives? The Freudian concepts of ambivalence, displacement, and condensation explain very well how hostile impulses can be expressed as loving, as well as how impulses can change their object from the self to an other, or from other to other as exemplified in the transference. None of these concepts, however, explain how a tendency to *reduce* excitation becomes an active motor impulse. Indeed, this supposition runs entirely counter to Freud's economic framework of psychical life. Psychical energy can be expended, cathected, or abreacted, but—just like the laws of thermodynamics—it cannot disappear or be created *ex nihilo*. Freud's speculations, I argue, do not seem to square with the general thrust of his argument about the economic organization of the psyche. It is this ambivalence, if I can borrow Freud's own term, that

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[118] Whether the pleasure principle tends towards a reduction of tension to a *relative* level (homeostasis) or an *absolute* reduction (death) has always been a source of debate over Freud's theory. Lacan implicitly characterizes such debates as needlessly scholastic when he jokes that even death is not an absolute reduction from the standpoint of the organism, since the biological decomposition following death would represent a further reduction of tensions ([1954] 1988).

leads to some of the speculative confusion of *Beyond the Pleasure Principle*, whereby the death drive, which is what is presumably "beyond" the pleasure principle is postulated as simultaneously distinct from and part of the pleasure principle itself.

What then is truly *beyond* the pleasure principle? In *The Ethics of Psychoanalysis*, Lacan answers this question, drawing an important distinction between pleasure and *jouissance* ([1959] 1992). As I have described earlier, Lacan locates the pleasure principle at the level of the Symbolic, parallel to the unconscious. The Symbolic is home to the pleasure principle because it is the order of law and the fundamental prohibitions that ground culture. Similarly, the pleasure principle—in spite of its misleading name—is a principle of conservation and limit, a prohibition against excess. It is, as Dylan Evans remarks, a commandment to "enjoy as little as possible", which is why Freud originally called it the *unpleasure* principle (Evans 1996, 148[119]).

Lacan opposes the pleasure principle, *qua* limit on enjoyment, to jouissance, the enjoyment that is sacrificed when a subject is brought into the Symbolic. This jouissance of the Real functions in opposition to the pleasure principle of the Symbolic such that jouissance is what the subject seeks when they attempt to transgress the limitations placed upon them by the pleasure principle. What this means, in light of the discussion I have provided above, is that what the subject pursues—and what the pleasure principle prohibits access to—is the *objet petit a*. This little bit of the Real, the object-cause of desire that represents the original satisfaction that the subject hypothesizes (s)he once experienced, is what the Symbolic regulates and the subject pursues at the level of the unconscious. This pursuit is the very structure of neurosis according to Lacan: it is the

[119] Evans' reference is to *The Interpretation of Dreams* ([1905] 1991).

pursuit of an object that is not only prohibited but also impossible ([1959] 1992). The subject rails against the constraints of the Symbolic in pursuit of an object they presume will finally satisfy them but in fact, never can. Why is this? Because, for Lacan, there is only so much pleasure the subject can bear. Beyond that point—beyond the Symbolic— pleasure becomes jouissance, and the experience of jouissance is not more pleasure, but pain. Jouissance is too much for the subject to bear; it is "suffering" ([1959] 1992, 184), a Real excess beyond the Symbolic homeostasis of culture. But while the *objet petit a* is an excess—a "surplus" Lacan will often say—these terms should not suggest that it is superfluous. Even though it is located outside the Symbolic, the effects of the *objet petit a* are registered throughout it, most significantly through desire.

The pursuit of the *objet petit a* is the very structure of desire and this dynamic is what allows us to understand the operation of the pleasure principle. In desire, we see the subject driven forwards in pursuit of the *objet petit a*, not attaining it but circling *around* it instead. This is the operation of the pleasure principle, it regulates the subject's distance from the object of their desire. The circulation around the object as a form of repetition generates pleasure, it is the sustainable form of the neurotic economy of desire. It is also the structure of the neurotic symptom, which is how Lacan explains Freud's paradoxical "gain from illness" ([1910] 1957, 146) where Freud grappled with the fact that while neurotics experienced pain from their symptoms, they also resisted letting go of them, because they seemed to also generate some pleasure out of them.

In contrast to this circling around the object, Lacan describes jouissance as the "satisfaction of a drive" ([1959] 1992, 209). What does this mean? While desire is the maintenance of the drive, jouissance is its satisfaction. It is the result of the subject's

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attempt to transgress the pleasure principle and access the object of desire directly.

Following from what I have said about the capacity of the subject for such excess, however, the "satisfaction" of a drive is not experienced as satisfying but as suffering. Breaking the confines of the pleasure principle and approaching the *objet petit a* threatens the very stability of the neurotic's symptom[120]. This is no small issue in Lacanian terms, since the symptom is an integral part of subjectivity. The Lacanian symptom can be defined as a stance that the subject adopts in response to the Other's demand. This stance provides the subject with their own unique path to a limited amount of jouissance, which they access through the desirous circulation around the object-cause of their desire. This path, their preferred mode of enjoyment, is what makes up their symptom. In many instances it is satisfying to the subject; the subject "gets off" on his or her symptom, deriving a modicum of jouissance through the pleasurable circulation around the object. What causes the subject to suffer then is not necessarily their symptom—for many people are quite satisfied in it—what causes suffering is conversely a breakdown of the symptom wherein the subject is no longer able to generate enjoyment from it.

It should be apparent from this that jouissance is a deeply paradoxical substance. Subjects are drawn to it, yet experience it as suffering when they get too close. It is something that must be refused in the process of subjectivization, yet to be completely without it leads to the worst of neurotic suffering. The pleasure principle reveals itself here to be essential, as the force that sustains the subject's desire by regulating their distance from the source of enjoyment and anguish.

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[120] In proper Lacanian terminology, the "symptom" I am referring to here is closely related to the subject's "structure". Since the term will be unfamiliar to non-specialists and is not salient here, I use the more conventional term.

As Freud's discovery of the libido demonstrates, there is no predetermined path to jouissance; desire is contingent, which means that the *objet petit a* can be invested in anything. Nevertheless, there are certain modes of jouissance that occupy a privileged status. The primary mode I am referring to is obviously sexuality, as the sexual connotations of Lacan's terminology no doubt imply. The very structure of jouissance, a pleasure that borders on pain, seems to speak explicitly of sexual desire. Psychoanalysis has, of course, had much to say about the complexities of sexual desire, from its connection with death, admirably captured in the French figure of speech *le petit mort* to describe orgasm, to the aggressivity inherent in all sexuality, most visible in phenomena such as sadism and masochism.

It is essential to remember, however, that there is nothing intrinsic, and certainly nothing biological, about sexuality that makes it a privileged mode of jouissance. One of the most profound of Freud's discoveries is the radically contingent nature of desire, the idea that desire has no predetermined object as such. This underlies any number of key psychoanalytic discoveries, from the universality of bisexuality in the unconscious, to the "deviations" of the libido wherein the pervert finds sexual satisfaction in objects other than the standard erogenous zones.

Jouissance is fundamentally about the attempt to go beyond the pleasure principle and this means that it is not restricted to sexuality, no matter how central "actual" sexual acts are to this process. This distinction is important because there are other modes of jouissance that subjects engage in: from the ecstatic rapture sought in music and dance, to

the libidinal thrills of nationalism and political identification, and, significantly, in drug use.[121]

Jouissance, Drugs, and Opposition to Harm Reduction

Drug use continues to be one of the most significant modes by which subjects attempt to circumvent the operation of the pleasure principle, accessing an excessive, prohibited enjoyment. This prohibition is not simply the obvious legal sanctions against drugs, but more generally the various forms of prohibition which exist in all cultures around the pleasures of drugs. We are familiar with outright legal prohibition of certain drugs here in Canada, as well as a variety of social injunctions mandating "moderation" in the enjoyment of other drugs such as alcohol. In the case of so-called primitive societies, other prohibitions exist, regulating which people have access to drugs, as well as the specific times that they are appropriate. A common feature of all societies in this respect is that drugs are the subject of a variety of social prohibitions regulating their use and the pleasures they bring: whether it is the prohibition of giving alcohol to children in North America, the customs regulating consumption of hallucinogenic *ayahuasca* among the Urarina of Peru, or the section 56 research exemption that allows Insite to operate. Drug use that occurs outside social structures is defined as *excessive*, which is to say: it is in excess of the pleasure principle of the Symbolic order and prompts a variety of forms of regulation across cultures ranging from social disapprobation to imprisonment. Viewing drugs as something people use to access a jouissance beyond the pleasure

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[121] Tim Dean's magisterial *Beyond Sexuality* (2000) has much to say about sexuality's relation to jouissance. In particular, chapter four, "Safe Sex Education and the Death Drive", was highly influential to my initial understanding of jouissance and the death drive. Echoes of this work can be found in my arguments about drug addiction which follow.

principle allows us to see why drug use can potentially cause so much anxiety: the pursuit of jouissance by its very nature violates the mandates of the Symbolic order.

In order to connect this argument about jouissance and the pleasure principle to the issue of harm reduction, there is one final theoretical point that is required, and this concerns the question of the Other. As I mentioned at the outset, it is not jouissance per se that is at issue in the politics of harm reduction: what we encounter in the opposition to progressive drug policy has to do with the *perception* of enjoyment, the perception that the Other has access to a jouissance that the subject does not. This is what I referred to earlier as the latent content of opposition to harm reduction.

Jouissance is always entangled in the question of the Other. Bruce Fink offers an alternate description of jouissance which sheds light on how the Other is implicated. In the account I have provided, language and culture (the big Other) are responsible for severing the subject's connection to the pre-Symbolic Real. The intervention of the big Other of the Symbolic occurs through the medium of "little" Imaginary Others in the figure of our parents. Fink argues that his has ramifications for our pursuit of pleasure and jouissance: while pleasure is hypothetically our own at one point, after the intervention of the Symbolic, "pure" pleasure is forever afterwards tied up in the Other.

Imagine the infant deriving pleasure from eating. At a near-mythical point in the infant's subjective history, this pleasure could have hypothetically been purely the infant's own. The imposition of the Symbolic comes from the mother's demand to "eat!" or her questions: "Why aren't you hungry?". Through this process, whatever pleasure the infant derives from eating becomes tied to the Other's demand. It becomes a jouissance

connected to the Other's desire, for now the pleasure involves a stance with respect to the Other's desire: a submission to the demand, a resistance to it, or a question about what the Other means by her demand. Pleasure will henceforth be routed through the Other and will involve a question asked of the Other about the nature of their desire.

Fink argues that this is central to human subjectivity. Unlike other animals, human beings are unique in that we do not simply experience our jouissance, we measure it against an external standard. This is important because it necessarily involves a perception of enjoyment in the Other. In measuring our jouissance against the Other's, subjects find their own jouissance as lacking and hypothesize that there is another jouissance somewhere else that would truly be satisfying[122].

There are parallels between this dimension of jouissance and the structure of neurosis I discussed earlier. The neurotic looks to the Other for the jouissance they lack. In this, we see another instance of the paradoxical prohibition of that which was always impossible. Rather than face the impossibility of their own jouissance, the neurotic misrecognizes it as prohibited. We can translate this process into the language of the three registers by saying that the neurotic renders Imaginary what is actually Real. The neurotic phantasy stages an Imaginary scenario wherein the impossibility of their jouissance is externalized and embodied in another person. In this way, the Real

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[122] Technically, this applies only to neurotic subjects, not psychotic or perverse subjects. A more detailed discussion of Lacan's three "clinical structures" (neurosis, psychosis, and perversion) follows later in the dissertation.

deadlock of jouissance is made to appear prohibited from the outside rather than impossible from within[123][124].

The dimension of the Imaginary is crucial because this is where the issue of the perception of jouissance in the Other intersects with debates over harm reduction. It is at the level of the Imaginary that the antagonism expressed by opponents of harm reduction is properly situated. This aggression—which is characteristic of the Imaginary—is there to mask a Real anxiety over the jouissance of the Other which is embodied in the drug addict. Again and again, in the discourse opposing harm reduction, we encounter expressions of anger at the perceived enjoyment of drug users: how they get something for free, how they refuse the constraints of society, how their behaviour is excessive, and how their enjoyment somehow steals something from the subject.

As I have shown in the "manifest" critique of prohibitionist discourse and in my discussion of methadone provision, these anxieties permeate public policy and mainstream discourse. They find their most striking expression, however, in public discourse on drug policy as seen in the online comments that accompany news coverage of Vancouver's supervised injection site. In these "readers' comments" or "feedback" sections, the ease of posting and promise of anonymity combine to produce nearly unmediated glimpses of opponents' reactions at their most vitriolic:

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[123] This is same structure as the "successful" resolution of the Oedipal complex. It also prohibits what was always impossible. The neurotic plays out the phantasy that if only the father could be removed as obstacle, the mother could be completely possessed. N.B. it is, of course, not literally impossible to have an incestuous affair with one's mother, however, the desire for complete immersion in the mother is.

[124] For a wonderful example of this impossible/prohibited paradox, see Slavoj Žižek's discussion of David Lynch's film *Lost Highway* in *The Pervert's Guide to Cinema* (Žižek 2006b, Sophie Fiennes, dir.).

Sick selfish leeches. Blow the hole filthy pit up and send the junkies and narcissistic losers into the woods. To hell with what they want, NO MORE (anonymous 2010)[125].

Even when comments are more measured in their tone, they continue to speak to a belief that addicts are somehow are getting something that others desire but cannot have:

> [at] safe injection sites… you head in, say high to your friends and staff, shoot up, feel great, talk about how much you wish you were clean even though you actually are quite content living off the taxpayer while being gleefully high… Social safety nets are meant to give people a chance at redemption, not to engage indefinitely in self-gratifying behaviours (socioeconomic status 2010).

What is striking about quotes like these is how they hold in tension a belief that drug addicts live the good life with a knowledge that their lives are actually quite terrible. While this commentator no doubt would agree on a conscious level that the lives of poor drug addicts are harsh and undesirable, we see in this quote an equally strong belief that they nevertheless seem to have it quite good. Drug addicts are characterized as being able to flaunt the demands of work and responsibility, getting "gleefully high" and enjoying "self-gratifying pleasures". This tension between a deeply held belief and the conscious knowledge of its error is characteristic of what I am calling an unconscious anxiety about the enjoyment of the Other. As Freud says of the unconscious, the two ideas "exist side by side without being influenced by one another, and are exempt from mutual contradiction ([1915] 1957, 186). It is not simply that people believe drug addicts have access to an enjoyment that they themselves do not, *it is that they simultaneously know this is untrue and yet behave as if it were*.

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[125] I have opted not to employ [*sic*] in my quotation of these online comments because of the sheer volume of grammatical errors. All comments (as well as the pseudonyms used by the authors) are transcribed faithfully, and appear as they originally did online with no corrections made to spelling, capitalization, or general grammar.

In the case of the safe injection site, these anxieties over the enjoyment of addicts

are often monetized and expressed through a language of taxes, where the drug addict is

the other of the honest taxpayer:

> Cancer is a disease. Diabetes is a disease. Drug addiction is not a disease it is a choice. You made the choice addicts now live with it. If you want to die face down in an alley that is your choice. Leave my tax dollars alone. I do not want to pay for your addiction. Get over it, get a job, and join society. That is what useful members of society do. Everyone else I have no sympathy for.[126] (powderhoundbrr 2010)

> [paraphrasing the article] She uses her welfare $$ on the necessities and then her drugs... oh damn I have been doing it wrong all along. See I have been working 60 hours a week to pay my taxes, my own medical, etc. for myself and my children. Shame on you, hope the high you get off the heroin beats the low I get each time they take taxes off my cheque!!! (mjr 2010).

> Straight fact people, drug addicts contribute nothing to society, they are weak spineless individuals who don't wish to be helped. They are a drain on local health systems and rarely seek rehab choosing instead to continue their life of stealing to satisfy their own selfish needs. They will continue their cycle of crime and drugs as long as self-injection sites are allowed to remain open. Shut them down and let nature take its course. It's far cheaper in the long run ...for everybody (Mick Black 2010).

Such comments express anger over drug addict's jouissance through a monetized

economy of enjoyment. The taxpayer observes the dictates of the Symbolic order,

receiving the measured fruits of the pleasure principle; the drug addict meanwhile refuses

the castration of the Symbolic and flaunts the pleasure principle, revelling in jouissance.

The addict comes to occupy a special place in the psychical economy of

Vancouver as a city. The figure of the addict (c.f. Žižek 1989 on "the figure of the Jew")

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[126] The examples of diseases chosen by this commentator are especially interesting. In his/her attempt to define drug addiction not as a disease but as a "choice", s/he chooses cancer and diabetes, two diseases which are caused in large part by people's "choices" of diet and lifestyle.

comes to represent the outside of Vancouver's collective self-identity, what psychoanalysis refers to as the ideal ego. This process is the same as that which produces the Downtown Eastside as an outside to the rest of the city, as a space apart, a place which defies the understanding Vancouverites have of their own city. This disavowal of the Downtown Eastside is expressed in civic discourse as a disbelief, a disbelief that in such a young, healthy, and upwardly-mobile city, something like the Downtown Eastside, along with its addicts and panhandlers, could exist. Rather than being seen as the necessary outcome of neoliberal welfare restructuring and unchecked real-estate speculation that make Vancouver what it is, these disavowed parts of the city are presented as anomalies and incongruities: pictures which do not fit the words, as Ron Terada's sculpture puts it:
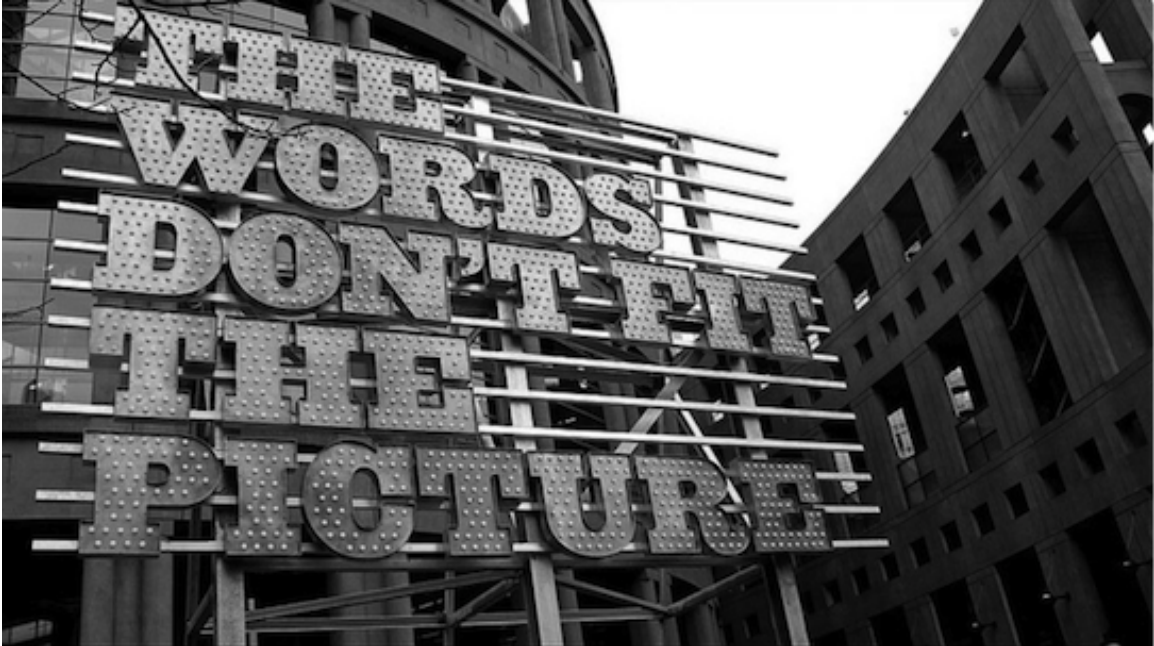
Figure 9. *The Words Don't Fit the Picture.* **Ron Terada (2010). Public Sculpture Installed at the Vancouver Public Library. Photograph by Author.**

As a figure placed outside of meaning, the addict comes to function as an outside onto which that which is disavowed in the city can be projected. The phantasy of the addict as the Other who has access to a forbidden enjoyment is a displacement from the Real into the Imaginary. Here, the figure of the addict becomes the personification of the Other who possesses something the subject desires. The aggression and rivalry I have described as characteristic of the Imaginary reveal themselves clearly in these quotes. Notice the viciousness ("sick selfish leeches") and callousness ("let nature take its course") concerning the suffering of drug addicts in these responses. In these examples, which are far from unique, we find rational arguments about different approaches to drug policy shot through with vicious anger and condemnation. This is the dynamic I have argued constitutes the manifest and latent contents of prohibitionist discourse on drug addiction. The following provides a particularly pure distillation:

> This safe injection site has been a complete failure. No reduction in crime, no reduction in addiction and no reduction in disease. What we should be doing is giving these addicts as much 100% pure smack as we can get them, and as soon as possible. Then the problem will solve itself (Ascendo Tuum 2010).

> [in reference to the above] Excellent idea!!! Do the Amsterdam shuffle. In the morning put a 45 gallon drum of pure heroin and a box of needles on the street right beside this facility and then in the evening load the bodies on to flatbed trucks and haul away. Then repeat (IggyGoHome 2010).

What we see in these quotes is a rational argument that safe injection sites are ineffective drug policy which is then followed by the murderous speculation that the problem would be solved if we killed all the drug addicts[127]. I argue that in spite of the potentially reasonable arguments that often accompany these tirades, this hostility towards drug users, and the excessive enjoyment they represent, is central to opposition to harm reduction. It informs the arguments and provides the only meaningful explanation as to the contradictions I have traced between prohibitionist discourse and the empirical, theoretical, and political contradictions it contains.

In the accounts presented by these critics of harm reduction, it is not simply that addicts are seen as having access to a jouissance that the taxpayer does not but also that this jouissance somehow *steals the jouissance* of the taxpayer. Slavoj Žižek refers to this phenomenon as the "theft of enjoyment", a concept he employs to theorize nationalism and anti-Semitism (Žižek 1989, 1993). In the quotes I have provided, we find regular references to a comparable theft, where drug addicts are seen to steal jouissance from

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[127] N.B. this commentator's genocidal desires are premised on the notion that given the option, addicts would commit suicide by overdose if they had the option. Even if many would not share the impulse behind the commentator's suggestion, they may nonetheless share this belief. The recent data from the NAOMI trials about the amounts of heroin chosen by addicts when given free reign over their dosages are important to bear in mind in this respect. See the section entitled *Coda: Heroin-assisted Therapy in Vancouver* earlier in this chapter for a detailed discussion.

taxpayers through the medium of taxes. This language is so common in prohibitionist

discourse that further examples are warranted:

> Oh good, so happy to hear that my tax dollars will continue to support
> addicts not willing to help themselves. Oh...wait a minute...I have to go to
> work....gotta support the druggies out there! (close insite now 2010).

> what a joke! these people who fight to keep this place opened should be
> ashamed. i hope harper does take this to ottawa. i'd rather have my tax
> dollars go to a good cause like putting these creeps in jail than helping
> them get high! (anonymous 2010).

Žižek argues that the theft of enjoyment permeates discussions of nationalism,

xenophobia, and racism. There is always something "excessive" in the other that offends

the racist:

> We always impute to the "other" an excessive enjoyment: he wants to
> steal our enjoyment… and/or he has access to some secret, perverse
> enjoyment… What really bothers us about the other is the peculiar way he
> organizes his enjoyment, precisely the surplus, the "excess" that pertains
> to this way: the smell of "their" food, "their" noisy songs and dances,
> "their" strange manners, "their" attitude to work (1993, 203).

Žižek's discussion of enjoyment in racism comes from Jacques-Alain Miller's lectures on

extimacy, a neologism Lacan coins to illustrate the paradoxical relationship of the subject

to the Other, simultaneously exterior and intimate (Miller [1985] 1994, Žižek 1989,

1993). In Miller, we find the theoretical formulation of the Other's enjoyment that I

argue is central to understanding opposition to harm reduction. His remarks on racism

are worth quoting at length:

> Jouissance is precisely what grounds the alterity of the Other… It is in its
> relation to jouissance that the Other is really Other… What we are
> attempting to see is what makes the Other other, i.e., what makes it
> particular, different, and in this dimension of alterity of the Other, we find
> war. In racism, for example, it is precisely a question of the relation to an

Other as such, conceived in its difference. Because racism calls into play a hatred which goes precisely toward what grounds the Other's alterity, in other words its jouissance… Racism is founded *on what one imagines about the Other's jouissance*; it is hatred of the particular way, of the Other's own way of experiencing jouissance. Racist stories are always about the way in which the Other obtains a *plus-de-jouir*: either he does not work or he does not work enough, or he is useless or a little too useful, but whatever the case may be, he is always endowed with a part of jouissance that he does not deserve. Thus true intolerance is the intolerance of the Other's jouissance (Miller [1985] 1994, 79, emphasis added).

Does this anxiety over the jouissance of the Other not speak directly to people's concerns with drugs users? Whether the discussion concerns the taxes that pay for safe injection sites, the welfare payments given to poor drugs users, or the minute sums of money asked for by panhandlers, in all of these cases we find an anxiety about what the Other is going to do with this money. Will they use it responsibly on food and shelter? Or will they eschew responsibility and spend it on drugs and drink? When the subject perceives that the Other is enjoying himself immoderately or excessively, it is met with aggressivity, an aggressivity which exists to mask a fundamental anxiety.

At the heart of this anxiety is, of course, what psychoanalysis has argued all along, the subject's relation to him or herself. This is why the anxiety about the Other's enjoyment bears such a similarity to the structure of neurosis and why we see this aggression played out at the level of the Imaginary: because in encountering the enjoyment of the drug user, prohibitionist critics encounter their own conflicted relationship to their own jouissance. Miller is explicit about this mechanism in racist anxieties:

> The root of racism is thus hatred of my own enjoyment. There is no enjoyment but my own. If the other is in me… then the hatred is also my own (Miller 1985, quoted in Žižek 1993, 203)

This is my argument about what underlies opposition to harm reduction. Prohibitionist drug policy attempts to deal with the anxiety over the Other's enjoyment by masking it and transforming the Real impossibility of jouissance into the Imaginary theft of enjoyment by the figure of the addict. Rather than grappling with the fundamental question of one's own relationship to jouissance, it refuses to engage the question at all: it prohibits drugs, compels addicts to abstinence, and if they cannot comply, it condemns them to death.

Traversing the Phantasy of Drug Prohibition

Against this deeply neurotic logic, harm reduction approaches like safe injection sites and heroin-assisted therapy engage the question of jouissance directly, despite its traumatic dimensions. This issue was a common feature of interviews I conducted with employees of Insite and the Portland Hotel Society more broadly. Employees and management all spoke of the immense importance of learning to respect and deal with the demands of impoverished drug users. This took the form of explicit training, as well as personal efforts directed at learning to not pass judgment on individuals and how to not take personally the confrontations that were an occasional feature of the job.

> I feel like what I've learned at Insite will really carry me through the rest of my life. There's no boss who could come down as hard on me as some people in the Downtown Eastside have freaked out on me. I feel like I could deal with a lot, cause I have dealt with a lot. I've learned how to have somebody insult me and my family, and my sexual identity, and threaten my job and cut into my work ethic, and just be able to go, you know, that's got nothing to do with me. Just let it go (Insite employee 1, April 2010).

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It is notable that the Portland Hotel Society, in their only online statement of their

philosophy, make explicit reference to the classically Freudian concept of transference:

> The central focus of all staff training relates to transference, wherein a
> resident transfers emotions associated with experiences of early life from
> the original object onto the staff member, and counter-transference—
> where the staff member responds in ways that help the resident maintain a
> healthy perspective on personal boundaries (Raising the Roof, 2003[128]).

This focus on the education of staff towards understanding and relating to residents with

histories of trauma is central to the ethics of the PHS.

Beyond the particular interests of an individual organization and its founders,

harm reduction approaches like safe injection sites and heroin-assisted therapy are in

themselves approaches that confront these issues of transference and the Other's

enjoyment. Following my argument that prohibitionist-abstentionist drug policy is

structured as a neurotic phantasy about the Other's enjoyment, harm reduction by

comparison accomplishes what Lacan calls "traversing the phantasy" (Lacan [1964]

1977, 273-274; c.f. Žižek 1989, Chapter 3 for a parallel discussion of this in European

anti-Semitism).

Lacan employs the concept of traversing the phantasy to theorize the "end of

analysis", a much debated topic in psychoanalysis. Beyond naïve understandings that

analysis concludes when the symptom has been ameliorated or the subject's ego

"strengthened", Lacan argues that analysis only ends with the subject's assumption of

their "truth", that is, when they confront their "fundamental phantasy"—the subjective

position adopted in relation to the question of the Other's desire. Traversing the phantasy

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[128] It's worth noting that the PHS does not maintain a website. This profile on the homelessness website
"Shared Learnings on Homelessness" is the only online presence for the organization.

means identifying with one's symptom and understanding how the symptom that causes us pain has also structured our enjoyment. Traversing the phantasy means that the subject must come to terms with his/her own lack and the lack in the Other, it means recognizing that the Other lacks too and cannot fill our lack[129].

The parallels between this concept from the analytic clinic and the argument I have been making about drug policy should begin to appear obvious: if prohibitionist drug policy represents a neurotic phantasy about drug users, harm reduction is the successful traversal of the phantasy. Harm reduction succeeds because it no longer misrecognizes the jouissance of the addict/Other. It confronts its own relationship to jouissance through the sort of personal training employed by the PHS, where employees learn to recognize their own transferential relationships with clients, and through programmes that engage drug users on their own terms, maintaining a close dialogue with what users need, rather than attempting to force practices on them to curtail their jouissance.

The consequences of not traversing the phantasy are precisely the sort of inconsistent and counterproductive policies that I have described in relation to methadone prescription. When policy remains fixated on the jouissance of the addict, the results are the repressive policies of methadone maintenance therapy described by Bourgois in the United States and legal challenges to safe injection sites and heroin-assisted therapy in Vancouver. Anxieties over enjoyment promote polices like methadone maintenance under the faulty logic that methadone is "medicine" as opposed to a "drug". My fieldwork points to how illogical distinctions like this have real consequences for addicts

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[129] I explore this question of lack at length in the following chapter on panhandling.

who look to the state for help in stabilizing their drug addictions. Not only is methadone more addictive than heroin, but because users are often unwilling to completely give up their attempts to occasionally get high, methadone maintenance means that they engage in risky poly-drug abuse in order to do so. As I have argued earlier, this practice could be mitigated if these same addicts were given access to programmes like heroin-assisted therapy, where they could access both "medicine" and "drug" in the same supervised and safer context.

Distinctions such as those drawn between "drugs" and "medicine" parallel the distinction between acceptable pleasure and prohibited jouissance. Being fixated upon such unproductive distinctions is an attempt to sustain the neurotic phantasy about a prohibited enjoyment that the responsible subject renounces. When we follow this logic of the neurotic phantasy further, it sheds light on other aspects of drug addiction, notably on one of the reasons why harm reduction works as well as it does. As I have argued, jouissance is quite literally impossible. It has profound effects for the subject, from acting as a motive force for desire, to being a source of anxiety and suffering when approached too closely. Nevertheless, accessing jouissance is impossible, pure jouissance would literally only exist in death (Lacan [1959] 1992). This impossibility is what gives rise to the neurotic phantasy that rather than being impossible, jouissance is simply prohibited, it is lodged in the Other, out of our reach. Originally, the subject locates it in the primary caregiver—the "(m)Other", as Bruce Fink (1997, 232n8) puts it. Later, we refind it in our partners, seemingly close yet always unknowable and somehow eluding our complete possession. More antagonistically, we encounter it in social Others, in groups that represent an outside to "our" culture, in racial and ethnic minorities who

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steal our enjoyment as Miller and Žižek describe, or in disavowed parts of the social such as panhandlers and drug addicts as I am arguing here. These marginalized groups become the repositories of phantasies of the Other's enjoyment, ranging from turn of the century racist conceptions of Chinese-Canadians' opium dens and their "corruption" of white women, to modern phantasies about drug users "gleefully" getting high in state-funded pleasure dens.

Return to the Pleasure Principle, and the Two Faces of the Death Drive in Addiction

The conclusion to draw from this with respect to harm reduction is the obvious one: that drug addiction is not really jouissance at all. Rather, it is only the neurotic phantasy of abstentionist-prohibitionist discourse that misrecognizes it as such. While people often use drugs—as they do sexuality—in pursuit of jouissance, it is nevertheless an impossibility. The limits of the pleasure principle apply to all without exception, and when a subject actually approaches the object of desire—when they come close to *satisfying* the drive—the experience is one of suffering, not pleasure.

Harm reduction, whether it uses this theoretical vocabulary or not, seems to know this at some level. Approaches like safe injection sites and heroin-assisted therapy grasp this psychoanalytic insight into drug use: *that addiction, while giving the appearance of jouissance itself, is actually far more like the pleasure principle.* Harm reduction implicitly recognizes this and is effective precisely because it treats addiction with practices that have a great deal in common with the pleasure principle.

Let me examine this more closely. There are indeed aspects of drug use that take on the appearance of pure, unbridled jouissance. Certain practices appear to entirely

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disregard any sense of moderation, such as the binges of cocaine addicts, where users

stay awake for days on end, smoking or injecting cocaine in increasing quantities before

finally collapsing from lack of sleep. Girard, the cocaine injector I referred to earlier

described this dynamic of increasing doses, which sometimes bring users perilously close

to death:

> I was getting to the point where people were scared of me because here I
> am throwing a hundred dollar of cocaine in the rig and people were saying
> "fuck, Girard, you're gonna kill yourself" and I'm looking at 'em and
> laughing… [The cocaine solution] was just like sludge… You know,
> something's wrong… They are saying "you can't do that, that's enough to
> kill ten guys" and they were getting scared (January 2010).

Moments like these, where long-term cocaine injectors clustered in an alleyway express

their disbelief at the sheer recklessness of a fellow user's fix certainly seem to speak to a

jouissance beyond the pleasure principle. However, Girard's comments also speak to the

fundamental impossibility of jouissance and the real experience of *lack* which is central to

desire:

> [When I was hustling] I was making four or five hundred dollars a day.
> And I *still* didn't have enough. There were still times when I went back to
> camp pissed off, 'cause I still didn't have enough (ibid).

What we see in these quotes is the simultaneous drive to jouissance—to transgress the

pleasure principle—and the recognition of its impossibility. This experience transcends

the specific pharmacology of individual drugs, whether they are Girard's escalating

cocaine injections or refrain among ravers in the 1990s that no ecstasy (MDMA) high

was as powerful as their first[130]. This is because the fundamental structure at play in the desire for jouissance is the neurotic's experience of *lack*: the experience of orbiting around the *objet petit a* but never attaining it.

Looking back to my discussion of the pleasure principle, I described how Freud arrived at the conclusion that the operation of the pleasure principle was analogous to a sort of *death drive*, a tendency for organisms to return to a state of rest. This tendency of the drives was repetitive, conservative, regressive, and sought to disentangle the subject from the social bonds and will-to-creation of *Eros*. Does this tendency of the drives not seem to speak to the experience of addiction? Drug addiction, at its most fundamental level, represents perhaps the purest expression of the pleasure principle *qua* death drive. Addicts speak of sacrificing nearly everything to the pursuit of drugs. Their lives become the very model of repetition, endlessly pursuing the object, chasing it, and longing for it when it is out of reach. In the process, they divest themselves of everything that is extraneous to that pursuit: jobs, relationships, commitments, future plans, sometimes even food and shelter.

Everything in an addict's life comes to revolve around the pursuit of the drug as object-cause of desire, and while this is often explained as being a result of "loss of control" caused by the drug addiction, examining this process through the lens of the pleasure principle allows us to see that it can also be read as a drive to simplify life, to

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[130] The parallels between this near-ubiquitous refrain of MDMA users and Lacan's remarks on the "original satisfaction" experienced by the infant and forever sought again are especially notable. Those familiar with Lacan's theories will note that in both cases, it is the *surplus* that is experienced in the first experience that makes subsequent experience take the form of a demand that can no longer be satisfied in the same way. Paul Kingsbury, in a comment on an early draft of this chapter, remarked that the MDMA user's first experience takes the form of a "pre-Symbolic high".

strip the complexities of the world away to the pure operation of the pleasure principle. The noted addictions theorist Stanton Peele makes a similar argument when he contests the dominant view which sees addiction as being a simple loss of control[131]. Addiction, he argues, serves a purpose: "it is an engrossing involvement pursued *for a reason* that has increasing negative consequences" (2011, see also Peele 1998). Peele's argument is that addiction is purposeful behaviour, it serves a need in the addict's life. Treating addiction should therefore focus not on a biological mechanism whereby the addict has lost control of their drug use, but in identifying the purpose served by their drug use.

This "purpose" will differ between addicts, of course, ranging from being a solution to social anxiety among problem drinkers, to being a defence against the memories of childhood trauma and abandonment spoken of so frequently by drug users in the Downtown Eastside. The particular purpose I am identifying here, where everything in an addict's life is subordinated to the pursuit of a drug high, is obviously one of the most extreme examples of addiction. Here, in the sorts of addictions that harm reduction policy like SIS and HAT serve, we see how drug addiction follows the essential character of the death drive: to repeat, to regress, to move towards stasis and dissolution. In these limit-cases, we encounter a very real desire for the death drive, a desire for the simplicity that comes from divesting oneself of the trappings of normal life and devoting oneself to a single pursuit. Girard, after being clean for three months, described this simplicity with some fondness:

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[131] See the American Psychiatric Association's entries on drug and alcohol dependence in the *Diagnostic and Statistical Manual IV-TR* (2000) and Alcoholics Anonymous' *Big Book* ([1939] 2001) for the most significant theorizations of addiction as a "loss of control".

> In my addiction, I only had one feeling: I need more drugs. I didn't care
> how I got it, I needed more drugs... Drugs keep life real simple: you don't
> care. I don't care (January 2010).

Another former addict recalls this simplicity with similar fondness, saying: "I miss heroin. I miss the routine. I miss waking up everyday and knowing exactly what I need to do that day" (Lang 2004). Drug use, and specifically drug *addiction* has the capacity to simplify life, rendering the messy complexities of bills, relationships, and obligations – everything Freud calls the reality principle—meaningless compared to the psychical and bodily necessity of continuing the addiction. Drug addiction accomplishes this through of a sort of "somatic compliance" (Breuer and Freud [1895] 1976) with the death drive, a pharmacological capacity of drugs to make other pursuits irrelevant. A first time user of hydromorphone (Dilaudid) describes how opiates are uniquely capable of making other concerns irrelevant:

> It seemed like everything in the world was right, and just. I hadn't had a
> cigarette in days, but even that didn't seem to bother me… During the
> plateau of my experience, I distinctly remember totally loosing [*sic*]
> concern for my surrounding world. It was just me, and Conan O'Brian on
> T.V. I even became totally focused on the T.V. and everything else
> became completely dark and irrelevant to me (William H. 2006).

This ability that drugs have to make everything else besides the experience of the high irrelevant is what makes them so potent a vehicle for the death drive. This is what I intend in borrowing Freud's term "somatic compliance": any pursuit can theoretically be addictive and allow the subject to immerse themselves completely in it, psychoactive

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drugs are simply a privileged mode because they lend themselves well to the psychical structure of addiction[132].

To Enjoy as Little as Possible

To conclude, we can see now that harm reduction strategies work because they accomplish what Lacan refers to as traversing the phantasy. They confront the prohibitionist anxiety over the Other's jouissance and recognize that drug addiction provides no more access to jouissance than anything else: that it is rooted in the pleasure principle *qua* death drive even when it appears to open onto jouissance. Approaches like heroin-assisted therapy work as well as they do precisely because they follow the path of the pleasure principle, providing a medicalized form of repetition and routine which reigns in unsustainable drug use while providing it with a modicum of pleasure. Harm reduction, just like Lacan's reading of the pleasure principle, takes the form of a productive limit, it is, like the Symbolic order itself, an humanitarian invitation to "enjoy as little as possible" (Evans 1996, 148).

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[132] That any pursuit can potentially be addictive is an important fact to remember if we take seriously the idea that drug addiction is not rooted in the *substance* but in the *subject*. For a particularly compelling examination of addictions with absolutely nothing to do drugs, I recommend Alan Zweig's documentary *Vinyl* about obsessive record collectors (Klymkiw and Zweig 2000). Zweig's discussion of his overwhelming desire to find particular records and the dispiritingly anti-climatic feeling he experienced when actually acquiring them is a beautiful and haunting exploration of the *objet petit a*. I would argue that while collecting records offers no "somatic compliance" with addiction, the endlessness of record collecting, where there is literally no way to ever own all the records one could desire is one of the reasons why *collecting* as an activity bears so much similarity to the obsessive dimensions of addiction.

Chapter 4.

The Gift and the Lack: Panhandling, Anxiety, and the Subject in Question

Figure 10. Maple Tree Square, Looking East. Photograph by Author.

One Way Streets

My favourite spot on the patio at Six Acres is the table on the left by the window. From there, you can lean back against the wall, rest your elbow on the railing and survey the whole of Maple Tree Square. Past the statue of "Gassy" Jack, Powell Street and Alexander stretch out in front to the east. The west-bound traffic on Powell heads straight towards you before slowing as it enters the square and making the dog-leg left onto Water Street. To your right, Carrall Street is filled with people, tourists snapping photos of the statue, locals going to the convenience stores, suburban kids going to the bars.

The Square has changed a lot in the past five years but its past is still plainly visible: you can read the different waves of development across the storefronts that line the Square. The most recent are the upscale restaurants on Carrall, the hip clothing stores, and the corporate night club on Alexander. Then there are places like Six Acres, fashionable spots that started appearing a few years earlier and older spots like the Irish Heather, neighbourhood fixtures that have recently undergone renovations to keep up with the times. There are still signs of the very first wave of gentrification too, now-tacky tourist shops such as the cowboy boot store or the hand-painted T-shirt shop: remnants left behind from the 1970s redevelopment of Gastown as a tourist destination. Alongside all this, the rundown Glory Hotel and the two convenience-cum-grocery stores speak to what was here before and the enduring presence of poor Downtown Eastsiders who still live here.

Sitting on the patio, you're sure to be approached by someone asking for change before long. In fact, if you stay there long enough, you'll probably see all the regulars. Dean will be across the street on Carrall, a trash bag half full of bottles over his shoulder, trying to convince people to buy him something from the store. Laura is there too, right on the corner of Carrall and Water, sitting in her wheelchair, calling everyone "hon'" and asking for change. If you wait 'til six, you'll see Girard on the other side of the Square where Powell turns into Water. He stands at the entrance to the cul-de-sac, panhandling by showing cars where to park. You might get approached by Kelly or Alex, two of the guys who draw portraits for change, or Hook or Ken, the painters who sell their work on the street. You'll definitely see Charlie, wild-eyed and white-bearded, pressing his face to the glass, looking for people inside. It's a big cast, and there are plenty of understudies waiting in the wings. If Dean's not there in front of the store, Jack will have taken his spot; if Laura's not on the corner, Steven will be. And if you don't see Sanjit or Bonnie that day, you're sure to see Allen or Dan or Pauline or Martin or the new guy with the beard.

The Square is a genuine centre for panhandlers. Most of the people I have mentioned live within a few blocks in the SRO hotels and low-threshold social housing. They are all very poor and since gentrification has heated up in the neighbourhood, there have been an increasing number of middle-class people around to ask for money. If one of the main spatial fixes (Harvey 1981) for class antagonism is socio-economic segregation, gentrification of the sort we see in Gastown represents its breakdown. It

describes a process whose social expression is the increasing contact between middle-class gentrifiers and the destitute poor[133].

Over the past five years, and more concertedly over the last two, I have gotten to know the panhandlers around Maple Tree Square and conducted research on the phenomenon of panhandling. Working closely with a group of five panhandlers and drawing on my more casual relationships with a larger network of approximately ten to twelve, the research has been an admixture of informal ethnography and more formal interviews. As someone who lives in Gastown, I am confronted with panhandling many times each day. In conducting this research, I began by talking to the people who asked me for money on a regular basis and worked to establish deeper relationships with them. These relationships allowed me to ask more personal questions of the panhandlers in Maple Tree Square, about their lives, their panhandling strategies, and their experiences with it. In some cases, I conducted formal, digitally-recorded interviews about their panhandling but for the most part, the most significant data emerged out of informal meetings on the street which I recorded in field notes[134]. Living one block from Maple Tree Square for the past six years and relying on its stores for much of my daily shopping has meant that I have near-daily interactions with the five panhandlers who inform the bulk of this study[135]. In this respect, the research is very much a form of participant

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[133] I use the term "social expression" to highlight the fact that I am not reducing gentrification to a social phenomena, rather, I am describing one aspect of how this process is experienced by the people who live in a neighbourhood.

[134] I conducted interviews with Dean, Mark, Girard, Shelly, Diane, Allen, Serge, Tara, Tammy, and a panhandler in the West End whose material is not featured here. A table summarizing the research activities appears in the introduction under the section heading *Research Design, Methods, Methodology*.

[135] By comparison, I encounter the larger cohort of ten to twelve panhandlers at least twice per week.

observation and can be characterized as being a process whereby I have translated a facet of my everyday life into this research project.

In this chapter, I offer a critical analysis of panhandling in Gastown as a socio-spatial phenomenon. I attempt to elaborate the dominant ideological frameworks that purport to explain panhandling, panhandlers' experiences of panhandling, and the experience of panhandling as a social encounter related, but not exclusive, to the context of gentrification. I begin by considering the anthropological literature on the *gift* in an effort to understand panhandling as a form of gift relation. I discuss the central concern within this literature on *reciprocity* and the ways in which we might understand this concept within panhandling encounters. I then connect this idea of reciprocity to one of the central analytics of this project, the idea of *anxiety* and the "anxiety over poor people's money" (Collins and Blomley 2003, 40). Turning to my fieldwork, I show how panhandlers respond to these anxieties through material and discursive strategies within their panhandling, and discuss the extent to which they themselves take on the very discourses that do so much violence to them. Following the discussion of panhandling strategies, I draw on fieldwork to show how panhandlers use these strategies in ways that go far beyond mere tactics and serve instead as subjective acts through which they construct identities for themselves.

Stepping back, I ask whether this discussion of anxieties is sufficient to explain people's responses to panhandling and—following the distinction between manifest and latent content that I introduced in the previous chapter—argue that a psychoanalytic approach to panhandling can tell us more about the idea of anxiety over poor people's money. Building on a discussion of Lacan's concepts of lack in the Other, castration, and

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neurosis, I discuss panhandling as an anxious encounter with lack and reconsider the idea of the gift in panhandling through the idea of the gift of the lack.

I then move to consider methodological concerns in panhandling research and connect my fieldwork on panhandlers' strategies to the issue of lying and deception, discussing what it means to conduct research within what I call the "space of the hustle". I argue that lies and deception play an important role in panhandling and need to be viewed as both structurally and subjectively essential: that is, they are integral to the power relations which *structure* panhandling encounters, as well as the *subjectivity* of panhandlers. Drawing on Lacan's clinical writings, I offer the Lacanian "triadic" structure of analysis as a model for understanding what it means to conduct research within such a space.

Finally, I turn to consider methodology more fully and offer the beginnings of a properly psychoanalytic method: the practice of *analytic supervision*. I discuss supervision as a clinical technique, the ways in which it may be adapted to qualitative social science, and my experience in analytic supervision with a Lacanian psychoanalyst. Following the fundamental rule of analytic clinical practice, to say whatever comes to mind without conscious self-censorship, I discuss some of the politically unpalatable and personally embarrassing realizations that I came to through the process of undergoing supervision in an effort to show what psychoanalysis can offer to long-standing methodological debates in geography about "positionality" and "reflexivity". I conclude with some thoughts on the utility of analytic supervision for enriching fieldwork, as well as its potential limitations.

McIntosh and Erskine (2000) note that it is ironic how much people obsess over panhandling considering how little money is at stake (cited in Collins and Blomley 2003). The same amount of money that one would not think twice about if dropped down the gutter provokes incredible concern, doubt, and anxiety when given to a poor person in the street. Collins and Blomley go on to say that "the begging encounter… tends to generate anxieties that initially seem completely disproportionate with the request for 'small change'" (2003, 41). Understanding these anxieties, how they are socially as well as psychically constituted, and the ways in which panhandlers themselves grapple with them, attempt to circumvent them, and make personal meaning out of them, is the primary concern of this chapter.

Panhandling as a Gift Relation

I begin my discussion by considering the voluminous literature on the gift as a framework to understand panhandling encounters. Beginning with Marcel Mauss's *The Gift* ([1923] 1990), concerning gift exchange practices amongst "primitive" people, the concept of the gift has become central to anthropology's conception of social relations.

What does it mean to give a gift? When are we giving as opposed to exchanging? Are the two always mutually exclusive? More important to some commentators is the question of whether giving itself is even possible. The origin of this final concern can be found in Marcel Mauss's first formulation of gift exchange in so-called primitive societies and the notion of the "obligation to reciprocate".

Mauss argues that the gift contains, within it, an obligation to return the gift with another gift. Mauss's famous example of the Kula ring in the South Pacific Trobriand

Islands shows a highly developed institution of gift exchange. The Kula are objects—shell bracelets and armbands—that are distinct from other commodities in the society in that they are exchanged only as gifts. They are highly valued and social privilege comes from possessing them. In the Kula ring, people receive these objects as gifts from neighbouring kinship groups. A key feature of Kula exchange is that groups take possession of these objects for a period of time but are eventually obliged to give them again as gifts to another person. It is seen as improper to remove the gift from circulation; in other words, these gifts are distinct from and cannot be appropriated as capital.

At the same time as these gifts are being passed from one party to another, each one is making an equivalent gift to the person who gave to them. Thus the Kula ring is comprised of two circulations of gifts—armbands in one direction and shell bracelets in the other—where each gift is returned to its donor by an equivalent gift. Viewed from the perspective of individual Kula participants, the gifts are given freely and without calculation. Viewed from the anthropological perspective of the "total social system"[136] (Mauss [1923] 1990), the gift exchange appears as a system of balanced reciprocity, where each group can be assured that their generosity will be rewarded with a counter-prestation in the form of a reciprocated gift. The exchange is veiled, however, by the dual circulation of objects, armbands and necklaces, which prevent the calculated roots of reciprocation from becoming obvious to the participants, as would be the case in our society if one received a gift and immediately reciprocated with an amount of money equal to that of the gift.

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[136] Translations of this key phrase vary, in the edition cited, the phrase is "total social phenomena" ([1923] 1990, 1).

The purpose of this circulation, and the originality of Mauss' contribution, is that these gifts create social bonds: the gift is a "concrete representation of social relations" (Osteen 2002, 2). Distinct from commodity exchange, a good Kula relationship is said to be "like a marriage" and serves to promote social cohesion in Melanesian society. Indeed, a gift that did not do something to create social bonds would have no value to society; it is only through the obligation to reciprocate that gift exchange as a practice acquires its social value.

This idea differs sharply from our conventional understanding of what gifts are supposed to be: freely given and without expectation of a return. Be that as it may, most of us will recognize any number of instances in our own lives where gift giving is accompanied by some form of an obligation to reciprocate: whether it be invitations to a friend's house for dinner, Christmas presents, weddings, and so on. The paradox of gifts is that they must appear each time as spontaneous and without calculation, yet we all experience a compulsion to repay gifts, to settle accounts with the giver through a gift of our own. In so doing, gifts reveal themselves as having semiotic weight, they signify things about the relationship between donor and recipient and the gift as such performs a similar role in building and maintaining relationships for us as it does in Mauss's Melanesia.

Mauss was interested in the paradoxes of the gift: the way it is located outside the market relation of exchange, calculation, and equivalence, in a parallel system that was distinct from, yet similar to, the latter. This distinction between commodity and gift is crucial: Mauss notes that unreciprocated Kula debt could only be settled by the seizure of Kula objects, not by "equivalent" commodities, demonstrating the significance of the

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separation between these two systems. In spite of this distinction, however, we should remember Boas's (1887) tenets of ethnography and pay close attention to actual social practices rather entirely relying on the explanations people provide of them. Examining gift exchange from the perspective of its overall structure suggests that, contrary to the distinctions people perceive between the calculations of market exchange and the altruism of gift exchange, the obligation to reciprocate makes gift exchange eerily familiar to market commodity exchange.

In her influential foreword to *The Gift*, Mary Douglas (1990) draws out the socio-political implications of the observation that gifts contain an obligation to reciprocate. The "pure gift is a contradiction," (*viii*) she writes. The social cohesion produced by circles of gift exchange is laudable and in fact necessary for the proper functioning of society. We misunderstand our own history if we conceive of gifts as altruistic because so much of what we call culture is based on reciprocated gift relations. Douglas argues that, far from being radical or progressive, the idea of gifts as freely given is the conventional view against which Mauss makes his intervention. Conceiving of gifts inside a Christian framework of charity and altruism misrecognizes the role they play in culture. The truly salient factor is that they create meaningful bonds between people and groups, this is what differentiates gift exchange from the atomizing relations of the market.

For others, however, the notion of gifts requiring a return is a dispiriting analogue of market relations which is little ameliorated by the promise of strengthened social bonds. George Bataille ([1967] 1989), for one, calls attention to the escalating expenditure and conspicuous destruction rather than calculated reciprocation in the

Pacific Northwest First Nations' potlatch exchange in order to show that the roots of economic systems were always based on sacrifice and excess instead of scarcity. And in place of a gift *economy*, others have been drawn to the idea of a "pure gift" or one that would escape the cycle of exchange and reciprocation (Caille 2001; Derrida 1992; Laidlaw 2002).

In order to begin a discussion of how complicated the idea of a free or pure gift actually is, I turn to an example from anthropologist James Laidlaw (2002). The example comes from followers of the Jain religion in India, specifically those known as Jain renouncers. Renouncers are religious ascetics who, in the pursuit of total spiritual purification, have given up all material possessions save for their prayer books, robes, and an alms bowl. This commitment to living a life without any possessions places renouncers in a necessary relationship with the gift since they are reliant on others for the basic necessities of life. The ways in which Jain renouncers go about begging for food is intimately concerned with the problem of the gift and reciprocity and is an example of a highly evolved social system designed explicitly to address these issues.

According to the Jain interpretation of karma, while sinful actions attract bad karma to the soul, even beneficent actions accrue karma. If one is truly concerned with freeing oneself from the endless cycle of death and rebirth, then beyond living a good life and freeing oneself from bad karma, one must also be free from the karma that comes from good deeds. This means that renouncers must live a life that does not depend on the Other in a way that creates social bonds or reciprocities. This presents clear difficulties because the simplest activities of living have karmic consequences. In order to eat, renouncers gather alms each day from Jain families. This act is essential to Jain society

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because it also gives lay-people the opportunity to give *dan*, or do good deeds, by feeding a stranger. The paradox is that while the deed is deemed as good for the donor, the renouncer must not accept the food as a gift lest they incur karmic debts. This conflict is addressed through a complex sort of pantomime where renouncers wander the streets (a different one each day) asking nothing but pausing briefly in the doorways of families preparing lunch. Jain families invite the renouncers in and offer them food directly from their cooking pots. This is key, because it demonstrates that the food is not a leftover but a genuine gift the family would have actually eaten. At the same time, the renouncers accept small amounts while verbally refusing the gift, saying "not so much, less of that" before finally leaving the house, offering no thanks or complements save for an ambiguous religious benediction.

The renouncers are said to graze like cattle, taking only tiny amounts from each household so as not to burden any individual. At the temple, they combine the gathered food into a communal pot to erase any personal attachment the food may have had to the individuals who donated it. What this complex process allows for is the satisfaction of two contradictory processes: lay families' obligation to do good deeds by giving *dan,* and renouncers' need to gather food while remaining uninvolved in the worldly affairs of gift giving and reciprocation.

It should be obvious how this ritual is intimately concerned with the question of the gift and introduces the idea of the "pure gift" as it is formulated by Derrida (1992). For Derrida, Mauss's essay "speaks of everything *but* the gift" (24) because reciprocity necessarily takes exchange out of the realm of the gift and into some form of economic relation. A pure gift must stand outside of economic circles of calculation, exchange, and

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return; it must step out of *time* in fact, for time implies a circularity, a return to the same, an eventual settling of accounts, a world of cause and effect. The pure gift becomes a heuristic device for Derrida, a concept with which we can interrogate the notion of economy as broader than barter and exchange, including also morality and causality: all those human creations that involve reciprocity.

Derrida identifies the conditions which would be necessary for a pure gift to exist. First and foremost, it must involve no reciprocity. Following from this, the *recipient* cannot recognize the gift as a gift, since merely recognizing a gift as such introduces reciprocity through compulsions to reciprocate or feelings of obligation. Accordingly, the *donor* cannot recognize their action as one of gift-giving because this could lead to a sense of having acted altruistically, thus receiving a reward for their action and re-introducing the spectre of reciprocity. Finally, following the previous points, the gift can never appear as a gift: because the gift as such is always haunted by an implicit economy. The pure gift becomes an impossible object for Derrida: "we cannot speak of it without making it disappear" (Laidlaw 2002, 50).

A critique of Mauss's obligation to reciprocate which turns on a different issue than the desirability of reciprocation comes from anthropologist Alain Testart (1998). In stark contrast to Derrida's somewhat idealist musings, Testart's critique is empirical: he does not so much take issue with whether reciprocity is economic or altruistic, rather he claims that Mauss is wrong that all gifts contain an obligation to reciprocate. While some gift exchange relationships such as the potlatch are indeed social systems based on reciprocation, Testart is not convinced that in a modern Western context, experiences such as being invited to a colleague's house for dinner qualify as an obligation to

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reciprocate. From what we might loosely term a "naïve realist" perspective, Testart concludes that the only obligations that are worth noting are legal codes or institutionalized social obligations. The potlatch, for example, carries with it profound social consequences for participants, ranging from loss of honour and prestige to legal seizure of property or person. In contrast, Testart claims that while the host of a dinner party may be dismayed that he was not invited to a party in return, he or she has no avenue through which to pursue that grievance. As such, Testart claims that where there are no means by which an aggrieved party may pursue their claim, one cannot say there is an obligation.

This is clearly a radically different analysis of gift exchange from what is discussed by Derrida and Laidlaw. We see this most clearly in Testart's central example: panhandling. For Testart, panhandling poses a thorny question: How can such passing gift encounters contain an obligation to reciprocate? The two parties do not know each other before they meet and they will likely not see each other again. Even if they do, he opines, will the panhandler feel any obligation to pay back the money he received from the donor? Will the donor expect such a return? Of course not, he argues, it's more likely that he will in fact be asked for change again. For Testart, this encounter cannot be said to contain an obligation to reciprocate because it produces no social bonds and contains no mechanism by which to demand a return.

It's easy to see where Testart's analysis of the gift relation differs from the more philosophical treatments given by Derrida or Jainism. While we can say that Testart is simply more literal in his interpretation of reciprocity, I think we can also locate the difference in his conception of the social. For Testart, the social doesn't include

psychical investments, only formal social codes. He recognizes that emotions play a role in the obligation to reciprocate—his example of the potlatch makes reference to the feeling of dishonour experienced by a debtor who does not return the gift[137]—despite this, he does not extend this recognition to consider the powerful role that emotions play in structuring social interaction.

Thus, while a friend may have no legal or even broadly accepted social "right" to blame me for not reciprocating a gift, most would nevertheless acknowledge that there are powerful compulsions felt by the recipient to return the gift. Similarly, I argue that understanding social interactions like panhandling requires that we pay close attention to how social obligations like Mauss's obligation to reciprocate operate not only at a level of formal sanction but also psychically in the lives of participants.

This is not to say that the obligation to reciprocate is located at the level of individual "agency" as opposed to social "structure"—quite the opposite, in fact. What I am describing is the collapsing of categories characteristic of psychoanalysis where the effects of what we call structure—subjects involved in systems of gift exchange—is experienced by the subject psychically as a compulsion to reciprocate. As Mary Douglas says in her foreword to *The Gift*, "the system would not be total if it did not include personal emotions" (*xi*).

Reading the literature on the gift through Mauss, Douglas, Bataille, and Derrida, we find an enduring concern with generosity and altruism, both in terms of theorizing these virtues and in normatively promoting them. The notion of a gift economy

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[137] Though it's possible Testart is only referring to loss of honour in the eyes of others.

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continues to resonate potently in activist political circles, animating debates about creativity (Hyde 1979) and a variety of alternative economic models (e.g. San Francisco's "Really Really Free Market"[138]). These contemporary engagements with the gift can be seen as sharing a similar desire to theorize and promote generosity seen as lacking as much in Mauss's time as it is in ours. Indeed, gift theory's study of "primitive" societies has always had the implicit goal of theorizing alternatives to capitalist market exchange.

Yet writers have been wary about this propensity to locate altruism in the gift. As Mauss argues at the very beginning of his text, the central paradox of the gift is that it appears to be given spontaneously yet in reality is exchanged through structures of social obligation. Nevertheless, at the same time as he cautions us against reading gift exchange as altruistic, in the final pages of the same text, he waxes nostalgic for a lost time when people were more generous, giving the lie to a persistent desire that gifts *should* somehow be "pure". The literature on the gift is thus split, from the outset, between two divergent ideas: first, that there could, or should, be a gift that is pure; and second, that the true value of gifts is not in their purity but the role they play in creating social bonds. Both of these concerns are interventions within a discourse of capitalism and market exchange: one pole is exemplified by Derrida's attempts to separate the gift from "exchange", trying to break entirely with the notion of an economy; and the other pole is exemplified by Douglas (and in the main, by Mauss) who stresses the capacity of gift exchange to create social bonds that are not produced by alienated market exchange. These concerns bear directly on the way we think about panhandling. First, there is the concern with generosity and altruism: how to promote it, how to identify it, and under

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[138] www. reallyreallyfree.org

which conditions it is possible. Second, there is the idea of the obligation to reciprocation as being constitutive of gift exchange, the role that reciprocation plays in producing social bonds, and whether all gift exchange, even fleeting encounters like panhandling, involves reciprocation.

Before returning to the topic of panhandling, it is important to first address some other issues with the gift, particularly with respect to Derrida. While it should be clear that I am not convinced by Testart's "common sense" corrective to Derrida, there are other, more pressing issues engendered by this sort of approach to the gift. Mark Osteen (2002), in reviewing work by James Carrier, Jacques Godbout, and Alain Caillé suggests that obsessively focusing on the purity of the gift and defining it by its radical separation from interested exchange of the market risks two things: first, it reifies a false distinction between gifts and markets, and second, it inadvertently reifies a neoclassical conception of the self-interested subject. The example he uses of farmers' markets is charmingly appropriate to Vancouver, and I adapt it here with minor changes for local context (for the original, see Osteen 2002, 20-22). Think of buying food from a Vancouver farmers' market. It may well be the case that the prices are no lower than those found in stores, in some cases they are even higher. The produce may actually not even be as fresh or attractive. It may even be less convenient because it involves a trip to the market while not decreasing the number of trips to the grocery store. While a strictly economistic analysis might suggest that we are simply being rational consumers who value different things than what is available in supermarkets—for example organic produce, or a desire for better-tasting but worse-looking vegetables. I am more convinced however by Osteen's suggestion that this speaks less to rational calculation than it does an attachment

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to the less alienated *feeling* of buying food directly from a producer, from buying food in a "real" setting, from producers who you develop relationships with, and from participating in something that still bears some signs of a *gemeinschaftlich* gift relationship instead of a wholly disinterested market transaction. Is buying food from a farmers' market a gift exchange? Not at all. Is it market exchange then? Not entirely. What exchanges like this point to are the difficulties involved in drawing a bright line between gift and market exchange. Markets, despite their liberal pretensions, continue to share common ground with the messy, interpersonal relationships of gift exchange.

Following this, Osteen draws on Carrier (1995) to argue that attempting to draw a line demarcating gift and market exchange in this way is counterproductive because it ends up reifying the very conception of subjectivity it attempts to critique. By insisting that gifts can only be a product of altruism, we make the donor into another disinterested individual whose gift does not bind them in anyway to the Other whom they give to. Rather than being some expression of a radical generosity, such gifts might actually end up reproducing the calculating, rational neoliberal subject.

The pervasiveness of this view can be glimpsed in the way people discuss their experience of panhandling and charity. A common answer to the question of why people give change to panhandlers is often that it makes them feel good about themselves. Berking (1998, cited in Osteen 2002, 17–18) points out the strangeness of this fact, noting that it suggests people are more comfortable defining their actions in terms of satisfying their own desires than by framing them as altruism or generosity. By explaining their donations as self-interested, they side-step the issue of altruism and define themselves as rational subjects seeking to maximize their own happiness. Berking

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argues that such understandings of the self suggest not that people are inherently egoistic or altruistic, but are evidence of the dominance of the neoliberal conception of self. This argument makes it possible to suggest that the issue is actually one of *misrecognition*: perhaps our actions are often altruistic but are misrecognized as self-interested because of an historically contingent and ideologically suspect notion of what human nature is supposed to be. If this is the case, then the entire project of defining the "pure gift"—the whole axis associated with Derrida, Parry, and others—is itself caught up in a problematic neoliberal conception of the subject because of its fixation on pure altruism, disinterest, and non-involvement with the Other.

In contrast to the obsession with "pure" gifts, we could argue that giving a gift with the goal of deepening a relationship is something to be lauded, even if the desire for the relationship is also "self-interested" because the donor desires it. From a political perspective, the self-interest involved in sustaining an economy of the gift—an economy which produces social bonds—is potentially a more radical gesture than a perfectly altruistic gift. The inalienability of the gift becomes its strength, and Derrida's schema of the "pure gift" ends up looking more like the *commodity* in its capacity to be exchanged without creating any meaningful ties between the exchangers. Focusing entirely then on an impossible altruism can be counterproductive. Paying attention to the nuances of gifts, to the complex motivations behind gift exchanges, can tell us more about the forms that people's desires take in sustaining relationships that are both self-interested *and* motivated by generosity.

The final critique concerns the intentionality of the actors involved in gift exchange. While it risks oversimplifying Derrida's position to argue that it depends on

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conscious intention, for our purposes here, there is at least some truth to it. Derrida's conditions for the pure gift are that it involve no reciprocity because neither the donor nor the recipient *recognize* the gift as such. The gift cannot appear to be a gift because its very existence as such—that is, its recognition *qua* gift—implies a reciprocity. The issue turns on the question of recognition, that is, the perception of the act as being one of gift exchange. Only where neither donor nor recipient nor outside observer recognize the exchange as a gift can the gift exist. The problem with this formulation is that it places a great deal of importance on the conscious intention of the actors involved at the expense of the unconscious psychical economy of gift exchange. From a psychoanalytic perspective, this view of gift exchange is exceedingly narrow because it ignores a whole host of other motivations behind gift exchange, those that are generally invisible to its participants. I will discuss a number of these in the section that follows, for now, suffice it to say that one effect of this over-reliance on conscious intentionality is that it once again reinscribes a conception of the individual as a rational, knowing subject. In focusing solely on the acknowledged intentions of the donor and recipient, we describe only part of their activity, and it is that part that makes them appear as rational subjects, calculating their profits and losses in gift exchange. We can see then that rather than reciprocity being an inherent problem with the gift that must be overcome through a disinterested altruism, it might be the case that the problem is the conception of the subject we have employed to understand the exchange in the first place.

The question of gift exchange and reciprocity is interesting because it is a question about the nature of intersubjective relations, as well as the ethics and politics that govern them. It sheds light on the nature of commodities and market exchange and

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tells us something about how bonds are constituted through the circulation of objects between people. In Lacanian terms, it is a question of the Other: of the subject and its Other in the exchange and also of the Symbolic Other of language and culture which governs the exchange. In examining panhandling encounters, the literature on the gift provides a language that can help us to recognize some crucial features of these exchanges, such as reciprocity, altruism and generosity, markets versus gifts, and the notion of exchange. Even though I have argued that some of these concerns are ultimately more mystifying than they are illuminating, they nonetheless provide a crucial set of coordinates within which we can locate panhandling encounters.

Anxieties about Poor People's Money

Damien Collins and Nicholas Blomley argue that there is a long history of "anxiety about 'poor people's money'" (2003, 40) which affects the regulation of panhandling in governing urban space. The phrase is apt, I think, for two reasons: first because the generic reference to "poor people" situates panhandling within a broader context of the transfer of monies between social classes, and second, because characterizing panhandling encounters as *anxious* alerts us to the unconscious dimensions of such exchanges. In this section, I want to outline some of the central anxieties, ranging from the individual to the institutional, that attend panhandling as a gift relation.

As the example from Alain Testart suggests, panhandling occupies a unique position in discussions of gift exchange because it does not appear to involve reciprocation. This is, of course, an exceptionally literal analysis of panhandling encounters, and the discussion by Derrida and Laidlaw suggests that others have

considered the problem of reciprocity in far more nuanced ways. Nevertheless, the fact

that panhandling constitutes a gift between two potential strangers without material

reciprocity does make them somewhat unique as a form of gift relation, and radically

different from more familiar forms of market relations. If reciprocity does exist between

subjects involved in panhandling encounters, it is necessary to look beyond the material

for the substance of reciprocation. Joe Hermer (2001) argues that it is the "open"

character of panhandling encounters—this fact of non-reciprocation—that makes them

potentially fraught encounters. Drawing on a Foucauldian governmentality analysis, he

argues that this is also what makes panhandling problematic for regulators:

> The central concern of officials in ordering gift [panhandling] encounters
> is to address the central paradox of "the gift", that is to ensure that there is
> a "re-gift", that something is given back to the giver in material form
> (Hermer 2001, 6).

Faithful to the Maussian metaphor of the circle of gift relations, Hermer identifies the

problem as being one of a material imbalance in the exchange: nothing is objectively

returned to the donor. The non-closure of the circle of exchange is what makes

panhandling a problematic instance of exchange. Examples of this principle can be found

at both the scale of the institution, as well as the individual. Take the example of the

transfer of monies between social classes more broadly: at the level of the state, we find

this anxiety over the non-closure of the circle manifested in neoliberal policy innovations

such as the transition from welfare to "workfare"[139]. Whereas traditional welfare policy

was conceived as a transfer of wealth to the poor without expectation of a return—

reciprocation being deferred to an imagined future—workfare demands an immediate

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[139] I examine the more intimate scale of panhandling in the fieldwork which follows.

reciprocation in the form of labour in order to justify the gift. The ambiguous and disconcerting open gift relation is thus transformed into an analogue of the more familiar market relation and welfare is re-conceived along the lines of a wage relation.

Hermer (2001) argues that official charities function similarly, rendering abstract the encounter between donor and supplicant through the intermediary of a third party. While charities do not necessarily "solve" the problem of reciprocity, their official status serves to mitigate some of the fraught interpersonal dynamics of panhandling encounters—namely the direct contact between parties—and provide some manner of return in the form of official recognition or receipts for tax-deductions.

These examples should suggest, however, that there is nothing ontologically given about specific instances of reciprocation or non-reciprocation. What do I mean by this? Simply that reciprocation is not something that can be objectively assessed in gift relations, whether they are panhandling encounters, charitable gifts, or the redistribution of wealth by the state. In all of these examples, the issue of whether reciprocation takes place is determined ideologically. Thus, one can argue that welfare is a form of open gift relation because the exchange is unidirectional: it passes from the state to the individual without a return being required. Yet one can just as easily argue that welfare is a reciprocated gift because the monies were initially paid to the state through taxes by the individual while they were employed, or that they will be returned to the state through taxes once the person is employed in the future. One could similarly argue that welfare is simply a prudent investment by society because it is less expensive to provide welfare payments to the poor than to pay for their more costly medical bills if they become sick as a result of their poverty. Likewise, during the 2008 "bailout" of the United States'

financial sector, debates often turned on the issue of whether there would be a reciprocation of the gift. Some parties argued that the financial sector was necessary to the economy and therefore a "gift" to the financial sector would benefit society as a whole, while others argued that such a gift was problematic because no concrete return was guaranteed and the gift encounter was left open. Reciprocation, therefore, cannot be objectively assessed. Whether a gift encounter is open or closed depends not on facts but on how the exchange is framed at the level of politics and ideology. Closing the circle of reciprocity is thus a question of legitimation and must be actively produced rather than passively recognized.

A poignant example of how one particular understanding is actively produced can be found in the 1949 *Wechsler Intelligence Scale for Children,* an early version of the most widely-used contemporary I.Q. tests. *Wechsler* asks the following question: "Why is it generally better to give money to an organized charity than to a street beggar?" (cited in Sattler 1981, 366). Correct answers would describe how charities are better able to assess whether people are genuinely poor and that they will ensure a more orderly use of donations. Children who answer that giving money directly to poor people is more efficient or that it makes them feel good to do so are graded as less intelligent (Blau 1992). This question clearly belies how a particular understanding of poverty and the role of organizations in administering charity is presented as an objective fact which simultaneously purports to evaluate intelligence, as well as inculcate values in children. While it may appear somewhat vulgar to us with sixty years of hindsight, such ideas

nevertheless persist in the present through neoliberal policies such as workfare, as well as in smaller-scale strategies outlined below[140].

The Anxious Spaces of Panhandling

The first anxiety I have described is the anxiety with the open character of the gift relation in panhandling encounters. It is an anxiety with obvious effects for policy and the transfer of wealth between social classes, and it is also significant at the more intimate scale of panhandling encounters between individuals. This anxiety about the open character of panhandling encounters is paralleled by two other anxieties related to the person of the panhandler him or herself: first, the concern with the authenticity of the panhandler, and second, the anxiety over how they spend their money. These anxieties are intimately related and have long histories. Erskine and McIntosh offer an historical view of the first of these anxieties in their essay, *Why Begging Offends: Historical Perspectives and Continuities* (1999). Tracing attitudes towards beggars back through European history, they demonstrate a startling continuity in the anxieties and suspicions about the indigent poor which stretches back to Martin Luther's 1528, *Book of Beggars*. Here, Luther offers a taxonomy of the 28 kinds of beggars and advice on how to assess their authenticity. Some are worthy of alms and Christian charity because they are judged as genuinely in need, while others, including those who beg at church, claiming to have lost limbs in wars, are described as charlatans to be given nothing.

The concern over separating the deserving from undeserving poor is a central theme in Luther, and Erskine and McIntosh demonstrate that it persists across the

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[140] Incidentally, this particular question was included in revisions of the *Wechsler* well into the 1970s (Tittle 1975)

centuries. Expanding on Luther's example, they trace a remarkable continuity through

texts of the 18th and 19th centuries in suspicions about the authenticity of panhandlers.

These texts share a common fascination with the figure of the beggar and describe in

close detail the alleged ruses employed by beggars to trick the soft-hearted into giving

them money. Of particular note is the *insistence* of certain tropes and apocryphal stories

which are repeated by different authors over time. Erskine and McIntosh provide

examples from no fewer than four different authors in the 19th century citing the same

story of beggars ingesting soap to simulate the foaming mouth of an epileptic seizure,

hoping to elicit charity from passers-by (ibid, 29–30)[141].

In the present day, we find these same suspicions animating modern accounts of

panhandling, expressed sometimes as anxieties over whether panhandlers are genuine,

while other times focused on the idea that panhandlers make more money than people

expect and are thus not genuinely in need. User-generated videos on websites such as

Youtube offer an interesting perspective on this fascination with the idea of illegitimate

panhandlers. As of April 2011, there are dozens of videos purporting to show "fake

beggars", "fake homeless", and "fake panhandlers". Again, what is striking are the

remarkable continuities one finds historically, centred on the idea that panhandlers are

actually not in need or not what they appear to be. Thus, under the title "Fake Beggar -

Falska Tiggare"[142], one finds a video of Swedish subway musicians apparently throwing

away coins that they have been given and using cell-phones, acts which the video's

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[141] Such stories also figure in literature from the period. Arthur Conan Doyle's short story, *The Man With the Twisted Lip* ([1891] 1986) features Sherlock Holmes pursuing a businessman who leads a double life disguised as a beggar on the streets of London. Doyle does not miss the opportunity to mention that the con-man earned considerable sums of money doing so.

[142] http://www.youtube.com/watch?v=r7k3hn2KdOc

uploader claims indicate they are not genuinely in need. In the video "Beggar Getting Up in Rome"[143], we see a figure dressed in rags using a crutch to pull herself to her feet with comments from the video's poster claiming that this indicates she is not actually disabled. What is remarkable about these videos, and many more like them, is how scant the evidence is that the panhandlers in question are illegitimate. In the latter video in particular, the figure who laboriously uses her crutch to get up looks exactly like a disabled person getting up off the ground, and yet, the video is presented as evidence that she has been faking her disability. It is as if the videos were not intended to *convince* viewers but to *confirm* what they already know.

How people already *know* this has to do with the persistence of this discourse about panhandlers over time. Erskine and McIntosh cite a 1993 *Guardian* article on panhandling in which an English vicar claims that beggars make 50,000 pounds per year (ibid. 28-29). In a separate essay, they quote from their own Glaswegian interviewees who express the opinion that many panhandlers are "quite wealthy" and that begging is "more of a life-style" these days (McIntosh and Erskine 1999, 190). In a Canadian context, *Toronto Sun* columnist Mike Strobel reported in 2002 that a panhandler known as the "shaky lady" made $2500 per week according to his own "conservative" estimates by faking a disability (Strobel 2002)[144].

My own interviews, conducted on the streets adjoining Vancouver's central library, showed similar attitudes toward panhandling albeit with a somewhat more

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[143] http://www.youtube.com/watch?v= T2T9e3zoI_0

[144] Strobel reports seeing the "shaky lady" drive off in a car and concludes from this both that she must not be genuinely needy and also that her disability was a ruse.

charitable attitude towards panhandlers[145]. Even within these more generous views,

respondents were likely to draw on scant, anecdotal evidence to confirm their suspicions

about panhandlers. One woman I interviewed reported that some panhandlers made a

considerable amount of money because of a single transaction she had witnessed: "There

was one guy on the causeway, you know, where the PNE is, right? I know he makes a

good chunk of change, 'cause I saw one guy give him twenty dollars" (Interview 8,

September 2009). Another Vancouverite makes a similar assumption based on his

experiences, this time in a comment on a blog post about panhandling:

> Tonight I was downtown just walking around. I first saw a whole bunch of
> panhandlers waiting outside the hockey game near the end, then soon after
> I was up the street waiting for my wife at a playhouse and there comes the
> same panhandlers. A lot of them do this as a profession and we are
> supporting the fact that they dont have jobs. They make a lot of money
> doing this, as soon as no one is looking, they pocket the money so it looks
> like they are making nothing (Joshua 2006).

This quote speaks to two recurring beliefs about panhandlers that I have outlined above:

one, that they make "a lot of money" and two, that there is an element of duplicity to

what they do, both in that it is a "profession" (implying that they are not really "in need")

and also that they hide money in order to disguise their profits.

Read against one another, these modern and historical examples demonstrate a

remarkable continuity in attitudes towards panhandling. The suspicions about the

authenticity of panhandlers that emerges in these examples are best conceived of as

anxieties: specifically, anxieties about poor people and poor people's money. They are

also best understood as anxieties which turn on the enduring distinction between the

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[145] For example, a significant number of respondents made reference to mental illness being a cause of
homelessness and to lack of government services for the poor as a problem.

deserving and undeserving poor, a binary that I have argued is essential for understanding the history of the Downtown Eastside. In the fraught space of the panhandling encounter, this anxiety emerges at the precise point when a potential donor makes a decision about the person asking for money, judging them as deserving or fraudulent. Stories about "fake beggars" or "professional panhandlers" who make fifty thousand pounds a year serve to domesticate the uncertainties of the panhandling encounter by providing a discursive frame that potentially frees the donor from feelings of guilt.

I do not mean to suggest that there are not in fact panhandlers who fake disabilities, make more money than they claim, or lie about their reasons for needing money. Certainly this is true in some cases. Nevertheless, that there may be some truth to this phenomenon does not fully account for people's anxiety about the subject; to paraphrase the old, and deeply psychoanalytic, joke, "just because you're paranoid doesn't mean they're not after you". Similarly, just because panhandlers occasionally lie doesn't mean people are not paranoid for thinking they do. This point is crucial because it points beyond the idea of discourse, discursive framing, and politics to the unconscious anxieties that permeate panhandling encounters.

Before turning to a psychoanalytic consideration of panhandling encounters, I want to consider the third anxiety about poor people and their money: the anxiety over what they do with it. The idea that poor people spend their money in improper ways or on frivolous things has at least as long a history as the anxiety over fraudulent beggars. The Victorian era produced scores of publications by middle-class reformers aimed at inculcating values of thrift in working-class families. In them, the structural problems of poverty were envisioned as the result of personal failings of the poor—problems about

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the improper management of the *oikos*. We find these attitudes remain prevalent in strains of contemporary conservative thought, as well as a variety of institutions, most notably perhaps, in income assistance programs, where attempts to influence or restrict the spending habits of poor people, for example through food or shelter allowances instead of cash, are common[146].

This anxiety over what poor people do with their money proves to be immensely important in panhandling encounters, where the issue turns on whether panhandlers will spend the money they are given on appropriate purchases such as food and shelter, or on morally suspect items such as alcohol and drugs. This opinion is so pervasive that it does not apparently require justification. It is such a universally accepted attitude that my attempts to ask interviewees about why they did not give money to panhandlers they suspected of being drug users were met with complete incredulity. Interviewees simply did not understand what I was asking, assuming that I must be referring to something other than the blatantly obvious fact that one doesn't give money to drug addicts.

A number of interviewees answered this question before it was asked by describing how they often bought food for panhandlers, but rarely if ever gave money. Personally, I remember my Presbyterian grandmother carrying McDonalds gift certificates in her purse for this express purpose. Giving money to panhandlers was problematic because one could not ensure that the money would be used responsibly. Giving gift certificates for food allowed her to fulfill her obligation to be charitable

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[146] See Viviana Zelizer's excellent book *The Social Meaning of Money* (1994) for a discussion of the historical shifts in these attempts to educate the poor and influence their spending habits through charities and later state welfare systems.

towards the poor while assuaging her fears that the gift of charity would not harmful to the recipient.

Mauss says that the gift can also be poison, noting the common etymological roots of the word *gift,* meaning poison, in Old High German. The idea of the gift that turns to poison has deep mythological roots, and Mauss uses it think through how the obligation to reciprocate puts the recipient at a disadvantage by burdening them with the weight of reciprocation. In this anxiety over poor people's money, we see another sort of concern about poison in the gift: a poison that comes from the fungibility of money. The literature on the "sociology of money" explains that part of what makes money problematic is its position as the commodity of universal equivalence (Baker and Jimerson 1992; Carruthers and Espeland 1998; for a critique of the notion of universal equivalence see Zelizer 1994). Because of this unique status, money is disturbingly unmoored from the particularities that other commodities possess. It is, in other words, *a sort of inverse of the gift*: if the gift is defined in part by the fact that it retains an inalienable connection to the giver, money is problematic because of its supreme alienability[147].

In panhandling encounters, money is therefore a complex object of exchange. While the exchange appears to be a gift relation, the object that is given is the commodity which retains the least connection to the giver. Additionally, the exchange takes place

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[147] Money, it should be noted, is also problematic in gift relations because it assigns a transparent *value* to the gift and thus potentially to the value of the relationship (Carruthers and Espeland 1998). Zelizer (1994) argues that people deal with this problem in part by *particularizing* money through strategies such as "earmarking" where money, that is objectively universally exchangeable, is rendered particular by being earmarked for particular purposes. Thus it might be seen as inappropriate to spend gift money on one's rent. Likewise, governments often earmark the "dirty" money generated by gambling revenues for socially laudable goals such as arts funding in order to "launder" it.

between parties who are most likely unknown to each other in the open, public space of the street. This potential for near-complete alienability contributes to panhandling being a fraught form of gift encounter and plays into the anxieties I have outlined about poor people's money.

What poor people do with their money can be read as another instance of the binary of the deserving and undeserving poor. The deserving poor spend their money wisely on necessities while the undeserving poor squander it on intoxicants[148]. Likewise, the panhandler who is judged to be fraudulent is problematic precisely because his or her fraud consigns him or her to the ranks of the undeserving poor. Both of these anxieties, whether panhandlers are authentic and what they do with their money, are borne out of this enduring binary whereby the middle class judges the poor. These anxieties also provide another degree of proof that the gift is a useful way of theorizing panhandling because they confirm that people are concerned with what happens to their gift beyond the moment of the actual exchange.

An example of how institutions have tried to address this issue can be seen in the phenomenon of "charity parking meters" that have become popular in recent years[149]. These repurposed parking meters are placed in downtown locations where panhandlers congregate. Frequently installed by business improvement associations, they are intended to divert money from being given to panhandlers by routing donations to official charities. The donation box pictured below is installed at the exit doors of Powell's

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[148] That is to say, they *enjoy* themselves *excessively*, just as the drug users I discussed in the previous chapter appeared to enjoy themselves in ways that produced anxiety on the part of opponents of harm reduction.

[149] See Berti 2009, chapter 7.3 for a discussion of panhandlers and charity parking meters in Vancouver. See Hermer 1999 for a discussion of the phenomenon in Winchester, UK.

Books in Portland, Oregon, a common place for panhandlers to ask shoppers for change.

The parking meters feature slogans that refer explicitly to anxieties over poor people's

money: "Make Some Real Change" or "Real Change Not Spare Change", implying that

money given directly to panhandlers will have less of a beneficial effect than money

administered for them by an official charity, as well as potentially freeing people from

uncomfortable interactions with actual panhandlers[150].

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[150] Vancouver also had charity parking meters installed for a short period of time at the entrance to the Granville Skytrain station, in the very spot where panhandlers often stood. It was later removed, most likely due to the constant vandalism it sustained. It is interesting to note that Vancouver's actual parking meters are frequent targets of vandalism by panhandlers and street hustlers who insert string and plastic straws into the coin slot so that coins will become jammed and can be later removed by pulling on the object inserted (personal communication with a City parking meter collector). It would be deeply ironic if the same form of vandalism had spelt the end of the charity parking meters: a poetic instance of *lumpen* anger directed at the machines designed to cut off a source of income.

Figure 11. Parking Meter Donation Box in Portland, Oregon, USA. Photograph by Author.

Strategy: Reframing the Panhandling Encounter

Turning to my fieldwork with panhandlers in Gastown, we find that these

anxieties play an important role in structuring panhandling encounters. While I maintain

that it is important to conceive of these discourses about poor people's money as

(psychoanalytic) anxieties, rather than simply (social) discourses, it would be a mistake to

relegate them to mere psychology or understand them simply as "interior" or "individual"

phenomena. Just as the previous chapter argued that anxieties over harm reduction were

thoroughly entwined with the issue of the *Other* of the drug user, these anxieties about

poor people are inseparable from social relations and the politics which produce them. I

begin by saying this because these anxieties are not the exclusive property of the donor,

in important ways, they are also shared by panhandlers.

Let me begin with the most obvious manifestation of this. Panhandlers are intimately aware of the anxiety over poor people's money. The discourse on the subject is so omni-present that not only are they aware of it but they are forced to develop strategies to deal with it. Conceiving of panhandling in this way makes a number of key features of panhandling encounters understandable as responses (at conscious and unconscious levels) to these anxieties. First, at the level of conscious strategy, panhandlers attempt to resolve the anxiety over what they do with their money and whether they are genuine by offering explanations and stories to potential donors. This may seem obvious, but it is important to include these stories and explanations in order to understand how they function as strategies designed to address anxieties about the poor. The stories panhandlers offer may be true or they may be objectively false[151]; in either case, I argue the stories are offered for the same purpose: to provide an interpretation of the encounter which could potentially allay anxieties. Even the most common "story" of asking for "spare change for a cup of coffee" can be seen as an attempt to offer such an interpretation.

While this is by far the most common strategy used by panhandlers to deal with anxieties about the poor, it is also obviously one of the most fraught because it depends on donors accepting what panhandlers are telling them as truth. Read against the historical overview of discourses on beggars provided by Erskine and McIntosh (1999), we could even argue that providing an explanation does not alleviate anxieties about the poor, the explanations offered are in part constitutive of the anxieties themselves. I

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[151] I consider the issue of deception in panhandling later in this chapter. See the section entitled *The Space of the Hustle*.

maintain, however, that understanding the explanations and stories offered by panhandlers as strategies designed to deal with anxieties about the poor is important because it helps to read other strategies as parallel responses to a common problem.

Interestingly, almost none of the panhandlers I have spoken with rely on stories or explanations as their primary panhandling strategy. While some will offer simple explanations such as asking for money for coffee, the majority use different approaches to address anxieties over what they spend their money on. Two strategies in particular are used by the panhandlers I work with: one is to reframe the gift encounter of panhandling as a market relation by performing a service of some sort, the second strategy is to ask donors to buy food instead of asking for money. This second strategy is quite obviously intended to address the anxiety about what they do with the money they are given, which is an especially potent issue here in the Downtown Eastside where panhandlers and homeless people are often assumed to be drug users.

Before turning to the reframing of the gift relation through labour, let me examine the latter strategy since it proves to be more complicated than it appears. A number of the Maple Tree Square panhandlers use the technique of asking people to buy food for them. Because there are two convenience stores on Carrall Street, panhandlers can stand nearby and ask potential donors to buy them specific food items. Charlie, Bonnie, and Scott do this often, generally asking people to buy them ice cream. This method has its advantages over asking for change for two reasons: first, as I have said, it circumvents any anxieties about what they will do with money, since no money is exchanged, second, it often makes a larger purchase possible since most people will not give more than a

dollar or two at a time while a single ice cream purchase could be more than five dollars[152].

This strategy, however, is more complex than it appears. First, let me say that while I refer to this as a "strategy", it encompasses a variety of somewhat distinct phenomena. For some of the panhandlers I know, asking people to buy them food is as straightforward as it sounds, they simply want food and ask people to buy it for them. For others, there is a degree of calculation in that they realize that people are more apt to buy them food than simply give them money. In both of these instances, we are still entitled to think of it as a "strategy" while understanding that the term should not always imply calculation or guile (perhaps in the same way one might use the term "coping strategy"). In still other cases, however, this strategy is exactly that: a strategic manoeuvre, part of what we would call a "hustle"[153].

A number of the panhandlers in Maple Tree Square had something that could be called a hustle: a consciously manipulative strategy used to make money or obtain goods. For two of these panhandlers, their hustle specifically relied on the distinction drawn between food and money in the minds of potential donors as a result of widespread anxieties about poor people's money. In 2009, when I was beginning my fieldwork and was only starting to get to know Dean, his daily panhandling routine was to walk around Maple Tree Square asking people to buy him food. His technique was singular, he would

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[152] The other, obvious, advantage of this strategy is that panhandlers get exactly what they want. Charlie, for example, is an elderly man who seems entirely without guile; calling this a "strategy" seems misplaced even when used in the non-judgmental sense I am using it here. When he wants ice cream, he simply asks strangers to buy him some.

[153] The term "hustle" is one I encounter amongst some panhandlers in Vancouver. Bourgois (2009) also uses the term to describe the same dynamic amongst heroin users in San Francisco.

approach people on the street, tourists if possible, and begin by saying, "I don't want money", with his hands raised as if in surrender. Dean looks very much like a panhandler and drug user: his clothes are often dirty and dishevelled and he has a somewhat gaunt complexion. His approach was designed to take prejudices about his appearance (and geographical prejudices about the neighbourhood) into consideration and begins by placing him in a suppliant position (hands raised) and by disarming the most frequent suspicion that his requests for money to buy food were untruthful. If they were willing to hear him out, he asked if they would accompany him to the nearby convenience store and buy him bread. When they agreed, he would take them to the store and choose a loaf of bread (generally a more expensive whole wheat loaf) and ask if he could also have peanut butter, if they said yes to that, he would also ask for jam.

On the occasions that I agreed to buy Dean food early on, I formed the opinion that this strategy of his was not simply about assuaging people's fears that he would spend their money on drugs, it was also a very useful way of engaging them in an escalating pitch (bread, peanut butter, jam) leading to more expensive purchases that would maximize his returns. Compared to the one or perhaps two dollars that an average panhandling encounter might bring in, a full trip to the store could exceed thirteen dollars.

Later, when I became closer with Dean and he was aware that I was writing about panhandling, I asked him about whether he did this in order to get more out of an individual donation. His answer surprised me. He confirmed that asking people to buy him food was a better way to approach people but that I only knew half the story. With an expression that could only be described as a mixture of embarrassment and glee, he

explained that he had a long-standing arrangement with the convenience store to sell back the food that was bought for him and split the proceeds. Thus, every time he found a willing donor, he took them to the store and chose the same expensive brand of bread followed by the same peanut butter and jam. After they had been paid for, he exited with the donors, thanked them, then walked around the block and came back to the store to return the food. The owners re-shelved the food and Dean returned to the corner to hustle. He split the proceeds evenly with the store, meaning that he and the owners earned approximately six dollars each time he succeeded in convincing someone to buy him food. Dean reported being able to earn around one hundred dollars per day with his hustle and while I am unable to verify the figure, on the times that I have watched him, I have seen him perform the same routine many times in a row with different people, making his figure seem quite plausible[154].

In telling me this, Dean was taking a something of a risk and he quickly qualified his story by saying that he never returned food that *I* had bought him[155]. It is my impression that despite the potential loss of income, Dean told me because he was, and is, justifiably proud of his hustle. It's an ingenious strategy and generates a substantial return for him[156]. Later in the fieldwork, Dean taught his hustle to Jack, a younger friend who had recently moved to the neighbourhood and was staying in his hotel. Jack took to the scheme very quickly and was quite successful at it. Unlike Dean's gregarious and

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[154] Also supporting his claim that the hustle is quite profitable is the fact that the owners of the store continue to conspire with him: it must be profitable if they are willing to risk being discovered.

[155] I have no reason to believe this is true. I read this remark as more of formal nicety offered to smooth over the obvious difficulties of admitting to a past deceit, while being aware that one is probably safe in doing so.

[156] I think it's significant that Dean chooses "bread" as the object he asks potential donors to buy him. It would be hard to imagine a commodity more closely connected with the idea of charity than the gift of bread to a hungry person.

somewhat manic persona, Jack comes across as shy and exceptionally polite. While Dean initiated conversations telling people that he didn't want money, Jack takes this non-intimidating position further by not approaching people at all. He stands across the street from the store and waits for tourists and suburbanites who appear to be lost before volunteering "are you looking for the Irish Heather?", a pub popular with people from outside the neighbourhood[157]. Having given them directions, he is then in an ideal position to ask for a small favour of buying him some food.

Jack's approach was perhaps a little too successful after a few months and this lead to arguments between teacher and student. Dean claimed that Jack was drawing too much attention to the scheme by standing in the same spot everyday rather than walking around the square as he did. He also disliked the fact that Jack did not change his clothes frequently and was therefore standing in the same spot, dressed the same way everyday. This, he claimed, had attracted the attention of the owners of the shop in front of which Jack stood[158]. Jack also did not walk around the block but would simply wait until his donors were out of sight before returning the groceries to the store. Whether for this specific reason or a related one, Jack was "banned" from the Square after a few months and had to start panhandling in another part of the neighbourhood.

Dean and Jack's grocery hustle demonstrates the power of anxieties about poor people's money and the strategies that panhandlers are compelled to pursue in order

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[157] It is *astounding* how many people stop in the exact spot where Jack stands and look momentarily lost. They all seem to be looking for the Irish Heather.

[158] The owners of the shop were probably also somewhat more attuned than most to the nuances of hustling because they were the ones buying contraband cigarettes from Dean when he was receiving packages of cigarettes as a kickback for his methadone prescriptions (see the previous chapter's discussion of methadone kickbacks in the Downtown Eastside).

make money. Because people are often unwilling to give money directly to panhandlers, Dean developed a complex sort of confidence scheme to address concerns about how it will be spent. Whether one judges him harshly for this depends, I think, on whether one thinks panhandlers are entitled to do what they want with their money. I would argue that it is easy to be distracted by the fact that he is deceiving people and lose sight of the deeper problem of the discourses around what poor people do with their money that compel him to act in this way. If donors were willing to give money to panhandlers without making judgments about how it should be spent, panhandlers would not be obliged to hustle them.[159]

The Role of Labour in Reframing the Panhandling Encounter

Turning to the other strategy I began the section with, I want consider the role of labour and the ways in which panhandlers attempt to deal with people's anxieties through reframing the panhandling encounter. The first anxiety I described emerges out of the gift relation itself. This is what Hermer describes as anxiety over the *open* character of the gift relation in panhandling and, as I have argued before, it concerns donors' unease with the lack of material reciprocation. My fieldwork suggests that, as with other anxieties, panhandlers are intimately aware of the uncertainties of panhandling encounters and develop strategies to deal with them. In the case of anxieties about the open character of the gift relation, the most common response amongst the Gastown panhandlers is to attempt to reframe the panhandling encounter such that it no longer appears to be a gift relation. They do this by performing a service for potential donors

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[159] It is worth remembering that people on Income Assistance (welfare) in British Columbia receive $235 per month to cover all their expenses other than rent.

and, through their labour, transform the gift relation into a *market relation.* This panhandling strategy can take a variety of familiar forms including busking, squeegee window cleaning, selling flowers outside nightclubs, or selling "street-news" papers such as *Megaphone*.

A number of the Gastown panhandlers perform some type of labour as part of their panhandling strategy. In some cases, the services they offer would barely be classified as labour by most passers-by and serve simply as part of their panhandling. Jack's tactic of offering directions to lost tourists is perhaps the best example of this. While nominally a service, he uses it mostly as a tactic to initiate conversations. At the other end of the spectrum, some panhandlers offer something that is seen as valuable enough that many would not even call them panhandlers: Gastown's street-artists are perhaps the best example of this. Even here though, there are considerable differences: Alex is a sketch artist who produces small caricatures on demand of people on the street or sitting on patios. He then asks the subjects of these drawings to purchase them for spare change. While not meaning to diminish Alex's art at all, his technique for producing work and soliciting money places his practice quite close to panhandling. At the other end of the spectrum, Gastown has a number of First Nations carvers who work on the street but produce work of such skill that they would certainly be insulted if they were referred to as panhandlers. Nevertheless, many of these carvers earn barely enough to get by and often attempt to sell small pieces for whatever money they can get as well as placing donations bowls at the foot of their blankets for coins.

The panhandlers and street-artists of Gastown provide an example of how difficult it can be to draw a bright line between panhandling and street-level

entrepreneurship, just as I have previously argued it is difficult to draw such a distinction between gift and market exchange. Not only do many panhandling strategies verge on the entrepreneurial, but the simple facts of poverty can also obscure entrepreneurial aspects by demanding that artists supplement their income with panhandling[160]. Let me turn now to examine some of the labour strategies of the panhandlers that lie in between the artistry of First Nations carvers and the hustle of panhandlers like Jack.

Three panhandlers who I have long histories with have developed labour strategies that provide incomes through panhandling. Girard, Sam, and Mark all panhandle along the busy tourist strip of Water Street. Mark stands in front of a parkade and holds the door for people, while Girard and Sam both stand beside parking locations in the neighbourhood and show drivers where the available parking spots are. All three of these men have been working at these jobs for over two years now and spend a number of hours each day at their respective spots[161].

While it proved impossible to determine this conclusively, I am of the opinion that it was Girard who developed the strategy of parking cars and watching them for money, at least in the context of Gastown. This is significant because it has proven to be an enduring strategy in the neighbourhood, with the practice spreading to other the other cul-de-sacs along Water Street. Gastown is a notoriously difficult neighbourhood to find parking in, especially in the evenings when it becomes an entertainment destination. In many of the cul-de-sacs, including Carrall Street where Girard first developed the

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[160] For a discussion of this continuum of panhandling and entrepreneurship in another context: that of Midtown Manhattan's street vendors, see Mitchell Duneier's (2000) *Sidewalk*.

[161] With the exception of Girard, who left the city altogether last year after he quit cocaine and found transitional housing in the Interior.

strategy, commercial loading zones become free parking after 6 pm. Starting at six, Girard would stand at the intersection extending his hand above his head when a car turned onto Water Street and wave them into the cul-de-sac if there was a parking spot. If the car turned, he would quickly back up and gesture them towards the open spot. Engaging them in conversation after they got out of the car, Girard would sometimes solicit change for the service but most often simply told people that this was "his lot" and that he would be here all night, looking after the cars while they were gone. These remarks were enough to alert drivers to the service being offered and Girard claims that a significant percentage were willing to pay. A few blocks away, Sam stands in the middle of the street at the end of another cul-de-sac beside a small pub. Parking is metered here, meaning that he can work during the day if he wants. Wearing a reflective Air Canada safety vest given to him by a regular donor, he waves his arm above his head to cars heading north on Cambie street, alerting them to free parking spots[162].

Being on the corner almost every night means that both of these men have gotten to know people in the neighbourhood very well. When possible, Girard unofficially reserves parking spots for the owners of the businesses on either side of the lot and the relationships he developed with them often lead to odd jobs such as watching deliveries or helping to load heavy goods. Sam has developed similar relationships with the owners of the nearby pub and souvenir shops, which means he occasionally gets free food as well as access to odd jobs.

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[162] The parking strategy works well perhaps because it references the already established practice of tipping valets. This is one reason why Girard and Sam's strategy does not raise people's ire in the same way as some of the other strategies I describe later.

Standing on the corner at the entrance to the cul-de-sac proves to be an essential

element of Girard's routine because it allows him to panhandle when there were no cars

to park. Knowing as many people as he does, Girard later told me that he was able to

make "hundreds" of dollars a day panhandling simply because of the volume of people he

knew personally who passed by everyday[163]. Girard's point is relevant beyond his own

personal experience: panhandlers who work the same spot everyday like Dean, Sam, and

Mark, do indeed become neighbourhood fixtures quite quickly. They know a great deal

about the neighbourhood, the businesses, and meet an extraordinary number of people.

Girard was emphatic that it was this aspect of his panhandling that made it possible for

him to make as much money as he did:

> It was by knowing as many people as I knew. They would all, you know, every single one of them [miming people giving money] "here you go Girard, here. How you doing Girard, here". It's all about having that— what do you call it—that *web*, that spider web of people… it was almost like have a pyramid effect, I was at the top. (Girard interview, January 2010).

Girard's choice of metaphor is doubly significant here. The image of a spider's web

potentially identifies him as the spider at the centre, drawing in money from passers-by,

but seen in the context of his own thirty-year long addiction to cocaine, it is easy to see

how the metaphor also shows how one can be caught in a web of their own design.

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[163] Girard confided this to me after he had gotten clean and was living in a neighbourhood detox before leaving the city for transitional housing. I have no way to assess the validity of his figure, though I am somewhat doubtful it is as high as he claims. Girard has a tendency to exaggerate and, within the context of our conversation that day, I think it was entirely possible that an inflated figure served to make a point about the extent of the addiction he had been feeding and the difficulties he was having in getting clean. In an earlier interview, when he was still using and had not yet told me about his drug use, he claimed to make approximately sixty dollars per day.

The parking strategy has proven to be lucrative enough to spawn a host of imitators over the past three years. After Girard left the city, another man soon took his place at the Carrall street cul-de-sac. One block up, on Abbott, there have been two different men who have attempted to imitate Girard's strategy in another lot. Whether for personal reasons, or the vagaries of Gastown's parking geography, neither of these men have managed to turn the parking lot into a sustainable source of income and have moved on[164].

On the other side of the street, Mark stands at the entrance to the parkade that once housed the Storyeum tourist museum[165]. When people approach, Mark holds the door open with one hand and holds out his hat with the other. His position on the (public) sidewalk holding a (private) door places him in a complicated position with respect to private property and the law. While the police have not generally taken issue with Mark's panhandling, the private security guards employed by Impark who operate the parkade make ongoing attempts to get rid of him. Mark reports that they have called the police on him but—much to his delight—the police instead took issue with the guards for wasting their time[166]. Their response has been to stand on the other side of the door and press the "open" button for patrons, making Mark's services redundant. This practice has infuriated Mark and has led to numerous confrontations between him and the

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[164] I do not know where the men on Abbott street got the idea from since they disappeared too quickly, though I suspect it was from seeing Girard or Sam working a block on either side. The man who replaced Girard learned the trade directly from Girard himself who he knew as a fellow cocaine injector.

[165] Their slogan, "Gastown is History", was perhaps the most ominous reference to impending gentrification the neighbourhood has seen.

[166] The police have not always taken this view however, as Youtube video of VPD officers forcing Mark to move from the same spot demonstrates (2009. I cannot provide a link to the video without disclosing Mark's identity).

parkade's security guards. However, because of the size of the parkade the guards have to patrol and Mark's irregular hours, the tactic does not prevent him from continuing to use the entrance as a panhandling spot.

As I stated from the outset, what all three of these men's panhandling strategies have in common is their ability to *reframe* the panhandling encounter. In an attempt to deal with the uncertainties of "open" gift relations, these panhandlers' labour strategies recontextualize the gift relation as a more familiar market relation. Instead of asking for charity, they are now performing a service for which they are asking for compensation: the alms become wages, the gift becomes a tip, and the anxiety that attends the panhandling encounter is alleviated.

These strategies meet with mixed success of course, partly due to the men's respective abilities to carry off this somewhat complex piece of sublimation. The main difficulty stems from the simple fact that while they do provide a service, it is not always one that people expect or desire. Some even take offence at panhandlers' attempts to reframe gift relations, as if doing so was an act of unjust commodification:

> They are all over the place.. The ones that expect a handout for opening a door at Tim Horton's. (uh- you're not a doorman so go away) (besides it's only polite for a man to open a door for a lady and not expect a handout (ColleenR 2009])[167].

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[167] The comment is worth quoting in full because of its resonance with my other arguments about anxieties over whether panhandlers are genuine: "The 'homeless' issue is not only in Vancouver obviously. They are all over the place.. The ones that expect a handout for opening a door at Tim Horton's. (uh- you're not a doorman so go away) (besides it's only polite for a man to open a door for a lady and not expect a handout. I avoid them when I can because it's becoming horrible to walk anywhere in Toronto without coming across a homeless *(or supposed homeless) person I say supposed because there are some who are clearly fake and have been outed as fakes*" (emphasis added).

What this comment from an online news story about panhandling demonstrates are some of the problems with the attempt to reframe gift relations. While the strategy of performing labour has the potential to quiet people's anxieties around the open gift relation, it does so at the expense of discourses of civility. Panhandlers can find themselves in another version of what Erskine and McIntosh refer to as a "double bind" (1999, 27). For McIntosh and Erskine (1999), panhandlers are often caught in a double bind between passivity and activity, where they are expected to be passive because passivity conveys their inability to labour and thus their entitlement to charity. Yet at the same time, they can be judged harshly when they appear passive if this passivity makes them appear work-shy. In the context of my fieldwork and the strategy of labouring to reframe panhandling encounters, we can see that entrepreneurial activity can sometimes be taken as a sign of initiative but it can also be construed as theft. Panhandlers are caught between competing discourses about poverty and differing interpretations of their conduct; how they negotiate this double bind depends, I argue, on another key function that labour performs in panhandling and it is to this that my discussion now turns.

Beyond Strategy: The Labouring Subject of Panhandling

While I have thus far been discussing labour as a *strategy*, albeit one that does not necessarily imply manipulation or guile, it's essential to understand that labour also functions on a personal level for panhandlers. Labour, that is, doing a job and performing a service for people, proves to be an important issue for panhandlers themselves in that it provides them with an identity and sense of self-worth. Both Mark and Girard in particular spoke at length about the work they do and the importance of it to the

neighbourhood. Girard's self-appointed role as a "watch dog" (interview, September 2009) deterring thieves from the parking lot was a topic he returned to on numerous occasions with a significant amount of pride. He also emphasized the difficulties experienced by his "regulars" (ibid.) in finding parking in Gastown and their appreciation of the service he provides. Likewise, Mark maintains that his door-opening is a service that is much appreciated by Gastown locals, especially women with strollers or large packages, and he draws on this idea of chivalry to construct a positive neighbourhood identity, making reference to it when he is being harassed by security guards and police.

A number of other panhandlers in the neighbourhood use labour in even more striking ways as a source of personal identity. Allen, for example, panhandles in Maple Tree Square. He carries a broom with him and spends hours sweeping the sidewalk and gutters, keeping them free of leaves and debris. Always soft-spoken, he approaches people in the square and explains that he is a person living with HIV who takes it upon himself to keep the neighbourhood clean and that he lives on donations. While Allen is certainly a panhandler whose work as a street-sweeper is integral to how he makes his living, it is also personally significant for him and affords him a position in the neighbourhood where he is recognized and even to some extent respected. Watching the care and time that Allen spends sweeping the street, I would argue that to reduce his labour to simple economic strategy would be to miss a central role that it plays in the construction of his identity.

This argument is even more applicable to Dan, another man who lives in a nearby SRO and cleans the streets of Maple Tree Square. Dan can be found most days near the corner of Cordova and Carrall doing callisthenics, stretching, and playing with a football.

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He also spends a great deal of time cleaning the sidewalks around Maple Tree Square using only a piece of corrugated cardboard to scrape debris into a garbage can. Combined with the intensity of his physical training regimen, which involves all manner of vigorous deep stretches using the street-furniture, sprinting, and lunges, Dan's technique of cleaning resembles an ascetic practice. Denying himself proper tools, he bends over to scrape rotting leaves from the gutter with a piece of cardboard, then deposits them in a nearby trash can. His movements are purposeful and deliberate, like someone who is preparing himself for a difficult task. In contrast to Allen, he has never asked me, nor anyone I have seen, for money; his labour in keeping the streets clean appears to be entirely his own. We can see in Dan's work a particularly clear example of how labour can transcend being a strategy and become something which produces value solely for the subject.

Let me conclude this argument about the subjective value of labour with a final example. "Chain-man" is a Downtown Eastside panhandler but not one of the panhandlers I have interviewed. One of the few Black Canadian panhandlers in the neighbourhood, he panhandles outside of a strip-club along with three or sometimes four other panhandlers who hold doors for patrons, hail cabs for them, and panhandle the people smoking outside. Chain-man does not offer to hail cabs or hold doors as part of his panhandling, instead, he carries chains. Wrapped around his often bare shoulders are lengths of thick steel chain, many meters long. Around his waist he wears the thick leather belt of a weight-lifter. Chain-man calls himself a "respectable working man"

(quoted in Smart 2010) and carries chains around his shoulders as a job: "This is my job, to carry this weight around, these chains, to carry these down the street" (ibid.)[168].

What we catch sight of in this act is the purest expression of this idea of labour-as-identity. Cut off entirely from any connection to objective utility, we see how labour can function as a purely subjective act for panhandlers. Chain-man does not busk and entertain, he does not point out parking spaces, he does not hold doors, he does not even sweep the streets, his labour produces no value whatsoever. It is, what I would call, objectively useless, yet subjectively essential. The work of carrying chains allows him to reframe his poverty and give some form of meaning to it. This extreme case, where the issue of productivity is taken entirely off the table, allows us to see an essential feature of the place of labour in panhandling: that it is not merely strategic but subjectively essential.

That labour plays such an important role for panhandlers in creating an identity speaks, I argue, to the extent to which discourses of the deserving and undeserving poor are taken on by panhandlers. This may seem reductive or overly critical since middle and working-class people also draw a significant sense of their identity from work, so why should panhandlers not do the same? I think this is less of an objection than it appears since I would argue that both groups operate within this discourse of the deserving poor and both suffer in different ways because of it. The reason I raise this point is because

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[168] Because I am paraphrasing quite closely from paraphrased material within a newspaper article, I include the complete text here for clarity: "This is Chain Man," says Gasztonyi. Like many of the people in the Downtown Eastside, Chain Man assigns himself work every day. Chain Man "calls himself a 'respectable working man'" -- he considers himself "employed," and makes it his job to carry these chains around. "This is my job,' he says, 'to carry this weight around, these chains, to carry these down the street.' He goes around for four or five hours, doing his work, and then he goes home and has a beer" (Gasztonyi and Chain-man, quoted in Smart 2010).

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the panhandlers I have worked with invoke the discourse of the deserving poor on a near-constant basis. Indeed, one of the most universal features of my conversations with panhandlers are their references to the work they do, the value it has, and, crucially, the fact that *other panhandlers do not do valuable work*. This is a key point. The degree of animosity between panhandlers is truly remarkable; I can think of no cases where any of the panhandlers I spoke with expressed a sense of camaraderie with any of the others[169]. What is essential for my argument here, is that their criticisms often turn on an assertion that the others are not deserving because they do not work. Thus Girard characterized himself as a "nice guy" who worked as a "watch dog" at the parking lot and positioned himself against the "aggressive panhandlers" who preyed on tourists in Gastown. Mark meanwhile refers to himself as "one of the good ones" who is liked by police and security guards (with the notable exception of the guards at Impark) and frequently disparages the panhandlers who simply walked around asking for change. This sort of animosity cannot be entirely explained by discourses of the undeserving poor but it makes clear use of it as a rhetorical strategy and suggests that it is as powerful a discourse *amongst* panhandlers as much as it is *about* them.

My argument, then, is that panhandling encounters are powerfully determined by a series of anxieties about poor people which have deep, historical roots and are expressed in a variety of forms. Far from being simply subjected to them, panhandlers are intimately aware of these anxieties and the discourse of the undeserving poor that runs through them. They develop strategies within panhandling encounters to deal with

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[169] This unfortunate intra-class hostility is all too common among panhandlers and is an example of the sort of *lumpen* rivalry and antagonism I referred to earlier in my discussion of the incomplete project of creating class consciousness in the DES. See chapter two, *The Derelict, the Deserving Poor, and the Lumpen: A History of the Politics of Representation in the Downtown Eastside.*

these anxieties by offering stories and explanations to establish their bona fides as the genuine, deserving poor. They attempt to reframe panhandling encounters so that they appear less as open gift relations and more as familiar market relations by performing services in exchange for money. We can see also how they use these discourses of the deserving poor to draw self-worth and a sense of identity from the forms of labour they engage in, even in marginal cases where the value of that labour is questioned by potential donors. And we can see, finally, that these discourses about the poor are deeply internalized by panhandlers and are often used as weapons, belittling one another for not measuring up to standards which are themselves responsible for much of the violence they suffer in common.

The Other Face of Anxiety: Psychoanalysis and the Encounter with the Poor

The way I have been discussing anxiety thus far is largely as a response to discourses of the deserving and undeserving poor. Confronted by panhandling, passers-by experience anxiety because they feel compelled to assess whether the panhandler is genuine, what they will do with the money, and how they should understand a gift relation with a stranger. This conventional understanding of anxiety will probably not provoke much disagreement, since most people can identify with these anxious feelings of guilt and uncertainty. Indeed, my interviews with people about their panhandling experience revealed little that is surprising in this respect: people gave money to panhandlers who they thought were genuine and they generally did not give money to panhandlers they thought would use the money on drugs or alcohol. Even those who

gave in spite of this made it clear that they were making a conscious decision to ignore a well-established norm.

The anxieties that I am discussing are therefore *conscious* anxieties and they are anxieties that are clearly socially constructed. They are the product of a series of discourses about the poor: discourses of morality, charity, propriety, law; they are the product of a particular history and geography. The question I want to ask now is whether we should we be satisfied with this account. Is this explanation sufficient to account for the anxieties that attend panhandling encounters? Are these anxieties, in other words, located entirely at the level of the social? My argument is that this is not the case. Paralleling my earlier argument that opposition to harm reduction drug policy has both a *manifest* and *latent* content, I argue that in order to fully account for the phenomenon of "anxieties about poor people's money", we need to look beyond the social world of discourse to the unconscious dimensions of panhandling encounters. At the level of the unconscious, there is another face of anxiety that is experienced in the panhandling encounter and this anxiety is fundamental to the social constructions I have discussed thus far.

In his seminar of 1962–3, Lacan says that anxiety is the one affect that does not deceive ([1964] 1977, 41). At first glance this seems to present problems for my contention that panhandling can be understood through anxieties about poor people. Does this mean that these anxieties are "correct"? Do they somehow point to a latent truth behind the manifest content of panhandling encounters? Obviously this is not the case; I hope I have made it clear that these anxieties are borne out of a whole host of

historically produced, ideologically loaded, and morally suspect discourses about the

poor.

Let us examine Lacan's argument more closely and situate it within the context of

psychoanalysis. When Lacan tells us that anxiety does not lie, he is making an argument

about a long-standing psychoanalytic debate about the role of *affects* in psychoanalysis.

He is arguing against what he sees as an attempt within mainstream psychoanalysis to

take recourse to affect and bypass the centrality of the signifier. He makes this argument

by reference to Freud's remarks on affect in *The Unconscious* ([1915] 1957) where Freud

draws the crucial distinction between affect and the *repräsentanz*, or repressed idea:

> In the first place it may happen that an affective or emotional impulse is
> perceived but misconstrued. Owing to the repression of its proper
> representative it has been forced to become connected with another idea,
> and is now regarded by consciousness as the manifestation of that idea. If
> we restore the true connection, we call the original affective impulse an
> 'unconscious' one. *Yet its affect was never unconscious; all that had
> happened was that its idea had undergone repression* (177–178, emphasis
> added).

The key point that Lacan takes from this is that the commonsense view of "repressed

feelings" makes no sense within a Freudian framework: affects are not repressed, what is

repressed are the *thoughts* (i.e. representations, signifiers) that give rise to affects. When

analysts (or, indeed, non-representational geographers) portray affects as if they were an

unmediated link to a real beyond representation, they present effect as cause[170]. Far from

being a route whereby one can escape the problems of representation, affects nearly

always lie: expressions of anger can disguise a repressed sadness just as tenderness may

be the outward expression of a deep resentment. As Lacan argues in Seminar 1:

> The affective is not a special density which would escape an intellectual
> accounting. It is not to be found in a mythical beyond of the production of
> the symbol which would precede the discursive formulation ([1953] 1988,
> 57).

Looking to the affective as a shortcut around the problems of thought and representation

is wrongheaded. Affects are no less problematic than signifiers; the difference is that

only through signifiers can we eventually understand the unconscious processes which

produce affects in the first place.

Anxiety, however, is different from other affects. Freud says that anxiety, like

money, is the affect of universal equivalence, in that any affect can be expressed as

anxiety (Fink 1997, 215). Anxiety occupies a special place because it alone functions as

a *signal*. For Lacan, anxiety is the affect that signals the subject's over-proximity to the

Real. So what does anxiety signal in panhandling encounters? Simply put, anxiety in

panhandling is triggered by the issue at the very heart of neurosis: the question of the

Other's desire.

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[170] This will probably not occasion any disagreement from non-representational geographers, since they are
quite clear about their position that affect is a primary force. The argument I am making here represents
one of the main points of contention between a Freudian-Lacanian and a Deleuzian-Massumian
treatment of affect. While I have a great deal of interest in much of what non-representational
geography has to say about affect (specifically their treatment of emotion as a capture of affect), on this
point, I come down on Lacan's side. See Thrift 2008 for a discussion of this approach to affect in
geography. The original formulation can be found in Deleuze and Guattari's (1987) discussion of
Freud's *Little Hans* case (256–260). Following this, Massumi 2002, chapter 1, "The Autonomy of
Affect" is perhaps the most important theorization of affect for non-representational geography.

Understanding this requires an understanding of Lacan's ideas on the role of desire and lack in neurosis. Neurosis is one of Lacan's three clinical structures that describe human subjectivity: neurosis, psychosis, and perversion. Each structure is defined by the mechanism with which it confronts the problem of subject formation, which for Lacan means becoming a subject of the *signifier* ([1959] 1997). As human infants mature, they acquire language. In doing so, they come to replace whatever prior relationship they had with the world with a symbolic relationship, that is, their relationship with the world and the Other becomes mediated by signifiers. Following Hegel's idea that "the word is the death of the thing", Lacan argues that this process of acquiring language and becoming a subject is not without its casualties. Becoming a subject, in fact, involves being "castrated" by the signifier: the subject will be henceforth compelled to express their desires and understand the world through signifiers (Lacan [1960] 2006). This trauma of having to live in a world of signifiers not of one's own choosing is one way that Lacan understands Freud's notion of castration[171].

Castration can be defined as an experience of *lack*. To be castrated by language is to lack signifiers that could express the totality of the subject. To be castrated by being unable to complete the mother is to lack the effable quality that incites desire. For Lacan, this means that there is a *lack of being* at the core of the subject. He argues, in fact, that this lack is the subject itself: what we call the subject (as opposed to the ego) *is* this lack,

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[171] Lacan also describes castration as the infant's realization that the mother has desires that it cannot fulfill, that it cannot be everything for the mother. This process could occur through the classic Freudian Oedipus complex, where the father forces the child to seek something outside the mother-child relation, or it can take more ineffable forms: Lacan uses the example of the mother longingly gazing out of the window and the child's recognition that her gaze signifies a desire beyond the mother-child bond. In either event, the effect is the same, it is the child's assumption of a fundamental lack. For a further discussion of castration, see chapter 3, *The Latent Content of Opposition to Harm Reduction.*

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embodied in the form of a question that the subject poses the Other: what does the Other desire? What do I need to be for the Other?

The neurotic's reaction to castration and lack is repression[172]. While acknowledging it on some level, the neurotic represses the idea that they lack and that there is lack in the Other. In its place, they create a phantasy of wholeness and completeness for themselves to cover over the experience of lack. This phantasy is what we refer to as the ego; it emerges out of the "mirror stage" where the still-uncoordinated infant encounters its own reflection and desires the image of wholeness that it perceives there (Lacan [1949] 2006). The ego becomes a sort of defence-formation against the unconscious; a projection of the subject's desire for a stable identity that is without fissure and is unthreatened by the appearance of lack in the Other.

We are now in a position to see what it is about panhandling encounters that provokes anxiety at the level of the unconscious. Panhandling encounters are, at a very real level, *an encounter with the lack in the Other*. When a panhandler asks for money, they make their lack manifest, they identify themselves as a subject who lacks. And the things that panhandlers lack—food, shelter, warmth—are not insignificant things, they are the very same life-sustaining things that were provided by our primary care-givers, a dimension of panhandling encounters which makes them redolent with unconscious associations.

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[172] Repression is the "mechanism" that defines neurosis. Perversion and psychosis—far less common structures—are defined by disavowal and foreclosure, respectively. See Fink 1997, chapters 6–9, and Dor 1999, Part I, for a thorough discussion of the clinical structures. It is worth noting that for Lacan, everyone is either neurotic, psychotic, or perverse. Neurosis is by far the most common structure, we are almost all neurotic. Thus, when I talk about neurotics, I am not talking about "sick" people, I am talking about "normal" people. Someone who we might conventionally call "neurotic"—say, one of Woody Allen's characters—is simply someone with a particularly problematic neurotic symptom. Structurally, however, their psychical organization is no different from that of "normal" people.

We are generally spared such encounters with lack because the Other does not often confront us with it directly, instead concealing it behind the façade of the ego, behind an appearance of wholeness and completeness. In those moments when we encounter real lack in the Other, it is troubling on a number of levels. As Collins and Blomley (2003) state, "the physical presence of the homeless and destitute begging for alms on the street is a stark and very public reminder of social marginalization and economic polarization," (42) and while it is a "reminder" at the level of consciousness, it is also a "return of the repressed" (Lacan [1956] 2006, 25) in the unconscious. The encounter with the lack of the panhandler confronts the neurotic with the reality of lack in the Other and thus potentially with their own lack.

Because the unconscious is singular, encountering lack in this particular way does not affect everyone equally or provoke anxiety in the same way. Some neurotic symptoms will be constituted in such a way that the lack embodied in the panhandler may evoke very little by way of a response. For these people, it may be lack encountered in the form seeing an abusive parent, or the lack embodied by a refugee that provokes an unconscious connection to their own relationship with lack. These connections, these moments which touch on the Real, are always singular. Nevertheless, the prevalence of this phenomena that is demonstrated by my review of the historical literature and my fieldwork suggests that this is a significant social phenomenon, rather than a totally

unique or fringe experience. The encounter with lack in panhandling appears to be a

generalizable phenomenon that justifies a metapsychological approach[173].

At a metapsychological level, we can identify a tendency amongst neurotics to

psychically defend themselves against this encounter with lack in the panhandler as Other

through *phantasy*. Lacan argues that "the phantasy scene is a defence which veils

castration" (Evans 1996, 60) and that "the refusal of castration… lies at the root of all

psychopathological structures" (Evans 1996, 23)[174]. Phantasy is a defence-formation that

the neurotic uses to repress the experience of lack in the Other. In panhandling

encounters, I argue that phantasy is the appropriate concept through which to understand

people's anxieties about panhandlers, in particular, the wild claims that panhandlers are

not genuinely poor but are simply trying to con the soft-hearted into subsidizing their

"life-style". Indeed, what are we to make of claims that panhandlers "earn 50,000

pounds a year"? That they are "professionals" who "make good money"? Can it be

anything other than wild phantasy to assume that the person in rags who begs you for

change actually lives a secret middle-class life? What these phantasies accomplish is a

complex sort of displacement: they allow neurotics to repress the encounter with lack by

convincing themselves that it does not exist. Rather than grappling with the realities of

poverty and deprivation, the neurotic phantasy stages a scene where the other does not

lack, instead it deceives: *the lack is not real, the other is whole but hostile.*

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[173] Strictly speaking, the argument I am making is psychoanalytic, not psychological. My use of the term "meta-psychological" refers to Freud's non-clinical works such as *Beyond the Pleasure Principle*, *Civilization and its Discontents* and *Moses and Monotheism* where he uses psychoanalytic theory to understand social phenomena as I am doing here.

[174] Both quotes are Evans paraphrasing Lacan's untranslated Seminar 4 *The Object Relations*, delivered in 1956-7.

The parallels between this argument and that which I offered to explain opposition to harm reduction should be apparent. What I am referring to here as anxieties over poor people's money are a near analogue of the phantasy of the Other's enjoyment that accounts for opposition to harm reduction. In both cases we encounter a social phantasy about the Other, their disturbing mode of jouissance and unsettling lack. More than simply parallels, in fact, we find significant overlap between these two groups and arguments. Drug addicts disturb opponents of harm reduction not only because their jouissance is disturbing but also because of the terrifying lack they embody. Likewise, panhandlers do not only disturb because their lack is so manifest but also because the question of their jouissance is raised by the concern about what they will do with the money they are given.

The Gift of the Lack

This conceptual apparatus of lack also allows us to add a layer of complexity to the idea of panhandling as a gift relation. I started out by arguing that panhandling needed to be understood as more complex than "realist" critics like Alain Testart would have it: that there were, in fact, forms of reciprocation at play even in what appeared to be "open" gift encounters. In framing panhandling encounters in this way, however, I have not questioned the direction of the gift, assuming that it always travels from the donor to the supplicant, and reciprocation passes in the opposite direction. Looking at panhandling psychoanalytically, however, we can see that the gift of money is not the first gift of panhandling, rather it is the gift of the lack that the panhandler offers to the

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potential donor[175]. What do I mean by this? I mean that panhandling has something to do with love—love at least in the sense Lacan gives it when he says that "love is giving what you don't have" ([1958] 2006, 516). Love involves giving your lack to the Other[176]. To love someone is to admit that you need them, that you cannot be complete without them, that you are in a position of lack. When this lack is *reciprocated* by the Other, lovers can live happily together; when it is not, the lover experiences the intense pain of lack made manifest in the Other. Panhandlers, while not lovers, nevertheless initiate the panhandling encounter by making a gift of their lack. They offer it to the donor in the ambivalent gesture of the open palm held aloft: simultaneously the signifier of an offer and a demand.

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[175] I am indebted to my friend Chris Dzierzawa, a truly original Lacanian thinker, for proposing this idea of the "first gift".

[176] Lacan's theory is love is, of course, far more complicated than this: "what you don't have" also refers to the *objet petit a* which is what the subject finds in the loved Other.

Figure 12. *Belisarius Begging for Alms* **(detail). Jacques-Louis David (1781). Image Available in the Public Domain.**

Conceiving of this gesture as a gift is no mere poetics. For love entails vulnerability, it means trusting in the Other, and panhandlers make themselves incredibly vulnerable when they make a gift of their lack. Dean told me that panhandling makes you feel "embarrassed". Mark went further to say it was "degrading". These men risk a great deal every time they offer their lack to the Other in hopes that the Other will reciprocate the gift. They risk rebuke. They risk insult. They risk being ignored entirely. Sometimes, their simple presence as a figure-of-lack even risks violence. In the Summer of 2009, Diane, a panhandler I have known for over five years was savagely beaten by a young woman outside a Gastown nightclub. Walking home from her usual panhandling spot by the Waterfront train station, she passed a group of club-goers on the sidewalk, smoking. Diane described how she bent down to pick up a cigarette butt on the ground and how one of the women in the group pushed her down and began kicking her,

breaking her hip and wrist in the process. While she lay on the ground, the woman and

her male companion rhetorically asked her if she was "going to do drugs" and claimed

that she must have been about to "start asking for money" (Diane interview, August

2009). Despite there being a crowd nearby and professional security working the

entrance of the club, no one called the police or ambulance for the 55 year old woman

lying on the ground with two broken bones. Only when another panhandler arrived did

they manage to convince security guards to call the police and send an ambulance[177].

Panhandlers thus face the prospect of extreme violence when they make their lack

manifest to the other. In cases like these, we can see that even when they don't ask for

money, their mere appearance as subject-of-lack can provoke a violent response. The

nameless assailant's comments are telling in this respect: she taunts her victim after the

attack with hypotheses that reference the anxieties we have already discussed: you're

probably going to do drugs aren't you? You were about to start asking for money,

weren't you? Moments like these allow us to see the intensities of affect that course

through these anxieties about the poor and the effects that they can have for the lives of

panhandlers who are forced to negotiate them everyday.

The Space of the Hustle

Conducting ethnographic research brings with it a host of methodological

challenges, ranging from the potential for exoticizing one's research subjects to the

difficulties in bridging macro and micro scales of analysis. Conducting ethnographic

research with drug-using panhandlers is no exception. Drug use and panhandling are

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[177] At time of writing, Diane's attackers were never found, nor did the police ever contact her again about the incident. She used a walker to get around for two years after the attack and only now, in the past few months has she begun to walk around without it.

subjects so deeply entwined in morality, law, and ideology that the space of the research encounter is necessarily overdetermined.

One issue that plagues nearly all forms of fieldwork is the issue of the reliability of information provided by the research subject. Researching panhandling is exemplary in this respect because panhandling creates situations where lies and exaggeration can have a great deal of value. I spoke earlier about the idea of *hustling* and the various strategies that the panhandlers I work with have developed to make money and smooth interactions with potential donors. Some, like Dean's grocery scam, I learned about while he was actively engaged in it. Others, like Girard's hustles, I only learned about when he had stopped using drugs and was willing to speak more openly about his life on the corner. Still others, such as those I will discuss in this section, I had to decipher independently as I never reached a point in the research relationship where I was able to discuss these hustles openly with the person in question.

An obvious lesson to draw from this is that it implies there were also hustles that I was never aware of: other lies I was told and angles that people were working that I never knew about. Conducting ethnographic research with panhandlers and drug-users means that this dynamic of hustling is ever-present. The latent power imbalances that result from one party having money and the other needing it desperately means that hustling and being hustled are essential features of the panhandling relationship. My argument, in brief, is that attempting to avoid hustling, either by attempting to bypass it or by ignoring it, is both impractical and misguided. The structural—as opposed to phenomenal— features of panhandling encounters mean that it is something of a fantasy to think that one can escape this element of the relationship. My argument is the inverse of this:

hustling is an essential element of the panhandling encounter and our goal should be to conduct research from *within* what I call the "space of the hustle".

The dynamic of being hustled can certainly be mitigated and its contours can be more accurately mapped through longer-term, in-depth ethnographies where research participants form deeper relationships. In some of the relationships I have developed with panhandlers this is indeed the case: our interactions are no longer entirely determined by the ever-present dynamic of hustling. Beyond these few relationships, there are many other *moments* with other panhandlers when the dynamic of hustling seems to momentarily "lift" and allow for some other sort of relationship to temporarily exist. Nevertheless, in all of my research relationships, being hustled always returns (like the repressed), even in those relationships which have become more than simply panhandler and donor.

I have no doubts that in very long-term ethnographies, like those of Philippe Bourgois who I have discussed earlier, research relationships can perhaps transcend the dynamics of hustling to an even greater extent. For the most part, this has simply not been the case in my fieldwork. This caveat notwithstanding, the underlying argument that panhandling encounters are a *structural* relationship defined in part by a fundamental power imbalance is nonetheless true. It is for this reason that I argue that conducting research from *within* the space of the hustle has its own empirical value and theoretical interest. Conducting research on panhandling means treating lies and deception not simply as surface phenomena that hide a deeper truth, but as constitutive of the structure of panhandling itself.

By far the most common "distortion" that is introduced into panhandling research by hustling comes at the beginning of the encounter. Like in almost any social situation, when I meet one of the panhandlers I know on the street, we ask one another how each other is doing. This question is the occasion for what has become an absolute commonplace in my research on panhandling: the panhandler's declaration that things are not going well that day. When I first began my fieldwork, and indeed long before that, I understood this response as a simple statement of fact. I did not question it because it fit my assumptions about panhandlers: of course he's not doing well, he's a panhandler. Only after I started talking with panhandlers on a regular basis, going out of my way to visit the ten or so regular panhandlers in Gastown did the repetition of this sentiment begin to appear uncanny. Nearly everyone said the same thing and more significantly, they declared that *today* was particularly bad. Mark, Girard, Sam, and Laura were the most striking in this regard; my inquiry as to how they were doing acquired a mechanical character, each day generating the exact same response: things are not good today, nobody's given me any money. They claimed that they had been panhandling for hours and had yet to make more than a dollar or two. Only after encountering this response consistently from the same panhandlers day after day did I begin to realize that what they were claiming was impossible. Even a person who lives on the street and makes their living by panhandling has good days and bad days. These panhandlers never reported good days when I asked them. They were also the same people who would occasionally tell me stories about large amounts of money they had been given or businesses that had given them food. Yet, when I approached them on the street in the context of panhandling, it was *always* a bad day.

I realized that for these panhandlers, the answer to the question of how they were doing that day was overdetermined by the dynamics of hustling: they could not give a positive response because in the very next moment they were going to ask for money. If they responded that things were alright and people had been generous, they believed, perhaps correctly, that no one would give them money. The extent to which this was true became apparent when I decided to take another tack with these panhandlers: I began our interactions by offering whatever money I was going to give before beginning a conversation. This simple shift in our conversational routine had remarkable effects with a number of these panhandlers. Immediately afterward, their responses became far more varied and, I assumed, truthful. They spoke about people's generosity or parsimoniousness that day, run-ins they had had with other panhandlers, the changing dynamics in the neighbourhood during hockey games: in short, we began having more "real" conversations. Temporarily freed from the demands of the hustle, they could answer the question of how they were doing perhaps not more *truthfully* but at the very least, in a less restricted manner.

While this was certainly a sort of breakthrough in my relationships with a number of panhandlers, we should not be misled into thinking that this "technique" somehow neutralized the dynamic of hustling, abolishing the power imbalance between us and creating a space of harmonious communication. Hustling continued (and continues) to be a constant force in my relationships with panhandlers, in some cases shifting towards demands for larger amounts of money as our relationships became more established. In other cases, the technique of beginning the interaction with the gift of money was inconsequential compared to the far larger hustles that were at play. In these cases, the

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lies that the panhandlers were offering were grander in scope than simply framing their day as worse than it had actually been.

Roughly six months before Girard checked himself into detox for the first time, he disappeared from the corner for more than a week. He was, at that point, one of the people who I saw nearly everyday and I wondered where he had gone. When he returned to the corner one day, I asked him where he had been and he reported that he had had a heart attack and had been in the hospital undergoing cardiac surgery. It should have occurred to me then that it was unlikely that a man who had undergone heart surgery would be discharged quite that quickly but it did not. Hospitalization is a frequent occurrence among panhandlers in the Downtown Eastside and it is not at all uncommon to lose track of someone for a week only to discover afterwards that they had been hospitalized with a serious aliment. I believed Girard's story and probably gave him a few more dollars than I usually did that day and afterwards, feeling terrible about the idea of someone undergoing surgery and then having to go back to sleeping on the sidewalk. My reaction was not uncommon, Girard later told me. A great many of his regulars had been exceptionally generous that week—and that had helped him to buy more cocaine than he normally could afford. "It was all a scam", he told me later: "part of my addiction" (interview, July 2010). Girard used his considerable charm and good manners to effectively convince a number of regular donors that he had nearly died in order to provoke more generous donations. It was a hustle that would not have been effective for many panhandlers in the Downtown Eastside because it requires both considerable personal skills and the lasting relationships that Girard had formed as a result of panhandling in the same spot for so long. It was also a hustle that depended on a great

deal of discretion, and I hope my description of Girard's injection routine from the previous chapter illustrates that he was very adept at concealing his addiction from most, including myself.

Lies and hustles also perform functions for panhandlers beyond simply encouraging people to give money. Laura panhandles most days in the same spot in the Square, kitty-corner to Girard's parking lot. A woman in her mid-sixties, she sits in a wheelchair asking passers-by for spare change. I met Laura early on in the fieldwork and started having conversations with her. She told me about her grandson who she got to see from time to time and about a variety of illnesses she was dealing with. As we became more familiar with each other, the stories she told me became more expansive. She told me about the various presents she had bought her grandson, how he was coming to stay with her, how she needed money to buy him food. She told me about the job she had gotten a catering company, how she had returned to school at UBC and had been dubbed the "class clown". She also went through a variety of illnesses, some terminal. It became obvious that some or all of the stories she told could not be true. No one was going to entrust a child to a woman barely able to care for herself in transitional women's housing. She was not physically capable of doing the sort of work she claimed to have been hired for. And there was no way she was attending university. When the regularity with which Laura lied to me became apparent my first reaction was pity: I assumed that she felt that she needed to present a tragic and sympathetic narrative in order for anyone to give her money. I began to give her money before she told me why she needed it, attempting, as I discussed above, to skirt the issue of hustling. When she persisted in telling me ever more implausible stories, my reaction became one of anger. I was

frustrated that she was unwilling to engage me in a genuine conversation, always placing a wall of fabrications between us. It was only later, after perhaps months of going through this pantomime of giving money and listening to a macabre litany of terminal diseases which came and went, the previous illness never being acknowledged once the new one emerged, that I began to realize that the stories Laura told were not intended for me. Or, more precisely, they were intended for me, but only insofar as I functioned as an Other who heard her. The stories, in other words, were for her Other's benefit, not mine. While they might serve some strategic function as a hustle designed to solicit money from strangers, they went far beyond that and served primarily, I believe, to shore up Laura's own sense of herself. Her stories about being close to her grandson again, about having a job, returning to school, even perhaps, having terminal diseases, represented phantasies through which she structured her identifications as a tragic figure who persevered in spite of her suffering. Laura's stories, I should mention, often included mime, frequently including spontaneous outbursts of pain as soon as we began our conversations. "Hi Hon", she would say bravely, before grimacing and clutching her side as the pains of whatever illness she was currently suffering from struck her[178].

Further corroboration of my belief that Laura's stories were intended for her own subjective benefit more than simply as a hustling strategy came later in conversations with Dean. In a conversation about other panhandlers in the square, Dean characteristically began venting his frustrations, this time about Laura. "She's always lying!" he exclaimed. "It's always *my grandson, my grandson*" he mocked, affecting a

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[178] This sort of bodily signification should remind us of Freud's reading of hysterical symptoms as an (unconscious) message ("demand") directed to the Other.

complaining nasal voice. He tells me that Laura wants money to buy crack, that he sees

her smoking crack in the nearby alley. Dean reports that he confronted her with this

when Laura was describing her need to buy her grandson food *to him*: not because she

was petitioning Dean for money, simply as an explanation. Laura reacted violently to the

accusation, vigorously denying that she smokes crack, even though she is well aware that

Dean is also an active drug user. The fact that Laura maintains her lies to other

panhandlers rather than just to potential donors like me suggests that they are more than

strategic, they are phantastic: they pertain to and sustain her phantasy life and self-

identification as a noble figure beset by hardship[179].

    We should be able to discern in this theory that lies sustain something for the

subject, a parallel to the theory of labour that I offered earlier. Just as labour functions

both as a strategy panhandlers use to reframe the gift encounter *and* as a device to

produce a sense of self-worth and identity, so too do lies function as both a hustling

strategy and a phantasmatic support for the subject. Labour and lies, in other words, have

both manifest and latent content[180]. I want to suggest that this understanding of lies as

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[179] The hostility between Dean and Laura also speaks to the *lumpen* antagonism I have referred to earlier between panhandlers. Such antagonism should also remind us of the way Lacan characterized the Imaginary as the site of the ego and a well-spring of rivalry and aggressivity. Panhandlers' antagonism towards one another could potentially be read as Imaginary in character: a rivalrous encounter between the panhandler and their specular Other.

[180] At the level of ethics in the panhandling encounter, I decided that the most generous position I could adopt with respect to Laura was to simply play the role of sympathetic Other rather than try to confront the issue directly. I have little faith that such a confrontation would go well. Instead I have opted to simply listen and sympathize with her ever-changing tribulations and when the occasion arises, make comments that indicate my acceptance of whatever life she lives. For example, Laura recently expressed anger that her landlords had accused her of doing drugs in her suite. Rather than side with her against her landlords on the grounds that their accusation was false, I sidestepped the issue and sided with her on the grounds that what she did in her apartment was her own business and none of her landlord's. While minor, this intervention seemed to have some effect to communicating my openness to (her) drug use. I remain hopeful that further remarks like this might allow us to discuss things differently.

both a strategy and potentially as a way of producing a desirous self-identification can allow us to see hustling in a different light. Panhandlers' lies, I argue, need to be analyzed through both their form and their content. The content of a lie is what we notice, for example, Laura telling me that she needs money to buy food for her grandson. The form, is *the fact that it is a lie*, a specific sort of lie: a lie told by a poor person asking a somewhat wealthier person in the street for spare change. If we focus entirely on the content of the lie, we will have difficulty getting past the fact that Laura does not need money to buy food for her grandson. If, however, we look at the form of the statement itself and attend to the space and circumstance in which it occurs, another reading is possible. The form of Laura's lie tells its own truth: *the very fact that she is compelled to ask strangers in the street for money is proof that she is genuinely in need*. And the real reasons she needs money are not necessarily any less pressing than the more socially palatable reasons she is compelled to offer.

Lacan describes communication understood in this way as being like a coin that is exchanged even though its imprint has worn off. It is an understanding of communication as based on a sort of faith. In the case of the coin it is faith in an Other who can guarantee value, truth, *logos*. In the sense I use it, it is faith that something true is being communicated even though the official stamp of truth is no longer visible—or that "Truth" must be held in abeyance so that another truth can be seen. As Lacan puts it, "speech constitutes truth, even if it is destined to deceive" ([1953] 2006, 209).

Panhandlers (like poor drug users) do not always have the *luxury* of truth. This point is crucial. Truth—being able to communicate with a stranger without conscious recourse to deception—is a luxury I have learned I possess that is often denied to

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panhandlers. Having to rely on the goodness (or guilt, or smug self-righteousness) of

strangers in order to survive means that panhandlers are forced to lie and hustle. Seen in

this way, *manipulation is a survival skill* and not having to rely on it only comes when

one has the capacity (be it money or violence) to obtain what one needs by other means.

A worker at Insite illustrates this dynamic precisely when he describes the sometimes

hostile attitudes of users:

> Addicts are very, very powerless in their life and that's why you get
> aggressive behaviour, that's why you get confrontation. Cause… they
> don't have any control over their life. It's not because they're a bad
> person, it's because these people are marginalized and they're used to
> hearing "No. Move it along. You can't do this here. You can't do that
> here. No, you can't have any money. No, you can't have any food. No,
> you can't stay here… *they use manipulation because its all they have*"
> (Employee 1, January 2010).

From this perspective, the manipulation of panhandlers and drug users, which can create

deeply uncomfortable situations, appears as a necessary skill rather than moral failing. It

is not something panhandlers engage in because they want to or because "they're a bad

person", but because they have no other means to obtain what they need. This

observation is an essential corrective to attempts at interpreting panhandlers' lies or

hustles through decontextualized moral frameworks or indeed, to any attempt to

understand the space of communication within panhandling encounters.

From The Space of the Hustle to the Space of Analysis

The argument I am making about the "space of the hustle", while it is in essence a

political argument, is also deeply Lacanian. I am arguing that panhandling encounters

need to be understood *structurally* rather than just "personally". That is to say,

panhandling encounters cannot be collapsed to dual Imaginary relations, they need to be understood as triadic Symbolic relationships.

Lacan's first and most famous contribution to psychoanalytic discourse is his insistence on the centrality of the signifier (e.g. language) in the constitution of the human subject. As I have explained earlier, human beings are born into a world of signifiers not of their choosing and their subjectivity is consequently organized by this Symbolic order they inhabit. The Symbolic order produces the subject. Subjectivity is an effect of the signifier in that it produces the unconscious and organizes the subject's desire. The signifier's hold on the subject is determinant. The subject's experiences of the world and his or her own body are structured by their Symbolic understanding of them.

This insistence on language and signification has important consequences for clinical practice. Lacan's critique of ego psychology asserts that any analytic praxis that does not acknowledge the role of the Symbolic in the constitution of subjectivity is condemned to remain trapped in the Imaginary. Ego psychology falls into this trap[181]. The attempt to strengthen the "sick" ego of the patient by forming an alliance with the "healthy" ego of the analyst is misguided according to Lacan because the ego itself is constituted by a profound misrecognition. Since it is ultimately an illusory phenomenon, any attempt to shore up the ego can only result in the subject's further alienation in the

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[181] While ego psychology is no longer as prominent as it once was, Lacan's critique applies equally well to contemporary cognitive-behavioural approaches and mainstream psychology.

specular image (i.e. the Imaginary) instead of affecting real change at the level of their

Symbolic constitution[182].

Analysis, Lacan reminds us, can only take place through the medium of the

signifier. In one respect, he means this in a very material sense: all the analysand does in

analysis is talk. Anything that is revealed, any change that is affected, will take place

through the medium of speech. The problem with so many schools of psychoanalysis is

that that they treat language—the raw material of their practice—as if it were a neutral

substance. Against this humanist conceit, Lacan argues that language and its effects on

the subject are far from neutral, they are in fact the very substance of subjects and their

symptoms.

Ignoring the Symbolic in the analytic situation means reducing the relationship to

an Imaginary dyad of analyst and analysand. It means misrecognizing the relationship as

being between two subjects communicating with one another. Recognizing the

structuring role of the Symbolic means calling attention to the ways by which *both*

parties are simultaneously governed by a third party, that of language itself. The

Symbolic means that there are always three parties present in any intersubjective

communication, the subject, the Other, and the "big Other" of the Symbolic order. One

of the most fundamental illusions of the Imaginary is the obfuscation of this structure.

When we ignore the Symbolic, we misrecognize these situations as humanist spaces of

seamless communication between two individuals rather than necessarily triadic

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[182] Furthermore, such "alliances" between the analyst and analysand are bound to fail because they are predicated on the idea that the analyst *knows the answer to the analysand's problem*. Lacan's point is that this sort of god-trick is fundamentally misguided: the singular knowledge of the subject resides not with the analyst but with the analysand. The analyst's role is simply to assist the analysand in articulating this knowledge.

encounters powerfully determined by the Symbolic order of law, culture, and the unconscious as they occur through language.

This argument about the centrality of the Symbolic in the analytic setting provides an important methodological insight into conducting research with panhandlers. Just as Lacan calls attention to how the third party of the Symbolic structures the interaction of the analyst and analysand in the analytic setting, I argue that a similar third party haunts the intersubjective space between panhandler and donor in panhandling encounters. Remember that Lacan takes the broadest view possible when he argues that the Symbolic order occupies the position of the Big Other: it includes not only the signifier and language but also law, mores, and norms. In short, everything that we call culture. Panhandling encounters must be understood as being determined by the Big Other of poverty and money: forces which may remain silent yet nevertheless affect everything about the signifiers that pass between subjects in panhandling. Just as ignoring the signifier in analysis risks collapsing the analytic relationship into an Imaginary one, ignoring the structuring role of money and poverty in panhandling encounters obscures the real power relations and the material needs of panhandlers.

Conducting research within the space of the hustle means having to be attentive not only to the signifiers that pass between panhandler and donor, but also to the structuring forces that overdetermine the encounter itself. It means not misrecognizing hustling and lies as personal moral issues when there are structural social imperatives that produce them. Finally, it requires a different reading of the text of the panhandling encounter: a reading that looks for truth on the surface of the lie, and in the very form of its enunciation. Nietzsche ([1873] 1954) said of truth that it was made of:

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> Illusions about which one has forgotten that this is what they are; metaphors which are worn out and without sensuous power; coins which have lost their pictures and now matter only as metal, no longer as coins (47).

As the worn coins of truth and lie pass between the donor and the panhandler in the street, we would do well to remember Nietzsche's caveats about truth, and reconsider the distinction between truth and lie as he did: in an "extra-moral sense" (ibid.).

On The Subject Who is Finally in Question: Towards Psychoanalytic Methodology

Psychoanalytic Geography and its Discontents

In this final section, I move from the previous discussion of the methodological difficulties involved in conducting ethnographic research with panhandlers to the issue of methodology more broadly. Specifically, I engage with the psychoanalytic literature within geography and the questions that have been recently raised about psychoanalytic methods. This topic has provoked much debate among psychoanalytically inclined geographers since some began expressing dissatisfaction with a perceived over-reliance on psychoanalytic *concepts* at the expense of psychoanalytic *methods*. (Kingsbury 2010; Pile 2010; Proudfoot 2010; Thomas 2007, 2010). While psychoanalytic concepts such as desire, jouissance, and sublimation, (Kingsbury 2008, 2011), Oedipal structures (Nast 2000), agoraphobia, and even the death drive (Callard 2003, 2006) are becoming part of human geographers' vocabulary, the prospect of psychoanalytic methods has been met with more trepidation[183]. In part, these concerns seem to stem from a misunderstanding

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[183] See Kingsbury 2009 on methods in particular. See Philo and Parr 2003 for an overview of psychoanalytic work in geography as part of their special issue on the topic, and see Pile 1996, Part II, for an earlier review.

of psychoanalysis as a praxis devoted to the individual rather than society, with its proper place being in the clinic rather than the streets. At the same time, geographers have cautioned against attempting to use psychoanalytic methods without the necessary training or in inappropriate spaces. Mary Thomas, for one, warns that interview settings are not clinical settings and geographers conducting interviews should not be seduced by the prospect of psychoanalyzing their interview subjects.

With respect to the first issue, it is important to note that psychoanalysis has never confined itself to the clinic. From the outset, Freud turned his attention to the "psychopathology of everyday life" ([1901] 1966) and in his "metapsychological" works, such as, *Civilization and its Discontents* ([1930] 1961), and *Moses and Monotheism* ([1939] 1985), offered psychoanalytic interpretations of social phenomena ranging from religion to war and from jokes to superstition. Secondly, we misunderstand psychoanalysis profoundly when we call it a science of the individual for, as Pile (1993), and more recently Kingsbury (2007) and Healy (2010) have argued, one of psychoanalysis' greatest strengths is its rejection of the structure/agency binary that separates the individual and the social. Subjectivity for Lacan is conceived *topologically* like a Möbius strip, an object that is defined by its single continuous surface: tracing a line along it, one passes from one side to the other, from inside to outside without breaking the line (see Healy 2010, 497). The Lacanian subject is simultaneously interior and exterior, of the social and the psychical, of the unconscious and the Other. Lacan's pronouncements that the "unconscious is the discourse of the Other" and "man's desire is the desire of the Other" makes crystal clear the *extimate* nature of psychoanalytic subjectivity (see Kingsbury 2007). It is one where what appears most intimate to the

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subject is also the most foreign and what seems most foreign to the subject is uniquely theirs[184]. Drawing a distinction between the social and the individual is thus a near-impossible task and we should reject any characterization of psychoanalysis as being restricted to a conjectural interiority of the individual at the expense of social.

Finally, with respect to Thomas's concerns about whether geographers are capable and warranted to analyze their research subjects[185], I suggest that while these critiques are valuable, they risk limiting our imagination about what psychoanalysis is capable of as social science research. In particular, I think that what these debates obscure is the question of the *object* of analysis, for, in debating whether geographers are capable of analyzing research subjects, we miss the more important issue: our research subjects should not be the first candidates for analysis, it is, rather, the researcher him or herself[186].

This proposal should not be surprising. Indeed, for decades feminist and post-structural geographers have called for researchers to analyze their own situated "positionality" and to be "self-reflexive", recognizing that they are not neutral observers but active participants in research settings (Dowling 2000; Haraway 1991; Pratt 2000; Rose 1997). Geographers have done much in this respect to attend to the intersubjective

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[184] Psychoanalysis abounds in examples of this. An example of something that is *intimate yet foreign* could be the subject's desire. We perceive our desires as intimate—as our own—and yet analysis reveals that our desires are often not our own, they are taken on from the Other. An example of the opposite, of something that is *foreign yet intimate* is aggression against a loved one. We may have no perception of feelings of hatred toward a loved one, yet analysis often reveals that we harbour all sorts of aggressive impulses which are deeply held yet experienced as foreign.

[185] Thomas's own suggestion is that geographers should analyze the texts that interviews generate but not the interviewees themselves.

[186] Liz Bondi (1999, 2005) makes the same argument with respect to psycho*therapy* as a research method.

dynamics of research spaces, calling into question not just their own investments but also the latent power dynamics of interviews and ethnographic research.

Psychoanalysis has much to contribute to this programme of "reflexivity". It is a praxis dedicated entirely to self-reflection and its limits. Just as Rose argued in 1997 that geographers should not be deceived by attempts to render our positionality transparent by providing a full accounting of our situatedness, psychoanalysis' commitment to the unconscious affirms the dimension of unknowability inherent to subjectivity[187]. Lacan argues that psychoanalysis is dedicated to the articulation in speech of the truth of the subject. This insistence on speech is crucial and it points to one of the problems with many conventional understandings of reflexivity. One of the defining characteristics of speech is that it necessarily involves an Other, and psychoanalysis as a praxis depends on the Other to affect the cure[188]. Analysis, in other words, cannot be conducted alone; it requires an Other to hear the speech of the analysand and to punctuate their discourse in such a way that latent unconscious elements are brought to conscious attention. This dimension of the Other points to one of the problems which faces conventional approaches to reflexivity: attempting to "reflect" on oneself cannot progress beyond the subject's own resistances. It is in this spirit that psychoanalysis offers such a powerful methodology for interrogating reflexivity and positionality: through the intermediary of

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[187] Rose's wonderful phrase cautions us that such obsessional positionality means "performing nothing more than a goddess-trick uncomfortably close to the god-trick" of objectivity we originally sought to critique (1997, 311).

[188] Speech generally involves (an)other person but even when one is absent, speech always involves the big Other of language itself.

the Other, that is, through the figure of the analyst, researchers can articulate their experiences in speech and have their own speech reflected back to them[189].

Analytic Supervision as a Qualitative Research Method

The specific method I have experimented with in this project is analytic supervision. Analytic supervision is a Freudian-Lacanian method used to help analysts understand the transference and counter-transference at play in the analyses they conduct with their analysands. Briefly, transference describes the emotional bond formed by the analysand and analyst wherein the analysand projects emotions from their formative relationships onto the figure of the analyst. Transference is thus a form of repetition characteristic of the unconscious because the analytic relationship *repeats* the structure of a relationship already familiar to the analysand. Far from being simply an impediment to the treatment (a resistance, as Freud conceived of it initially), transference is an integral element of analysis in that it creates a space in the analytic setting which allows the participants to see the subjective position that the analysand adopts with the respect to the Other.

This does not mean that the transference is always easy to manage. In some cases, the analyst him or herself experiences a counter-transference of their own wherein they begin to project their own prior experiences onto the analysand. Since for Lacan, there is no point outside of language from which to see the transference objectively, the

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[189] This idea of speech being reflected back is central to Lacanian clinical practice. The analyst, as I have argued before, endeavours to occupy the position not of "another person" (the little Other, the Imaginary Other) but the big Other of language itself, and eventually of the analysand's *objet petit a*. What this means, in layman's terms is that the analyst will not respond like a normal person would. They do not seek to engage the analysand as a friend or confidant, affirming their speech, their responses should instead return the analysand's speech to them "in an inverted form" ([1954] 1988, 51), calling attention precisely to what is unfamiliar in it.

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solution is for the analyst to articulate the transference in speech to another analyst, who can point out the gaps and fissures that are signs of the unconscious. In this way, analytic supervision is best understood as a continuation of the analyst's own analysis, which is the cornerstone of Lacanian analytic training.

Often referred to as a *listening to a listening*, supervisory sessions are similar to analytic sessions but are generally conducted face to face rather than on the couch. Different schools of thought within the Lacanian community argue about whether supervision should take place with the analyst's own analyst or with another analyst. The differences in opinion stem from the degree to which supervision is conceived of as an extension of the analyst's own analysis or whether it is more concerned with sustaining the act of analysis with a particular analysand. In both readings, supervision is a method designed to use the structure of discourse between analyst and analysand and the technique of free association to aid the analytic process.

My own involvement in analytic supervision stems from my participation in a Lacanian study group led by Hilda Fernandez, a practicing analyst in Vancouver. I approached her with the idea of developing Lacanian clinical methods for use in social science research. I was interested in using psychoanalysis to understand the relationships I had developed with panhandlers and drug-users in my research. My research encounters had prompted a great deal of anxiety and discomfort at certain points and I wanted very much to turn the theoretical apparatus I was relying on towards myself and see what it could tell me.

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Early in our discussions, we decided that my entering into analysis with her was impossible. The analyst-analysand relationship is a unique one and cannot be combined with socializing or personal friendship. It was then that she proposed analytic supervision as a model for the sort of work I wanted to do. In adapting this approach to ethnographic research, I am positing that the role of researcher, while radically different from that of an analyst, nevertheless constitutes a position where unconscious investments and potential transferences are open to analysis. As such, seeking the counsel of another analyst to understand the counter-transference with my research subjects has much in common with traditional analytic supervision.

Starting in January of 2011, I began weekly sessions of supervision, completing eight sessions over a two month period. Sessions were approximately one hour long and were conducted at the supervisor's office. As the fieldwork was by and large completed and I was well into the process of writing, our sessions were retrospective. During the sessions, I described the fieldwork, my relationships with the panhandlers I work with, and free-associated about significant encounters with them. My supervisor asked questions about the fieldwork, offered interpretations, and pointed out connections that she saw between the disparate topics that I brought up. The intention in supervision for fieldwork is thus parallel to conventional psychoanalysis: to create a space where the unconscious can speak. That is to say, where the researcher can reflect on the experience of fieldwork in speech and have their discourse punctuated by an Other who hear it. In what follows, I present some of the stories and issues that proved to be significant for me, as well as some of the insights that supervision provided for interpreting moments in the field.

Streetscape, Dreamspace

It's 2006. I've just started my Ph.D. and I'm out late, somewhat drunk, with my new advisor, Paul. We've been at a school function but we've still got energy and I'm talking excitedly about my project. Paul's new to the city, so I'm playing the role of the local, taking him to a bar I know in Chinatown. We're coming from Downtown and as we're walking, I decide to take him down Hastings. Usually, at night, I'd avoid the most intense part of Hastings by taking a side street but we've been talking about the Downtown Eastside and I decide to take Paul there; show him this place that he's already heard so much about. Even then, I think I knew that my motives weren't exactly pure: I wanted to show off. I wanted to show my new advisor how comfortable I was in the neighbourhood, how I could easily navigate this place that gets spoken of with so much fear. As it turned out, despite living here for years, I was reminded that night of just how much the neighbourhood could still unnerve me. As we rounded the corner onto Hastings and Columbia, it felt like the street rose up and engulfed us like a scene from Hieronymus Bosch. Drug dealers on BMXs careened around us, gliding through the crowds on the sidewalk. People huddled in the doorways of abandoned storefronts, smoking crack from glass pipes with long rubber hoses. People yelled out at those passing by, chasing down those who owed them money, or pleading with others to lend them some: a buck, a hoot, a taste of it. A shirtless man stood in the Brandiz's Pizza joint, half-naked in the yellow green fluorescent light, jack-knifing at the waist, arms flailing wildly, in the throws of cocaine psychosis, sleep deprivation, or god knows what else. As we walked, I know I feigned a confidence

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that had faded away blocks ago. I felt completely overwhelmed, a tourist in my own neighbourhood. As we approached the Carnegie Centre, I remember looking down just in time to avoid stepping in a pool of fresh blood, an uncapped syringe lying in the middle.

That night I dreamt of the Eastside. I dreamed I was walking down an alleyway with a tour group of senior citizens. Around us, homeless men and drug users pushed shopping carts in the dim light of the alley. One of the homeless men climbed atop a dumpster and held a jeweled crown above his head. Catching the light from the street lights above, he projected a beam of light from a gem in the centre of the crown. Laughing maniacally, he shone the light into the eyes of an old woman beside me, blinding her. She covered her eyes, trying to shield them but the man persisted, laughing all the while. Her elderly husband ineffectually yelled at him to stop. I felt powerless, knowing that the homeless man could do with us what he wanted. I ran down the alley trying to escape, squeezing through the narrow spaces between dumpsters, stepping over bloody syringes, before finally stumbling into the bright light of the street.

More than three years later, near the end of my fieldwork, I found myself in an alley again. It's early morning when I see Dean standing in the street. It's January, and even though it's below zero, he's bare-chested, his torn and dirty jeans hanging off his hips. He's doubled over at the waist, head hanging down past his knees,

swaying from side to side with his arms locked in mock-paralysis. I've never seen him like this before, he's moaning like an animal: deep, long moans that come from the pit of his stomach and echo off the buildings in the still deserted street.

I cross the street and try to talk to him. He looks up and recognizes me but when he speaks, his speech is so slurred I can't understand a thing. He's almost crying and I can make out that something has happened between him and his girlfriend Tammy. Within a moment, he seems to have forgotten I'm there again and goes back to moaning and staggering, pigeon-toed and bent at the waist.

I'm completely at a loss of what to do. If I leave him here he'll either freeze, get rolled by someone, or get arrested. I've got no idea whether this is serious or whether he's just taken too many benzos with his methadone. The Downtown Eastside has given me many opportunities to feel like a fool, over-reacting to situations drug users take for granted.

As I'm trying to decide what to do, the cops show up. Someone's called them because of Dean's moaning. There's three of them and they take up their usual positions, one standing at a distance while the other two approach Dean and I separately. The transformation in Dean is incredible: his instincts when confronted with blue uniforms are so sharp that they momentarily break through his high, sobering him up in a heartbeat. He tells them I'm a researcher, we're doing an interview, everything's fine. He can only hold it together for a moment though, pretty soon his eyes are rolling back in his head and he's starting to starting to lean again. The police turn out to be decent and when I tell them that I know Dean, that

I think he's going through some through some tough times, they seem satisfied. I tell them that I'll walk Dean to his place in Chinatown and they seem happy to have someone take the problem off their hands.

We start walking to his place but I quickly realize that I'll never make it that far with him in this state. Dean's walking with his eyes closed and halfway down the block, he walks straight into a telephone pole before I can stop him. He bangs his head hard against it and collapses. He's crying and though he's barely able to stand, he's lucid enough to blame me for letting it happen. I decide that getting him to Insite is the best I can do, it's only a block away and we can cut through the alley. As we enter the alley between Cordova and Hastings though, I feel like I'm in over my head again. It's filled with people dealing, scoring, smoking rock. A woman Dean knows calls out to him, she wants to know what's up but she's not sure about me. She wants to know why some guy is leading Dean through an alley when he's barely conscious. I try to explain but she isn't interested in what I have to say, she's talking about me but she's looking at Dean all the time, asking "Who is this? Is your friend cool?"

It's easy to live in the Downtown Eastside and not feel threatened by the things going on around you if you're not directly involved in the street drug scene[190]. Walking a barely conscious junkie through an alley is another story; I felt the walls that insulated me from this world melting away. A group of women were sitting on the ground of the freezing, filthy alley. "Hey, check out Cereal!" they called out,

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[190] This has, at least, been *my* experience of living in the DES. Some of this comfort may well be a product of being a white, middle-class, able-bodied man who is not frequently confused with being a part of the street drug scene in the neighbourhood.

taunting Dean with a nickname drawn from his grocery scams. They pointed and laughed at us as we walked by, Dean slack-jawed and staggering, me, nervous and fumbling. I felt completely adrift, like I had somehow stumbled into the back alley of my dream from years before. This alley, which ran parallel to the streets I knew, was completely unfamiliar. My bus stop was at the entrance to the alley: I was literally no more than fifty feet from a place I where I stood everyday and yet here in the alley, I was a thousand miles from home.

These field notes—two stories flanking a dream—are significant for a few reasons. The first is that they gesture towards the experience of the Downtown Eastside as a phantasmagoria, as a space where the intense quality of experiences can blur the line between the objective understanding of a place and the phantasy space it occupies in the unconscious. The second reason is confessional: this story also gives a sense of the sort of problematic, exoticizing discourse that haunted my research in the beginning, and in some ways, continued to later on.

I had largely forgotten about this dream until I began analytic supervision. I remembered it only once I began talking about my fieldwork and telling the story of finding Dean on the street and taking him to Insite[191]. In talking about the dream, I realized that one of the reasons the experience in the alley had struck me so profoundly was because it paralleled the dream of years before, reminding me of how out of place I

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[191] Dean did not escape this episode unharmed. He slept off the methadone-benzodiazepine high at Insite, under the watchful eye of staff, but when he awoke discovered that he could not use his right hand. Doctors have told him that at some point he damaged the nerves in his arm. His prospects for recovery are uncertain. At present he has very limited mobility in his hand, cannot pick up objects, and can only hold things like shopping bags using his index finger as a sort of hook.

still feel despite my growing familiarity with drug users. I was also confronted by the consequences of my desire for that familiarity when I found myself being interpellated not as middle-class outsider but potentially as a member of the drug scene when I accompanied Dean into the alley. Reflecting on my anxieties about this encounter afterwards in supervision, I realized that my familiarity with drug use and panhandling in the Downtown Eastside is still predicated on a sense that I am "in it but not of it". In other words, without my outsider status, I would be in over my head.

The Gaze from the Ivory Tower: Anxiety and Guilt in Research

I'll return to these field notes in a moment. Let me first put them into context within my experience of analytic supervision. When I began analytic supervision, my first worry was that I would not have enough to talk about. I worried that my fieldwork was too far in the past, that I had not been properly immersed in it to begin with, that the technique of analytic would only work if I had been doing "real" ethnography. Moreover, I worried that all I would have to talk about when it came to free-association were all-too-familiar grad student anxieties about finishing my dissertation. In the strange and circuitous ways that analysis often works, these anxieties turned out to be very productive. I spent the first session talking non-stop about my fieldwork, obsessively providing details and recounting as many stories as I could in an attempt to appear (to who?) like a good researcher. The process of performing this role for my analytical supervisor, however, quickly revealed my unconscious strategy. The shallowness of my performance became obvious to me and led me to being able to talk about the anxieties that haunted my research and continued to plague me as I wrote the

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dissertation. I realized quickly that my earlier concerns (about writing the dissertation) were misplaced only because the anxieties I felt about my dissertation were indissolubly tied up in the research itself. In other words, my personal anxieties as a researcher were informing my research questions in ways that I was only dimly aware of.

I became aware of the deep sense of neurotic guilt that haunted the project. I soon realized for instance that the impassioned defence I had been mounting of panhandlers against those who stigmatize them with accusations of laziness bore an uncomfortably close relation to my own anxieties about being lazy with respect to my academic work. The obviousness of this realization was only matched by my complete unawareness of it until I articulated it in supervision: I had spent the past year writing about how panhandlers and drugs users were unjustly accused of laziness and obscene enjoyment by an unsympathetic public, and, all the time I harboured a guilt that I was not working as hard as I should and lived an easy, government-funded life to which I was not entitled. I also realized that despite my pretences towards understanding why the panhandlers I worked with lied to me and constantly tried to hustle me for money, I actually harboured a great deal of anger towards them. Why did I constantly have to deal with this? Why couldn't I leave the house *just once* without getting shaken down for money? And why did we have to go through this same song and dance about why you need money when we both know it's bullshit? I soon discovered that this anger and frustration went very deep and, through discussing them in supervision, I realized that the reason they were so powerful was because they too were underwritten by guilt.   This guilt came to light when I realized that the reason I was angry about being hustled was because on another level, I felt that I was also hustling the panhandlers I worked with. I was using them for my own

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gain, giving them change and getting information. I tried to be honest and tried to ensure my work would represent them generously but unconsciously I knew there was a fundamental imbalance between us, that I was hustling them as much as they were hustling me.

Guilt can be understood in Lacanian terms as being related to the superegoic function of the Symbolic. At the level of the Symbolic, we encounter *ideals* which command the subject through injunctions and demands. Through analytic supervision I came to identify a series of ideals which operated in the writing of my dissertation: ideals of activism, science, and ethnography. These ideals provoked anxiety: anxiety that my project would not be political enough, innovative enough, or rigorous enough. They represented what Lacan calls an Ideal-Ego: they were not things I *aspired to* or *identified with* as much as they functioned as *positions from which I was observed*. I located a gaze in these ideals and found myself judged by them, in the field and at my desk. From time to time, these Real gazes appeared in Imaginary form; that is to say, I located these gazes in particular individuals. Sitting at my desk, labouring over a particular sentence, I would feel this gaze embodied in a person who represented a particular Ideal-Ego: a member of my supervisory committee, an activist from the Downtown Eastside, a panhandler, Philippe Bourgois. *He would call this ridiculous. She would question its rigour.* The Other is always with us when we write, the Other's desire speaks through us in these moments. In my dissertation, I could see how these Real anxieties produced discursive effects in the Symbolic order of the text: lapses that hide unpalatable discoveries, and overcompensations that mask uncomfortable conclusions.

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Of course, "aspiring to ideals" such as conducting rigorous social scientific research is important; it is not simply a source of anxiety that analytic work should aim to undo. The issue is that these ideals are, at one level, impossible to live up to. They are potentially always out of reach; there is always more work that can be done, more fieldwork, more research, more analysis—just as there will always be more books one *should* read. Lacan notes that the superego and its ideals are governed by a fundamental paradox: the more one satisfies the superego, the more it demands[192]. Like the vampire that grows stronger the more it feeds, it is the subject who tries hardest to satisfy the demands of the superego that feels the greatest pressure from it. Seen this way, academic research has a perverse sort of compliance with the superego: it produces knowledge, but the knowledge is never enough, can never be enough, and in the gap that lies between knowledge and the superego, we find the anxiety of the subject.

The Singular Knowledge of the Subject

The knowledge of psychoanalysis is a constitutively different object than that of social science. Psychoanalysis eschews the universal—or at least, generalizable – knowledge of science, aiming instead to articulate the singular knowledge of the subject. This knowledge is of course the unconscious, the only "truth" psychoanalysis lays claim to: truth as the singular desire of the subject[193]. My realization of the guilt that haunted my research was one sign of how my desire was at work. If we return to the dream that I began with, we can examine some of these desires and anxieties through my unconscious

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[192] Slavoj Žižek has made much of this paradox. See, for example, Žižek 1994, 67.

[193] The paradox, of course, is that psychoanalysis as a theory develops a new universal knowledge of it own. The singularity I am referring to is the result of the *practice* of psychoanalysis. Through its practice, psychoanalysis produces a singular knowledge of the subject rather than the generalizable knowledge sought by science.

phantasies. Freud says that dreams take their manifest content from what he calls the "residue of the day", that is, from the memories of the previous day (see [1905] 1991, chapter 5, sec. a)[194]. These indifferent memories are condensed into dream images through processes of condensation and displacement where other thoughts and memories are combined to form overdetermined dream images (ibid. chapter 6, section a and b). In my dream of the alleyway, we can see clearly how the dream draws on the residue of the previous day: it is set in the Downtown Eastside and features homeless people and syringes, a number of familiar sites and images. It bears a great deal of similarity, in fact, with the experience I had had mere hours before.

For my part, the most striking image of the dream is that of the laughing homeless man who holds the jewelled crown aloft, shining the light into the scared eyes of the old woman. When I free-associated on the image, I remembered an image of Moses holding the tablets of the Ten Commandments.

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[194] Recall that the manifest content of the dream are the images and scenarios that comprise it. This is in contrast to its latent content, which are the repressed thoughts that are the object of Freudian dream interpretation.
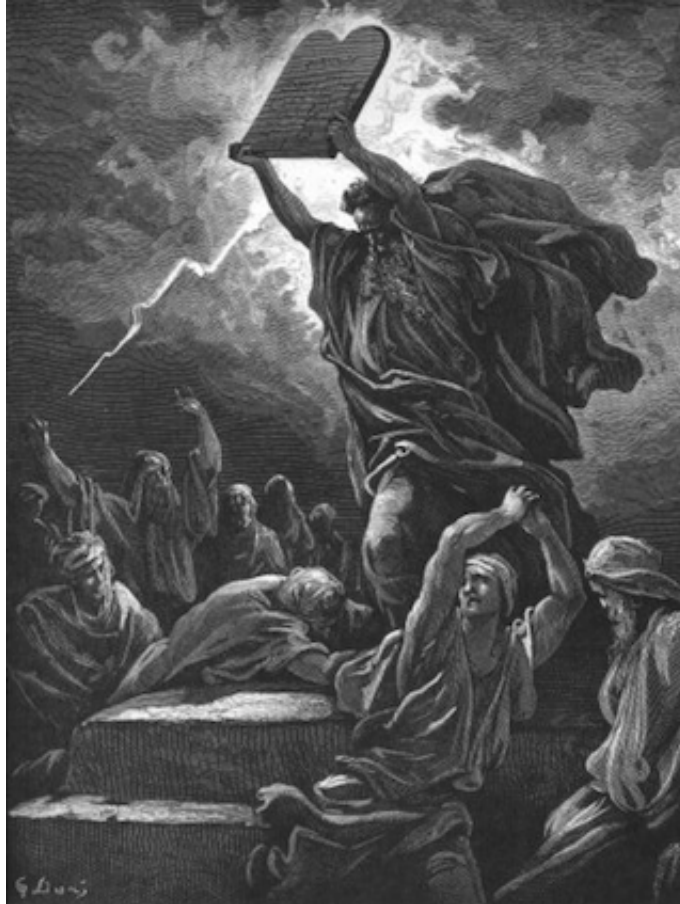
Figure 13. *Moses Breaking the Tablets of the Law.* **Gustave Doré (1865). Image Available in the Public Domain.**

When I encountered this image, and numerous variants of it, I realized that the

association I had drawn was only partial. The full association went further and used the

image of Moses as an intermediate step in the process of metonymic substitution. The

image that followed next in my associations confirmed Freud's argument that alongside

the "day-residue", it is images from childhood that are most commonly cathected in

dream symbols. I realized that the image of Moses was actually standing in for another,

far less sophisticated, memory that was nevertheless far more significant from my

childhood: Indiana Jones.

Figure 14. Indiana Jones with the Staff (Kasdan and Spielberg 1981). Used With Permission.

This is the true source of the dream image: Indiana Jones holding a staff with a red gem in the centre, shining a beam of light. The connection to Moses, comes from the obvious common theme of the Ark, which was both the place where the tablets of the ten commandments resided and the goal of Indiana Jones's quest in the film *Raiders of the Lost Ark* (Kasdan and Spielberg 1981). Moses functions as a screen, obscuring the connection to the original image, which would have revealed the substitution too blatantly.

The image of Indiana Jones is a potent one from my childhood and immediately calls to mind themes of adventure, exploration, and colonialism. I believe this issue is central to the dream's meaning. When we consider this theme of colonial adventure and combine it with the other trope in the dream, being part of a senior citizen's tour group, we can read the dream as a sort of unconscious auto-critique: look at yourself, you're acting like a tour guide, you're trying to play the role of the colonial explorer. The critique was so strong that it was barely unconscious in fact. Reflecting on the dream I feel a strong sense of embarrassment at the day which preceded it: taking my advisor

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down Hastings street that night was very much an act of tourism, and it was strongly

inflected by a quasi-colonial desire to show off an exotic place and demonstrate my

mastery over it. This embarrassment, and the anxiety that came from being overwhelmed

by the intensity of the DES that night, is reflected in the dream by the role of *light*. In

playing the role of researcher, I aim to "shed light" on the "dark places" of the

Downtown Eastside. And yet, here in the dream, light does not illuminate, it *blinds*.

Whereas Indiana Jones's light points the way to truth, to the location of the ark, in my

dream, the light shone from the homeless man's crown blinds the people in the crowd.

The crown shows that the homeless man is king of this place, he is the one in charge, I

am just another hapless tourist, blinded and lost in the dim light of the alley[195].

My dream of the alleyway and the stories from the fieldwork that refer to it speak

to some of the unconscious phantasies which animate my research: phantasies of

adventure, exploration, and the exotic, as well as anxieties about my inability to navigate

these foreign places and the frightening figures who live there. Such phantasies are not

easy to talk about since they are obviously politically problematic. They certainly do not

sit well with what I *consciously* want to accomplish with my research: understanding

drug users and panhandlers, representing the many good sides of the Downtown Eastside,

not creating binaries, or positioning "them" as predatory Others. Problematic or not,

these phantasies are quite real at one level of my relationship to the Downtown Eastside

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[195] This dream analysis is by no means complete, nor would a more detailed analysis be possible
considering the length of time that elapsed between the time of the dream and its analysis. This
interpretation was only possible because I wrote the dream down in the morning thus providing me with
a text to return to years later. If Freud is right that dreams are always a form of wish fulfilment ([1905]
1991, chapter 3) then my anxiety as a researcher itself may even be functioning as a screen for a wish
concealed at another level.

and the people I work with and coming to terms with them is an essential part of conducting responsible ethnography.

One of psychoanalysis' greatest strengths is its ability to unsettle if not our politics then at least our political identifications. This strength is without a doubt also one of the main reasons psychoanalysis is greeted with such trepidation in the social sciences: rarely does analysis suggest that our political beliefs are the product of the sort of rigorous analysis we imagine them to be. We are more often forced to confront the fact that our conscious beliefs are the product of embarrassing unconscious conflicts that we have resolved through our social and political identifications. Freud was fond of the idea that there were three "narcissistic wounds" suffered by humankind: the first dealt by Copernicus when he proposed that the Earth was not the centre of the universe, the second by Darwin who discovered that humans were not separate from other animals, and the third by Freud himself, who proposed that we were unknown even to ourselves, that our motives and beliefs were controlled by forces beyond our awareness[196]. The process of analytic supervision makes this idea of the narcissistic wound easy to understand on a personal level. As I hope to have demonstrated, analysis unsettles a great deal of one's personal identifications and political convictions and forces the researcher to confront discomforting truths about his or her unconscious desire.

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[196] Freud's actual phrase is "the psychological blow to men's narcissism" ([1925] 1961, 224). The phrase "narcissistic wounds" comes from later commentators and is drawn from another text by Freud, "Some Neurotic Mechanisms in Jealousy, Paranoia and Homosexuality" (1923).

(An)Other Desire

At the same time as I worked to understand my own desires and phantasies in supervision, my supervisor and I also discussed the question of the desire of the panhandlers I worked with. This question first emerged through a discussion of Lacan's dialectic of desire, in which he discusses desire as the product of *need* articulated in *demand* (Lacan [1958b] 2006, 579–580, see also Fink's discussion in 1997, 235–6n4). Lacan argues that desire is not innate, it emerges because innate biological *needs* (such as hunger or warmth) must initially be provided by the Other, because infants cannot obtain them for themselves. The infant makes a *demand* of the Other through its cry, but the cry is not directly *for* the need because its meaning is literally only determined through the actions of the Other who responds to it[197]. The parent who responds with food, with burping, or with rocking, retroactively determines the meaning of the child's cry. The needs of the infant are thus, from the outset, alienated in the signifier, and, in this space of alienation created by the non-coincidence of need and demand, desire emerges. Desire is "the surplus produced by the articulation of need in demand" (Evans 1996, 37). Desire is fundamentally about what the subject wants from the Other that cannot be reduced to need, and this means that it is the demand for *love*.

Let me explain this point. I was at first reluctant to approach the issue of panhandlers' desire through a framework which seemed to infantilize them. Their needs

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[197] The logic of this may initially strike the reader as inverted. It is characteristic of Lacan's notion of the retroactive determination of meaning, where the meaning of an utterance is only fixed retroactively by the Other who responds to it. Lacan uses this concept to explain experiences like the infant's demand I am describing here, as well as the structure of the symptom itself, where the meaning of a symptom can literally only be said to acquire meaning retroactively when the analysand articulates it in speech. The model that is often used to illustrate this concept is that of the joke: only when you reach the punch-line is the meaning of the preceding narrative made clear.

are certainly not the same as infants and they are not dependant on the Other in the same way as a child is. I bristled at the political implications of such a reading and was uneasy with the term *love*, as if panhandlers' demands for money were "really a demand for love". Did they care about the love of their donors? Surely it was dangerously self-aggrandizing for a middle-class person to think that panhandlers needed my *love*? Did they not simply need money because they lived in an unjust society that denied them the material goods they needed to survive?

Important as these caveats are, there are other ways to understand what Lacan means by love, and what it might mean in the case of the panhandlers I work with. Indeed, if you logically extend the caveats above, if you argue that panhandlers need nothing from the Other except for money, it leads to a perversely anti-social monadism that is as difficult to justify as the position it originally critiqued. A story from my fieldwork illustrates this well.

Soon after the question of the desires and phantasies of panhandlers came up in supervision, I began listening more closely to what people were saying, looking for signs of their desire. No more than a day later, Mark told me the following story. I should preface this by saying that Mark is perhaps the angriest panhandler I interact with on a regular basis. I have mentioned earlier that he describes panhandling as "degrading"; I would go on to say that he is filled with hostility and resentment, feelings that often express themselves in racism and misogyny. During our conversation, a group of Korean ESL students stand nearby, as they often do, smoking cigarettes while on break from their English classes upstairs. Mark holds the door open for patrons of the building which houses the parkade as well as the ESL school. He gestures towards the students and says:

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These are the worst, you know. Never even say so much as thank you when I hold the door. Never even *look at you.* Last week, I told these two guys, "Man, that earthquake [referring to the March 2011 earthquake in Japan], I wish it had destroyed your country". "Why?" They ask me. "You *watch*", I say. "You stand here and watch how your countrymen act".

Mark describes how the two students stood and watched as he held the door for student after student as they pass through, none of them acknowledging him or tipping him for his service. After seeing this, the two students apologize frantically to him: "we're so sorry", they say, "we had no idea", and, Mark tells me with a smile, "they gave me fifteen bucks each".

It should be obvious that this story is untrue, that this could not possibly have happened. What this story represents, however, is a different sort of truth, it speaks to the singular truth of Mark's desire: a desire, I believe, for *recognition* (Kojève 1969)[198]. His story is actually a perfect example of Lacan's formula for phantasy.

Phantasy is a structure concerned with the subject's relationship to *objet petit a*, the object-cause of desire. *Objet petit a* is, in many ways, Lacan's answer to Freud's fundamental discovery that desire has no real object. Desire is a metonymy, it may be directed at a given object at one point but it can just as easily shift its aim towards another object. There is nothing, in other words, that is inherent about the object that makes it desirable. Rather, it is its position in a structure of desire that gives it this quality. Lacan answers Freud by arguing that desire may have no "real" object, but it has an object in the Real: the *objet petit a*. This Real object is the quality that is in the object but is more than

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[198] Lacan, especially in his early work, is deeply indebted to Kojève's work on Hegel. The Hegelian resonances of this idea of "recognition" should not be overlooked.

the object, its surplus, or that which is "in you more than you" (Lacan [1964] 1977, 263), as Lacan says of what the lover finds in his or her beloved. It is the mysterious quality that gives the object its allure, the quality which cannot be named. While the *objet petit a* can reside in *any* object, its defining characteristic of being non-representable means that it is most often found in objects which defy representation. Here, Lacan introduces the idea of the *gaze* and the *voice* as part-objects[199] which are the privileged repositories for the *objet petit a*.

Mark's story can be read as phantasy precisely because it is concerned with the subject's relationship to the *objet petit a*: it stages a scenario in which *objet petit a* appears in the form of the gaze[200]. Let me examine Mark's story more closely. In the scenario, we find three parties: Mark, the two students, and the other students. The structure is triangular, mirroring Lacan's description of the triadic structure of analysis: subject, other, and Other:

<div align="center">

Mark (subject)

The two students   The other students
(The Other)   (The other)

</div>
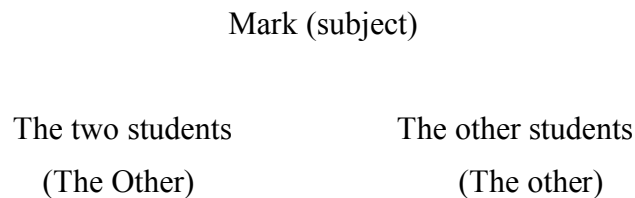
In the phantasy scene, Mark uses this triangular structure to create a space for the gaze. He stages a scenario where he can be *seen by an Other who sees that he is not seen*. Mark positions himself as subject who is not recognized by an other, in this case

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[199] The part-object is a Freudian concept that describes the parts of the body that are the objects of the drive: the mouth, the anus, the genitals, and the objects that the infant relates to these erogenous zones: the breast and the faeces.

[200] Phantasy, for Lacan, takes the form of a *scene*; it is a fixed image.

the other students. The two students witness his non-recognition by serving as the place

in which Mark locates the gaze, which is the *objet petit a*. The two students function as

the big Other (the Symbolic order) in recognizing the little other's misdeeds and they

deliver the big Other's message in the form of the apology, as well as the *gift* of money: a

Symbolic gift guaranteed by the Other of the social. We can complete the diagram of the

phantasy as follows:

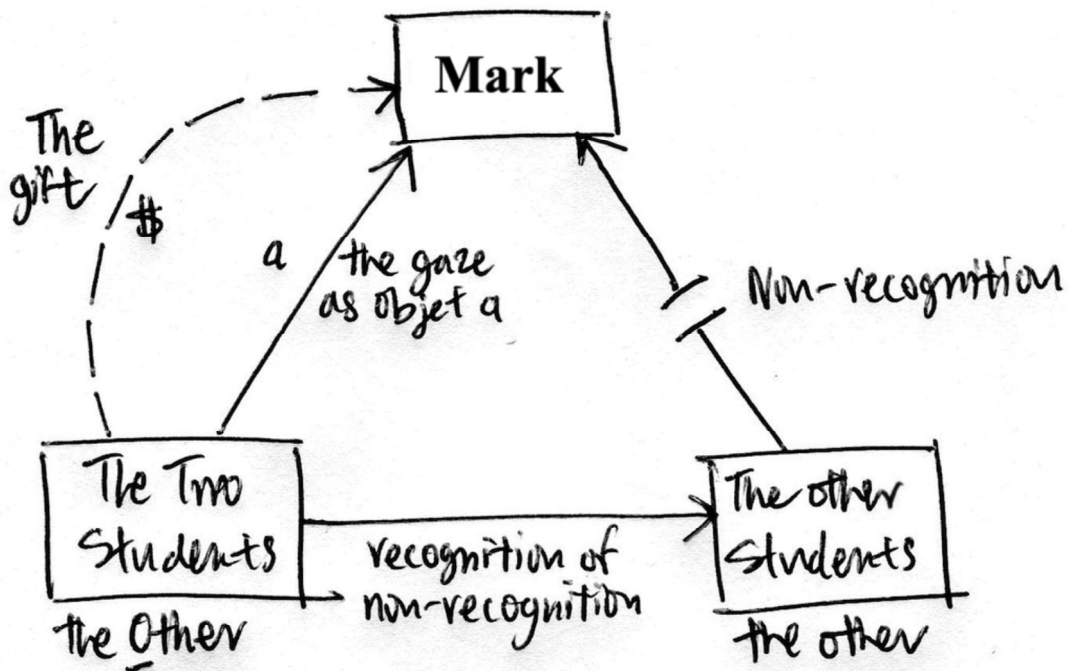

Figure 15. Optical Model of Mark's Phantasy

The phantasy can thus be seen as staging a scenario where the gaze as *objet petit a*

provides Mark with the *recognition* he desires from the Other. It is a phantasy about

recognition, and recognition by the other is another way to understand what Lacan,

following Hegel, means by love. It should not be surprising then to argue that the

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demand that panhandlers make for money is not simply a demand to satisfy a *need*, it is also a *desire* for more, for "love" as recognition by the other. This no doubt takes different forms for different people; Mark's desire for recognition is certainly different from Dean's, who derives a great deal of recognition by playing the role of provider to his girlfriend Tammy; and from Laura, whom I have described as desiring a certain kind of recognition from people like me by constructing elaborate stories about her life. In all these cases, however, we can see that panhandling does not necessarily need to be limited to the level of need and demand. There is a space of desire that operates in panhandling exchanges and this space can be elaborated through techniques such as analytic supervision.

The Subject Finally in Question

By way of conclusion, let me say that desire, while it is present within panhandling, is by no means a given. Lacan says that neurosis is characterized by desire being trapped at the level of demand. To return to the example of the infant's demand I spoke of earlier, when the parent responds to the child's demand, they retroactively give it meaning. If the parent always respond to the child's demand in the same way, it may have the effect of *fixing* the meaning of that demand, and flattening out the surplus of desire that is contained within it. This is what Lacan means when he says that neurosis is characterized by the reduction of desire to the level of demand.

In analysis, one of the main tasks of the analyst is to open up space for desire within the analysand's demand. When the analysand demands something, an interpretation of a symptom for example, the analyst does not respond by answering the

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demand, instead, he or she looks for what desire lies within the demand and attempts to bring that to the fore. As Bruce Fink puts it, "desire is budding within demand; it can be nipped in the bud or allowed to blossom" (1997, 236n4).

To continue this botanical metaphor, I would argue that the terrain of the panhandling encounter is not especially fertile soil for desire to take root. It is a space so overdetermined by the need for money—by the space of the hustle as I have dubbed it—that it is very difficult to escape the level of demand. In most of my engagements with panhandlers, our interactions have rarely moved beyond this level to explore the space of desire. Panhandlers' needs are either too pressing, or my relationships with them have simply not become intimate enough to transcend this dynamic with much regularity.

I have certainly formed emotional bonds with a few panhandlers that have allowed us to step outside of the space of the hustle from time to time. My conversations with Girard about his life-long addiction to cocaine fall into this category, as do a number of occasions with Dean, when his relationship with Tammy was in jeopardy and he needed someone to talk to, someone who would not judge his tears. Moments such as these were certainly powerful, and they revealed to me that I did indeed occupy a position of trust for some of the panhandlers I worked with. But these moments were rare indeed. Perhaps even as soon as our very next meeting, we would find ourselves again engaged in a dynamic of need, demand, and minor duplicity. As I have argued earlier, panhandlers should not necessarily be faulted for this, it is a manifestation of a structural imbalance that they are compelled to engage in to survive. It simply means (in Lacanian terms) that desire remains trapped in demand when it is overdetermined by need.

This issue of the level of intimacy of my relationships with panhandlers also ties into the question of transference that I raised at the beginning of this discussion of analytic supervision. As I wrote earlier, supervision is first and foremost a technique designed to help analysts understand the transferences they experience with their analysands. In similar fashion, I began analytic supervision with the hope of understanding the transference in my relationships with panhandlers. After discussing these relationships with my supervisor, recounting the experiences I have had, and the powerful role that hustling for money plays in our relationship, I came to realize that I do not, in fact, experience a significant transference from the panhandlers I work with. In fact, the shoe is on the other foot: if there is any transference at all in our relationship, it comes from the opposite side, it comes from me. I am the one who experiences a transference towards the panhandlers I work with because in a very real way, *they* function as what Lacan calls the subject-supposed-to-know. *I* believe that *they* are the ones who have possession of the knowledge I desire, not the other way around. For Lacan, analysis works because the analysand locates a knowledge in the analyst, they produce the analyst as a subject-supposed-to-know, who they look to for answers and recognition. Likewise, in my research, I locate a knowledge in the panhandlers I work with. I do what I can do solicit it from them, making myself likeable to them, hoping for answers and recognition. If we push this line of reasoning further, we can see other signs of this reversal of the analytic dyad. Panhandlers, for instance, do not pay money to talk to me, I pay them. Seen this way, we can invert the logic that I began this discussion of analytic supervision with: in panhandling research I am not the analyst, *I am in fact much closer to occupying the position of the analysand*.

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In this respect, analytic supervision makes an unlikely candidate for an ethnographic research method. I am now inclined to suggest that the useful material that has emerged from my experience with supervision has come about not because it allowed me to reflect on my research from the position of analyst, but from my position as analysand within the space of supervision. In other words, what shows far more promise as a psychoanalytic research method is not analytic supervision but is analysis itself.

Substituting analysis for supervision changes the research dynamic considerably. What defines supervision, in contrast to analysis proper, is its commitment to a specific aim: to sustaining the act of analysis in its conventional application, or to sustaining the research process in my application of the technique. In analysis, the analysand's discourse is not limited to the transferences within the research project, it obeys only the fundamental rule of psychoanalysis: to follow the chain of signifiers, to say whatever comes to mind without censorship. This will have the effect, no doubt, of opening up the analysand/researcher's speech to all the possible factors that inform his or her subjective relationship to the research.

This increased scope is essential, I believe, because my own experience already suggests that a great deal of what comes to mind during supervision goes far beyond the scope of the research project, reminding me of previous relationships and ongoing dynamics in my personal life. Only by drawing these elements into the analytic discussion can the full range of signifiers that inform research relationships be brought to understanding. At the same time, the dangers of such an approach should be obvious. For, in opening the analysis up to include the researcher's whole life, we move far beyond the purview of research methods. The analysis of transference within the

fieldwork becomes but one part of the subject's own analysis. While I believe this is ultimately the appropriate direction for psychoanalytic methods to take, it will inevitably make analysis into an even more time-consuming methodology[201]. This caveat notwithstanding, if the goal of psychoanalytic methods is to use analytic insight to understand the unconscious dimensions of research settings, the royal road will ultimately going lead to analysis itself.

When I began this research project, I wrote about a memory from Gastown, an image that seemed to distil a certain experience of the neighbourhood. The image is of sitting on the patio of a restaurant in Maple Tree Square. Sunlight filters through the trees that shade the square; other diners' conversations hang in the air, caught up in the ebb and flow of traffic and passers-by. As you sit, enjoying the sun and your glass of wine, a dishevelled man approaches from the sidewalk. His clothes are torn and his hair is wild. His mouth hangs open to reveal stained or missing teeth. Spittle clings to the white hairs of his errant beard. When he reaches the railing that separates the patio from the street, he extends his hand across it and asks for money. Perhaps you say 'yes' and give him a dollar; perhaps you tell him you're sorry, not today. Regardless of what you decide, five minutes after he has left, a barefoot mentally-ill woman will approach you and extend her hand over the railing. Perhaps, this time, you will decide that you were wrong to say 'no' before, that you really *should* give these people some money. Perhaps you will decide that you already gave and cannot do so again. Regardless of what you decide now, in five minutes you will be confronted with the same situation: you will have

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[201] Lacanian analysis requires multiple sessions per week and takes approximately four years to arrive at a conclusion.

a glass of wine in your hand and another destitute person will be extending their hand across the railing.

This recurring image, of the seated figure and the supplicant one, of the hand extended and the hand that holds the wine, is one that has haunted my project since its inception. Finding a way to theorize the space that exists between these two figures, that space that is represented by the seemingly insubstantial railing that separates the patio from the street, lies at the heart of my use of psychoanalysis to understand fieldwork with panhandlers. This space is one that is common to gentrifying neighbourhoods like Gastown. It is an integral part of the *experience* of gentrification: where the spatial fix of socio-economic segregation breaks down and disparate classes are brought into frequent contact with one another.

According to Lacan, phantasies *sustain* something for the subject. They do so by serving a defensive function: they conceal a fundamental trauma with a screen. The phantasy gives the subject access to a sustainable jouissance while preventing him or her from being overwhelmed by the jouissance of the trauma they disguise. As I reflect on my experience in analytic supervision and my experience of fieldwork with panhandlers, I realize that I my own phantasy space has been involved at all levels of this project. My research with panhandlers, including my impassioned defence of their failings, even my attempts at humility through the confessional mode of recounting my experience in supervision, have functioned as a phantasy: a phantasy that allows me to sustain my enjoyment as a gentrifier. Creating a phantasy of the responsible researcher, of the ethical ethnographer, has played a crucial role in allowing to me enjoy the privileged life I lead on the other side of the patio railing while so many people on the street are in pain.

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It has functioned, like any phantasy, to conceal the traumatic fact that despite whatever good I hope to achieve through my research, my very presence in the neighbourhood helps create the circumstances whereby my research participants will eventually be unable to live here. This is perhaps the best argument for making the researcher the object of psychoanalytic methods: not only can it bring to the fore the effects of the transference between research participants and analyze the unconscious dimensions of research encounters, but it can also interrogate the ways in which research itself functions as a phantasy and can bring the subject finally into question[202].

Conclusion

In this chapter, I have attempted to provide an analysis of panhandling in Gastown by discussing the panhandling encounter as a form of gift relation. These are anxious encounters and this anxiety is the product of a series of forces including: the open character of the gift relation, the persistence of anxieties about the legitimacy of panhandlers and what they do with their money, as well as the unconscious encounter with lack in the Other where the subject's own repressed lack is re-encountered in the traumatic figure of the panhandler. I have demonstrated how panhandlers develop strategies to deal with these anxieties, how they attempt to reframe their panhandling as a labour relation, how they attempt to sidestep the thorny gift of money through purchases of food, and how these strategies go beyond tactics to become powerful forces in

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[202] I am indebted to Yahya Madra, who commented on a conference paper (AAG, 2011) dealing my experience in analytic supervision and reminded me to be careful not to assume that the understandings I had come to were definitive. Too often, in analysis, he said, we realize that our moments of break-through are later retroactively determined as yet another defence-formation to be analyzed. I take his point to heart and suggest that readers should be suspicious of the fact that many of the realizations I have arrived at are still very politically palatable! This is perhaps one more reason to suggest that analysis proper, not just analytic supervision is what is actually required to be faithful to the psychoanalytic endeavour.

generating self identity. Finally, I have considered the methodological issues of researching panhandling including the difficulties of conducting research within the "space of the hustle", as well as the profound personal challenges that psychoanalytic methods present to researchers committed to interrogating their own positionality and reflexivity.

This chapter can be seen as offering an interpretation of panhandling and panhandling research through two distinct *objects of analysis* and two different *forms of knowledge*. The former consists of the social phenomenon of panhandling and the generalizable knowledge of social science; the latter consists of the subject of the researcher and the singular knowledge of the unconscious. As I have argued, these objects are distinct and cannot be collapsed into one another. They can be thought of, in epistemological terms, as objects constituted by their respective forms of knowledge: the subject as product of the singular knowledge of the unconscious, and the phenomenon of panhandling as a product of social (scientific) discourse. While these objects are distinct, I hope that I have demonstrated that they are also mutually constitutive: the singularity of the unconscious is a product as much of social discourse as social discourses are generated as a response to unconscious conflicts. We have seen how discourses about the poor, specifically how panhandlers spend their money and whether they are legitimate or not, are rooted in unconscious anxieties about the lack in the Other. In addition, I have shown how my own unconscious guilt about being a gentrifier has played a part in generating social scientific discourse in the form of this research project. As such, we can see that there is a *manifest* and *latent* content not just to panhandling encounters and

the anxiety over poor people's money which runs through them, but also to social science

research and even this project itself.

Chapter 5.

Conclusion

Anxiety and Phantasy

Reading over one's dissertation with the goal of summarizing it is a somewhat bewildering process. Encountering writing from over a year ago, I am confronted by phrases and even ideas that no longer feel like my own. Passages from early drafts that have survived the vicissitudes of editing, fragments of conference papers woven into the narrative, turns of phrase suggested by my supervisor, the text resembles layers of sedimentary rock on a cliff face, parts worn smooth by revisions, others still jagged and new. Reading such a document is not unlike the experience of the Freudian *unheimlich*, in which one encounters what was once familiar as suddenly foreign and strange.

This sensation is perhaps more pronounced in a project like this one, where there is such a clear bifurcation between two objects of analysis, panhandling and drug addiction/harm reduction, despite the theoretical continuities I have tried to make clear. It seems appropriate, then, to reflect on these continuities here, and make clear the guiding analytics that organize the work.

As I started out by saying in the introduction, there are three primary connections between the objects of study in this project. The first is empirical: panhandling and drug

addiction/harm reduction are issues which affect the people with whom I have conducted

my research in profound ways. As drug-using panhandlers in the Downtown Eastside,

they depend on panhandling for a substantial portion of their income, and in their drug

use, they rely on, and are subjected to, the changing policy landscape of harm reduction

in the Downtown Eastside. This is the first point of connection, that panhandling and

drug addiction are empirically related phenomena in the lives of a small, but significant

subset of the *lumpen* poor of the Downtown Eastside.

The second connection is geographical. Panhandling and drug addiction need to

be understood as social phenomena that do not "take place" in the abstract: they are

practices that are closely tied to particular spaces and parts of cities. The space of the

Downtown Eastside itself is thus an essential component of this project: its unique history

of poverty and social problems as well as the psychical space it occupies in the

geographical imaginary of Vancouverites means that the neighbourhood plays an active

role in making local drug addiction and panhandling what they are. Understanding the

Downtown Eastside's problems with drug addiction and panhandling are impossible

without a knowledge of its historical geography of colonization, working class

organizing, post-industrial decline, popular vilification, and current gentrification.

Vancouverites often need to be reminded that the very public sort of drug addiction and

panhandling that occur here are somewhat remarkable: while poverty and its socio-spatial

segregation are features of all North American cities, they do not always appear as

spectacularly as they do in the Downtown Eastside. As such, the second connection I

draw between the two objects of study in this dissertation is the singular geography of the

Downtown Eastside.

The third and final connection is theoretical. This point relates to the conceptual framework I am offering to understand panhandling and drug addiction. Drug addiction and panhandling are both issues with the capacity to produce visceral reactions in those who encounter them and the primary reaction I have described is the affect of anxiety.

This anxiety is the central theoretical category that organizes the project. It operates alongside, and in concert with, the second most important concept, the intimately related issue of phantasy. Let me provide an overview of the various forms of anxiety and related phantasy structures that run through the dissertation. Anxiety and phantasy function as the diagnoses I offer to understand both the politics of harm reduction, as well as the fraught space of the panhandling encounter. In the first case, anxiety is what I claim underlies opposition to harm reduction. While opponents claim to reject harm reduction for conscious reasons with clearly articulated arguments about its efficacy, capacities for upsetting norms of personal responsibility, or financial costs respective to other strategies, I contend that within these arguments lies a latent anxiety about the drug user. This anxiety concerns enjoyment and is a result of the psychical conflict Lacan identifies as central to neurosis. My argument has been that in the encounter with the figure of the drug user, opponents of harm reduction encounter a disturbing jouissance: an impossible enjoyment located beyond the dictates of the pleasure principle. This encounter is traumatic because the drug user represents something they simultaneously desire and are repulsed by. They appear to embody an enjoyment that is denied to the rest of society by the Symbolic pleasure principle of culture and the law. What disturbs people about drug users, then, is not simply their

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"pleasure", as previous critics have argued, but a particular type of enjoyment that is radically opposed to pleasure and which psychoanalysis has much to say about.

According to Lacan, the encounter with the Other's jouissance is anxiety-producing. It reminds us of our own conflicted relationship to jouissance, our unconscious pursuit of it, and the traumas we have experienced when we have come to close to achieving it. The paradox, of course, is that drug users do not really have access to jouissance any more than anyone else does. Here is where we touch upon the relationship of anxiety to phantasy. While the figure of the drug user may embody a certain type of unbridled jouissance, on both the empirical level of their actual lives and the philosophical level of psychoanalytic theory, we realize that they are no closer to the desired jouissance than non drug-using opponents of harm reduction. The perception of enjoyment in drug users turns out to be part of the neurotic phantasy that misrecognizes what is impossible as merely prohibited. Instead of jouissance being a truly impossible enjoyment located beyond the pleasure principle, it appears that jouissance would be attainable if only a certain prohibition were lifted. The classic example of this is the Oedipus complex, where the impossibility of the desired relationship with the mother is retained at the unconscious level as a possibility that is only prohibited by the figure of the father.

This phantasy is found at the root of opposition to harm reduction. It relies on drug prohibition and abstinence-based treatment as phantasy in the most classical sense: as defence-formations. Prohibition and abstinence defend the subject against their Real drive to jouissance, that is, their pursuit of an impossible enjoyment, and the disquieting figure of the drug user who appears to embody it. In contrast to this, I have argued that

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harm reduction represents drug policy that successfully "traverses the phantasy" in Lacanian terms. Rather than misrecognizing the drug user as a font of impossible jouissance, it correctly identifies how addiction—like everything else—remains bound by the pleasure principle. People may *pursue* jouissance through drugs (or sex, or ecstatic music) but their pursuit will ultimately lead them to the same deadlock of enjoyment: beyond the pleasure principle there is not more pleasure but only suffering. The interventions of harm reduction, whether supervised injection sites, heroin-assisted therapy, or other approaches, work not by compelling users to renounce their pursuit of jouissance but instead offering them less lethal ways to pursue it. It aims to keep users alive while they are in the most dangerous period of their pursuit of jouissance, and, at the same time, offers them the possibility of a return to the pleasure principle, the sustainable pursuit of desire embodied in the repetition of daily visits and regular medical check-ups which characterize harm reduction. In the case of harm reduction, then, anxiety appears as the affect produced by the subject's confrontation with the traumatic jouissance of the Other and the phantasies they use to guard against it are abstinence and drug prohibition.

In the case of panhandling, we find a similar structure of anxiety and phantasy. Anxiety in panhandling takes the form of what Collins and Blomley call "anxieties over poor people's money" (2003, 40). Here, I have argued that people experience anxiety in the encounter with the *lumpen* figure of the panhandler. At a conscious level, this is an anxiety over three different issues: anxiety over the open, non-reciprocated gift relation, anxiety over the authenticity of the panhandler, and anxiety concerning what they do with their money. These are the *manifest*-ations of anxiety at the level of consciousness,

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which is to say, the Imaginary level. Using the language of non-representational geographers (e.g. Anderson 2006), one could say that these three concerns with panhandlers are particular "captures" of the affect of anxiety in that they are named, "territorialized" phenomena whose cause is found at another level. The distinction I am referring to is, of course, between the conscious and unconscious, between the manifest and latent expressions of anxiety. With respect to panhandling, I argue that we cannot be satisfied by explanations that confine themselves to the level of these conscious anxieties, that is to say, to wholly social discursive analyses. The reason why is given in the paradox identified by Erskine and McIntosh (2000) and Collins and Blomley (2003): How can we account for the irrational anger people express over transactions that concern amounts of money they would not otherwise be bothered if they lost completely? How can we explain how "the begging encounter... tends to generate anxieties that initially seem completely disproportionate with the request for 'small change'" (Collins and Blomley 2003, 41)? Only the unconscious explains this. Performing the historicist manoeuvre of demonstrating the paradox's historical persistence cannot resolve the question, in fact, it renders it more profound. The fact that this paradox persists historically only confirms its irreducibility to a particular social field and forces us to look for explanations beyond the social. This is what Joan Copjec refers to when she accuses historicist approaches of "disregarding desire" and attempting to construct a vision of reality that is "*realtight*" (1994, 14). When we ignore unconscious desire, we lose our ability to theorize these moments when the Real erupts in the social. This is where the logic of the absent cause comes in: the unconscious anxiety about the Other's

jouissance and the lack in the Other is the absent cause that explains the irrational

reactions we encounter in the social.

In other words, anxieties about panhandling such as those I have elaborated above

are only part of the story, the other side is found in the "other scene" of the unconscious.

Here is where we encounter the parallel anxiety to that which I posited in the case of drug

addiction. Whereas anxiety in drug addiction concerns the jouissance of the Other, that is,

the subject's lost enjoyment they locate in the Other, in panhandling it concerns the

Other's lack. And, just as the Other's jouissance causes anxiety because it is nothing

more than the subject's own jouissance re-encountered in the Other, so too is the lack in

the Other an encounter with the subject's own relationship with lack.

The experience of lack is fundamental to Lacan's conception of subjectivity. Lack

comes into being through the imposition of the Symbolic order of language, culture, and

law. As the infant begins to speak and begins to participate in the social world, its

connection to its body, drives, and sensations begins to be mediated through the Other of

the signifier. This experience is what Lacan refers to as castration, it is the loss of the

subject's unmediated relationship to the Real. The imposition of the Symbolic introduces

the dimension of lack because it can never fully symbolize the Real. The neurotic subject

represses this knowledge of castration and forever afterward will search for the lost

object of desire, that is, the *objet petit a*, in the Other.

To be a subject, then, is to live with lack. Desire itself is a relationship with lack,

a constant metonymic displacement of the *objet petit a* from person to person, from

object to object, drawing us towards the thing we believe we lack. But to be confronted

directly by lack can also be terrifying. To encounter a genuine lack in the Other

confronts the subject with their own repressed knowledge of castration, that is, with their

own alienation in the signifier and the impossibility of jouissance. This is what occurs

when people (of a particular neurotic constitution) encounter the *lumpen* figure of the

panhandler: they confront their own relationship to lack and experience the anxiety that

signals an over-proximity to the Real.

Just as in the case of drug addiction, this anxiety once again produces the

conditions for the subject's flight into phantasy. Confronted with the lack in the Other

embodied by the panhandler, the subject turns to phantasy as a defence mechanism to

repress the knowledge of lack. Rather than grappling with the realities of poverty and

deprivation, the phantasy stages a scene where the Other does not lack, instead it

deceives. The phantasy deals with anxiety by proposing that the lack is not real, the

Other is whole but hostile, seeking to deceive the subject with an appearance of lack.

We find expressions of this phantasy throughout discourses on panhandling

ranging from contemporary tabloid journalism about people who beg in rags on the street

and then drive mini-vans to homes in suburbia (Strobel 2002) to Martin Luther's 1528

Book of Beggars and its descriptions of which beggars deserved the giving of alms and

which are fraudulent (Erskine and McIntosh 1999). The common feature of all of these

discourses is the idea that the lack one encounters in panhandlers is not real. The Other

does not truly lack, he or she deceives.

These discourses also remind us of the specifically classed dimensions of the

social phantasies I have described here. Both the anxiety about the Other's jouissance in

drug policy and anxiety about the lack in the other in panhandling are expressed across class with the *lumpen* figure of the drug user and panhandler functioning as Other to the middle or working-class subject. I understand these anxieties and their respective phantasies psychoanalytically, which is to say, as phenomena that are simultaneously social and psychical. They cannot be reduced to expressions of social discourses or political ideology, but nor can they be reduced to individual psychological phenomena. They are psychoanalytic precisely because they are both social and psychical, because they depend both on social discourse and the discourse of the unconscious, because they have a manifest and latent content, and because they cannot be reduced to either one. The Lacanian unconscious, remember, is a product of the Symbolic, it is the effects of the signifier on the subject. This means that our unconscious is always a product of the particular socio-spatial signifiers that organize society, of the myriad discourses and power relations that ground the social.

Stepping back from the specific manifestations of anxiety and phantasy in drug policy and panhandling I have examined, I can characterize the overriding theoretical concern of this project as being one of examining the role of psychical conflict in the production of social phenomena while, at the same time, insisting on reading these psychical conflicts as being themselves socially constituted. This concern with the reciprocal relationship between the psyche and the social situates my project within the genealogy of psychoanalytic analyses of society beginning with Freud's *Civilization and its Discontents* ([1930] 1961). As I have mentioned previously, Freud referred to this book as part of his "meta-psychological" work, a term we could also extend to Marcuse's

Eros and Civilization (1955), and, more recently, much of Slavoj Žižek's work (e.g. 1989, 1990, 1993, 1994).

At the same time, there are authors working in this tradition whose aims are more modest than diagnosing the role played by the psyche in society as a whole. Tim Dean's (2000) work on HIV/AIDS is exemplary in this regard, examining how ignorance of the death drive's role in sexuality renders safe sex education less effective. Within geography, Paul Kingsbury's (2007, 2010, 2011) psychoanalytic work operates at a similar scale of analysis, examining the role of enjoyment and desire in seemingly minor phenomena like patriotic magnets and resort hotels[203]. This latter branch of psychoanalytic scholarship is the one I feel the most kinship with. Its smaller scale of analysis, its use of psychoanalytic theory to understand specific social phenomena rather than theorizing society itself, is closest to how I understand my own project and is indicative of the direction I intend to follow in future research.

What I hope to have accomplished in this work, and what I intend to pursue in subsequent research is a genuinely psychoanalytic approach to urban geography, specifically the ethnographic study of urban problems such as drug addiction and panhandling. Geographers have done a great deal with psychoanalysis to date, from Nast's (2000) work on the Oedipal dynamics of slave-owning families in the United States, to Pile's (1996, 2005) writings on Freudian dream analysis and urban form. What

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[203] This genealogy omits a strain of psychoanalytic writing that has been extremely important to my thinking, that of psychoanalytic work on literature and film. Foremost in this tradition is Joan Copjec (1994, 2002), who was also my introduction to Lacan. I confine her work to a footnote only because I am proposing a lineage of specifically social-scientific psychoanalytic work. This is an admittedly problematic distinction, particularly because Copjec's work is often as social theoretical as that of Slavoj Žižek who I have included above. Rather than try to draw a bright line where one would be inappropriate, I have opted to simply explain my intention here.

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the discipline has yet to attempt is psychoanalytic research that grapples with contemporary urban issues ethnographically. Which is to say, it has yet to employ psychoanalysis in those situations where it can *potentially be the most valuable*: in geographic research that confronts the question of the Other in its embodied alterity, and in research that addresses the most pressing urban issues.

Psychoanalysis has remarkable potential for the social sciences, especially in engaged qualitative research involving interviews and ethnography where researchers develop lasting relationships with participants. While I hope to have begun to trace the outlines of what psychoanalysis can do with this research, I do not think this project represents its realization. The real form of a psychoanalytic urban geography is something that must still be conceptualized. By way of describing what I see the central features of such a psychoanalytic urban geography should be, and as a fitting conclusion to this project, let me take a self-deprecating approach and outline what I see as the main failures of my own project, using them as guides toward what remains to be done.

The Impossible Profession

The first failure I want to consider concerns what I referred to in chapter four as the space of the hustle. There, I described how panhandling encounters were always overdetermined by structural forces where the panhandler's need for money and the relative power imbalance between researcher and researched combined to produce a space in which "truth" is put into question by the deception and hustling that constituted that space. Instead of trying to avoid, or worse, to ignore, this dynamic, I argued that researchers must look for truth on the surface of the exchange rather than being misled

into looking for it at some deeper point beyond the untruths. The *form* of the exchange constitutes its truth, not its content.

These observations remain true. Nevertheless, I now believe that they do not provide an entirely sufficient account of what is required for this type of research. Following my argument from later in the chapter about the difference between demand and desire, I now believe that research on panhandling must persist in attempts move beyond the space of the hustle. As I explained earlier, desire and demand are distinct categories in psychoanalysis. Specifically, desire emerges from the triad of need-demand-desire, as the surplus that emerges from the subtraction of need from demand. Desire is the excess, the unnamed thing that accompanies the subject's demand for a specific thing to satisfy their needs. In analysis, the analyst's goal is always to bring desire to the fore, to not give in to the analysand's demand for *x* and instead construct a space where he or she can articulate the desire that subtends the demand. For psychoanalytic research on panhandling to be successful, I argue that a similar attempt must be made. This does not mean that the researcher should not "give in" to the panhandler's demand for money, because whether they do or do not is not the issue, it means that understanding the panhandler's desire, and the researcher's own desire, requires a relationship that is not always reduced to demand.

In practical terms, conducting research on panhandling will always, and probably *should* always, involve gifts of money from the researcher. Panhandlers are, after all, desperately poor, and the researcher is in a position to assist them in this respect. Becoming fixated on whether or not to give money as some sort of *principle* is misguided, I think, and distracts from the more important issue, which is what occurs in

each individual instance of giving or not giving and how the relationship as a whole develops. The panhandling research relationship, overdetermined as it is by profound inequalities, will always be a contested space, and will never transcend the dynamic of hustling I have described. Nevertheless, spaces of desire can be created within the dynamic of demand through the slow and patient work of building relationships with panhandlers and becoming different things for them: things other than simply donors. In my own research, I feel that I reached this point only in moments and only with a very few people. There were moments in my relationships with Dean, Girard, Diane, Laura, and perhaps Mark, where I could perform a different sort of role for them, where I could be an Other who was not simply a cash machine, but could also act as a confidant, as someone to complain to, and perhaps even something approaching a friend. What is key is that these moments were just that: moments. They did not signal a permanent shift in our relationship where we transcended the space of the hustle, they were brief, fleeting points of contact where something else, something beyond demand could materialize.

Those moments are enough. Thinking that they can be made permanent, that one can transcend hustling is a conceit, born out of the desire to ignore the structural inequalities of the relationship, a desire I have found myself uncritically guilty of at points in this research. The key is to hold in tension the knowledge that one cannot transcend the space of the hustle while, at the same time, creating spaces where this can happen. In my own research, this happened too rarely, and I consider it a failure of the research because I am convinced that with more effort, with more time invested in the research relationships there could have been far more of them. This is the first recommendation for psychoanalytic urban geography, research relationships are

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paramount. They must be nurtured, and with respect to subjects like panhandling, they will require significant effort to maintain. This sort of in depth ethnography is required, however, if the brute structural facts of the relationship are to be mitigated enough to create the vital space for desire where psychoanalysis can thrive.

If this first failure speaks to the question of the Other, the second concerns the subject. As I have argued earlier, geography's engagements with psychoanalysis need to go beyond the simple use of psychoanalytic concepts and begin to develop properly psychoanalytic methods. To these ends, I proposed the use of the Freudian-Lacanian practice of analytic supervision as a research method suitable for social science research such as ethnography. Analytic supervision would treat the researcher as an analyst seeking counsel from another analyst and would create a space where he or she could articulate the latent content of their relationship with their research participants and come to understand their own unconscious investments. While my own experience with analytic supervision was overwhelmingly positive and brought to light a number of truly important revelations about my unconscious relationship to my research, I ultimately decided that analytic supervision was less useful than I hypothesized it would be.

The reasons for this are first that my supposition that the researcher occupied a position similar to the analyst was misguided. In my position as researcher, I was in fact far closer to acting as an analysand, paying panhandlers for information and hanging on their every word just as the analysand does to his or her analyst. What benefits I reaped from analytic supervision were more the result of my position as analysand to my analytic supervisor than as analyst to my research participants.

The second reason is because analytic supervision is an inherently limited form of analysis, it is limited by its focus on sustaining the act of analysis, or, in this revised form of supervision, the act of research,. Thus, while supervision of an analyst who has, by necessity, already completed their analysis, might suffice to bring the relevant unconscious material to the fore, the supervision of a researcher such as myself, who has not been analyzed, is inadequate for bringing very much truly repressed material to light.

This is what I warned of earlier, when I suggested that readers should be suspicious of just how politically palatable so many of my realizations were. Yes, I admitted that my staunch defence of panhandlers and drug users was probably underpinned by less than noble feelings of guilt over my own laziness; I even confessed to occasionally disliking the very people I worked with, to being frustrated by constant demands for money despite knowing better. In the process of making these confessions though, have I not endeavoured to make my readers more sympathetic to me? Is it not likely that these confessions have been, themselves, acts of seduction whereby I have made myself appear likeable to readers and myself? I believe now that while they are genuine realizations, which touch on something quite real, they are *easy* revelations insofar as they disturb nothing about my sense of myself. In fact, I am inclined to believe that they function almost as ego-ideals rather than manifestations of the unconscious. The image of myself as a researcher who is fearlessly willing to expose his own weaknesses is, potentially, a highly desirable subject position, and paradoxically, a position of real mastery. Just look to the final realization I documented in the chapter, that beneath all my anxieties, beliefs, and proclamations, what did I find? Guilt over being a gentrifier. Well, well, how very progressive of me! Deep down, beneath all my

conscious beliefs, I discovered that I was much the same person I identified with being in the first place.

What this should suggest is that we have not yet arrived at the unconscious, we are still firmly ensconced in the "empty speech" of the ego and its desire for mastery and harmony. This is why I argued in the conclusion to my discussion of analytic supervision, that ultimately, it is analysis itself that is required as a psychoanalytic research method. Analytic supervision may be limited by its restriction to analyzing the transferences of the research setting but the true limitation is the researcher's own lack of analysis. This is why the method fails, because it simply cannot go far enough. This, then, leads to the second recommendation for a psychoanalytic urban geography: if the researcher seeks to understand their unconscious investments in their research, there can be no substitute for the actual experience of analysis.

The third and final failure I want to discuss concerns limits, in particular the limits of harm reduction. Tim Dean (2000), in his work on gay men's safe sex education during the rise of HIV/AIDS, notes that people do not always act in accordance with their own interests after being educated about risks, even when the stakes are life and death. Writing about the so-called "second wave" of gay seroconversions—those men who contracted HIV after the virus' mechanisms of transmission were well-known—Dean looks for an explanation for why men who literally "knew better" continued to regularly engage in unsafe sex. The answer, he claims, lies in the death drive and jouissance. Part of what people pursue in sex is a form of death, they seek an annihilation in the sex act— *un petit mort*—which concerns what I described earlier as the search for the lost jouissance in the Other. In the age of HIV/AIDS, this form of death drive takes on a

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terrifyingly real dimension when the act of sex can literally mean death. Lecturing people to "always use condoms" misses the point, however, he argues, because the discourse of safety ignores the drive to jouissance at the level of the unconscious[204]. Drawing on gay erotica that fetishizes not only unsafe sex, but even unprotected sex with terminally ill AIDS patients, Dean argues that this drive to jouissance means that in some cases people are quite willing "to risk death for a good fuck" (2000, 139).

This articulation of the death drive should make us very uneasy because of the deep resonances it has with hard-core drug use. What do drug users pursue if not this jouissance at the price of death? And why should we expect that this drive would be amenable to injunctions to "be safe", "never inject alone", and "always use Insite"? Bourgois has had much to say on this point, criticizing harm reductionists' "unrealistic hypersantiary outreach messages" (1998, 2334) for the absurdity of many of their recommendations, to always bleach syringes and to never share injection supplies, because they fail to understand impoverished drug users' dependence on sharing syringes to survive. He even recounts stories from a Montreal outreach worker who reported that in some shooting galleries, injection cocaine users may be so consumed by the drive for the next fix that they will reuse dirty syringes even when there are clean syringes right beside them (Bourgois and Bruneau 2000, 336).

Stories like these, where drug users ignore even the most available means of reducing harm to themselves, or where people fantasize about engaging in sex acts that could mean their death, point to people's capacities for self-harm and to some of the

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[204] Indeed, the very idea of "sex education" should strike us as deeply un-Freudian since sex is the facet of human experience most closely tied to the unconscious and, if psychoanalysis has taught us anything, it is that the unconscious is not amenable to re-education.

potential limits of harm reduction. While both Dean and Bourgois (and I) would agree that harm reduction is still absolutely necessary, we need to be cognizant of the fact that part of what people pursue in drugs is harm. There are limits to harm reduction, and these limits are defined by the role played by jouissance in drug use. Jouissance is inherently harmful to the subject and while harm reduction may often successfully reign in this jouissance and return the subject to the relative stability of the pleasure principle, we must remember that pleasure and jouissance are like the Möbius strip, one can pass from one side to the other without encountering a division.

This aspect of harm reduction's limits points to the final failure I see in this project: a failure to completely come to terms with the death drive and people's capacities for self-harm. I am suspicious of my conclusions regarding the death drive in the same way as I was about the conclusions I arrived at under analytic supervision. In both cases they seem to settle on terrain that remains very politically palatable and I am suspicious that this is because they both skirt something far more uncomfortable. In this latter case, the disquieting truth is the persistence of jouissance, of drug users' capacity for self-harm, a facet of this issue that I have been uncomfortable in addressing because my goal has been to defend drug users from the cruel and uncritical discourse of opponents of harm reduction. In my interpretation of drug addiction through the pleasure principle, I have defended drug users by accusing opponents of harm reduction of misrecognizing their own jouissance and projecting it onto drug users. I stand by this argument, but by making drug addiction a problem on the part of an Other (the Other of the opponents of harm reduction) I attempt a projection of my own and I disavow the problematic conduct of drug users themselves.

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Perhaps even more glaring is the complete omission of any psychoanalytic critique of the proponents of harm reduction. While I devote a great deal of time to the deconstruction of anti-harm reduction discourse and subject opponents to a thorough psychoanalytic critique, accusing them of working out their own neurotic conflicts on impoverished drugs users, I treat the proponents of harm reduction as if they were motivated solely by sound judgement and good intentions. While I once again stand by my argument regarding the opponents of harm reduction, psychoanalysis teaches us, if nothing else, that the path of the good is often paved with less than noble intentions. The question of what actually motivates the advocates of harm reduction to do what they do is an essential political question. It bears directly on what it means to build progressive politics and the place of ethics in psychoanalysis, and it is a question that is almost entirely effaced in my project, save for my own moments of auto-critique. As Nick Blomley pointedly asked of an earlier draft of this work, "aren't we all neurotic, whether we're on the 'right' side or not?". Indeed, the answer is yes, and pro-harm reduction discourse is as deserving of psychoanalytic critique as any of its opposition.

In this way, we can see a disturbing parallel to my arguments in chapter two, where I have fallen into the trap of discussing only the politically palatable sides of harm reduction and ignored the issues that did not fit, just as political groups in the Downtown Eastside ignored the *lumpen* poor in their efforts to defend the deserving poor of the retired resource workers. I have, therefore, *repeated* what Felicity Callard diagnosed as the problem with the "taming of psychoanalysis in geography" (2003, 295). In my own way, I have avoided the monstrous aspects of the death drive and repetition compulsion and put them in the service of a progressive politics devoted to defending harm reduction.

I have recoiled from the conclusions I was uncomfortable with and taken refuge in a theoretical position that is arguably closer to Foucault than Freud or psychoanalysis.

These are the sort of failures that haunt this project. They are failures, by and large, of *fidelity*, of being unwilling to follow an argument to its conclusion. In those parts of this dissertation where I have maintained this fidelity, I believe it succeeds in articulating what psychoanalysis can do when it is empirically grounded in ethnographic research. In those places where I have been unable or unwilling to do so, it illustrates why Freud called psychoanalysis an "impossible profession" ([1937] 1964, 248). It gestures toward those moments in analysis where interpretation falters at the door of the Real, to the despair that accompanies bearing witness to one's own desire, and to the subjective commitment that is required to interrogate the phantasies and anxieties that permeate the practice of research itself.

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