

**STRIPPED BARE:
THE REGULATION OF PUBLIC SPACE IN
VANCOUVER'S DOWNTOWN EASTSIDE**

by

Jesse Tarbotton
Bachelor of Arts, Honours, Trent University, 1998

CAPSTONE PROJECT SUBMITTED IN PARTIAL FULFILLMENT
OF
THE REQUIREMENTS FOR THE DEGREE OF:
MASTER OF URBAN STUDIES

In the
Urban Studies Program

© Jesse Tarbotton 2010

SIMON FRASER UNIVERSITY

Fall 2010

All rights reserved. However, in accordance with the *Copyright Act of Canada*, this work may be reproduced, without authorization, under the conditions for *Fair Dealing*. Therefore, limited reproduction of this work for the purposes of private study, research, criticism, review and news reporting is likely to be in accordance with the law, particularly if cited appropriately.

APPROVAL

Name: Jesse Tarbotton
Degree: Master of Urban Studies
Title of Thesis: Stripped Bare: The Regulation of Public Space in Vancouver's Downtown Eastside

Examining Committee:

Chair: Dr. Peter Hall

Dr. Anthony Perl
Senior Supervisor
Director, Urban Studies Program
Professor, Urban Studies Program and Department of Political Science
Simon Fraser University
Vancouver, British Columbia

Dr. Meg Holden
Supervisor
Assistant Professor
Urban Studies Program and Department of Geography
Simon Fraser University
Vancouver, British Columbia

Frances Bula
External Examiner
Urban Issues Writer

Date Defended/Approved: August 9, 2010



SIMON FRASER UNIVERSITY
LIBRARY

Declaration of Partial Copyright Licence

The author, whose copyright is declared on the title page of this work, has granted to Simon Fraser University the right to lend this thesis, project or extended essay to users of the Simon Fraser University Library, and to make partial or single copies only for such users or in response to a request from the library of any other university, or other educational institution, on its own behalf or for one of its users.

The author has further granted permission to Simon Fraser University to keep or make a digital copy for use in its circulating collection (currently available to the public at the "Institutional Repository" link of the SFU Library website <www.lib.sfu.ca> at: <<http://ir.lib.sfu.ca/handle/1892/112>>) and, without changing the content, to translate the thesis/project or extended essays, if technically possible, to any medium or format for the purpose of preservation of the digital work.

The author has further agreed that permission for multiple copying of this work for scholarly purposes may be granted by either the author or the Dean of Graduate Studies.

It is understood that copying or publication of this work for financial gain shall not be allowed without the author's written permission.

Permission for public performance, or limited permission for private scholarly use, of any multimedia materials forming part of this work, may have been granted by the author. This information may be found on the separately catalogued multimedia material and in the signed Partial Copyright Licence.

While licensing SFU to permit the above uses, the author retains copyright in the thesis, project or extended essays, including the right to change the work for subsequent purposes, including editing and publishing the work in whole or in part, and licensing other parties, as the author may desire.

The original Partial Copyright Licence attesting to these terms, and signed by this author, may be found in the original bound copy of this work, retained in the Simon Fraser University Archive.

Simon Fraser University Library
Burnaby, BC, Canada

STATEMENT OF ETHICS APPROVAL

The author, whose name appears on the title page of this work, has obtained, for the research described in this work, either:

(a) Human research ethics approval from the Simon Fraser University Office of Research Ethics,

or

(b) Advance approval of the animal care protocol from the University Animal Care Committee of Simon Fraser University;

or has conducted the research

(c) as a co-investigator, collaborator or research assistant in a research project approved in advance,

or

(d) as a member of a course approved in advance for minimal risk human research, by the Office of Research Ethics.

A copy of the approval letter has been filed at the Theses Office of the University Library at the time of submission of this thesis or project.

The original application for approval and letter of approval are filed with the relevant offices. Inquiries may be directed to those authorities.

Simon Fraser University Library
Simon Fraser University
Burnaby, BC, Canada

ABSTRACT

This project examines the anomic use of public space in front of the Carnegie Centre in Vancouver's Downtown Eastside (DTES). Using qualitative and quantitative data, including interviews, law enforcement statistics and urban observation, this research explores the issue through Giorgio Agamben's rich theoretical framework of *states of exception* and the *homo sacer*.

A confluence of factors including lack of access to private space, a great concentration of human services and the pursuit of harm reduction policy in response to drug addiction have contributed to the fostering of a *space of exception* in the DTES. In this space a unique figure has emerged, akin to Agamben's *homo sacer*, who is identified primarily in terms of addiction, poverty and residency in the neighbourhood.

Keywords: Public Space; Downtown Eastside; Giorgio Agamben; *homo sacer*; *space of exception*

DEDICATION

Kenneth Tarbotton, my Grandfather.

ACKNOWLEDGEMENTS

I would like to acknowledge the assistance of my Senior Supervisor Dr. Anthony Perl, my brother, my mother, my father and Erin O'Melinn. Their contributions helped in the successful completion of this project. I would also like to thank my examining committee, Frances Bula and Dr. Meg Holden, whose thoughtful questions and comments helped focus and clarify my ideas.

TABLE OF CONTENTS

Approval	ii
Abstract	iii
Dedication	iv
Acknowledgements	v
Table of Contents.....	vi
List of Figures	ix
List of Tables.....	x
1: Introduction.....	1
1.1 Research Questions	4
2: Theoretical Perspective	5
2.1 The Philosophical Basis of Giorgio Agamben’s Political Theories.....	5
2.1.1 The <i>Homo Sacer</i>	7
2.1.2 <i>States and Spaces of Exception</i>	9
2.1.3 The Manufacture of <i>Bare life</i>	10
2.2 Application of Agamben’s Concepts to Contemporary Urban Contexts and Populations.....	11
2.3 Public Space Regulation and <i>Spaces of Exception</i>	16
2.4 Stigmatization of the DTES Addict and the Production of <i>Bare Life</i>	20
2.5 The Application of the <i>Homo Sacer</i> and <i>Spaces of Exception</i> Concepts to the DTES	22
3: Methodology	24
3.1 Vancouver Police Department Enforcement Statistics.....	25
3.2 Documents	26
3.2.1 Legal Framework.....	27
3.2.2 Other Sources	27
3.3 Qualitative Interviews.....	28
3.4 Observations	30
3.4.1 Why the Carnegie Centre?.....	30
3.4.2 Boundaries of Observation.....	31
3.4.3 Observation Design.....	31
3.4.4 Analysis of Observations.....	33

3.5	Analysis	33
4:	Initial Observations of Study Area	35
5:	DTES Public Space Disorder: Origins and Causation	40
5.1	Introduction to the DTES	40
5.2	Skid Road to the Downtown Eastside	41
5.3	Single Room Occupancy Accommodation and the Intensive Use of DTES Public Space	44
5.4	The Carnegie Centre	47
5.5	A Concentration of Services	50
5.6	An Exceptional Community	55
6:	DTES Public Space Users as <i>Homines Sacri</i>	57
6.1	Poverty, Unemployment and Reliance on the State	58
6.2	Representations of DTES Addicts	59
6.3	Perceptions of Addiction	63
6.4	Harm Reduction	65
6.5	A Community of Addicts: Organisation and Empowerment	69
6.6	DTES Drug Addicts as <i>Homines Sacri</i>	71
7:	Public Space Regulation and the Development of a DTES <i>Space of Exception</i>	73
7.1	Public Space Regulation in Context	73
7.2	Law Enforcement	74
7.2.1	Enforcement of the <i>Controlled Drugs and Substances Act</i> [1996, c. 19]: Vancouver versus Main and Hastings Streets	81
7.3	Community Court	90
7.4	Private Security	93
7.5	Closed Circuit Television	95
7.6	Community Self Regulation	97
7.7	<i>A Space of Exception</i>	98
8:	Urban Observations Reconsidered	100
9:	Conclusions	103
9.1	<i>A Space of Exception</i>	104
9.2	Drug Addicts as <i>Homines Sacri</i>	106
9.3	Beyond a <i>Space of Exception</i> to a <i>Space of Innovation</i>	107
10:	Appendicies	111
	Appendix A: Interviewee position dates and names	111
	Appendix B: Service Listing DTES	114
	Appendix C: Carnegie Community Centre Rules of Conduct	115
	Appendix D: Photographs Main and Hastings Street Vancouver	116
	Appendix E: Observations	117
	Observation 1: July 23 rd , 2009 - 6:10 p.m.	117

Observation 2: July 24 th , 2009 - 6:10 p.m.....	120
Observation 3: July 26 th , 2009 - 3.00 p.m.....	123
Observation 4: August 3 rd , 2009 - 3:35 p.m.....	125
Observations: March 2010	128
Reference List	130

LIST OF FIGURES

Figure 1: Map of Vancouver's Downtown Eastside (City of Vancouver, 2010e).....	40
Figure 2 View of the Carnegie Centre across the intersection of Main and Hastings Streets (O'Melinn, 2010a)	46
Figure 3: Street Life in front of United We Can, Hastings Street, Vancouver (O'Melinn, 2010b)	46
Figure 4: West 41st St (Yew to Maple) & West Boulevard (West 40th to West 42nd St)	82
Figure 5: Main St (Cordova to Pender) and Hastings St (Columbia to Gore).....	83
Figure 6: VPD Drug Enforcement Trends: Vancouver vs Main and Hastings Streets, 2006-2009.	86
Figure 7: Percentage of Total VPD Drug Enforcement Incidents Occurring at Main and Hastings – 2006-2009	87
Figure 8: Total VPD Drug Enforcement Activity, Main and Hastings Streets, 2006-2009, by Drug	88
Figure 9: Total VPD Drug Enforcement Activity, Vancouver, 2006-2009, By Drug	89
Figure 10: Resources in the Downtown Eastside – Reverse (Carnegie Centre, 2010a)	114
Figure 11: Resources in the Downtown Eastside – Front (Carnegie Centre, 2010a)	114
Figure 12: Carnegie Centre Mission Statement, Guiding Principles and Rules of Conduct – Front (Carnegie Centre, 2010b).....	115
Figure 13: Carnegie Centre Mission Statement, Guiding Principles and Rules of Conduct – Reverse (Carnegie Centre, 2010b).....	115
Figure 14: Carnegie Center (right) and City Hall (left) in 1904 (Timms, 1904).....	116
Figure 15: Corner of Main and Hastings Streets, Vancouver (canadagood, 2002).....	116

LIST OF TABLES

Table 1: Instances of enforcement of the <i>Controlled Drugs and Substances Act</i> S.C. 1996, c. 19. by the Vancouver Police Department, Quarterly, 2006-2009, by substance and location (derived from unpublished statistics provided by the Vancouver Police Department, 2010). MH (Main and Hastings) is depicted in Figure 5 and Van (Vancouver) covers citywide enforcement.	84
---	----

1: INTRODUCTION

Active street life is common to the sidewalks skirting Vancouver's Carnegie Centre located at 401 Main Street, with this public space regularly hosting intensive activity related to illicit drug consumption. The open drug dealing and abuse found at this location stands in opposition to statute (Controlled Drugs and Substances Act S.C. 1996, c. 19.) and these activities are contrary to commonly accepted uses of public space. The especially vibrant use of public spaces, both in terms of drug dealing and other forms of social interaction here and in other parts of the DTES, are worthy of study and consideration. While addiction to alcohol, prescription drugs, work and a myriad of other substances and behaviours is prevalent across western society, it is in this community that poverty and the lack of quality housing pushes addicts and dealers into public spaces. With this project, I seek to examine public-space use and users in the DTES through the theoretical constructs of Italian philosopher Giorgio Agamben.

In *State of Exception (2005)* and *Homo Sacer, Sovereign Power and Bare Life (1998)*, Agamben postulates that in cases such as the Nazi concentration camps of World War II, the state creates *spaces of exception* where detainees are stripped of their most basic rights and are identified purely in terms of their

bare, biological lives. Agamben (1998) identified camp detainees as the modern iteration of the ancient Roman juridical figure of the *homo sacer*. The *homo sacer* was one who having been judged guilty of a crime was rendered sacred, existing in the law only as an exile. Drug addicts in the DTES are simultaneously rendered stigmatized and sacred, pushed to the fringe of society while their activities are tolerated and contained in a defined geographic area of the city, a *space of exception*. There are other potential *spaces of exception* in Vancouver and beyond, where drug laws are not being enforced and where activities related to drug consumption are tolerated in identifiable public spaces. One potential example of such a *space of exception* is Vancouver's Wreck Beach, where public nudity, drinking and drug use activities are seemingly uncensored by law enforcement. However the public space situation at Main and Hastings could be considered as exceptional in that it is permanent, is not tied to special events and is very visible to the public.

This paper specifically examines the public space in front of the Carnegie Centre as a potential *space of exception* where the Vancouver Police Department (VPD) seems to have eased off on the application of certain drug laws, a parallel justice system has been fostered, and around which social services can be found in great concentration. In this paper, I conceptualize these marginalized and drug-addicted individuals as a modern iteration of Agamben's

*homines sacri*¹. To control and perhaps accommodate DTES drug users, while keeping them from threatening the civility of the greater society, a *space of exception* has developed that contains disorder and inhibits its spread to other parts of the city. Many public spaces within the DTES do not align with the notion of a *space of exception*, such as the Gastown district, but this project specifically focuses on the public space in front of the Carnegie Centre.

Applying Agamben's theories to the DTES context and population is not a linear exercise and to suggest that the community closely resembles his understanding of *spaces of exception* as concentration camps would be folly. Parallels do exist however, encouraging us to look beyond the neighbourhood's stereotypes of deprivation and toward the underlying politics of power and perception that ultimately play out on the sidewalks of Vancouver.

The intersection of Main and Hastings Street and the DTES as a whole has become synonymous with drug addiction with the afflicted being stripped down to living bare, hopeless and stigmatized lives. Here, I will establish the theoretical perspective of this project before applying the *homo sacer* and *space of exception* concepts to public space in front of the Carnegie Centre. To achieve this, I will review secondary documentation, my interviews with key players and Vancouver Police Department statistics, each of which I will interpret through my own observations.

¹ Plural of *homo sacer*.

A wealth of literature, authored by government and non-profits alike, has focused on building an understanding of and creating solutions for the uniquely high levels of drug addiction, HIV infection rates and poverty found in the DTES (City of Vancouver, 2005; Shier, 2002; Roe, 2009; Kimbley, Canning-Dew, & Carnegie Community Centre Association, 1987). Strategies that have been employed to tackle the socio-economic ills of the DTES include the provision of low-cost housing and, in the last 10 years, the adoption of a harm-reduction approach to tackling drug addiction. Strategies that have been employed to address public disorder in the DTES include the periodic intensification of law enforcement efforts, the commission of private security guards by business improvement associations, and public-space design alterations. These strategies target both poverty and addiction, whose impact can be seen in the intensive use of the neighbourhood's public spaces. The importance of DTES drug addicts and the community they belong to, in determining the accepted use of public space in the neighbourhood, should not be underestimated.

1.1 Research Questions

Can Giorigo Agamben's concept of the *homo sacer* be applied to drug addicts in the DTES and how has the anomic public disorder on the southwest corner of Main and Hastings Streets contributed to the development of a *space of exception* in the community?

2: THEORETICAL PERSPECTIVE

The two major theoretical concepts that inform this project are Giorgio Agamben's *homo sacer* and *spaces of exception*. I have sought to conceptualize my study location, the sidewalks on the southwest corner of Main and Hastings, as a *space of exception* and have identified public space regulatory trends in both North America and Europe in order to better determine the exceptionality of the case. I have taken Agamben's concept of the *homo sacer* (sacred human) and applied it to drug addicts whose utilization of the public space in front of Vancouver's Carnegie Centre appear to make it an aberration in the city. In order to apply Agamben's complex philosophies to a real urban context, I have distilled his *space of exception and homo sacer* concepts into what I have determined to be their major characteristics. Both share the attribute of being excluded from the judicial order. In addition, the *homo sacer* has been judged guilty of a crime and therefore consigned to living a *bare life* while Agamben understands *spaces of exception* as being anomic and outside of the norm.

2.1 The Philosophical Basis of Giorgio Agamben's Political Theories

Agamben's philosophies examine the fundamental nature of what it means to be human and how, through language, we separate ourselves from other members of the animal kingdom. Perhaps his greatest and most widely

known contributions to modern philosophy have been in the arena of political theory. Agamben has imagined life itself to be a politically determined concept and modernity as being characterized by an increasingly more radical tendency by those in power to take control of life itself (Ross, 2008, p. 1-2). In *Homo sacer: Sovereign Power and Bare life* (1998), Agamben expands upon the philosophies of Michel Foucault. Foucault (1990) asserted that power in modern times follows a rationality that is fundamentally different than that of sovereign power². Whereas sovereign power presides over life and death (kill or let live), modern power is characterized by a productive relation to life (fostering life or disallowing it). Foucault describes the exercise of power in modernity as biopower, operating through the governance of biological life itself, utilizing diverse techniques of discipline and regulation to control human bodies. Rather than the threat of death that underpins sovereign power, biopower emphasizes the protection of life through the regulation of customs, habits, health and reproductive practices.

In *Homo sacer: Sovereign Power and Bare life*, Agamben both builds upon and rejects aspects of Foucault's thesis on biopower. Specifically, Agamben believes that the exercise of power in modern democracies is achieved through an integrated mix of the sovereign and the biopolitical. Agamben argues that the biological body, which was originally excluded from politics as the exception that stands outside but nevertheless founds the law, has become the

² A sovereign power has absolute sovereignty if it has the unlimited right to control everything and every kind of activity in its territory.

central concern of power in modernity. This exclusive/inclusion of biological life into the political sphere is located at the nexus of the biopolitical and the Sovereign that serves as the foundation for Agamben's modern political philosophies. In addition to Foucault, Agamben engages with the thoughts of Carl Schmitt, the German jurist infamous for joining and supporting the Nazi party. For Schmitt the ability to decide if a situation is normal or exceptional, and thus whether the law applies or not (since law requires a normal situation for its application) is where sovereignty is manifest. Agamben also incorporates the theories of Walter Benjamin, a German-Jewish intellectual, into his philosophies. Benjamin asserted that in order to combat Fascism the sovereign must implement a real *state of exception* where the law is suspended while being left in force.

Agamben expands on the work of these philosophers by asserting that in modern democracies, a *state of exception*, where the law is suspended by the sovereign while remaining in force, has become the rule. This is a condition that Agamben (1998) has described as one of abandonment in which the law is in force but has no content or substantive meaning – it is “in force without significance” (p. 51).

2.1.1 The *Homo Sacer*

According to Agamben (1998), the co-existence of biopower and sovereign power in modern democracies is manifest in an obscure figure taken

from Roman law, the *homo sacer*, who is simultaneously abandoned in relation to the law and designated as sacred³. Agamben's understanding of the *homo sacer* originates from Aristotle's distinction between two types of life: biological life, or *zoē*, and *bios*, a particular kind of political or civil life of a group or an individual. Aristotle imagined natural life as being relegated to the domain of the household, which allows it to be clearly distinguished from political life, which is found in the public realm. Living a particular type of life, in the realm of politics, is necessary if an individual is to raise himself beyond the animal state (*zoē*) to the state of being completely human (*bios*). Agamben has conceived of a modernized iteration of the *homo sacer*, existing outside societal norms, stripped down, living *bare life* (as described in section 2.1.2) simultaneously revered and reviled; included and excluded. Agamben (1998) quotes the Roman Pompeius Festus as describing the *homo sacer* as:

...one whom the people have judged on account of a crime. It is not permitted to sacrifice this man, yet he who kills him will not be condemned for homicide; ... This is why it is customary for a bad or impure man to be called sacred (p. 71).

Agamben (1998) says “every society—even the most modern—decides who its ‘sacred men’ will be” and therefore determines “the threshold beyond which life ceases to be politically relevant, becomes ‘sacred life’, and can as such be eliminated without punishment” (p. 139-140). For Agamben, the *state of*

³ Sacred has been defined as: Sacrosanct, inviolable; protected by some sanction from injury or incursion (Shorter Oxford English Dictionary, 1933, 1776).

exception becoming the norm also indicates that all persons are virtual *homines sacri*, abandoned by a law with no significance (Agamben, 1998, p. 115).

2.1.2 *States and Spaces of Exception*

Agamben's *State of exception* (2005) examines the Roman concept of *iustitium*, where the law is brought to a standstill or suspended in the face of *tumultus* - the state of war. Agamben theorizes that in the *iustitium* (state of emergency), the distinction between *bios* (biological life) and *zoē* (political life) is defined by those in power and has come to persist throughout peacetime, a *state of exception*.

Agamben (1998) writes that the World War II Nazi concentration camps are paradigmatic of the *state of exception* that has come to characterize modern democracies. He describes these camps as the “fundamental biopolitical paradigm of the West” (p. 181). Agamben proposes that, in the camp, a *state of exception* has come to persist in a defined spatial area. It is here that Agamben (1998) sees the “nomos of the modern” (p. 166) and the convergence of democracy and totalitarianism. Agamben (1998) says that the camp produces *bare life*, a primary characteristic of the *homo sacer*. *Bare life* is not natural life *per se*, but a politicized form of natural life, neither *bios* nor *zoē*. Emerging from within this distinction, it can be defined as “life exposed to death” in the form of Sovereign violence (Agamben, 1998, p. 88).

Agamben (1998) says a characteristic of the camp is the indistinguishability of law and life, where the rule of law no longer bears upon or applies to the living body, but rather the living body has become “the rule and criterion of its own application” (Agamben, 1998, p. 173). Agamben illustrates the *bare life* and *state of exception* concepts with extreme examples, such as the stateless refugee, the shifting definitions of life in medical practice, and the *bare life* of the prisoner in the concentration camp (Ross, 2008, p. 3). These examples, Agamben (1998) argues, along with the neomort waiting for his organs to be transplanted, the Muselmann from the camps and the Bandit, are lives that occupy “difficult zones of indistinction” between “law and fact, juridical rule and biological life” (Ross, 2008, p. 4).

2.1.3 The Manufacture of *Bare life*

Bare life, a primary characteristic of the *homo sacer*, is manufactured through a process that Agamben describes in his book *The Open: Man or Animal* (2004) as the *anthropological machine*. This is the process by which anthropologists apply appropriate language that finds the animal in what appears as human as in the case of primitives, barbarians or savages. I argue that a similar process has been applied to DTES addicts⁴ whom the State, society and the media have stigmatized, medicalised and deemed neither human nor

⁴ Addiction has been traditionally defined as dependence on psychoactive substances. The Addict is characterized as impaired in behavioral control, craving, inability to consistently abstain, and diminished recognition of significant problems with their behaviors and interpersonal relationships.

inhuman. It is through a process of stigmatization both of place and population that DTES drug addicts have been designated as modern day *homines sacri*, living bare, worthless lives. Language itself is actively recruited in “establishing a zone of indifference” (Agamben, 1998, p. 37) where the figure of the human and the animal are indistinguishable and reliant upon their discursive production. It is in this zone of indifference that neither animal nor human is found, but rather only “*bare life*” (Agamben, 1998, p. 38). The hypothesis of this paper is that the DTES drug addict, forced by poverty into conducting activities related to drug consumption in public space is, in society’s view, the very embodiment of *bare life*. The state reinforces this identity through its dual treatment of addicts as both criminals and patients.

2.2 Application of Agamben’s Concepts to Contemporary Urban Contexts and Populations

Agamben’s conceptualisation of the figure of the *homo sacer* existing in a *state of exception* has been interpreted, challenged and adapted by a wide variety of urban and social theorists. Despite Agamben’s assertion that these concepts can be applied to the totality of modern democracies and all those who live in them, other authors have attempted to apply them to specific urban geographies and populations. In doing so, they have identified several major deficiencies and omissions in Agamben’s work, including his omission of the importance of gender to human identity.

Geraldine Pratt (2005) applied Agamben's concepts to the now infamous case of missing women from the DTES who went missing and were later found to have been murdered, and female domestic workers from the Philippines. These women, Pratt (2005) says, have been legally abandoned and are thus the embodiment of Agamben's *homo sacer*. Lapses in state policing and regulation allowed the murder of DTES women to go on unchecked for many years, and Pratt questions if these were aberrations from normal practice or if they have become the norm for certain people and places. Pratt (2005) states: "geographies do more than contain or localize *bare life*. Geographies are part of the process by which certain individuals or groups are reduced to *bare life*" (p. 1055). Unlike Agamben, Pratt describes a *state of exception* that is not applicable to all populations. Instead, Pratt argues that in Vancouver the figure of the *homo sacer* is bounded in definable geographies and manifest in the identities of the marginalized. Pratt (2005) says that "much of (the) struggle about the worth of different types of human lives takes place through medicalised, gendered and racialised discourses about the health, vigour, and civility of the body" (p. 1054).

Mathew Gandy (2006) views Foucault's notion of bio-power as central to the development of urban *spaces of exception* where the conditions of *bare life* play a "critical role in the ideological and material sustenance of modern societies" (Gandy, 2006, p. 498). Gandy (2006) states:

Human communities find themselves cut adrift from the institutional and legal frameworks underpinning modernity – a distinction that allows an explicit connection to be drawn between his (Agamben's) philosophical explorations of the origins of bio-political sovereignty and the abandoned or marginal spaces of the contemporary city (p. 499).

Further applying Agamben's biopolitically founded philosophies to contemporary urban scenarios, Gandy (2006) perceives a shift as taking place in the politics of public health where, rather than maintaining the traditional preoccupation with death, the health and well-being of the population has become one of the central objectives of political power (p. 500). He asserts that advances in epidemiological science have helped to displace traditional moral discourses that, through stigmatization and oppression, produce 'marked' or contaminated bodies (Gandy, 2006, p. 500-505). These traditional discourses have been partially replaced by a technical emphasis on the mechanisms of public health improvement. This shift is perhaps exemplified by the harm reduction approach to addiction, which frames the behaviour of addicts as a public health concern rather than simply being criminal. This medicalisation of the addict is just one strategy by which the state can gain control over 'undesirable' populations.

Bio-political disciplinary strategies and practices, Gandy (2006) says, control forms of social deviance which threaten economic activity, such as the presence of 'undesirable' people in public or quasi-public spaces. He uses as an example the proliferation of private security, whose uniformed visibility he

considers to present a form of 'state ventriloquism' as their authority appears to derive from state institutions rather than private interests.

Katharyne Mitchell (2006) in her article "Geographies of identity: the new exceptionalism" examines the development of *spaces of exception* in modern cities. Mitchell (2006) looks specifically at the example of *a space of exception* that she perceives as having developed in Portland, USA, where a defined territory has been exempted from 'normal' prostitution laws as a result of the State's total power over space (p. 98). Countering Agamben's assertion, Mitchell (2006) says, "we are not all virtually *homines sacri*. There are clear figures of sacred 'man' and it is not man" (p. 98). Mitchell (2006) asserts that "the ontologizing of specific groups as scientifically distinct in their biology is what makes them embodied 'exceptions' to the norm" (p. 97). Though her intent is to examine the exceptionality of the non-white male, non-universal bodies, her logic can be extended to drug addicts, who are designated as biologically aberrant from the norm.

Mitchell, Pratt and Gandy have demonstrated that Agamben's concepts can, with a degree of adaptation and interpretation, be applied to urban spaces and populations. A similar degree of specificity, as demonstrated in their articles, is required in order to imagine DTES public space as exceptional and select populations as *homines sacri*. Another deficiency identified in Agamben's writings is his depiction of *homines sacri* as powerless.

Ewa Plonowska Ziarek (2007), has proposed the notion that *bare life* can be wielded as a revolutionary weapon. To illustrate this assertion, Ziarek (2007) has examined the case of hunger striking British suffragettes at the beginning of the twentieth century. Ziarek (2007) says that hunger strikes can be viewed as the mobilization of *bare life* for the emancipatory struggle. She asserts that the aporia between the political freedom guaranteed by human rights and the politicization of *bare life* as the object of biopower, enable revolutionary transformation (Ziarek, 2008, p. 99). By commanding control over their own biological lives, the suffragettes occupy the position both as the sovereign and of the *homo sacer*. These historical characters are differentiated from the neomorts or the prisoners in the concentration camp, who in their extreme destitution are reduced to *bare life* alone (Ziarek, 2008, p. 100). Ziarek (2007) writes:

As a counter to the sovereign decision, hunger-striking suffragettes seized hold of their *bare life*, wrested it away from sovereign decision and transformed it into a site of the constitution of a new form of life. (p.102)

It is through these interpretations and applications of Agamben's theories, both metaphysical and political, that I have attempted to examine the specific case of drug addicts acting in public space in the DTES. Specifically, I am attempting to examine, as Pratt (2005) and Gandy (2006) have before me, possible connections between the regulation of public space and the occurrence of identifiable *spaces of exception* in urban geographies.

2.3 Public Space Regulation and *Spaces of Exception*

As Mathew Gandy (2006) has theorized, the state increasingly utilizes biopolitical strategies of control to manage marked human bodies in such a way that their impact is contained to limited geographical areas. Drug addicts can be considered as marked bodies in that they are perceived as contaminated, undesirable and aberrant from the norm. I conceptualize the management of those undertaking activities related to drug consumption as being achieved through the application of various public space regulation strategies. Understanding the mechanisms used to define and regulate acceptable uses of public space is a vital step in determining the applicability of Agamben's notion of *spaces of exception* to the community of the DTES.

The term "public space" is an accepted and often used description of an area or place that is open and accessible to all citizens, regardless of gender, race, ethnicity, age or socio-economic status. Such a description of public space appears to be built on the notion that the 'public' is a unitary, homogeneous group that has equal rights and access to the public realm. But impoverished drug addicts involved in the illicit drug economy, much in evidence in front of Vancouver's Carnegie Centre, are not, under normal circumstances, considered to be legitimate users of public space. Whether it is restrictions imposed by private security operating in public space or the implementation of Crime

Prevention through Environmental Design (CPTED)⁵, not all individuals or social groups are made to feel welcome in public space. Many of those inhabiting the sidewalks in front of the Carnegie Centre would not ordinarily be accepted in other public spaces. William Whyte, renowned public space researcher, might consider such crowds to be indicative of a successful and desirable public space. However, it might be a stretch to consider the frenetic and desperate human activity found here to be a 'success'. The social dimension of DTES public space is a mixture of high-intensity social interaction and deprivation brought on by poverty and drug addiction. In his observations of plazas in New York, Whyte (1988) observed that persons who were regarded as undesirables were quickly moved on by private security guards. Those who find refuge in the public space in front of the Carnegie Centre are akin to those Whyte observed being ejected from New York public spaces.

There are a number of exclusionary strategies employed across North America and abroad to limit the use of public spaces in such urban centres as Los Angeles, San Diego and Gothenburg. These strategies have been used to restrict the use of public space by marginalized persons such as impoverished *drug addicts*. In the 2008 article *Homelessness and Exclusion: Regulating Public Space in European Cities*, Joe Doerty et al. (2008) assert that

⁵ Crime Prevention Through Environmental Design (CPTED) is a multi-disciplinary approach to deterring criminal behaviour through environmental design. CPTED strategies rely upon the ability to influence offender decisions that precede criminal acts.

Over the past decade or so, an emerging trend in the cities of Europe and North America has been the increased regulation of public space and the surveillance of its inhabitants. Each of the examples of public space regulation that I have identified demonstrate that marginalized persons are increasingly being pushed out of public space (p. 290).

The following case studies describe strategies designed to exclude marginalized populations from public spaces, while enforcing a containment agenda to limit their movements and activities to designated geographic areas.

The article "*Clean and Safe? Property Redevelopment, Public Space and Homelessness in Downtown San Diego*" by Don Mitchell and Lynn Staeheli (2005), addresses the exclusion of homeless people from public space in a rapidly gentrifying downtown San Diego. This case study is relevant to Main and Hastings in Vancouver because it illustrates how marginalized populations, such as those found in high concentrations in the DTES, can be excluded from making use of specific public spaces.

Mitchell and Staeheli (2005) discuss how "Property becomes a site of social contestation" (p. 52) and how policy-makers in concert with private business interests have created pseudo-private spaces. These spaces are "formally owned by the state (and) by the public, but are subject to control and regulation by private interests" (Mitchell & Staeheli, 2005, p. 151). Mitchell and Staeheli's (2005) article recounts the thoughts of law scholar Jeremy Waldron, who in 1991 argued that "in the American city the only place homeless people can be, without being at the sufferance of another, is on public property ...

everywhere else they must have prior permission” (p. 151). As a last refuge for the homeless, public space is becoming increasingly inaccessible as interests of private enterprise take precedence over individual rights.

The chapter entitled ‘Fortress LA’ in *Mike Davis’ the City of Quartz* examines the rise in prominence of private security and closed circuit television (CCTV) in the regulation of public space in Los Angeles. At the start of the chapter Davis (1990) laments that in Los Angeles, “genuinely democratic space is virtually extinct” (p. 245) and that “municipal policy has taken its lead from the security offensive and the middle-class demand for increased spatial and social insulation” (p. 246). Davis (1990) found that as Los Angeles’ urban core has been gentrifying, government and business interests have sought to make the streets as unliveable as possible for the homeless and the poor. Los Angeles has also undertaken a policy of containment where the homeless are restricted to an area called Skid Row. Davis (1990) says that the creation of such concentrated spaces essentially constitutes a "homogenous terrain of surveillance and discipline" (p. 246).

In Europe, restrictions are increasingly being placed on the utilization of public space by the marginalized. From the blocking off of formerly public space in Gothenburg, Sweden, to the removal of ‘undesirables’ from train stations in Germany, there is a common theme. Business forces and marginalized populations are facing off over access to public space. Joe Doerty et al. (2008) write:

...restrictions on access to public space are a common feature of all European societies, the extent and depth of this process varies from place to place...Such variation in behaviour and attitudes may however be a waning characteristic, an historical relic, with behavioural norms converging as clampdowns on 'undesirable' people and 'anti-social' practices become commonplace across the continent (p. 292).

'Undesirables' are increasingly being excluded from public space and/or being contained in limited geographic areas. The presence of drug addicts in DTES public space seems to be tolerated in a limited geographical space. Public space regulation, as it pertains to impoverished addicts, can be seen to contribute to the development of *spaces of exception*, and as a mechanism of State control over marginalized populations.

2.4 Stigmatization of the DTES Addict and the Production of *Bare Life*

Addiction and poverty are two mutually reinforcing characteristics that lead to the stigmatization of the DTES drug addict. Stigmatization is a powerful process that I argue contributes to the designation of marginal populations as *homo sacer*, living bare, politically invisible lives. Dear and Winton (1997) have identified eight dimensions of stigmatization: functionality; aesthetics; established rules for social interaction; personal culpability; unpredictability and dangerousness; the degree to which a condition is "curable" or reversible; the degree to which individuals and conditions can be empathised with; and the degree of contagion associated with various conditions. The DTES drug addict, finds him or herself on the stigmatized extreme of each of the dimensions

identified by Dear and Winton (1997). The impoverished drug addict is low functioning in society; is generally not economically productive; requires state assistance for survival; is often aesthetically unappealing; has an addiction that interferes with his or her ability to socially interact; is considered by some in society to have a high level of personal culpability for his or her addiction (Maté, 2008); is widely considered to be dangerous and unpredictable; is burdened with an addiction that is considered to be difficult to reverse, and engaged in public activities related to drug consumption thought to be contagious to other communities (Strike, Myers, & Millson, 2004). Drug Addicts in the DTES are stigmatized as a result of their addiction, their near total reliance on state services and funds, their poverty and their intensive use of public space that is believed to be contagious.

While addiction affects persons across social strata, it is only in the DTES, when combined with poverty and a postulated *space of exception*, that the stigmatized figure found in the neighbourhood appears. Unlike wealthier addicts, *DTES addicts* are less likely to have access to stable housing (private space) and their traditionally taboo activities are thus pushed into the public realm, confined to a limited geographic area. It is through both the stigmatization and medicalisation of the lives of poor drug addicts that they have been set apart as distinct, marked bodies, *homines sacri*. With the transition to a harm reduction approach to addiction, addicts are increasingly being viewed as patients rather than criminals, which suggest that their lives are becoming medicalised.

2.5 The Application of the *Homo Sacer* and *Spaces of Exception* Concepts to the DTES

Agamben (2005) writes: "The *state of exception* is not a dictatorship but a space devoid of law, a zone of anomie in which all legal determinations and above all the very distinction between public and private - are deactivated" (p. 50). I have identified the public space in front of the Carnegie Centre as such a 'zone of anomie' that accommodates the stigmatized activities of the poor and addicted. I have sought to distill the *space of exception* and *homo sacer* concepts so that I might better evaluate their potential applicability to the DTES scenario. I will conceptualize DTES drug addicts as *homines sacri* by applying these three characteristics to them: *bare life*; judged guilty of a crime; and exclusion from the juridical order. I will then evaluate the potential existence of a *space of exception* in front of the Carnegie Centre, by first examining whether the public space scenario in the community is anomic and second, whether this space has been excepted from the juridical order.

After outlining my research methodology, I will explore the historical causes for and responses to DTES public-space disorder. Next I will examine DTES public-space users, specifically the drug addicted, assessing whether these persons display the characteristics of Agamben's *homo sacer*. Finally I will examine public-space regulation in the DTES, looking at how biopolitical mechanisms of control, implemented in response to public space disorder, may or may not have contributed to the development of a *space of exception*. I have

bookended this project with my own urban observations which illustrate my changing perspective on public space and human identity over the time I have worked on completing this project.

3: METHODOLOGY

I have drawn upon a wide array of data sources that address the applicability of Agamben's theories of the *homo sacer* and the *state of exception* to the DTES context. Analyzed together, my document research, interviews with key actors, and observations comprise an ethnography in the established tradition of qualitative research (Babbie & Benaquisto, 2002). This ethnography examines the use of public space, from a variety of different angles, using "multi-method research.... including observation, participation, archival analysis and interviewing" (Babbie & Benaquisto, 2002, p. 308). To further enhance my understanding of the regulation of DTES public space, I have also gathered and analyzed quantitative data received from the Vancouver Police Department.

The framework I have employed to determine the applicability of Agamben's theories to the DTES public space has been described as the extended case method. Rather than a grounded-theory approach, where I developed a theory as my research progressed, I have applied Agamben's existing social theory to the DTES public space context. In this way, my goal has been "rebuilding or improving theory instead of approving or rejecting it" (Babbie & Benaquisto, 2002, p.317).

The three key elements that I sought to identify and contextualize in each aspect of my research are the DTES, public-space regulation and disorder. I selected sources and interview subjects that allowed me to inform my research with the perspectives of public policy, the court system and law enforcement. I increasingly focused my attention on the drug addicted and the human-service facilities concentrated in the DTES as it became apparent that both are vital to the application of Agamben's theories on the community. Over the course of this research, I constantly and reflexively refined my understanding of what I was reading and observing.

3.1 Vancouver Police Department Enforcement Statistics

Statistics received from the Vancouver Police Department (VPD) for this project have been analyzed for quarter-over-quarter percentage change in the number of reported incidents for possession and distribution of each of cannabis, cocaine, heroin and other drugs under the *Controlled Drugs and Substances Act* [1996, c. 19]. The VPD provides arrests statistics in city block increments. Blocks that have been analyzed include: Main Street (Cordova Street to Pender Street); Hastings Street (Columbia Street to Gore Avenue); West Boulevard (40th Ave West to 42nd Ave West); 41st Street West (Yew Street to Maple Street). Enforcement statistics for Vancouver as a whole have also been analyzed, providing a baseline for overall comparison. The Main and Hastings Street statistics cover my study area, while the West Boulevard and 41st Avenue West statistics are located in the Kerrisdale Neighborhood that VPD Superintendent

Lemke specifically singled out in his interview as an area where drug laws were more likely to be actively enforced (personal communication, September 1st 2009). Due to a database system change and an alteration in the way drug enforcement activities are accounted for, useable statistics were only available from 2006-2009. I attempted to overcome potentially constrained conclusions that could be drawn from such a short time frame by requesting statistics be split into the highest frequency possible. These statistics have been analyzed to determine whether my study area, the intersection of Main and Hastings Streets is being regulated differently than in the city as a whole. Due to the extremely low instances of law enforcement activity at the West Boulevard and 41st Street intersection, I have not included this data in my graphic analysis as legitimate trends could not be determined. However, the fact that enforcement of the *Controlled Drugs and Substances Act* [1996, c. 19] is by and enlarge absent from this area is considered alongside my data analysis of Main and Hastings Streets and Vancouver enforcement scenarios.

3.2 Documents

I employed an Ethnographic Content Analysis (ECA) methodology in my exploration of documents. ECA has been described as a method suited to the documentation, comprehension and communication of meaning as well as the verification of theoretical relationships (Altheide, 1987). Using this reflexive approach, I focused on comparing relevant documentation, drawing out the major themes being expressed therein and identifying the evolving narrative (Altheide,

1987). The concept of reflexivity is based on the circular relationship between cause and effect. A reflexive relationship is one where both cause and effect affect one another. This is an inductive approach, rather than the testing of a hypothesis.

3.2.1 Legal Framework

I began my research by identifying contemporary trends in public space regulation. From here I sought to uncover the legal framework that determines public-space regulation in Vancouver and how it might apply to the geographically located human subjects of this research.

Legal and policy documents reviewed for this project were selected by harnessing the expertise of my interview subjects. During the interviews⁶ I conducted for this project, each of the subjects referred me to valuable documentation and records of court cases that set the legal precedents for public space regulation in Canada and B.C.

3.2.2 Other Sources

Through my library searches, interviews and observations, I identified representations of the DTES beyond media, public policy and law. Publications like Pivot Legal Society's *Hope in Shadows* (2008) and *Raise Shit: Social Action Saving Lives* (2009) provided me with alternate perspectives on the DTES

⁶ Interview methodology is discussed in section 3.3

situation. I analyzed these publications with Agamben's theories in mind as well as with my own conception of the drug addicted.

3.3 Qualitative Interviews

My interview questions were formulated to be open-ended, unbiased, precise and rigorous, and to provoke answers of high quality and validity (Babbie & Benaquisto, 2002). I used a semi-structured interview technique that encouraged the subjects to speak tangentially about public disorder and public space in Vancouver. I chose to conduct my initial interviews at an early stage of my research and the semi-structured interview approach gave me the opportunity to raise my overall understanding of public-space regulation in Vancouver while allowing each of the subjects the opportunity to 'flesh out' their perspectives on the anomic DTES public space context in great depth. Each of my interviews was conducted face to face.

Initial interview subjects were selected for their unique and authoritative ability to answer questions about the regulation of public space issue from the perspective of the judiciary, law enforcement and government. I approached two leaders in law enforcement, two highly ranked judges and one City of Vancouver councillor and conducted interviews between June and September 2009. Each of the interview subjects were presented with interview questions in advance, though on each occasion I adapted my line of questioning to elicit the most substantive answers possible from each interviewee.

In the case of the VPD and the RCMP, I directed my questions toward how public-space regulations were enforced (or not enforced) generally and in the context of the DTES. With the judiciary, I set out to determine how the law was applied to marginal populations in the DTES. In the case of my interview with the City of Vancouver councillor, my goal was to better understand what part the city plays in the regulation of space in the city and specifically the DTES. I determined early on that it was not productive to ask questions directly about Agamben's theories, so I approached the issues from the perspective of the exceptionality of the use of DTES public space. However, in each case I did speak to the subjects about the theoretical grounding of my project in the pre-interview stages and provided them with information about Agamben's theories.

In order to gather a more comprehensive perspective on the public space regulation scenario in the DTES and the identities of the neighbourhood's drug addicts, I conducted five further interviews at a later stage in my research. These further interviews included representatives of Insite; the Portland Hotel Society; the Carnegie Community Centre; the Carnegie Action Network; and the Vancouver Area Network of Drug Users. Interview subjects were specifically asked to comment on the identities and empowerment of drug addicts and their perspectives on public space regulation in the DTES.

On a macro level, I sought to examine how those coming from governmental, law enforcement, non-profit and judicial perspectives perceived the 'problems' of the DTES public-space regulation and its solutions. On a micro

level, I attempted to elicit an 'on-the-ground perspective' from the those with an intimate knowledge of the DTES, either due to their residency or employment there. Each interview was digitally recorded and then transcribed by a professional transcription service. Interview data was then compared and contrasted with information gleaned from policy and legal documents and, later, my own observations. The length of the interviews was limited somewhat by the time constraints placed by the subjects, such as in the case of the former chief judge of the provincial court, Donald Brenner, who could afford only twenty minutes. The details and dates of each of these interviews are found in the Appendix A.

3.4 Observations

3.4.1 Why the Carnegie Centre?

I chose to examine the public space in front of the Carnegie Centre due to the area's unique history and its reputation as the epicentre of the DTES's dysfunction as well as its thriving open-air drug market (Roe, 2009; Shier, 2002). The Carnegie Centre is a Vancouver landmark, having hosted Vancouver's first public library and having been adjacent to Vancouver's first city hall before becoming a community centre in 1980. The drug-related activities in front of the Carnegie Centre are well known and thus it was a natural place to record my observations (Kimbly et al., 1987). The primary purpose of undertaking my

urban observations was to determine the accuracy of information I had gleaned through document research and interviews.

3.4.2 Boundaries of Observation

The activities that I have observed do not exist within hard boundaries. These boundaries are socially constructed and subject to change over time as well as having different implications and meaning for different socio-economic groups. For instance, the way I am able to access public space would likely differ from someone who is identified as a drug user. The space in front of the Carnegie Centre is well known for its open drug market and for being a vortex that draws the addicted and keeps them in its orbit. Gabor Maté, M.D. (2008) wrote that:

For many of Vancouver's chronic, hard-core addicts, it's as if an invisible barbed-wire barrier surrounds the area extending a few blocks from Main and Hastings in all directions. There is a world beyond, but to them it's largely inaccessible. It fears and rejects them and they, in turn do not understand its rules and cannot survive in it. (p.20)

With this in mind, I chose to focus my observations where I was most likely to find public disorder (drug related) and instances of public space regulation or lack of regulation.

3.4.3 Observation Design

Prior to my stationary observations, I surveyed the sidewalks within a four-block radius of the Carnegie Centre. I then undertook a series of four, thirty-

minute static observations over the course of two weeks in August 2009, each of which is detailed in Appendix E. I first took the step of generally appraising the research area before zeroing in and looking for patterns and behaviours that pertained to the (lack of) public-space regulation. I employed a non-participant observation technique and was able to position myself in a location where I did not directly interact with those I observed (Marshall, 1998).

I kept the observation time short in order to avoid exposing myself to any dangerous scenarios. The primary viewpoint I employed was a fenced-off area in front of the Carnegie Centre. I recorded each observation on audio in addition to taking field notes. I noted overt instances of public-space regulation, when police or private security were present, and instances where other public-space actors, such as employees of the Carnegie Centre, enforced public-space regulation. Taking note of illegal activities (drug-related and otherwise), I attempted to build on my understanding of what was taking place on the corner to determine whether it truly was a *space of exception*, populated by *homines sacri*.

In addition to my initial observations, I regularly visited the area and entered the Carnegie Centre when I volunteered there at least four times a week over the course of March 2010. In that time, I was able to better observe the activity around the Centre at different times of the day and to develop a more well rounded perspective.

3.4.4 Analysis of Observations

Upon returning from the field, I immediately typed up my notes along with my initial interpretations of what I had observed. These notes did not reveal a great deal about the social activity in my study area and pursuing a more thorough analysis was vital (Babbie & Benaquisto, 2002). I was prompted to rethink my observation analysis, as my interviews and documents analysis helped me to identify diverse perspectives concerning addiction and public space regulation. These perspectives, such as conceiving of drug addicts as legitimate actors in public space, encouraged me to look beyond open acts of drug dealing toward the significance these activities have in the broader societal context.

3.5 Analysis

In terms of analysis, I have utilized the I(ssue) R(ule) A(uthority) C(onclusion) approach. This framework has been employed to examine legal cases (Bittner, 1990) and here it offers a structured methodological process for understanding the use of public space in front of the Carnegie Centre. IRAC provides a framework for answering hypothetical questions about the applicability of laws. I concluded that this was an ideal framework for determining the applicability of Agamben's theories of *homo sacer* and *spaces of exception* to the anomic use of public space in the DTES. The theories have at their heart the concept of the suspension of law and rights. Therefore, using a legal analysis framework seemed most apt. I reasoned that the IRAC method would best assist me in determining if public space regulations, both in terms of laws and

strategies, were being applied in my study area, or if it indeed was a *space of exception*. I inserted my research question into this framework as follows:

- **Issue:** Regulation of Public Space of Vancouver, specifically that in front of the Carnegie Centre on Main and Hastings Streets.
- **Rule:** *Agamben's homo sacer and spaces of exception*.
- **Authority:** Public policy documents, legal documents, law enforcement statistics, interviews and observation.
- **Conclusion:** Does the rule apply to the issue?

This research draws upon both quantitative (VPD enforcement statistics) and qualitative (interviews, observations and documents) data sources. By building an understanding of my research questions from multiple perspectives, I have sought to minimize the pitfall of placing too great an emphasis on the validity of any single source. My multi-method and multi-modal research approach has allowed me to develop a well-rounded perspective on the public space regulatory scenario in my study area. My methodology has been especially useful in analyzing the potential bias and significance of the urban observations I conducted at an early stage of my research.

4: INITIAL OBSERVATIONS OF STUDY AREA

My observations represent the perspective of a middle-class, middle-aged, masters student who had developed a superficial understanding of the complex social, political and historical context of the DTES public space. Ironically, my initial ignorance of the DTES and its population speaks directly to the tendency of philosophers and academics to seek universal theoretical frameworks through which they can understand complex urban contexts and populations. My decision to apply Giorgio Agamben's *spaces of exception* and *homo sacer* concepts to the DTES is a prime example of such a top-down approach and demonstrates the inherent perils of pursuing an inductive rather than a deductive research strategy. Applying broad philosophical theories to specific urban scenarios and populations necessitates a degree of generalization. In striving to locate the connection between theory and reality, the complex causes of urban phenomena may not be given their due emphasis when they do not align with a given philosophical framework. I argue that the best value I can draw from these observations lies first in their initial summation here, followed by my reinterpretation of them when the entirety of the other data sources, documents, interviews and enforcement data have been introduced and analyzed.

As outlined in the methodology section (3) of this paper and detailed in Appendix E, I undertook a series of observations of my study area over the course of several weeks in the summer of 2009. I was specifically looking for instances where public-space regulation strategies were being applied to activities related to drug consumption. I recorded events that struck me as either opposing or being concordant with the central theme of this enquiry, that this particular area is a potential *space of exception*, anomic and set apart from the norm and that those who inhabit this space are possibly the DTES variant of Agamben's *homo sacer*.

Specifically, I identified the presence of police officers, police cars, private security and illegal activity (specifically drug use or sales). Though there is usually a strong police presence around the Carnegie Centre, the *Controlled Drugs and Substances Act* [1996, c. 19] does not seem to be actively enforced.

As I observed on July 23rd 2009:

Much of the activity on this corner is clearly drug-related in contrast to just a half a block south, where I witnessed no evidence of drug dealing or persons under the influence of drugs. The area in front of the Carnegie Centre is clearly being used in a way that is outside of the norm and those I have identified as *homo sacer* occupy this public space while making no effort to conceal their drug-dealing and taking activities. (Appendix E, Observation 1: July 23rd 2009 - 6:10 p.m., para. 1)

The intensity of anomic activity in front of the community centre was dramatically higher than elsewhere in the immediate vicinity. Over the course of my observations, I witnessed the committing of multiple illegal acts, including

drug-dealing and drug-taking, conducted in the public space around the Carnegie Centre. At no time did I witness law enforcement intervening to stop these illegal acts. Throughout my observations I noted that no attempt was made by drug dealers to hide their sales to addicts. As I observed on July 26th 2009:

Many open drug deals are taking place with no attempts made to keep them secretive or hidden. I witnessed at least three during my observation period with miniature zip lock baggies being passed from dealers to customers. (Appendix E, Observation 3: July 26th, 2009 - 3.00p.m., para. 5)

I also observed the presence of those I had conceptualized as *homo sacer* such as on July 23rd 2009:

As I approach this intersection I notice one person in particular, clearly under the influence of drugs, dishevelled, with an air of desperation about him asking various people loitering in front of the Carnegie Centre for drugs until he ultimately secures what he is looking for. (Appendix E, July 23rd 2009 - 6:10 p.m., para. 1)

This open drug dealing seemed to fit with the notion that this area is a *space of exception* where the normal laws of society are not being followed. During that same observation, I also noted that one block south and north from the Main and Hastings intersection there was no evidence of open drug dealing.

As I observed on July 24th 2009 when seated at Waves coffee shop on the northwest corner of Keefer and Main Streets: "The great concentration of public drug dealing, completely out in the open, which I identified in my prior observation in front of the Carnegie Centre, is not in evidence where I sit, despite

the fact that it is only one block south” (Appendix, July 24th 2009 - 6:10 p.m., para. 3).

I identified no hard boundaries containing anomic activity in the area during the observations in 2009 nor during the two months I worked as a volunteer at the Carnegie Centre in 2010. However, my observations lead me to a number of conclusions:

1. Activities related to drug consumption occurring in front of the Carnegie Centre continues unabated throughout many hours of the day and night.
2. Drug-related activity radiates from the Main and Hastings intersection, though it thins out and largely ceases when one travels more than two blocks in any direction.

The public disorder and deprivation was always evident each time I visited the area and the use of public space was clearly anomic and far different from what one would find elsewhere in the city. At no time did I witness any instances where there were, to my knowledge, drug related arrests.

These observations seem to fit with the notion that my study area is indeed a *space of exception*. In this public space the law, as it pertains to activities related to drug consumption, is seemingly not enforced and this apparent lack of regulation appears both anomic and geographically specific. The users of this public space were, as I understood them at this early stage in

the implementation phase of my research, akin to Agamben's *homo sacer*. In this space, drug addicts appeared to be living *bare lives*, excluded from the juridical order and set outside the norm. Had my research begun and ended with these observations, perhaps my inductive application of Agamben's theories would have been completely successful, but in the year since I conducted my initial observations, I have engaged with multiple other data sources, which have modified my perspective. Specifically, my interview with a former DTES street-entrenched drug addict and my analysis of VPD enforcement data encouraged me to look beyond the original interpretation of my urban observations: that the law was suspended in my study area which thus aligned it with the concept of a *space of exception*. Before proceeding with my full analysis of the application of Agamben's *homo sacer and spaces of exception* theories to DTES drug addicts and their use of the public space in front of the Carnegie Centre I will begin by establishing the spatial and social context of this study.

5: DTES PUBLIC SPACE DISORDER: ORIGINS AND CAUSATION

5.1 Introduction to the DTES

The Downtown Eastside (DTES) is considered by the City of Vancouver as incorporating the neighbourhoods of Chinatown, Gastown, Oppenheimer, Strathcona, Thorton Park and Victory Square (City of Vancouver).



Figure 1: Map of Vancouver's Downtown Eastside (City of Vancouver, 2010e).

Mental illness, drug addiction, lack of affordable housing, high crime rates and public disorder are just a few of the issues facing the neighbourhood (Vancouver Police Department, 2009). Despite the technically large area of the

DTES, it is the anomic use of the sidewalks, streets and alleyways in the immediate vicinity of the intersection of Main and Hastings Streets that are the most symptomatic of the challenges facing the neighbourhood. Here, illegal activities such as illicit drug use and drug dealing are conducted in public space, in full view of pedestrians and motorists, with the perpetrators apparently lacking fear of sanction by law enforcement. This DTES public space appears to have many of the characteristics of a *space of exception*, anomic and far outside the norm, where accepted strategies to regulate public space do not seem to be actively applied.

Extensive efforts have been undertaken over the years to 'clean up' the public spaces around the Carnegie Centre, and vanquish the open-air drug market. Strategies such as police crackdowns on the illicit drug market, ticketing and the enclosure of the centre's patio, have had periodic impact. Since the introduction of crack cocaine in the early 1990's, the DTES has been known for epidemic levels of poverty, drug addiction, homelessness, violent crime and rates of HIV infection (Shier, 2002; Sommers, 1998). This pervasive neighbourhood identity is overly simplistic and the advent of a potential *space of exception* has its roots in the neighbourhood's socio-economic history.

5.2 Skid Road to the Downtown Eastside

In the late 1800s, the DTES was the economic hub of Vancouver, with Hastings Street between Cambie and Carrall Streets forming the main

commercial centre. However, when the Hotel Vancouver was built in 1887, development of the downtown area began to slowly shift west toward Granville Street. With the exception Woodward's on Hastings Street, a department store that brought thousands of shoppers to Vancouver's eastside until it closed in 1993, most new large-scale commercial businesses continued to relocate towards Granville Street (Vancouver Police Department, 2009).

Prior to the 1970's, the DTES was known as Skid Road, the often-temporary home to men working in BC's mining and forestry sectors living in the community between jobs. The area catered to the needs of this population, providing a myriad of drinking establishments, as well as a high concentration of inexpensive Single Room Occupancy (SRO) accommodations. It became the focus of moral panic, due in part to media coverage heightening popular perception that public disorder in the area threatened to spread to other parts of Vancouver, inhibiting economic growth and prosperity. This excerpt from a Vancouver Sun article demonstrates the deeply negative reputation of Skid Road in the 1960's:

Once the romping grounds of thousands of loggers, Skid Road today is a haven for the rejects of society. Disorganized personality is the rule among skid road dwellers. The alcoholic, addict and sex deviant cannot cope with the demands and frustrations of general society but they can function within their own group. However, don't expect their values to be your values...Skid Road is not just a geographic accident, it is a hard core of human failure. T. Cocking (1966) quoted in (Sommers, 1998).

In the 1960's, a major freeway was proposed that would run through the Chinatown and Strathcona neighbourhoods. New housing projects would be built to replace the SRO residences that were to be bulldozed to make way for the new road. The expropriation of land that would be necessary for this project and transformation of the housing stock was opposed by residents and businesses alike. A coalition was formed that was successful in stopping the proposed freeway. At this time a number of new neighbourhood organizations, including the Downtown Eastside Residents Association (DERA), were established (Roe, 2009). Through these new organizations the community asserted the importance of recognizing the diversity and value of the neighbourhood and called for the preservation of the existing SRO housing stock. Moreover, in an attempt to combat the stigmatization of the area and its inhabitants, DERA was successful in demanding that Skid Road be rebranded as the Downtown Eastside (DTES) (Shier, 2002). This rebranding was an attempt to leave negative public views of the area behind and garner respect for those former loggers, miners and seamen who had been integral to BC's economic success (Shier, 2002). The initial stigmatization and eventual acceptance of this group of natural resource workers has some parallels to the more recent transitioning perception of the DTES addict, from criminal to patient.

From the 1970's onward, in spite of efforts by government and neighbourhood organizations, the community did not improve substantively from its depressed Skid Road origins. The closure of the Woodward's Department

Store in the early 1990's, in particular, dealt a decisive blow to the community. The demise of this business led to the snowballing closure of many of the small businesses along Hastings Street and ensured that the identity of the DTES remained closely linked to its Skid Road past. The de-institutionalization of the mentally ill in the 1980's and the introduction of crack cocaine late in that decade further exacerbated the situation, and propelled the DTES toward its contemporary identity as a dysfunctional ghetto fuelled by drugs and disorder (Robertson & Culhane, 2005). A primary cause of the intensive use of DTES public space is the lack of quality private space in the community, a legacy of the continued proliferation of Single Room Occupancy Accommodation (SRO).

5.3 Single Room Occupancy Accommodation and the Intensive Use of DTES Public Space

Agamben (2005) describes how in a *state of exception*, the very distinction between public and private are deactivated. Lacking access to quality private space, many DTES residents are pushed into making intensive use of the community's public spaces. Many of the subjects I interviewed for this project emphasized that a concentration of poor quality but cheap SRO accommodation in the neighbourhood resulted in the streets assuming a role traditionally reserved for the home.

Wendy Pedersen, researcher/organiser at the Carnegie Community Action Project and a DTES resident for the past twenty years, says that for those living in SRO accommodation with no private access to living rooms, bathrooms or

kitchens, public space assumes the role most often taken by private space (personal communication, September 16th 2010). Darcie Bennet, Campaigns Director for Pivot Legal Society, concurs with Ms. Pedersen, adding that the intense utilization of public space in the neighbourhood is largely a result of a general lack of access to quality private space, which increases the need for and use of public space (personal communication, September 16th 2010). Similarly Russ Maynard, Insite coordinator, says:

The streets of the Downtown Eastside are vibrant and full, if this is a healthy vibrancy is open for debate, but there is an unusually high level of people on the street, a lot of that has to do with “I live in a shitty hotel room” ... a lot is healthy and lots is unhealthy, violence and exploitation. (personal communication, September 9th 2010)

At the outset of my research street life in the DTES appeared to me to be chaotic and dysfunctional, but while it is undeniable that there is significant illegal drug-related activity in the neighbourhood, it is also clear that public space has taken on an especially vibrant social function. Ms. Pedersen says, “Hastings is the communications highway of the DTES and everybody’s life touches (it) in some way each day” (personal communication, September 16th 2010). Here, as in Agamben’s (2005) description of the *state of exception*, the private and the public seem to have become almost indistinguishable. The sidewalks in front of the Carnegie Centre are a major social hub and among the most highly utilized public spaces in the DTES.



Figure 2 View of the Carnegie Centre across the intersection of Main and Hastings Streets (O'Melinn, 2010a)



Figure 3: Street Life in front of United We Can, Hastings Street, Vancouver (O'Melinn, 2010b)

5.4 The Carnegie Centre

Vancouver's Carnegie Centre, located on the southwest corner of the intersection of Main and Hastings Streets, is architecturally iconic. Easily identifiable with its grey Victorian facade and domed tower, the Carnegie Centre has played varying roles in the DTES but has always been an important hub of social activity (City of Vancouver, 2010a). Built in 1902, the Carnegie Centre hosted the first public library in Vancouver. In 1957, it was converted to the city museum and later, in 1980, after a massive campaign spear-headed by DERA, it was saved from demolition and transformed into its most recent incarnation, a community centre (City of Vancouver, 2010b). The Carnegie Centre hosts many free or inexpensive services for the community, including a library, seniors centre, weight room, art gallery and dark room.

In a 2008 story in *The Walrus Magazine*, Peter Valing describes a week in which he spent afternoons observing the scene on the corner of Main and Hastings, specifically the drug-dealing, while sitting on the patio of the Carnegie Centre. Valing (2008) discusses city efforts to regulate the use of the public space around the Carnegie Centre saying:

On the corner of Hastings and Main, they've tried just about everything. For most of 2003, the police managed to shut down the area's drug trade, but only by posting an officer on each corner 24-7. When the vigil stopped, the city-funded Carnegie Centre took its own measures, spending about \$600,000 to make its periphery less friendly to drug deals. Additional lighting was added, walls were torn down, and a veranda was built (para. 5).

Valing's article makes it clear that public-space regulatory strategies, such as police crackdowns, have been applied to the area in front the Carnegie Centre in the recent past. Dave Murray, VANDU volunteer and former street entrenched drug user, said in his interview that design changes implemented in the past ten years, such as enclosing space that was previously open to the street and the reduction of nooks and crannies, have served to limit activities related to illicit drug consumption in front of the Carnegie Centre (personal communication, September 24th 2010). Mr. Murray says that the sidewalk in front of the centre is known as 'pill corner' where addicts sell prescribed pharmaceuticals in order to buy the illegal drugs they need to survive on a day-to-day basis. He says that the Carnegie Centre acts as a magnet to residents of varying identities as a result, of its open door policy and diverse programming (personal communication, September 24th 2010).

There is an undeniable contrast between the relative calm inside the Carnegie Centre and the unsanctioned illegal activity outside of it. Anyone entering the Centre is subject to rules of conduct which prohibit drugs and alcohol and those under the influence of either (Appendix C). Wendy Pedersen, Carnegie Community Action Project researcher/organiser, says "If you're visibly addicted to drugs, you're barred from entering (the Carnegie Centre)". Ms. Pedersen says "It depends on behaviour. If you're a drug addict and you can manage your behaviour and appear normal, then you can remain in the Centre" (personal communication, September 16th 2010). For the drug user, even an

institution like the Carnegie Centre, with its open-door policy, can be off limits to those who do not conform to general behavioural norms. Ms. Pedersen says, “Drug users can be marginalized within their own community, they can be extremely marginalized within an already marginalized population“(personal communication, September 16th 2010). The only space left for some impoverished drug addicts to exist, to live, is public space. This evidence suggests that a potential *space of exception* is limited to the public space outside of the Carnegie Centre and does not extend within.

One block west of Main and Hastings there is an open market for goods gathered during ‘binning’ activity. This activity is taking place in front of the social enterprise “United We Can” on the north side of the street (Figure 3). This public space also hosts similar drug-dealing activity to that found in front of the Carnegie Centre. Such ongoing activity indicates that a potential *space of exception* is not limited to the Main and Hastings intersection but extends to the public space at least one block west. There are many public spaces in the DTES that do not host intensive activity related to drug consumption, including the sidewalks of the Gastown sub-neighbourhood. The factors contributing to such activity being limited to specific spaces like Main and Hastings will be explored in chapter seven. Along with conventional regulatory responses to public disorder in the DTES, a high concentration of services have been established to ameliorate an epidemic of drug addiction and poverty that contribute to the intensive and anomic use of DTES public space.

5.5 A Concentration of Services

Each successive municipal and provincial government has promoted policies to address the pressing social issues of the DTES. Unfortunately, the situation does not seem to have improved in any substantive way. This lack of improvement is described by recent features in both *The Province* and *The Globe and Mail* newspapers, highlighting the hundreds of millions of dollars that have been invested in the community to ameliorate its social ills.

A *Globe and Mail* investigation has for the first time tallied how much public and private money has been poured into Canada's worst slum. The result: More than \$1.4-billion later, the Downtown Eastside is hardly better off. An open-air drug market still thrives five minutes from a police station. The bathrooms of decrepit hotels still serve as shooting galleries for addicts. Prostitutes still offer their bodies from the curbside. Drug pushers still prey on the mentally diminished, multiplying the misery (Matas, 2009, para. 3-5).

While parts of the DTES, such as Gastown, have seen significant revitalization in the last 10 years, the Hastings corridor close to the intersection of Main and Hastings Streets has, through developments in public policy, become increasingly separated from the fortunes of the rest of the city. Heather A. Smith (2002) writes that, encouraged by government policy, "the Downtown Eastside has been allowed to evolve over time to contain Vancouver's highest concentration of low-income housing and social services [which] provides the infrastructure necessary for intra-neighbourhood polarisation to occur" (p. 502). This polarisation is part of the process where, as Pratt (2005) has described, geographies contain, localize and reduce marginal populations to *bare life*.

In the last 10 years, many municipal, provincial and federal policies and programs have been created with the intention, at least in part, of alleviating the many difficult issues facing the Downtown Eastside and mitigating public disorder - two different but not necessarily incompatible aims. Among these is the *Vancouver Agreement*, made in partnership between three levels of government that specifically focuses on the DTES. The goal of the agreement was to “create healthy, safe neighbourhoods that are economically and socially prosperous, making them desirable places to live and work for all residents” (Governments of Canada, British Columbia, and the City of Vancouver, 2000, para. 2). In 2000, the City of Vancouver implemented an integrated strategy for addressing the City’s drug problem and open drug scene, particularly in the Downtown Eastside. This Four Pillar Drug Strategy focuses on prevention, treatment, harm reduction (safe injection site) and enforcement (Hathaway, A. D., & Tousaw, K. I., 2008).

Currently, multiple and disparate governmental agencies and NGOs provide services in the DTES that aim to mitigate the socio-economic disadvantages of the poor and the drug-addicted. In his interview, Vancouver Police Department (VPD) Superintendent Warren Lemke says of the DTES:

There’s methadone clinics down there. There’s all kinds of centres for people to go to and there’s a supervised injection site. There are drugs everywhere so that’s it. That’s where people go to. That’s where a lot of people stay. It’s self-contained for what people down there want, I guess, and maybe “want” is a bad word. It’s more need because they’re addicted. (W. Lemke, personal communication, September 1st 2009)

Lemke (personal communication, September 1st 2009) emphasised that the DTES is the “epicentre of disorder (and) as long as all the services are there, as long as all the SROs are there, as long as everything’s there, I don’t see us getting much of a change or help for the people that are down there. I see it staying the way it is.”

In February 2009, the Vancouver Police Department published a report titled, *Project Lockstep: A United Effort to Save Lives in the Downtown Eastside*, in which one of the community challenges was specifically identified as being street disorder (Vancouver Police Department, 2009). The *Project Lock Step* report echoes Lemke’s sentiments:

There has been a de facto concentration of the problems in the area because of various policies by both the public and private sector which directly or indirectly have led to a vicious cycle where people are forced to go to the DTES to access affordable housing or services. (Vancouver Police Department, 2009, p. 28)

Not only are the marginalized being drawn to the community, so too are those who come to work for services that are found in great concentration in the area. In her article *Planning Policy and Polarisation in Vancouver’s Downtown Eastside* Heather Smith (2003) says:

The disproportionate concentration of social services and social housing in the area is ... believed to have given rise to what some refer to as a self-perpetuating ‘poverty industry’ in the Downtown Eastside. Not only does the neighbourhood act as a magnet for those in need but it also provides an economic livelihood for hundreds of social service workers and paid social advocates (p. 505).

In the DTES, services that minister to drug users with a harm-reduction agenda include: OnSite (Drug Treatment), Insite (Drug Injection) and a Health Contact Centre (located in the laneway behind the Carnegie Centre). There is clearly a demand for these services, with Insite averaging 491 injections daily and being visited 276,178 times in 2009 by 5,447 unique individuals (Vancouver Coastal Health, 2010).

A 2010 list of services located in the DTES has been published by the Carnegie Centre (Appendix B). As I have proposed, the location of these services, both harm-reducing and otherwise, reinforce the notion that a *space of exception* has developed in the DTES. The siting of such services in significant concentration (Roe, 2009) contributes to the socio-spacialized stigmatization of the DTES and its residents (Smith, 2003). Some theorize that service-dependant populations are drawn to the DTES following the promised supply of non-profit and government services. The service providers then find themselves unable to meet demand (Smith, 2003). Roe (2009) suggests that that DTES has in effect become a *community of clients* who have “services, buildings, and programs specifically designated for them” (p. 96).

The drug addict’s identity is deeply entwined, even reinforced, by the state-funded institutions that support them, such as Insite and the Carnegie Community Centre in the DTES. Takahashi (1997) says that “the concentration of human services into specific areas of town ... tends to reinforce the stigmatized understanding of such areas” (p. 911).

Though there was a general consensus amongst those I interviewed for this project that the community's significant supply of cheap housing in the form of SROs contributed to public space disorder, there was no such agreement on the role of concentrated social services. For instance, in his interview, Russell Maynard, Insite Supervisor, decried what he saw as a now debunked theory of the 'honey pot effect', whereby persons from the outside of the DTES are attracted to the neighbourhood simply because of the services (personal communication, September 9th 2010). He said that this criticism, levelled against the concentrated location of organisations such as Insite, does not hold true in his organisation's case where the majority of the clients are actually from the community (personal communication, September 9th 2010). However, the high concentration of services, low-cost housing and the intensive use of public space does reinforce the notion that the DTES as a distinct, anomic and exceptional neighbourhood.

Jeff Sommers and Nick Blomley (2002) have written that the gap between the social body of the city and the body of the urban outcast in the DTES has been bridged by the rhetoric of pathology. This bridge, they claim, has been made by the neighbourhood's depiction as the cause of its own problems, the perception that its pathologies could spread to the rest of the city and that challenges of poverty, drugs and disease define the DTES as "a place apart and radically different from anywhere else in Vancouver" (Sommers, J. & Blomley, N., 2002, p. 25). The description of the DTES as a "ghetto" typifies its perceived

uniqueness. While the DTES cannot be described as an ethnically homogeneous ghetto, local proponents of using the term have “claim(ed) that the level of services on offer has created a ‘service–dependent ghetto’ in the Downtown Eastside that somehow beckons like an Eldorado for the impoverished” (Sommers, J. & Blomley, N., 2002, p. 26). The rhetorical bridge, as described by Sommers and Blomley, serves to link the identity of services and service users in defined spaces in the city. A rhetoric of pathology reinforces the neighbourhood’s socio-spatialized stigmatization and aligns with my assertion that the DTES is perceived as an exceptional community.

5.6 An Exceptional Community

What can be concluded from the sometimes-conflicting views expressed in this chapter is that, while a high concentration of services for the poor and addicted does exist in the neighbourhood, they do not necessarily attract marginalized persons to them. Therefore it is questionable that these services play an important role in promoting anomic public space use. However the high concentration of services in the DTES does encourage the perception that *bare life* has been localized, as they reinforce the rhetoric of pathology that links marginal populations with the neighbourhoods geographic space. Such services have been implemented in response to a state of emergency (*iustitium*) brought on by the dual challenges of addiction and concentrated poverty. Importantly, inexpensive but inadequate housing may have a role in attracting persons to the neighbourhood while also being partly responsible for the intensive usage of

public space. The area in front of the Carnegie Centre is a specific example of intensive and anomic use of public space.

Here we have established that a concentration of both low-cost SRO housing and services have helped define the DTES as a unique place, linked to both public drug use and poverty. Next I will examine whether DTES addicts can be considered *homines sacri*, occupying “difficult zones of indistinction” between “law and fact, juridical rule and biological life” (Ross, 2008, p. 4).

6: DTES PUBLIC SPACE USERS AS *HOMINES SACRI*

In this chapter, I examine DTES addicts as potential modern day *homines sacri*. As stated before, Agamben conceptualizes the *homo sacer* as one who, being judged guilty of a crime, is designated as sacred and excluded from the normal order. Standing against societal norms and juridical law, in certain public spaces like that in front of the Carnegie Centre, the activities of DTES addicts seemingly continue without censure. Only a small percentage of all DTES residents are addicts but it is this group's active use of public space that appears to make it anomic and exceptional.

In order to conceptualize addicts as *homines sacri*, I will explore the issues of poverty, addiction, harm reduction and empowerment in the DTES context. Specifically I am attempting to determine if the following characteristics of the *homines sacri* apply to DTES addicts: first, that they embody *bare life* and are disengaged from politics and social interaction; second, that they have been judged guilty of a crime; and finally that they have been excluded from the juridical order. Before proceeding with this discussion, I will first contextualize DTES addicts through a summary of relevant statistics.

6.1 Poverty, Unemployment and Reliance on the State

Drug abuse is a major issue in the DTES and is set against high rates of unemployment and low-income levels. In 2006, unemployment rates in the DTES were double those of Vancouver overall, standing at 12% while 64% were defined by Statistics Canada as low income compared to 27% for the city as a whole (City of Vancouver, 2009). It is estimated that there are more than 4,000 injection-drug users living in the Downtown Eastside of an estimated 12,000 citywide (Vancouver Coastal Health, 2010). Alcohol and drug use are leading causes of mortality in the community, and in 2001 the rate of death from drug use was 13 times the provincial average (City of Vancouver, 2005). These statistics illustrate that though drug use is present across society, its consequences are much more severe in the DTES.

A combination of poverty and drug addiction results in the DTES addicts being reliant on the state for many aspects of their survival, which contributes to their stigmatization. Significantly, DTES residents rely on government subsidies for over 50 per cent of their income (Brethour, 2009). Agamben describes the *homo sacer* as being in a continuous relationship with the power that banished him while constantly being exposed to an unconditional threat of death (Agamben, 1998) and this description appears to apply to DTES addicts. The separation of DTES addicts from society at large is not only borne out by these statistics but also amplified by their sometimes-stigmatized portrayal in the media.

6.2 Representations of DTES Addicts

Coverage of DTES strife in newspapers, television, video and websites reinforce the identity of the DTES and those who live there, the potential *homines sacri*, as being set apart from the rest of the city. Stigmatizing media portrayals of DTES addicts can contribute to the designation this population as *bare life*. It is not uncommon to hear of the neighbourhood being referred to as the worst in the country not only by members of the media but also by those in government and law enforcement (Shier, 2002). Media representations of the neighbourhood sensationally focus on the contrast between the natural beauty of Vancouver and the apparent lawless anarchy found around the Main and Hastings intersection. A prime example of this tendency occurred in 2004, when the *Economist*, which as recently as 2010 rated Vancouver as near the top of their liveability ranking, wrote:

Vancouver enjoys a beautiful sea-and-mountain setting and some increasingly ugly problems. The Downtown Eastside, a scene of battered and boarded-up buildings, is the most concentrated pocket of poverty and crime in Canada. Despite police crackdowns, an open drug bazaar still thrives on its street corners. Its back alleys, doorways and parks are home to a ragged, swelling tribe of homeless men, women and children. (The Economist, 2004)

The moral outrage at the very public evidence of human and societal failings provides rich fodder for the media in all its forms. The contrast of the drug addict clinging to *bare life* in the context of a wealthy, liveable and naturally beautiful city is a powerful one. It is hardly surprising that the mainstream media has focused an intense light on the neighbourhood and its inhabitants.

Many representations of the DTES drug addicts reinforce their stigmatization. The VPD-sponsored Odd Squad produces documentaries aim to educate the public about the devastating effects that drug taking has on members of the DTES community (The Odd Squad, 2010). These documentaries including *Through a Blue Lens* and *Tears for April*, paint a disturbing picture of the most drug addicted and marginalized residents of the neighbourhood. Such depictions support the view that the DTES is a community of great human deprivation with many residents living bare, stripped-down lives without any political knowledge or ability to act politically. Images of these residents are used to teach young people to avoid drugs so they might avoid such a fate. The Odd Squad documentaries portray limited successes in the rehabilitation of drug addicts, which contribute to their stigmatization as described by Dear et al. (1997). The protagonist in *Tears for April* suffering through a hellish life followed by an early death, is typical of a stigmatized portrayal of the drug addict. These documentaries serve to reinforce stereotypical and stigmatized version of DTES addicts, marking them as aberrant, pathetic and more animal than human. However, not all depictions of DTES addicts conform to these stereotypes. In fact, I found many instances where addicts were depicted in a sympathetic light.

A wealth of depictions of the DTES and its residents found throughout media in video documentaries, calendars and books of poetry, paint a powerful portrait of a troubled community with a strong tradition of advocacy and activism.

In my view these portrayals serve to counter those that would designate DTES addicts as *homines sacri*, living bare lives. One such example is *Hope in Shadows: Stories and Photographs of Vancouver's Downtown Eastside* (2008) which is a series of autobiographical stories and photographs depicting members of the community. The importance of the Main and Hastings intersection to public social life in the DTES is emphasised by one of the authors who is himself a former addict:

People say I'm famous for being found on Main and Hastings. I've been there for three-and-a-half years now. It's the one place we sit every day. My circle's just getting bigger and bigger (Cran, Jerome, & Pivot Legal Society, 2008).

As this quote indicates, there is a sense of community in the DTES epitomised by the intensive use of public space examined in this study examines. *Hope in Shadows* is just one example of what I would term 'advocacy literature' that discusses the DTES from the perspective of its impoverished and drug addicted residents. Interestingly, many of the sources I reviewed for this project were squarely focused on the individual. *Street Stories; 100 years of Homelessness in the Downtown Eastside* (2007), *Hastings and Main* (1987); *In Plain Sight: Reflections on Life in the Downtown Eastside Vancouver* (2005) and *Hope in Shadows* (2008) each approach the issues of the community from the perspective of the individual. In these texts, following the historical framing of the community, individual stories of DTES residents are described. This personal approach aims to humanize marginalized populations by focusing on their often-

harrowing life stories. The result is a reinterpretation of the DTES as a cohesive and worthwhile community of individuals who should be afforded the humanity that society and the state threatens to strip away. It occurs to me that this focus on individuals is part of a conscious counterstrategy or at the very least a reaction against the tendency of society to stigmatize the DTES addict. As L. Robertson, and D. Culhane (1987) express in their book, *In Plain Sight: Reflections on Life in Downtown Eastside Vancouver*:

Here, women share stories of the diverse pathways they have travelled from childhood, in and out of the Downtown Eastside through periods of addiction and recovery, strength and illness, affluence and poverty. Their stories confront the voices of women who are seldom heard on their own terms, women who are highly visible on the street and in media representations but whose daily realities remain largely concealed. (p. 7)

Similar sentiments are expressed in many books about the DTES as the authors draw out the biographies of the impoverished and addicted that encourage the reader to identify with them beyond their addiction as legitimate members of the community. This effort stands in opposition to Agamben's *homo sacer* concept, as a great emphasis is placed on identifying with drug addicts beyond their *bare lives* to being legitimate, politically minded actors in society. Publications such as the ones described above represent an opposing viewpoint to those which stigmatize this group with the sole identity of drug addict. These efforts seem to strengthen the notion that, though perhaps legitimate, the addicted should not be held to the same rules and norms as society as a whole. Like the rebranding of Skid Road to the DTES, here there is a movement to

rebrand the drug addicted and their activities beyond criminalization to community members. What, besides their portrayal in the media, sets DTES addicts apart from other addicts in other places and more likely to be identified as *bare life*?

6.3 Perceptions of Addiction

Addiction touches those of disparate economic means. However, it is when addiction is combined with poverty, typified by the desperate circumstances of many DTES addicts, that the drama of drug abuse is manifested in public space. In recent years, authors such as Gabor Mate (2008) and Bruce Alexander (2008) have illuminated the fact that human beings can be addicted to other behaviours just as readily as they can be to drugs or alcohol. More often than not, the compulsions of the addict are carried out in private space or in socially legitimized pseudo public spaces such as bars or clubs. The affliction of the street-entrenched drug addict in the DTES is perhaps not as dissimilar from that of the well-off alcoholic as one might assume. However, the consequences of addiction as experienced by the poor are both more deadly and certainly more public. Also, many of the drugs being abused in the DTES, such as heroin and cocaine, fall under the *Controlled Drugs and Substances Act* [1996, c. 19], which considers those who possess them as criminal. As Mitchell (2006) has described, the ontologizing of specific groups as scientifically distinct in their biology is what makes them embodied 'exceptions' to the norm. As many

of those I interviewed for this project attest, the true difference between DTES addicts and those outside the community is socio-economic not biological.

In her interview, Colleen Carroll, long-time DTES resident and treasurer of the Carnegie Community Association, asserted that the major differentiating factor that separates addicts in the DTES from those in other parts of Vancouver is access to quality private space and monetary resources (personal communication, September 23rd, 2010). Wealthier addicts can afford to live in private space and are not forced to merely survive in public spaces, as is the case for many in the DTES. As Wendy Pedersen, researcher/organiser with the Carnegie Community Action Project put it to me during her interview: “Rich people don’t die as much or as often from addiction in the same way as poor people do ... stigma relating to the identities of drug addicts are also related to race and gender which play themselves out in people’s lives all the time” (personal communication, September 16th, 2010). Dave Murray, a former street entrenched drug addict and current member of Vancouver Area Network of Drug Users (VANDU), echoed the sentiment of many of my other interview subjects in emphasizing that DTES addicts are only distinct in that they are often inadequately housed, living in poverty and are thus forced to play out their addictions in public space (personal communication, September 24th, 2010).

Community court presiding Judge Thomas Gove says, “The public is offended by open drug use. The public is not offended if you anonymously are using drugs in your apartment. I’ve got to be careful not to get too far into the

debate on drugs, but that's the conduct that I think we want to stop. That's what gets the public upset" (personal communication, August 10th, 2009). The designation of the DTES drug addict as *bare life* and thus *homines sacri* is made possible in part by their exceptionally public existence. The image of the drug addict occupying DTES public space is a powerful one and has contributed to the implementation of innovative strategies to combat addiction, that would have been perhaps inconceivable decades ago. In the DTES, a discernible shift has taken place from the criminalization of the addict toward treating his or her affliction as a health concern. This next section relates to the application of the characteristics of the *homo sacer* being both judged guilty of a crime and excepted from the juridical order.

6.4 Harm Reduction

In response to a HIV/AIDS health emergency amongst intravenous drug users in the DTES in the late 1990's, significant resources were invested into the community, funding a plethora of human services (Roe, 2009). This signified a shift toward a harm-reduction approach to addiction as typified by the Insite project located in the heart of the DTES, half a block west of the Main and Hastings intersection. Since 2003, Insite has provided a "safe, health-focused place where people inject drugs and connect to health care services" (Vancouver Coastal Health, 2010, para. 1). Insite is the only injection site in North America and it operates under a constitutional exception to the *Controlled Drugs and*

Substances Act [1996, c. 19]. Vancouver Coastal Health was granted this exception in light of:

a growing number of international settings which suggests that such initiatives may have unique potential to reduce public illicit drug use while promoting the use of sterile syringes and providing emergency care in the event of overdose (Wood, Kerr, Tyndall, & Montaner, 2008, p. 220).

Conventional juridical and law enforcement responses to drug abuse have focused on treating the user as a criminal, while human services such as Insite embody a philosophy of treating addiction as a health concern (Hathaway & Tousaw, 2008). Insite is aligned with this harm-reduction philosophy, which includes programs, policies and interventions that seek to “reduce the risk of negative consequences of drug use to the individual and others” (Beirness & Canadian Centre on Substance Abuse, 2008, p. 3). This and other harm-reduction strategies, such as needle exchanges and methadone maintenance programs, conflict with the war-on-drugs approach to combating addiction in society. The Insite project has been met with sustained and strident opposition from the current conservative Canadian Federal Government while simultaneously being strongly supported by Vancouver’s municipal government and BC’s provincial Ministry of Health. In January 2010 the BC Court of Appeal dismissed an appeal of a BC Supreme Court judgment that allows Insite to operate under an exception to *Controlled Drugs and Substances Act* [1996, c. 19]. In response to the ruling, City of Vancouver Mayor Gregor Robertson stated:

It is time for drug addiction to be treated by all levels of government as a health issue, not a legal issue. As Mayor, I will continue to support harm reduction facilities like Insite along with the promotion of prevention, treatment, and enforcement. (Hui, 2010, para. 6)

In contrast to the mayor's support for the Insite project, the current prime minister of Canada, Stephen Harper, said on March. 16, 2010:

I think we all need to understand that, and we all need to make sure our kids understand...hopefully not just understand the damage drugs can do to them, but they understand as well the wider social disaster they are contributing to if they, through use of their money, fund organizations that produce and deliver [illicit] narcotics (The Star, March 16, 2010, para 62).

The current federal government's law-and-order approach to drug addiction was highlighted by the October 2007 launch of a \$64 million 'National Anti-Drug Strategy'. Law enforcement received the lion's share of funding while prevention, treatment and harm reduction received less than a quarter combined (DeBeck, Wood, Montaner, & Kerr, 2009). The conflict over the treatment of addiction is as Pratt (2005) has described, a "struggle about the worth of different types of human lives (that) takes place through medicalised, gendered and racialised discourses about the health, vigour and civility of the body" (p. 1054). The identity of DTES addicts is caught between that of criminal and patient. When using drugs in most public spaces they are considered criminals but when they do so inside a safe-injection facility they are patients. Such contradictory identities indicate that they are as Agamben (1998) has described the *homo sacer*, occupying "difficult zones of indistinction" between "law and fact, juridical rule and biological life" (p. 120).

The mayor's view is currently supported by the courts and Insite remains open, despite the objection of the current federal government. The fact that the Insite project requires a constitutional exception to exist and is the only facility of its kind in North America supports the assertion that the DTES a unique case.

While Insite is the only constitutently excepted safe injection site in North America;, a non-excepted facility is also present at the Dr. Peter Centre that specifically works with HIV positive individuals and when interviewing Vancouver Area Network of Drug Users (VANDU) volunteer Dave Murray, I also discovered that his organisation provides an onsite facility for safe injection (personal communication, September 24th 2010). One could view facilities such as Insite as a bio-political mechanisms of State control over human bodies that have been implemented due to the impotence of public space regulatory strategies. One of the goals of Insite is to minimize disorder by drawing drug consumption out of public space. However, through VANDU, drug users themselves have been instrumental in the Insite's establishment (Boyd, S.C., 2009) and in effect have demanded their own exception from the *Controlled Drugs and Substances Act* [1996, c. 19]. In order to better understand DTES addicts as potential *homines sacri* embodying Agamben's notion of *bare life*, it is important to develop an understating of the level at which they are politically engaged.

6.5 A Community of Addicts: Organisation and Empowerment

In a complaint filed to the B.C. Human Rights Commission, drug addicts asserted their right to utilize public space in the city free from harassment by business improvement association-sponsored private security (D. Bennett, personal communication, September 9th 2010). This submission, made by the Vancouver Area Network of Drug Users (VANDU) in cooperation with other DTES based non governmental organizations such as PIVOT, suggests that *drug addicts* are in reality, politically engaged. They could, in this case, be considered to be demanding their own *space of exception*.

The Vancouver Area Network of Drug Users' (VANDU) membership is made up of former and current drug addicts, and is an example of self-advocacy. Direct advocacy is significant in that it stands against the notion that drug addicts are only engaged in the maintenance of their addiction, locked into living *bare lives*. As detailed in the publication, *Raise Shit, Social Action Saving Lives* (2009) VANDU was instrumental in the establishment the Insite safe injection facility.

During his interview, Dave Murrury, who seven years ago was a street-entrenched drug addict in the DTES, provided direct examples of political engagement (personal communication, September 24th, 2010). After participating in the NAOMI heroin maintenance study, Mr. Murray made the decision to leave the community and commit to drug treatment and rehabilitation. Having successfully overcome his active addiction, he returned to the DTES to

take up a role at VANDU in which he advocates for the interests of those still suffering addicts whose dependence and poverty render them unable to speak for themselves. Mr. Murray says that those with active and desperate addictions are less likely to be engaged in politics or community organising as they are focused on pure biological survival, just as he once was himself. This evidence suggests that addiction can potentially strip an individual down to living a *bare life*, but possibly only in the most extreme cases.

Unlike Agamben's *homines sacri*, who the state determines should be identified only in terms of biological life, the *drug addicts* in the DTES have resisted public space regulatory mechanisms (private security) and have demanded harm-reduction facilities. Agamben (1998) writes that the *homo sacer* is "excluded from the religious community and from all political life ... he is in a continuous relationship with the power that banished him precisely insofar as he is at every instant exposed to an unconditional threat of death" (p. 183). The evidence that I have reviewed here indicates that though drug addicts may be in a continuous relationship with the state and exposed to the threat of death due to addiction, they are in fact engaged in the world of politics.

Darcie Bennet, Campaigns Director of PIVOT legal society, says that VANDU has done a good job of creating a space that promotes the political engagement of addicts (personal communication, September 9th 2010). She indicated that traditional political engagement is difficult for people who are significantly challenged for mere survival. Ms. Bennet says with addicts, just as

in the general population, there are varying levels of political engagement, but emphasises that, in the DTES, a critical mass has been achieved where the concentration of persons with addiction problems has created greater opportunities for coordinated political action. Quite simply, there is power in numbers. Ms. Bennet says that the best advocacy efforts are self-reinforced and guided by lived experience. Lloyd-Smith et al. (2010) say VANDU is part of a worldwide emerging trend of drug-user-led organizations that make “valuable contributions to their communities” (p. 4) and “perform a critical education function by exposing outsiders to the realities of daily life for drug users” (p.4).

6.6 DTES Drug Addicts as *Homines Sacri*

To help determine if DTES addicts can accurately be conceptualized as *homines sacri*, this chapter has touched upon the following aspects of their lives: stigmatization; harm reduction and political engagement. Agamben perceives the *homo sacer* as being consigned to living *bare lives* after being judged guilty of a crime and excluded from the juridical order. DTES addicts, due to their public use of illicit drugs, are judged guilty of a crime and have consequently been stigmatized by society as excepted from the norm. I consider this to be evidence of their designation as modern day *homines sacri*. However, I have provided several examples where addicts have been depicted in a sympathetic light, which I perceive to be a strong opposing response to this designation. While I have provided some evidence that DTES addict can be conceptualized as *bare life*, there are many cases when they are in fact politically engaged. This

is not a powerless population that has subsumed to an imposed identity. They are, in part due to their own political action, somewhat excepted from the juridical order as evidenced by a movement away from their criminalization toward treating their affliction as a health, typified by the constitutionally excepted Insite facility. However their status as criminal or patient appears to be in a state of flux and absolute indistinction. An analysis of their potential exception from the juridical order would be incomplete without first examining the dynamics of their presence in public space. The next logical step in this line of enquiry therefore is an examination of how DTES addicts are subject to public space regulatory forces in the neighbourhood.

7: PUBLIC SPACE REGULATION AND THE DEVELOPMENT OF A DTES *SPACE OF EXCEPTION*

This chapter explores the application of state and pseudo-state public space regulation strategies in the DTES. Mathew Gandy (2005) wrote of how biopolitical forces of control, like private security, can contribute to the localization of *bare life*. Such mechanisms can define specific *spaces of exceptions* and here I examine the effect these have on the use of public space in front of the Carnegie Centre. In this specific geographic area, has the law pertaining to the activities related to drug consumption been suspended, and can the use of public space here be considered anomic and outside the norm?

Specifically, I examine how the *Controlled Drugs and Substances Act* [1996, c. 19] is enforced in the DTES before looking at the role of private security, CCTV and community self regulation in the neighbourhood. In the wider context, marginalized populations appear to be increasingly pushed out of public spaces but in the DTES regulatory forces appear to be acting only to contain such populations in a defined space such as in front of the Carnegie Centre.

7.1 Public Space Regulation in Context

There are numerous public space regulation strategies in use across North America aimed at inhibiting illegal activities while reducing the presence of

marginalized populations in public space. Why then do the activities that I observed on the sidewalks around the Main and Hastings intersections seem to carry on without censure?

The laws that pertain to public activities related to drug consumption and those strategies dictating the acceptable use of public space in Vancouver are similar to those governing other Western cities. Here there are significant numbers of closed circuit television cameras surveying the streets, Business Improvement Association-sponsored private security guards patrolling public space and a significant law enforcement presence. It is therefore useful to examine how public space is regulated in the neighbourhood to determine whether the existing regulatory regime has any bearing on the anomic use of specific public spaces in the DTES.

7.2 Law Enforcement

With an established trend of increased public space regulation targeting the marginalized in Europe and North America as identified by Doherty et al. (2008) and a legal framework in Canada, British Columbia and Vancouver that supports such regulation, it is difficult to comprehend the anomic situation in the Main and Hastings study area.

In response to a question during her interview about how public space regulations are applied to marginal populations in the DTES, City of Vancouver Councillor Andrea Reimer (personal communication, August 21st 2009) said that

though “not intentionally by design, the police just have this sort of endless toolkit to choose from when they want to make life more challenging in any given area”(A. Reimer, personal communication, August 21st 2009).

Who decides when this “endless toolkit” of public space laws and by-laws is applied? If that decision is made by law enforcement as they see fit, does this help explain the apparent lack of regulation I observed in front of the Carnegie Community Centre? The human activity in my study site is, at least in part, the result of intentional action (or inaction) on the part of law enforcement. In his interview Deputy Superintendent of the Vancouver Police Department Warren Lemke corroborated Councillor Reimer’s assertions saying:

Individual police officers have a lot of discretion with regard to public space issues. Now if you’re referring to disorder in a public space, if you’re referring to a crime committed in a public space we have a lot of discretion. (W. Lemke, personal communication, September 1st 2009)

Michael Lipsky (1980) wrote that street-level bureaucrats, such as individual police officers have a “wide discretion over dispensation of benefits or allocation of public sanction” (p. xi). Lipsky (1980) asserts that these bureaucrats have the greatest influence over poorer citizens such as those found in my study area, as they are more likely to come into contact with them on a day-to-day basis. Important to this theory is the notion that “street level bureaucrats mediate aspects of the constitutional relationship of citizens to the state.... In short, they hold the keys to a dimension of citizenship” (Lipsky, 1980, p. 4). The

stigmatization of the *drug addict* is accentuated by the nature of their contact with police and other street level bureaucrats. Lipsky (1980) says:

To designate or treat someone as a welfare recipient, a juvenile delinquent, or a high achiever affects the relationship of others to that person and also affect the person's self-evaluation. (p. 9)

Individual police officers have a high level of discretion in how they apply the law but how does this discretion affect the utilization of public space in the DTES? My observations at the intersection of Main and Hastings Streets and interview with Superintendent Lemke support the theory that the *Controlled Drugs and Substances Act* [1996, c. 19] is not being applied with great vigour. In his interview Superintendent Lemke asserted that in the Downtown Eastside police officers do not, as a rule, arrest citizens for narcotics possession unless they have committed other crimes:

Well, let's say somebody's shooting up at a bus stop next to an eight-year-old kid. You're going to jail. Let's say the person that is smoking a rock is also a convicted sex offender. Zero tolerance. We don't like sexual offenders, you're going to jail. So there's always an extenuating circumstance. But it's rare now. We used to arrest a lot of people for simple possession. It hardly ever happens now. And there's a reason why. Nobody benefits (W. Lemke, personal communication, September 1st 2009).

Superintendent Lemke (personal communication, September 1st 2009) made the point that there is nowhere in the justice or public-health systems where drug offences can be effectively or efficiently processed. Lemke (personal communication, September 1st 2009) added that the possible additional consequence of cracking down on drug crimes would be that the "problem's

going to spread out". Should the activities related to drug consumption spread outside the DTES, citizens would likely protest and demand police action, which in turn would put a strain on their resources. However, during his interview, when I posed the question of whether a strategy of containment was being employed in the DTES, Superintendent Lemke stated:

No, we're not employing a strategy of containment at all. But I can tell you that that is the natural thing that happens down there because welfare pays \$375 a month for a room. The only place you're going to get a room for \$375 a month is in the Downtown Eastside. (W. Lemke, personal communication, September 1st 2009)

Whether or not there is a concerted or planned effort on the part of police to contain certain activities to a manageable area, it does appear that containment is taking place. Elsewhere in the city, public pressure would force police to be more proactive in arresting persons using drugs in public. In the introduction to *Stan Douglas. Every Building on 100 West Hastings*, Reid Shier (2002) says that the drug activity in the DTES is the result of the police giving up:

Cars troll the street, and cruise past police officers who have long since given up hope of stopping the trade. For the police, success is measured in how well the drugs are kept corralled on Hastings between Cambie and Main, where they can expect the fewest complaints. Arrests are infrequent and when they occur they are counterproductive. (p. 14)

Superintendent Lemke (personal communication, September 1st 2009) says that, in 99 percent of cases, policing occurs in response to citizen complaints. In the DTES it is less likely than in other neighbourhoods in the city

that the public will complain about crimes taking place in public space. In his interview Superintendent Lemke said:

By and large people have given up. Why would they complain? They say to themselves nothing's going to change. I've personally talked to people that live in the building across the street at the Ford Building who are not addicts who are not dealers ... they're very upset with what goes on ... but they're not going to pick up the phone and dial 911. It's part of the fabric of life and needs to change. (W. Lemke, personal communication, September 1st 2009)

The enforcement of laws in the DTES is a “hot button” issue for non-profit advocacy groups such as Pivot Legal Society, Vancouver Area Network of Drug Users (VANDU) and the British Columbia Civil Liberties Society; they assert that the *Charter* rights of marginalized persons in the Downtown Eastside are under threat by the actions of public policy makers and law enforcement. One of the more controversial strategies of the VPD to regulate and normalize the use of public space was the issuance of by-law tickets for such infractions as jay walking. Though it may seem counterintuitive to issue a ticket to someone for crossing the street outside of a crosswalk while turning a blind eye to crack being smoked in public, Lemke says (personal communication, September 1st 2009) ticketing is one of the department's strategies for changing behaviours.

This policy caused great controversy and was eventually withdrawn due to the charge that it unfairly targeted the DTES's more marginalized residents. Lemke asserted that even if the police were to arrest all drug users in public space the justice system and social services (rehab clinics) do not have sufficient capacity to process them. In his interview Superintendent Lemke asserted:

I've told my police officers, this is the Downtown Eastside I don't want you arresting anybody anymore for simple possession of drugs. It's a waste of time. it takes far too long for us to process somebody when we arrest them for simple drug possession. To write that report, and put them through a court system that really does nothing and at the end of the day there's no drug treatment for the individual. So there's no consequences and especially there's no drug treatment. (W. Lemke, personal communication, September 1st 2009)

Russ Maynard, the Insite Program Coordinator, shares Lemke's view that the police are overwhelmed by the volume of infractions of the law that take place in the public spaces of the DTES (personal communication, September 9th 2010). He says:

The basic unit of exchange is just \$10 (such as for a flap of heroin) and if an arrest is made for a drug offence the police would then have to commit to perhaps 2-3 hours of paperwork. Putting a person in jail for such an offence, saddling them with a criminal record is not productive nor does it change people's lives. The use of drugs is not unusual and how it manifests in public spaces is a direct result of poverty. Unable to adapt to the free market, people adapt by dealing drugs. (R. Maynard, personal communication, September 9th 2010)

Mr. Maynard says that nowhere else in Vancouver would you find open drug use and the open exchange of illicit substances to the extent it takes place in the DTES (personal communication, September 9th 2010). These are the activities of those who live on the margins of society, those who have suffered an intense background of trauma and who have, in many cases, grown up in poverty and may be suffering from mental illness.

Dave Murray says that public space in the DTES is regulated differently than elsewhere in the City (personal communication, September 24th 2010). He says that the law is being applied inconsistently in the neighbourhood and provided a number of examples, from his own experience, where police officers elected to not enforce drug laws due to their personal compassion for the plight of the impoverished addict. Mr. Murray says:

After a while some police officers see that the laws they are enforcing are almost criminal – you can't declare war on an inanimate object (drug) – war on drugs is a war on your own people. (D. Murray, personal communication, September 24, 2010)

What Mr. Murray describes is in line with Lipsky's (1980) theories on street level bureaucracies, where individual attitudes of police officers have a significant bearing on how laws are enforced. In his interview, Mr. Murray lamented what he perceives to be an inconsistent and unequal application of the law in the DTES, a result he says, of the machinations of municipal politics and the VPD's drive to justify demands for greater funding (personal communication, September 24, 2010). Just as police officers can elect not to enforce drug laws, they can also elect to enforce them with great vigour. Mr. Murray says that VANDU does its best to keep its members aware of their fundamental civil rights so they will be less likely to be subject to unlawful search and seizure when confronted by police officers (personal communication, September 24, 2010).

What I had originally drawn from my interview with Superintendent Lemke, was the notion that drug-laws were not being applied in the DTES and it was

therefore a *space of exception*. In light of my interviews with Mr. Murray and Mr. Maynard however, a more complex picture emerges, where the police force is overwhelmed by the scale of the drug law infractions and therefore they choose, seemingly on a case by case, officer by officer basis, to apply or to not apply the law. It seems therefore that the *Controlled Drugs and Substances Act* [1996, c. 19] is being applied in DTES public spaces but selectively with the goal of keeping the public space chaos to a minimum. This is perhaps a condition that Agamben (1998) has described as one of abandonment, in which the law is in force but has no content or substantive meaning – it is “in force without significance” (p. 51). It is now logical to examine law-enforcement statistics to determine if the public space in front of the Carnegie Centre is indeed excepted from the juridical order.

7.2.1 Enforcement of the *Controlled Drugs and Substances Act* [1996, c. 19]: Vancouver versus Main and Hastings Streets

I requested statistics relating to the enforcement of the *Controlled Drugs and Substances Act* [1996, c. 19] from the Vancouver Police Department Research and Development Division so that I might develop a more effective understanding of such efforts in my direct study area compared to the city as a whole. My original hypothesis was that these statistics would demonstrate that the *Controlled Drugs and Substances Act* [1996, c. 19] was not in force in the area surrounding the Main and Hastings intersection. This was not the case. In fact, these statistics demonstrate that drug law enforcement has been stable in

the four square blocks surrounding the intersection for the last four years while it has declined in the city as a whole.

The statistics provided by the VPD record quarterly enforcement activity relating to possession and distribution of each of heroin, cocaine, cannabis and other drugs under the *Controlled Drugs and Substances Act* [1996, c. 19] from 2006-2009. The specific geographic areas of Vancouver that these statistics cover are illustrated in the following figures:

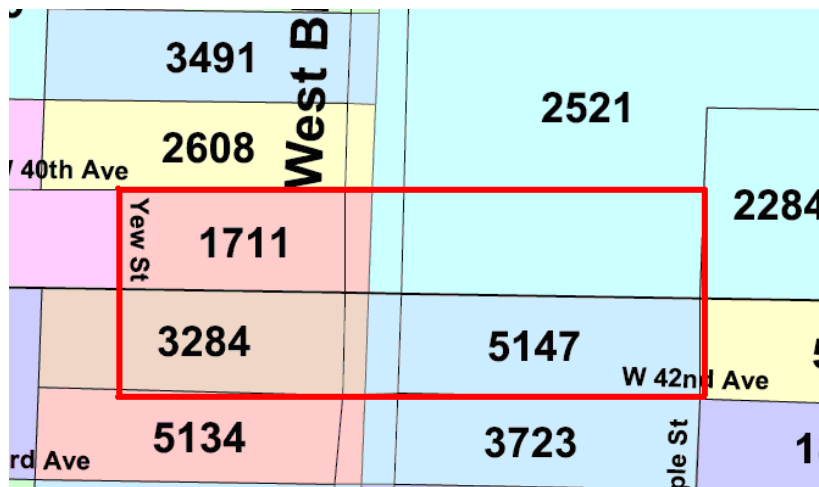


Figure 4: West 41st St (Yew to Maple) & West Boulevard (West 40th to West 42nd St)

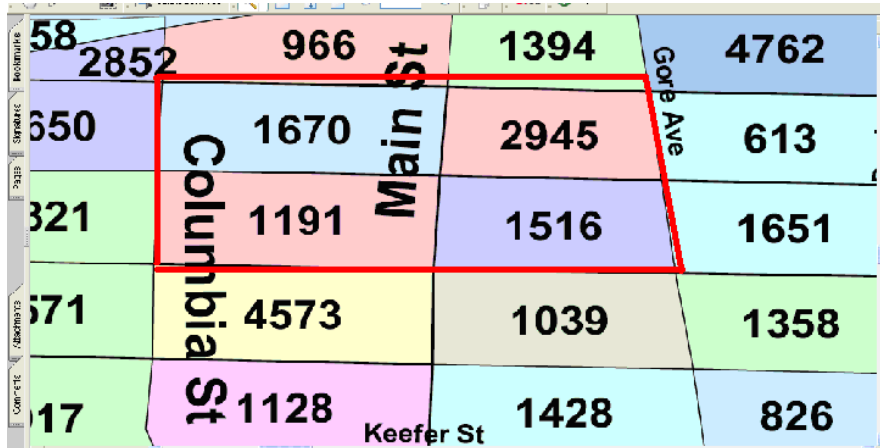


Figure 5: Main St (Cordova to Pender) and Hastings St (Columbia to Gore)

The minimal enforcement of the *Controlled Drugs and Substances Act* [1996, c. 19] in the area depicted in Figure 4, resulted in me removing this data from my statistical analysis. In his interview, Superintendent Lemke provided the neighbourhood of Kerrisdale that contains the area depicted in Figure 4, as an example of where drug laws would be more actively enforced than in the DTES. Enforcement of the *Controlled Drugs and Substances Act* [1996, c. 19] in this area was of too low a frequency to support or refute Lemke’s assertion. A reason for this lack of incidents could potentially be that illicit drug activity in this wealthy neighbourhood is taking place in private space and would be therefore less likely to come under police scrutiny.

Table 1: Instances of enforcement of the *Controlled Drugs and Substances Act* S.C. 1996, c. 19. by the Vancouver Police Department, Quarterly, 2006-2009, by substance and location (derived from unpublished statistics provided by the Vancouver Police Department, 2010). MH (Main and Hastings) is depicted in Figure 5 and Van (Vancouver) covers citywide enforcement.

Substance/Location	2006 Q1	2006 Q2	2006 Q3	2006 Q4	2007 Q1	2007 Q2	2007 Q3	2007 Q4
Cocaine/MH	100	130	103	74	130	118	118	107
Heroin/MH	28	40	25	20	42	31	36	37
Cannabis/MH	15	13	7	12	15	10	8	17
Other CDSA/MH	1	2	1	2	1	4	1	2
Cocaine/ Van	550	715	743	468	570	583	632	576
Heroin/Van	117	172	181	105	143	163	155	135
Cannabis/Van	431	508	452	347	419	422	546	779
Other CDSA/Van	11	14	8	10	10	15	320	428

Substance/Location	2008 Q1	2008 Q2	2008 Q3	2008 Q4	2009 Q1	2009 Q2	2009 Q3	2009 Q4
Cocaine/MH	114	114	94	111	109	118	118	88
Heroin/MH	20	36	31	31	37	34	30	28
Cannabis/MH	23	11	14	15	23	25	32	10
Other CDSA/MH	5	10	7	5	4	7	6	2
Cocaine/ Van	578	533	534	474	414	428	477	376
Heroin/Van	92	132	147	128	132	107	128	113
Cannabis/Van	1075	508	428	365	365	376	435	344
Other CDSA/Van	165	109	81	30	73	24	19	10

Drawing conclusions from the VPD statistics depicted in Table 1 has been a challenge for several reasons. First, the time frame for which the VPD could provide statistics, due to both a database update and a new practice (implemented in 2006) of recording up to four offences for each infraction rather than one, only covers four years. Establishing trends or drawing conclusions based on such a limited time frame is tenuous and must be approached with caution. Second, the statistics the VPD provided are records of enforcement activity relating to drugs under the Controlled Drugs and Substances Act [1996, c. 19] but do not indicate whether these enforcement incidents resulted in charges being recommended. Therefore, this data demonstrates when there has been drug-related enforcement activity by police in my study area, as well as across Vancouver, but says nothing of the results of these efforts (ie. recommendation of charge by the VPD, actual charge laid by the Crown or conviction in the courts). Lastly, I noted that several secondary sources that provided similar drug-enforcement statistics, such as Vancouver Drug Use Epidemiology (2007) and Crime Statistics in British Columbia (2008), included a disclaimer, thematically similar to the following: “Drug crime rates are susceptible to police enforcement and charging practices that may vary from year-to-year and/or be dependent on available police resource” (Crime Statistics in British Columbia, 2008, p. 10). Such statements discourage the deduction of solid conclusions from enforcement statistics.

Despite these limitations, I was able to draw a number of useful conclusions from the data that speak to my research questions. Enforcement of the *Controlled Drugs and Substances Act* [1996, c. 19] in the area depicted in Figure 5 (my specific study area) remained intensive and relatively flat throughout the four year time period covered, in contrast to the downward trend found in the overall city drug enforcement picture (Figure 6).

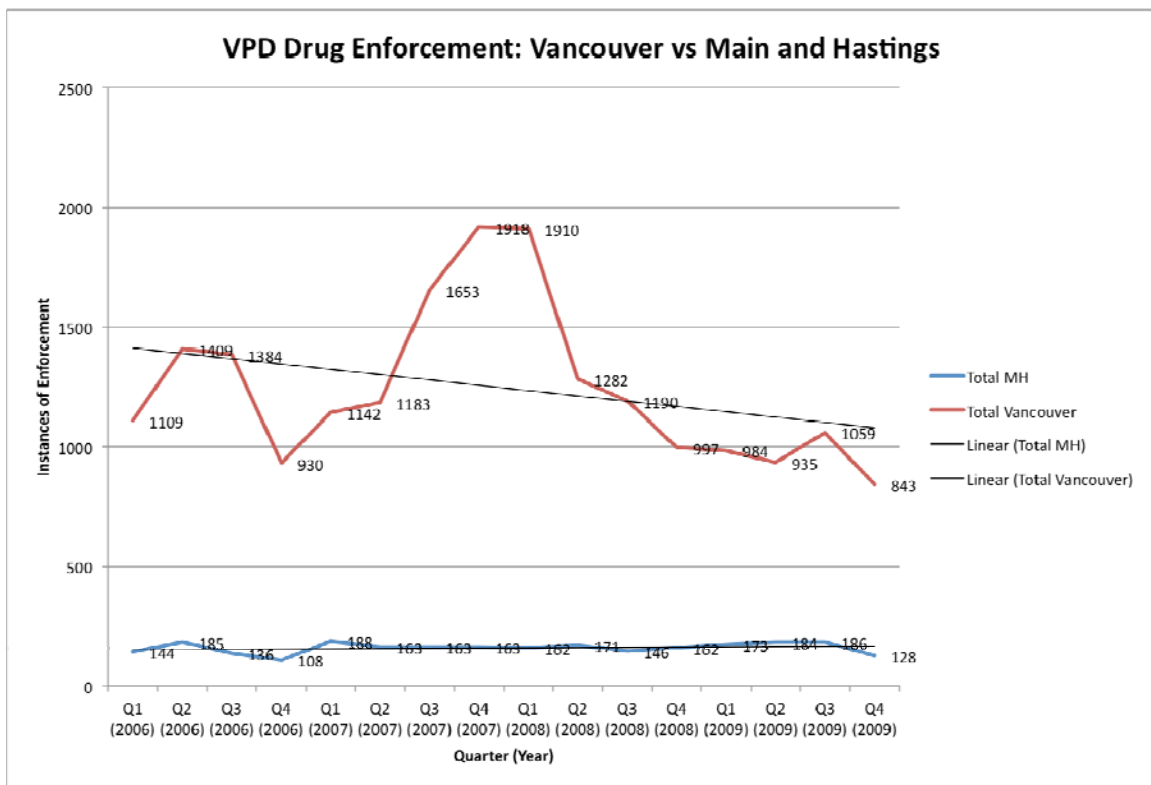


Figure 6: VPD Drug Enforcement Trends: Vancouver vs Main and Hastings Streets, 2006-2009.

A second point of interest that can be drawn from the VPD statistics is that a high percentage of police enforcement activities citywide, pertaining to cocaine and heroin, occur in the four blocks surrounding the Main and Hastings intersection between 2006-2009 (Figure 7). Conversely, cannabis enforcement activity in the same area was low, varying between two and eight per cent of the citywide total.

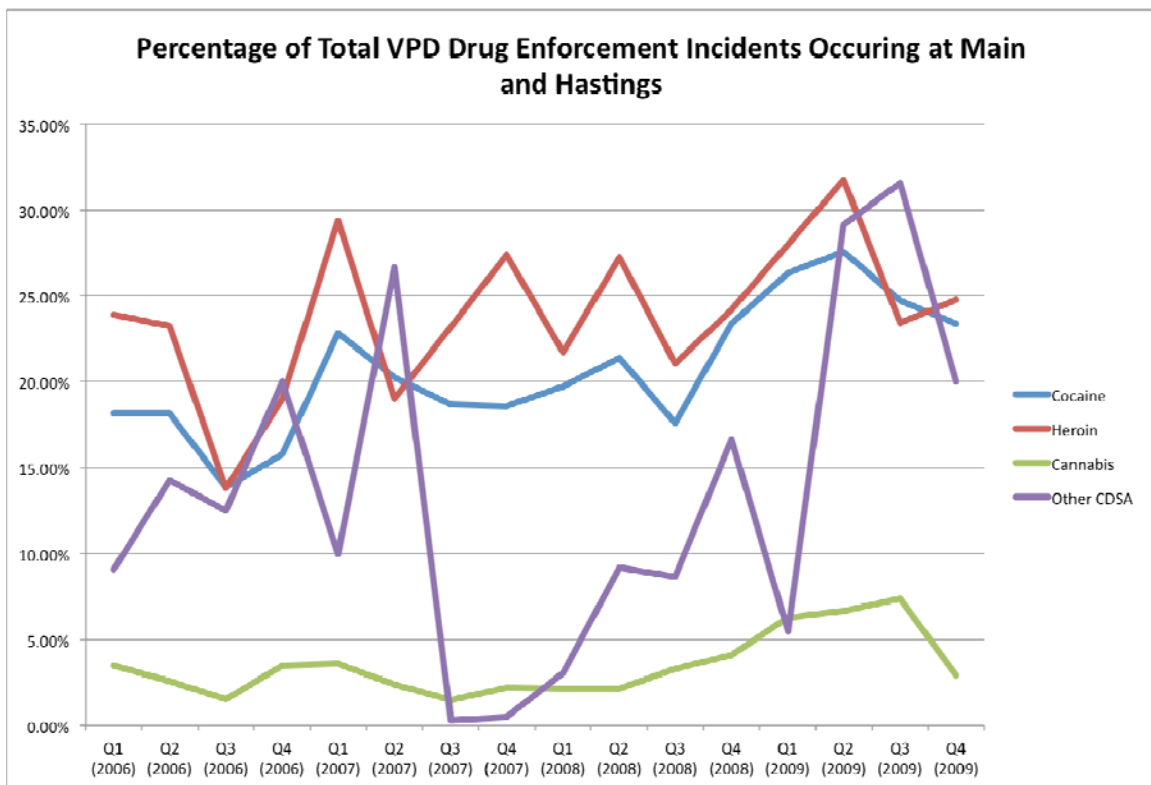


Figure 7: Percentage of Total VPD Drug Enforcement Incidents Occuring at Main and Hastings – 2006-2009

Comparing the Main and Hastings VPD enforcement profile with that of the city as a whole emphasises that cannabis enforcement efforts are low (10 percent versus 39 percent) while those relating to cocaine (68 percent versus 43 percent) and heroin (20 percent versus 11 percent) are high (Figures 8 and 9).

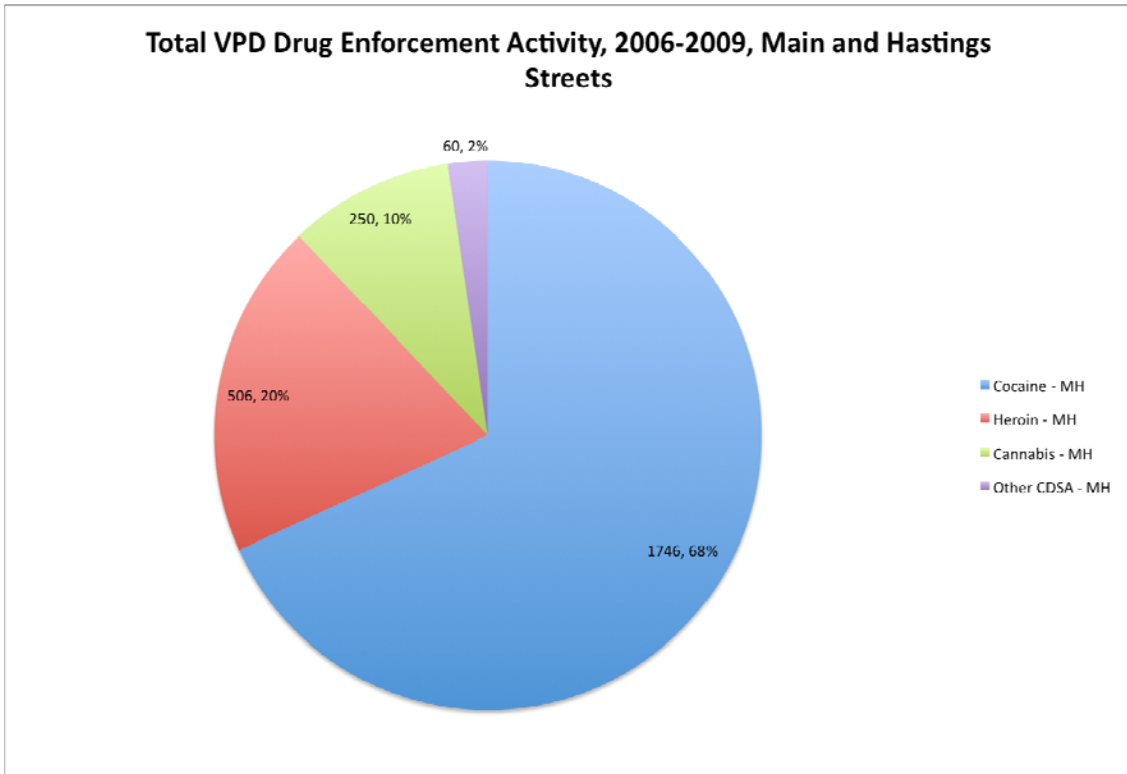


Figure 8: Total VPD Drug Enforcement Activity, Main and Hastings Streets, 2006-2009, by Drug

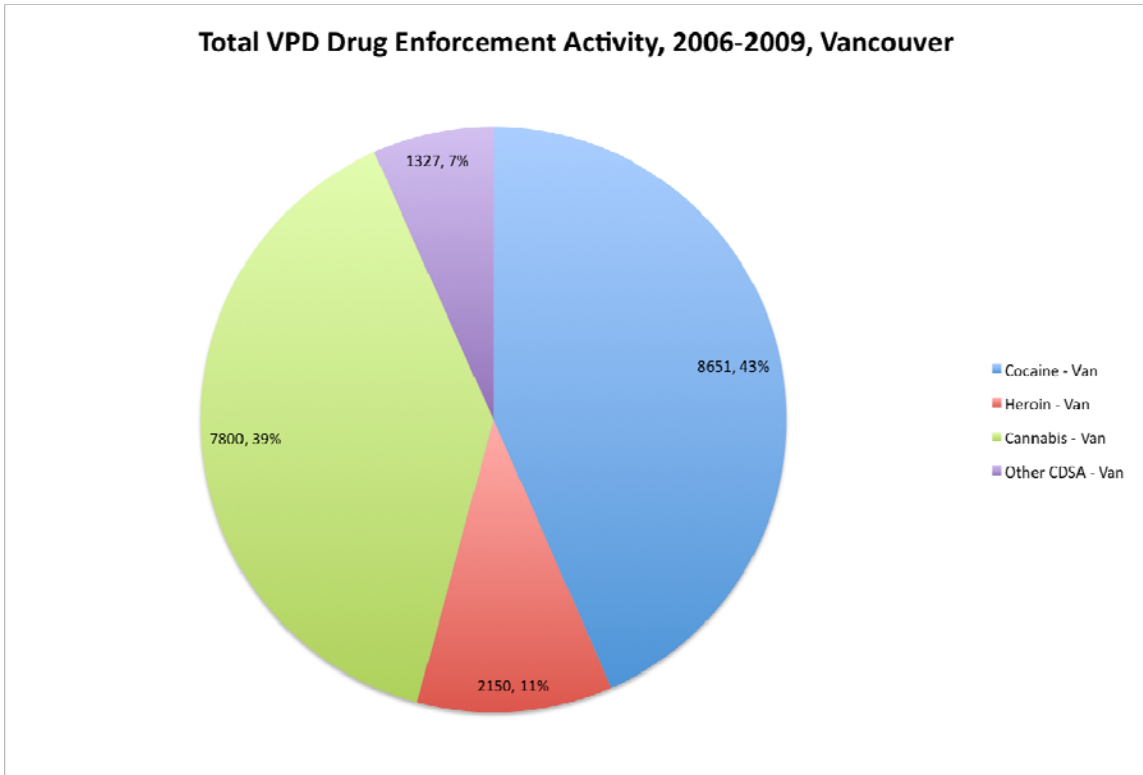


Figure 9: Total VPD Drug Enforcement Activity, Vancouver, 2006-2009, By Drug

As demonstrated in Figures 6 and 7, it is clear that there is high contact between the police and the drug-using and drug-distributing population in my study area. This may not be a revelation, given this area hosts a high concentration of drug addicts, intensively using public space. However the stability of the number of drug law enforcement incidents is interesting given that many of those I interviewed reported that enforcement activity was seemingly random and went in waves. In contrast, these statistics seem to indicate that in the public space around the Main and Hastings intersection, enforcement of the *Controlled Drugs and Substances Act* [1996, c. 19] is stable over the four years covered. A valid

conclusion that could be drawn from my analysis of this data is that in the four blocks surrounding the Main and Hastings intersection, per-drug percentage share and longitudinal trends of drug law enforcement deviate from the citywide trend. In terms of the major aspects I have identified as being characteristic of *spaces of exception*, namely anomie and exception from the juridical order, these statistics appear to support the former but not the later.

The notion that this area is a *space of exception*, in so far as the *Controlled Drugs and Substances Act* [1996, c. 19] has been suspended is not supported by this data. However, the missing next step, from which I could better draw conclusions from this data, would be a determination of where drug enforcement activity leads to the recommendation of charge. This information is unavailable, so I cannot confidently make the assertion that the law, as it pertains to illegal drugs, has been suspended, only that it has a unique profile compared to elsewhere in the city. Both Superintendent Lemke and Mr. Maynard asserted in their interviews that the judicial system does not have the necessary capacity to process infractions to *Controlled Drugs and Substances Act* [1996, c. 19]. It is therefore prudent to examine how the courts process these incidents.

7.3 Community Court

Agamben poses an interesting question: “how can an anomie be inscribed within the juridical order?” (Agamben, 2005, p. 27). The challenge of drug addiction, the drama of which is played out in DTES public spaces, is so far

outside the societal norm that the justice system struggles to cope. The creation of a Vancouver Community Court was a key recommendation of the 2005 report, *Beyond the Revolving Door: A New Response to Chronic Offenders*, by the B.C. Justice Review Task Force Street Crime Working Group. The Working Group recommended a court that would take a problem-solving approach to crime in Vancouver's downtown area by working to address the underlying issues, such as addiction and homelessness, and by having the justice, health and social welfare systems work as an integrated case management team. Among the 40 employees of the court, there are two judges, three Crown prosecutors, three defence lawyers, eight probation officers, two nurses, two employment assistance workers and a B.C. Housing support worker. The court hears cases involving crimes committed in a limited geographical area surrounding Vancouver's downtown core and aims to hold criminals accountable while mitigating the identified causes of repeat offending. The Community Court website states:

At least 50 per cent of offenders in downtown Vancouver have a mental illness, a drug addiction, or both, and many are chronic offenders. These are complex problems. The justice system and society at large are challenged to address the risks posed by offenders, while also supporting their health and social needs. (Government of British Columbia, para. 2-4)

In his interview Judge Gove addressed how the traditional justice system does not apply to those who can be considered as a marginal population saying:

The traditional justice system makes assumptions with respect to people's conduct and behaviour, which really is erroneous when

you're dealing with marginalized populations we have in this area. For example, somebody's charged with a crime and they're released on bail and they're told to report to a bail supervisor and to come to court on a certain day. Well, if they don't, a warrant is issued for their arrest, which for a lot of these folks, their lives are in such chaos, that remembering dates and times and places ... that expectation has to be lowered (T. Gove, personal communication, August 10th 2009).

Agamben (1998) explains that when the justice system is faced with a chaotic situation or population the only way for it to exert control is to create a *state of exception*:

No rule can be applicable to chaos, chaos must first be included in the juridical order through the creation of a zone of indistinction between inside and outside, chaos and normal situation – the *state of exception* (p. 19).

Faced with the chaotic and anomic lives of the *DTES addicts*, the courts and law enforcement have developed regulatory strategies and models of justice that primarily apply to this exceptional population.

This new court has been developed in part because conventional court models have been ineffectual at dealing with the chaotic drug addicted lives. The courts and law enforcement have both attempted to implement new strategies for dealing with or containing the anomic disorder found in the DTES. I will now explore how pseudo-state mechanisms of public space regulation operate in the DTES. This exercise will help to illuminate whether such forces of control have contributed to the development of a potential *space of exception* in the community.

7.4 Private Security

Don Mitchell and Lynn Staeheli (2005) have described how in San Diego state and business groups have funded the patrolling of public streets by private security guards named 'Clean and Safe Ambassadors' as a primary strategy for projecting their dominance into public space. In Vancouver there are similar private security guards called 'Downtown Ambassadors'.

The Downtown Ambassadors are funded by multiple Business Improvement Associations, while being co-managed by the Downtown Vancouver Business Improvement Association and Genesis Security, a private security firm. The Chinatown Business Improvement Association also funds a separate 24-hour security patrol (Vancouver Chinatown Business Improvement Association, 2010). The Downtown Ambassador website notes that:

Downtown Ambassadors interact with panhandlers and street people between 50-150 times per month. They direct homeless people to resources and shelters and provide snacks; advise aggressive panhandlers of their rights re: the *Safe Streets Act*; ask panhandlers to move from private property in front of businesses (Downtown Vancouver Business Improvement Association, 2010, para. 5)

The Downtown Ambassadors patrol the streets of the city with a mandate to address 'quality of life' issues such as panhandling, litter, illegal vending, and graffiti (Downtown Vancouver Business Improvement Association, 2010).

Darcie Bennet, Pivot Legal Society campaigns director, says that she hears regular complaints from DTES residents about their being moved along by

private security who discourage them from utilizing certain public spaces, such as the sidewalks of the Gastown neighbourhood (personal communication, September 9th 2010). Ms. Bennet said during her interview that the Pivot Legal Society asserts that private security should not have a role in public space and it has filed several complaints to BC's Human Rights Tribunal in this regard (personal communication, September 9th 2010). Private security have presumed authority, Ms. Bennet says, wearing uniforms that make them appear as legitimate police officers (personal communication, September 9th 2010). In actual fact these security guards have no more right to use nor limit the use of public space than any other private citizen. Ms. Bennet says that the private security personnel her organisation has spoken with have testified that they have regularly been directed to act in contravention of basic human rights, for example by moving 'undesirables' on from certain public space. Businesses improvement associations fund patrols of public space by private security, by and large, to protect the profitability of their membership businesses that these marginalized populations seem to threaten. The fact that the Carnegie Centre is not a business but a public institution, would go some distance to explaining private security's apparent lack of presence in the public space directly in front of it. As Ms. Bennet discussed (personal communication, September 9th 2010), there appears to be a conscious effort by DTES-located private-security companies, such as those sponsored by the Gastown Business Improvement Association, to move those with the appearance of poverty, mental illness or addiction out of

certain spaces. One of the results of this selective action, along with other factors, is the rise of *spaces of tolerance* where marginal populations, those considered 'undesirables' by businesses, can congregate freely. In addition to patrolling by private security guards, another recent public space regulatory strategy is to install closed circuit television cameras designed to monitor and therefore limit 'undesirable' activities.

7.5 Closed Circuit Television

Mike Davis' (1990) *City of Quartz* examines the rise in prominence of private security and closed circuit television (CCTV) in the regulation of public space in Los Angeles. At the start of the chapter on this subject Davis laments that in Los Angeles "genuinely democratic space is virtually extinct" (p. 245) as almost all public spaces are under constant surveillance. The marginalized members of society are targeted by CCTV surveillance and subsequently pushed out of public space. Public space that is not equally accessible to all people is no longer truly public or democratic. Davis (1990) says that "municipal policy has taken its lead from the security offensive and the middle-class demand for increased spatial and social insulation" (p. 246). As Los Angeles' urban core has been gentrifying there has been a "relentless struggle (by government and business interests) to make the streets as unliveable as possible for the homeless and the poor" (Davis, 1990, p. 248). As in LA, the streets of Vancouver are under constant surveillance and BIA-sponsored private security patrols certainly fulfil the function of projecting the interests of businesses into

public spaces. However, what effect do the many cameras in the DTES have on how public space is utilized in the community? In 2009, the Vancouver Public Space Network undertook to map out the number of Closed Circuit TV cameras in the city's downtown core, including the DTES. In all, they identified over 2000 security cameras and a significant number of these are located in the DTES (Vancouver Public Space Network, 2010, para. 9). Upon conducting further research and interviews following the defence of this paper, I have discovered that these cameras do not simply protect the interests of business and the middle class but also, in some ways, protect the rights of the marginalized.

Colleen Carroll, treasurer at the Carnegie Community Association, said in her interview, "Cameras are only as good as the person pressing the button" (personal communication, September 23, 2010). Ms. Carroll explained that in some cases the proliferation of cameras in the neighbourhood, belonging both to businesses and also those carried by individuals, can promote justice by keeping people accountable for their actions (personal communication, September 23, 2010). This is a view shared by Tom Laviolette, manager of the Portland Hotel Society, who said in his interview that CCTV cameras in the DTES are not under the control of the state and are therefore not operated for the express purpose of regulating public space but rather protecting private property (personal communication, September 14th, 2010). These cameras may capture illegal acts in public space but they also take record of any abuses of power by police or private security forces. Conventional public space regulatory strategies, such as

private security, police enforcement and CCTV are not solely responsible for the contained anomic activity I observed at the intersection of Main and Hastings Street. The DTES community itself tolerates the activities related to drug consumption, provided that they are conducted in limited spaces, away from businesses.

7.6 Community Self Regulation

In her interview, Colleen Carroll, longtime DTES resident and treasurer of the Carnegie Community Association, spoke of the importance of community self-regulation of public space in the DTES (personal communication, September 23rd, 2010). She asserted that an informal ‘gentleman’s agreement’ exists in the neighbourhood between those involved in the illicit drug world and the community at large. Under this agreement, certain public spaces in the community have been established where illicit drug dealing is tolerated. These areas include the sidewalks in front of the Carnegie Centre, the sidewalk in front of United-We-Can and Oppenheimer Park. Ms. Carroll says this agreement, where boundaries have been established for such activities, spares businesses and homes elsewhere in the DTES as well as other Vancouver neighbourhoods from public space disorder related to illicit drug consumption (personal communication, September 23rd, 2010).

In her interview, Darcie Bennet of Pivot Legal Society, concurred with Colleen Carroll in saying that there is substantive self-regulation of public space

in the neighbourhood (personal communication, September 9th 2010). This self-regulation works alongside other factors, including the socio-economic context of the DTES, drug-law enforcement and private security, to produce what I observed, and found anomic, occurring in the public space in front of the Carnegie Centre.

7.7 A Space of Exception

The law enforcement data I reviewed in this chapter does not support my original hypothesis; that in my study area the *Controlled Drugs and Substances Act* [1996, c. 19] is no longer being rigorously applied. I had based this initial hypothesis on statements made by Superintendent Lemke when I interviewed him in 2009 and my own observations. In fact this law is being actively applied, but in a way that does not align with the overall trends of the city. The consensus from the data I reviewed from this section is that while the *Controlled Drugs and Substances Act* [1996, c. 19] is being enforced by the VPD in the DTES, it only appears to contain anomic public space use rather than eradicate it. Likewise, private security, though active in the DTES appears largely absent from the public space in front of the Carnegie Centre, though it does seem to be pushing the activities related to drug consumption activity to this location. CCTV does not appear to have the space regulatory function in the community that I anticipated, as cameras can protect the rights of the marginalized by also recording police and private security behaviours. It would seem that rather than a *space of exception* this is a *space of tolerance*, where certain activities are permitted in

defined areas but only in so far as they do not impact other areas and populations. Traditional space regulatory mechanisms contain the activities related to drug consumption to limited areas and the community itself informally tolerates the activities in these spaces.

8: URBAN OBSERVATIONS RECONSIDERED

At the outset of this project, I summarized the observations I undertook in front of the Carnegie Centre in front of Vancouver's DTES in 2009. Represented in those observations are my own perceptions about the nature of addiction and in hindsight my own biased understanding of the addict. I proceeded with the notion that addiction strips away the political identities of the addict who had, through substance abuse, become more animal than human and were therefore modern day *homines sacri*. By initially subscribing to this manufactured identity of the DTES addict, I was an active participant in the designation of this group as *homines sacri*. My predetermination that DTES addicts were *bare life* personified, was proved simplistic by my ensuing research and indicated that my understanding of their identity lacked both a well rounded perspective or appropriate empathy. This early perspective is typified by my first observation on July 23, 2009:

(I have) this feeling of intimidation ... arising from my fear of the potential unpredictability and violence of the drug intoxicated. The erratic movements of those high on crack cocaine and heroin has been referred to as the 'Hastings shuffle' (Fast, Shoveller, Shannon, & Kerr, 2010) where those under the influence often flail their arms wildly and move in a jerky and erratic manner. (Appendix E, July 23rd 2009 - 6:10 p.m., para. 2)

In order to supplement my original observations, I volunteered for two months in 2010 at the Carnegie Centre, serving meals. Each morning before my

shift, I would wait on the street outside for the doors to open. Waiting with me was always a crowd of between 15-20 persons. While I waited with them, I witnessed multiple instances of open drug dealing, a woman openly smoking crack and I was offered drugs, both prescription and otherwise, many times. Many of those I observed seemed stripped to living a bare biological life due to their addictions. However, the activity I observed was intensely social and I felt a degree of guilt that I had theorized that these individuals were *homines sacri*, simply enslaved to the addiction which formed the full basis of their identities. I was challenged to look beyond addiction and began to understand these individuals as legitimate members of the DTES community, asserting their right to utilize public space. When I served meals inside the Carnegie Centre, I came face to face with many of those I had observed using the public space outside. This experience encouraged me to change my outlook on my research and move beyond a homogenised understanding of drug addicts, those I had originally conceived as *homines sacri*, to understanding them as individuals.

My research since my initial observations has brought to light a number of important revelations that have challenged my early attempts to apply the *homo sacer* and *space of exception* concepts to the public space in front of the Carnegie Centre and those that use it. First, all those that I observed were not necessarily addicts but that the appearance of poverty encourages the assumption of such a unified identity. Second, the activity that I observed was not just disorder but also indicative of a highly functioning community whose use of

public space is itself a political statement. Lastly drug addiction in concert with poverty and lack of access to public space were three of the primary factors resulting in the anomic public space use that I observed.

9: CONCLUSIONS

Public space in the DTES and particularly that at the intersection of Main and Hastings Streets plays host to a spectacle of open drug abuse, drug dealing and the appearance of complete social breakdown and lawlessness. One of the major characteristics that sets this place apart from other intersections in the city is that it is utilized in ways that do not conform with societal norms or juridical laws.

The poor lack access to quality and affordable private space in the DTES. This results in public spaces in the community being utilized with great intensity. In effect, public space has taken on the role of private space with the two becoming almost indistinguishable. Policy makers and the justice system have developed special strategies and models of justice that are designed to mitigate the impact of DTES drug users on public space. Interview and statistical data reviewed in this paper demonstrates that while there is a consistently high degree of contact between law enforcement and drug addicts in DTES public space, the police are overwhelmed by the volume of drug-related offenses.

State and pseudo-state efforts to regulate public space have not been applied to a placid and powerless group, but one that has had played an active role in how their public space is utilized in the community. In this case, the state

cannot be considered to be the sovereign power that unilaterally determines what and who are exceptions to the norm. The creation of the identity of DTES drug addicts and the manner in which they utilize public space is the result of many more factors beyond the state's efforts to exercise power through control over biological life.

What then do Agamben's theories of *homo sacer* and *spaces of exception* reveal about the utilization of public space in front of Vancouver's Carnegie Centre and those who populate it?

9.1 A Space of Exception

Traditional efforts to control public space in the DTES (such as the rigorous enforcement of the law) have met with limited success. Though a range of strategies does exist to regulate public space, these act to contain anomic activities to identifiable and limited parts of the DTES. The number of infractions of the law overwhelms the police, the courts do not have resources to process large numbers of drug users, and the state appears unwilling to provide adequate private space for such populations. It seems logical, in light of these, deficiencies, that the presence of drug addicts is tolerated in contained public spaces. All these factors are reinforced by the concentration of organizations that support the impoverished and drug addicted in the DTES, making it rational that they remain in the area. Modern society does not yet have the remedy for drug addiction combined with poverty nor the chaos that it manifests in public

space. One innovative strategy utilized in the DTES that aims to mitigate the impact of addiction and health and public space is harm reduction. This philosophy has moved beyond the provision of human services, like the safe injection site, toward the way the law is being enforced and the provision of justice.

In Agamben's conception, the State exiles the *homo sacer* to *spaces of exception* and identifies them as living purely biological lives outside of the realm of politics. To exist, the *DTES addict* requires special exception from the normal relationship the public has with law enforcement, the courts and the state. My research has revealed that the DTES community itself has a major role in the toleration of anomic activity in public spaces. This challenges Agamben's notion that the State (as Sovereign) is the one who determines the exception. In this case, it could be viable to look at the community itself as being as empowered as the sovereign, projecting its power not through laws but through unwritten 'gentlemen's agreements'.

An interesting question that is beyond the scope of this research is how might a broader application of the *space of exception* affect public space in other parts of the city? Is it possible that the DTES addict may shed his/her stigmatization and be accepted as a legitimate actor in *all* public space?

9.2 Drug Addicts as *Homines Sacri*

I, like many, hold a preconceived and deeply negative notion of the identity of the drug addict that has been challenged over the course of this research. I have become increasingly uncomfortable with the idea of homogenizing an entire group of drug-addicted individuals together. However, the relationship in the DTES between the state and the addicted is outside of the norm. The rules that apply to this one group of people are far outside what is expected of other members of society. On the one hand publications like *Hope in Shadows* (2008) encourage one to look upon the addicted as individuals, living worthy if troubled lives. On the other hand many of the interactions that the DTES has with the greater society occurs through the lens of addiction and poverty.

In Agamben's conception, the *homo sacer* is defined by the state as the exception. Such a definition cannot accurately be applied wholesale on those I have observed in this study. As this paper has demonstrated, DTES addicts and their advocates are actively asserting their right to exist and are arguing that their activities in public space not be censured or regulated. They and their advocates could thus be considered to be demanding their own *space of exception*. There is also a significant and developing canon of literature that frames the DTES addict as a legitimate societal actor and the DTES as a community that has transcended its Skid Road origins.

However, their single-minded physical dependence on substances and their dependence on the state for physical survival sets DTES addicts apart from

greater society and marks them as modern day *homines sacri*. When considered in a wider perspective, much of the activity in the DTES is a consequence of society's stigmatization of the *drug addict*. As is borne out by my research, the justice system, including the courts and law enforcement, has been unable to deal effectively with this group and has therefore permitted a defined *space of exception* or perhaps more accurately a *space of tolerance* for the drug addict within the city that is both unique and anomic.

9.3 Beyond a *Space of Exception* to a *Space of Innovation*

Agamben asserted that the WWII concentration camp, where inmates abandoned by law and under constant threat of death were identified primarily in terms of their biological lives are paradigmatic of the application of sovereign and biopolitical power in modern democracies. This understanding of the camp as an anomic *space of exception*, Agamben says, can be applied wholesale to modern democracies in which every citizen is perceived as potential *homines sacri*. The powerlessness of inmates to resist being designated as exceptional is a central theme of Agamben's theoretical construct. However, In the DTES, drug addicts are not powerless in the face of state power whether it be projected through law enforcement or other biopolitical mechanisms of control, but in reality have played a major role in determining how the acceptable use of public space is defined. These individuals are *tolerated* as part of the DTES community and have been permitted to make use of limited public spaces. The state is not alone in determining the exception.

Traditional mechanisms of state and pseudo-state control over populations, such as law enforcement and private security, are operating in the DTES to an extent that they contain anomic populations in manageable areas. Such mechanisms do not eradicate anomic public space use, as identified in front of the Carnegie Centre, largely because this anomie is symptomatic of entrenched issues of poverty and addiction which require long term, capital intensive and innovative solutions. While society and state may stigmatize and medicalise DTES drug addicts, this population presents an interesting case of how a marginal group might forcefully demand recognition as a legitimate political force. As Ziearek (2007) wrote about the British suffragettes, stigmatized populations are sometimes able to transform their confinement to *bare life* by state and society into revolutionary resistance. Not only have DTES drug addicts, individually and through organizations like VANDU, been successful pushing forward a harm-reduction agenda but they have also seemingly reached a 'gentlemen's' agreement' with the greater DTES community that allows their activities to be tolerated in certain public spaces.

Agamben has theorized that biological life can be found in private space, while our political lives are located in public space. Following this line of thought, activities such as substance abuse are not politicized when they are confined to private space. The public manifestation of addiction and poverty on DTES streets has forced the state to implement innovative solutions to addiction and poverty, which perhaps wouldn't be possible in other contexts. It has also

revealed the impotence of commonly applied public space regulatory mechanisms, such as the law, in ameliorating the symptoms of deeply rooted issues of poverty and addiction. By applying Agamben's theories to the DTES I have discovered that an adequate understanding of anomic uses of public space by marginal populations cannot only be achieved through a lens of state power. Marginal populations, like impoverished drug addicts, can be powerful advocates for change and innovation, especially if they are highly visible in public spaces and therefore inherently political. Even if drug addicts are stripped down to living bare and biological lives, stigmatized by state and society, their occupation of public space makes a political statement that can't be ignored. I conclude that in the DTES a state of emergency has necessitated the development of a *space of exception* and tolerance, which has now become a *space of innovation*. The anomic use of public space in front of the Carnegie Centre, a result of a confluence of many factors, has become a driver for this innovation.

In this *space of innovation*, cutting-edge strategies that aim to tackle socio-economic and public health challenges may be implemented in the context of what are understood to be the most extreme of circumstances. It is perhaps not a difficult argument to make: an anomic situation requires radical remedies to bring it from exceptionality to normalcy.

This is a *space of innovation* first on the level of ideas, where the ineffectuality of traditional public space regulatory strategies in the DTES have forced society and state to re-examine traditional stigmatized understandings of

addicts as criminals. In this space, the core values upon which the legal system bases its treatment of addicts are being challenged. Second, this *space of innovation* is one of action, typified by the establishment of the constitutionally excepted Insite project, the first of its kind in North America. Lastly this *space of innovation* exists at the community level, where human lives that would otherwise be relegated to the margins are tolerated in the neighbourhood's public spaces. Poverty and addiction are widespread throughout society, but the perception that the DTES is an exceptional case has helped to foster a *space of innovation*, which challenges the traditional discourse on the value of marked human bodies and therefore fosters the implementation of ground-breaking solutions to societal ills.

10: APPENDICIES

Appendix A: Interviewee position dates and names

Interviewee position and name	Date of interview
Former Chief Justice of the Supreme Court of British Columbia, Donald Brenner	June 18 th 2009
RCMP Assistant Commissioner Peter German	July 10 th 2009

Presiding Judge of Vancouver's Community Court, Thomas Gove	August 10 th 2009
City of Vancouver Councillor Andrea Reimer	August 21 st 2009
Vancouver Police Superintendent Warren Lemke	September 1 st 2009
Supervisor, Insite Russell Maynard	September 9 th 2010 and September 17 th 2010
Campaigns Director, Pivot Legal Society Darcie Bennet	September 9 th 2010
Manager, Portland Hotel Society Tom Laviolette	September 14 th 2010
Researcher/Organiser Carnegie Community Action Project Wendy Pedersen	September 16 th , 2010

Treasurer, Carnegie Community Association Collen Carroll	September 23 rd , 2010
Volunteer, Vancouver Area Network of Drug Users Dave Murray	September 24 th , 2010

Appendix B: Service Listing DTES

ACCOMMODATION - FREE (SHELTERS) <i>Emergency Services at 660-3194 for assistance.</i> Aboriginal Youth Safe House (16-18 yrs) 254.5147 Belkin House (Men) 555 Homer 681.3405 Belkin House (Women) 694.6623 Bridge Shelter (Women) 684.3542 Catholic Charities (Men) 828 Cambie 443.3292 Covenant House (16-22yrs) 575 Drake 685.7474 Crosswalk 140 W. Hastings 669.4349 The Haven (Men) 128 E. Cordova 646.6806 Lookout (Women & Men) 346 Alexander 681.9126 Powell Place (Women & Kids) 329A Powell 606.0403 Triage (Women & Men) 707 Powell 254.3700 Youth Safe House (13-15yrs) 2088 Yukon @ 5th Ave. 264.1680 Yukon Shelter 2088 Yukon @ 5th Ave. 877.1234 Walden Safe House (Youth) 877.1234		CLOTHING - FREE Covenant House (19-22yrs) 575 Drake 685.7474 Crabtree Corner (women/kids) 533 E. Hastings 689.2808 D.E. Women's Centre 302 E. Columbia 681.8480 First United Church 320 E. Hastings 681.8365 Franciscan Sisters (men) 385 E. Cordova 685.9987 Union Gospel Mission 616 E. Cordova 253.3323 Mission Possible 543 Powell 253.4469		EMERGENCY ASSISTANCE Crisis Intervention / Suicide Prevention 24 hrs 872.3311 Emergency Services (Ministry of H.R.) 660.3194 Emergency Mental Health Services (Car 87) 874.7307 Kids Help Phone 24hrs 1.800.668.8888 Rape Crisis Centre 255.6344 Strathcona Mental Health 700 E. Cordova 253.4401	
ACCOMMODATIONS - LOW COST Backpackers Hostel 927 Main 682.2441 Central Station Hostel 1038 Main 681.9118 Hostelling Intl. Downtown 1114 Burnaby 684.4565 Youth Hostel 347 W. Pender 688.0112		CLOTHING - LOW COST Canadian Diabetes Assoc. 1091 W. 8th 732.1125 Hang Ups Thrift Stores 1832 Commercial 251.9779 Junior League Thrift Shop 335 E. Broadway 876.4921 Liberty Thrift 1035 Commercial 255.3080 St. James Community Services 329 Powell 606.0300 Salvation Army Thrift Stores 261 E. 12th 874.4721 Union Gospel Mission 616 E. Cordova 253.3323 Value Village 1820 Hastings 254.4482		EMPLOYMENT / PERSONAL DEVELOPMENT Downtown Eastside Personal Development School 255.2122 408 E. Hastings St. Computer Skills, Life Skills, Career Exploration, Job Search, Arts & Crafts and more First Nations Employment Centre 101A - 440 Cambie 605.8901 Life Skills Centre 412 E. Cordova St. 678.8279 or 678.8278 Skills development, job training and educational services Pathways Information Centre 390 Main St. 682.7353 Get help finding a job, information or community services. Youthspot Employment Centre 15 Victoria Dr. (at Powell St.) www.youthspot.com FAX: 215.2474 PHONE: 253.9675 Case management, referral services, and employment focused assistance with job searches, referrals to training programs and more one on one focused assistance such as assistance with resumes, building interview skills, etc than most other employment centers. Ages 15 to 30.	
ADVOCACY / SUPPORT AA meetings: www.vancouveraa.ca 434.3933 NA meetings: www.bcscna.bc.ca 24 hr Help Line 873.1018 A.R.A. (Mental Health) #423 - 119 W. Pender 689.7938 BC Coalition of People With Disabilities #204 - 456 W. Broadway 875.0188 BC Persons With AIDS Society 1107 Seymour 681.2122 D.E.R.A. (Housing/Welfare) 12 E. Hastings 682.0931 D.E.Y.A.S. (Youth) 612 Main 685.6561 First United Church (Welfare) 320 E. Hastings 681.8365 Kettle (Mental Health) 2nd flr 1725 Venables 251.2801 SUCCESS - United Chinese Community Enrichment Service Society 28 W. Pender 684.1628 Help Line Mandarin 270.8222 Cantonese 270.8233 WISH (Sex Trade Workers) 330 Alexander 669.9474 V.A.N.D.U. (Vancouver Area Network of Drug Users) 380 E. Hastings 683.6061		COMMUNITY CENTRES Aboriginal Friendship Centre 1607 E. Hastings 251.4844 Brittania Community Centre 1661 Napier 718.5800 Carnegie Community Centre 401 Main 665.2220 Evelyn Saller Centre 320 Alexander 665.3075 Gathering Place 609 Helmcken 665.2391 Ray Cam Cooperative 920 E. Hastings 257.6949 Strathcona Community Centre 601 Keefer 713.1838		FOOD BANKS Free & low cost meal list is at Carnegie Info Desk, 401 Main St. The Food Bank 1150 Raymur 876.3601 Lifeline Outreach 3456 Fraser 872.7334 SPCA Charles Food Bank FOR PETS at Mission Possible Thursdays at 10 am 543 Powell 253.4469	
CHILD CARE - DROP-IN Crabtree Corner 533 E. Hastings 216.1650		DENTAL SERVICES Eastside Walk-In Dental Clinic 455 E. Hastings 254.9900 * Mon 9 - 4pm & Fri 9 - 12noon. Help with Emergency pain relief Portland Dental Clinic 360 Columbia 778.371.0060 Reach Dental Clinic 1145 Commercial 254.1331		HAIR CUTS - LOW COST London School 18 Water 685.4122 Mission Possible 1pm 2-4pm/mnth 543 Powell FREE 253.4469 Vancouver Community College 250 W. Pender 443.8332	
DETOX Access Central 1-866-658-1221 Daytox 658.1278 DEYAS Youth Detox (13-24yrs) 432 E. Hastings 251.7615 Street Youth Detox 872.4349 Women's DEW Program #201-1638 E. Broadway 638.3390 Youth Detox Options 1058 Seymour 662.8858		DETOX Access Central 1-866-658-1221 Daytox 658.1278 DEYAS Youth Detox (13-24yrs) 432 E. Hastings 251.7615 Street Youth Detox 872.4349 Women's DEW Program #201-1638 E. Broadway 638.3390 Youth Detox Options 1058 Seymour 662.8858		HUMAN RESOURCES (MINISTRY OF) Downtown Eastside Dockside Disability Level 1 Intake A-L 180 Main 660.2941 Kiawassa Disability Level 1 Intake M-Z 205 Powell 775.0478 Strathcona Disability Level 2 687 Powell 660.9377 * Anyone with a family should go to Kiawassa office	
CHILD CARE - DROP-IN Crabtree Corner 533 E. Hastings 216.1650		DETOX Access Central 1-866-658-1221 Daytox 658.1278 DEYAS Youth Detox (13-24yrs) 432 E. Hastings 251.7615 Street Youth Detox 872.4349 Women's DEW Program #201-1638 E. Broadway 638.3390 Youth Detox Options 1058 Seymour 662.8858		HUMAN RESOURCES (MINISTRY OF) Downtown Eastside Dockside Disability Level 1 Intake A-L 180 Main 660.2941 Kiawassa Disability Level 1 Intake M-Z 205 Powell 775.0478 Strathcona Disability Level 2 687 Powell 660.9377 * Anyone with a family should go to Kiawassa office	

Figure 10: Resources in the Downtown Eastside – Reverse (Carnegie Centre, 2010a)

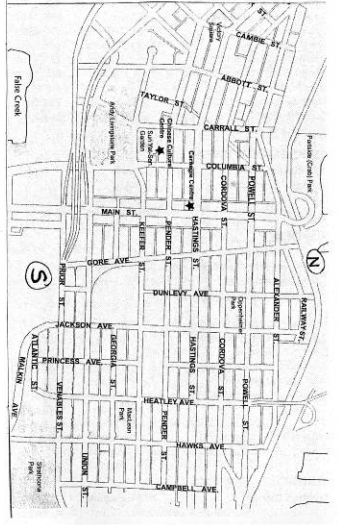
HEALTH CARE Bridge Health Clinic @ Mount St. Joseph Hospital 3rd floor - North Wing, 3080 Prince Edward 877.8550 Care Point Medical Centre 1623 Commercial 254-5554 DEYAS Needle Exchange Van mobile 657.6561 D.E. Health Clinic 569 Powell 255.3151 Downtown South Clinic 1056 Seymour 606.2640 Drake Youth Clinic 575 Drake 660.4934 Gastown Health Clinic 30 Blood Alley 669.9181 Health Contact Centre 166 E. Hastings 658.1224 Insite (safe injection site) 139 E. Hastings 687.7483 Native Health Centre 449 E. Hastings 255.9766 Pender Clinic 59 W. Pender 669.9181 Pine Free Youth Clinic 1985 West 4th 736.2391 Reach Health Centre 1145 Commercial 254.1354 St. Paul's Hospital 1081 Burrard 682.2344 Vancouver General Hospital 855 West 12th 875.4111		LEGAL INFO / AID / ADVICE Access Justice www.accessjustice.ca 878.7400 John Howard Society 763 Kingsway 872.5651 Law Line (Legal Resource Centre) 601.6100 Legal Services Society (legal aid) #425-510 Burrard St. 601.6206 Legal Information Network Kiosk www.lss.bc.ca/lislink PIVOT Legal Society www.pivotallegal.org 255.9700 UBC Law Students Legal Advice Program 822.5791		ReSOuRcEs IN THE DOWNTOWN EASTSIDE (QUICK REFERENCE) 
IDENTIFICATION BIRTH CERTIFICATE - Vital Statistics #250 - 605 Robson St. (at Seymour) 660.2937 or 1.800.663.8328 toll free in BC B.C.I.D. CARD / DRIVERS LICENSE ICBC Driver Service Centre #221-1055 W. Georgia (Royal Centre Lower Mall) 661.2255 BUS PASS PROGRAM BC 1.866.866.0800 CANADIAN PASSPORT - Department of Foreign Affairs, Sinclair Centre #250 - 757 W. Hastings 775.6250 CARE CARD - Medical Services Plan BC call 604.683-7151 Btwn 8am-4:30pm or you can get forms by fax 250.356.0998 INDIAN STATUS CARD - Indian & Northern Affairs Canada, #601 - 1138 Melville (NEW ADDRESS) 666.2059 S.I.N. CARD - Human Resources Development Canada #415 - 757 W. Hastings St. Sinclair Centre 681.8253		MISCELLANEOUS Bus Schedule Information www.translink.bc.ca 953.3333 Ferries BC www.bcferries.bc.ca 1.888.223.3779 Pigeon Park Savings Carrall and Hastings 678.8276		
LAUNDRY & SHOWERS Carrall Street Church/Mission Gospel 327 Carrall ??? D. E. Women's Centre 302 E. Columbia 681.8480 Dusk to Dawn (under 22 yrs) 1058 Comox 688.0399 Evelyn Saller Centre 320 Alexander 665.3075 First United Church (9-11am) 320 E. Hastings 681.8365 Gathering Place (low cost) 609 Helmcken 665.2391 Lifeskills Centre 412 E. Cordova 678.8279		PHONES - FREE DERA , 12 E. Hastings St. 682.0931 9am - 12noon and 1 - 4pm Monday - Friday (closed Wed. morning) VOICE MAIL through DERA is only \$3 per month! Evelyn Saller Centre , 320 Alexander 665.3075 worker/work only First United Church , 320 E. Hastings St. 681.8365 8:30am - 4pm Mon. - Thur. and 9:30am - 12noon Fri. Health Contact Centre , 166 E. Hastings 658.1224 12:30pm - 6am Lifeskills Cntr , 412 E. Cordova St. 678.8279 10am-4pm Mon-Fri Lookout , 348 Alexander 681.9126 2-4:30 & 6:30-8pm, Mon-Fri Women's Centre , 302 E. Columbia (women only) 681.8480 10am-5pm Mon/Tue/Thur/Fri 11am-5pm Wed 12-5pm Sat/Sun		
WORK - Temporary Labour Labour Unlimited 2957 Commercial 875.6562 Labour Ready 1688 E. Broadway 874.5567 M3 Personnel Group 235 E. Georgia 685.6666 Workforce 1169 Main 269.9675		STORAGE (FREE) @ First United Church 320 E. Hastings St. First come first serve. 50 lbs maximum weight. No weapons, food or drugs. If you do not check in every 24hrs belongings will be removed and space given to someone else. Check-in/Check-out times: 8am to noon, 2 to 5pm & 7:30 to 10:30pm.		
WORK - Job Search Web Sites www.bcjobs.ca www.nicejob.ca www.workopolis.com www.eluta.com www.monster.ca www.jobscanada.com www.working.com www.careerbuilder.ca				

Figure 11: Resources in the Downtown Eastside – Front (Carnegie Centre, 2010a)

Appendix C: Carnegie Community Centre Rules of Conduct






<p>REVIEW AND APPEALS</p> <p>A person who has been barred from Carnegie for longer than 24 hours must make an appointment to speak with the Security Coordinator.</p> <p>On duty:</p> <table border="0"> <tr><td>Wednesdays</td><td>8 am to 5 pm</td></tr> <tr><td>Thursdays</td><td>8 am to 5 pm</td></tr> <tr><td>Fridays</td><td>8 am to 5 pm</td></tr> <tr><td>Saturdays</td><td>8 am to 5 pm</td></tr> </table> <p><i>These hours do change occasionally.</i></p> <p>The purpose of this meeting is to discuss the incident, ensure you have an understanding of the rules of conduct in Carnegie, and decide the date on which you may re-enter Carnegie.</p> <p>The Security Coordinator will review decisions and consider appeals by the person affected. A person may bring an advocate if he/she wishes. The final decision is with the Centre Director or Assistant Director.</p> <p>Review of minor incidents can be made by other security or senior staff if the Security Coordinator is not available.</p> <p>Some barring incidents fall outside of the barring guidelines and are handled by the Centre Director.</p> <p>For Further Information: Skip Overall, Security Coordinator: 604-665-3345 Dan Tetrault, Assistant Director: 604-665-3545 Ethel Whitty, Director:</p>	Wednesdays	8 am to 5 pm	Thursdays	8 am to 5 pm	Fridays	8 am to 5 pm	Saturdays	8 am to 5 pm	<p>Carnegie <i>"The living room of the Downtown Eastside."</i></p> <p></p> <p>Become a member & enjoy the programs! Membership = \$1.00 for the calendar year! Program Guides are updated monthly. Both available: main floor Information Desk.</p> <p></p> <p>Do your part - become a volunteer! Come to an orientation: Meet at 2:30pm on the 3rd flr, Mondays or Saturdays. Call 604-665-2220 that morning to confirm. If you can't make it those days call the Volunteer office: 604-606-2708 Colleen (Sun. to Wed.) Sindy (Wed. to Sat.)</p> <p></p> <p><i>The Carnegie Community Centre Association provides program advice and direction and fund-raises to help ensure activities are accessible to all.</i></p> <p></p> <p>Carnegie is a heritage building operated by the City of Vancouver</p>	<p><i>Welcome to Carnegie!</i></p> <p></p> <p>Mission Statement</p> <p>Guiding Principles</p> <p>Rules of Conduct</p> <p><small>June 2007</small></p>
Wednesdays	8 am to 5 pm									
Thursdays	8 am to 5 pm									
Fridays	8 am to 5 pm									
Saturdays	8 am to 5 pm									

Figure 12: Carnegie Centre Mission Statement, Guiding Principles and Rules of Conduct – Front (Carnegie Centre, 2010b)

<p>REVIEW AND APPEALS</p> <p>A person who has been barred from Carnegie for longer than 24 hours must make an appointment to speak with the Security Coordinator.</p> <p>On duty:</p> <table border="0"> <tr><td>Wednesdays</td><td>8 am to 5 pm</td></tr> <tr><td>Thursdays</td><td>8 am to 5 pm</td></tr> <tr><td>Fridays</td><td>8 am to 5 pm</td></tr> <tr><td>Saturdays</td><td>8 am to 5 pm</td></tr> </table> <p><i>These hours do change occasionally.</i></p> <p>The purpose of this meeting is to discuss the incident, ensure you have an understanding of the rules of conduct in Carnegie, and decide the date on which you may re-enter Carnegie.</p> <p>The Security Coordinator will review decisions and consider appeals by the person affected. A person may bring an advocate if he/she wishes. The final decision is with the Centre Director or Assistant Director.</p> <p>Review of minor incidents can be made by other security or senior staff if the Security Coordinator is not available.</p> <p>Some barring incidents fall outside of the barring guidelines and are handled by the Centre Director.</p> <p>For Further Information: Skip Overall, Security Coordinator: 604-665-3345 Dan Tetrault, Assistant Director: 604-665-3545 Ethel Whitty, Director:</p>	Wednesdays	8 am to 5 pm	Thursdays	8 am to 5 pm	Fridays	8 am to 5 pm	Saturdays	8 am to 5 pm	<p>Mission Statement</p> <p><i>Our mission is to nurture mind, body and spirit in a safe and welcoming environment. Through the leadership and participation of our volunteers, we provide social, educational, cultural and recreational activities for the benefit of the people of the Downtown Eastside.</i></p> <p>Guiding Principles</p> <ul style="list-style-type: none"> To treat one another with respect regardless of race, disability, ethnicity, color, religion, gender or age. To accept and celebrate a diversity of lifestyles and cultures. To listen and to strive to understand one another. To settle differences and misunderstandings through patience and goodwill. To respect the personal and private space of one another while offering friendship and inclusion in the life of the Centre. To build on one another's strengths, skills, and natural abilities. To contribute to the work of the Centre while enjoying the benefits of the Centre. To ensure that people in our community are supported in finding their own voice, and in participating in the life of the Centre. To serve the community inside Carnegie and in the Downtown Eastside. 	<p><i>The following are guidelines for use by Carnegie staff in dealing with misconduct or a disregard for the rules of Carnegie. These policies were approved by the Carnegie Community Centre Association Board of Directors on December 6, 2001 and have been filed with the City of Vancouver, March, 2002. These policies have been prepared in accordance with the Carnegie Centre's "Guiding Principles".</i></p> <p>The penalties listed here may be more or less severe depending on circumstances and will increase with repeat offences. Other inappropriate behaviors not covered here will be dealt with at the discretion of staff.</p> <table border="1"> <thead> <tr> <th>MISCONDUCT</th> <th>CONSEQUENCE: Not allowed in the building for:</th> </tr> </thead> <tbody> <tr><td>Visibly under the influence of Alcohol / Drugs</td><td>One day.</td></tr> <tr><td>Consuming alcohol / drugs in Carnegie</td><td>One month.</td></tr> <tr><td>Dealing in drugs on the premises</td><td>Six months minimum.</td></tr> <tr><td>Non threatening, disruptive behavior</td><td>Minimum of one day.</td></tr> <tr><td>Verbally Abusive</td><td>Minimum of one day.</td></tr> <tr><td>Verbal threats or threatening behavior</td><td>One month minimum.</td></tr> <tr><td>Fighting</td><td>One month minimum.</td></tr> <tr><td>Common Assault</td><td>Two months minimum.</td></tr> <tr><td>Sexual Assault or Abuse</td><td>One year - police involved.</td></tr> <tr><td>Sexual offenses involving children</td><td>Permanently.</td></tr> <tr><td>Damage to Property</td><td>Two months and pay-back arrangements made.</td></tr> <tr><td>Gambling</td><td>One day.</td></tr> <tr><td>Theft</td><td>Determined by situation and if police involved.</td></tr> </tbody> </table>	MISCONDUCT	CONSEQUENCE: Not allowed in the building for:	Visibly under the influence of Alcohol / Drugs	One day.	Consuming alcohol / drugs in Carnegie	One month.	Dealing in drugs on the premises	Six months minimum.	Non threatening, disruptive behavior	Minimum of one day.	Verbally Abusive	Minimum of one day.	Verbal threats or threatening behavior	One month minimum.	Fighting	One month minimum.	Common Assault	Two months minimum.	Sexual Assault or Abuse	One year - police involved.	Sexual offenses involving children	Permanently.	Damage to Property	Two months and pay-back arrangements made.	Gambling	One day.	Theft	Determined by situation and if police involved.
Wednesdays	8 am to 5 pm																																					
Thursdays	8 am to 5 pm																																					
Fridays	8 am to 5 pm																																					
Saturdays	8 am to 5 pm																																					
MISCONDUCT	CONSEQUENCE: Not allowed in the building for:																																					
Visibly under the influence of Alcohol / Drugs	One day.																																					
Consuming alcohol / drugs in Carnegie	One month.																																					
Dealing in drugs on the premises	Six months minimum.																																					
Non threatening, disruptive behavior	Minimum of one day.																																					
Verbally Abusive	Minimum of one day.																																					
Verbal threats or threatening behavior	One month minimum.																																					
Fighting	One month minimum.																																					
Common Assault	Two months minimum.																																					
Sexual Assault or Abuse	One year - police involved.																																					
Sexual offenses involving children	Permanently.																																					
Damage to Property	Two months and pay-back arrangements made.																																					
Gambling	One day.																																					
Theft	Determined by situation and if police involved.																																					

Figure 13: Carnegie Centre Mission Statement, Guiding Principles and Rules of Conduct – Reverse (Carnegie Centre, 2010b)

Appendix D: Photographs Main and Hastings Street Vancouver



Figure 14: Carnegie Center (right) and City Hall (left) in 1904 (Timms, 1904)



Figure 15: Corner of Main and Hastings Streets, Vancouver (canadagood, 2002)

Appendix E: Observations

Observation 1: July 23rd, 2009 - 6:10 p.m.

Walking east along Pender Street, past the Dr. Sun Yat-Sen Classical Chinese Garden, I head toward Main Street then turn north toward Hastings. On this leg of the journey, the streets are crowded, with tourists (easily identified by their picture taking and lack of bearings) and persons of multiple generations and ethnicities. I would characterize what I observe here as average downtown Vancouver street life, akin to that would be found in much of the downtown core. As I approach the Carnegie Center, walking toward Hastings, the character of the street life changes. I observe a man carrying a crack pipe and I also notice several persons who are obviously in altered states, either being under the influence of drugs or alcohol or suffering from mental illness. The transition in the usage of public space and those populating it are striking as I walk from Chinatown, toward Main and Hastings. As I approach this intersection I notice one person in particular, clearly under the influence of drugs, disheveled, with an air of desperation about him asking various people loitering in front of the Carnegie Centre for drugs until he ultimately secures what he is looking for. He makes no attempt to hide that he is searching for drugs and the dealer who provides them for him makes little effort to conceal their transaction. Much of the activity on this corner is clearly drug related in contrast to that just half a block south, where I witnessed no evidence of drug-dealing or persons under the influence of drugs. The area in front of the Carnegie Centre is clearly being used

in a way that is outside of the norm and those I have identified as *drug addict* occupy this public space while making no effort to conceal their drug-dealing and taking activities.

As an observer I feel very out of place and in a certain degree of danger. As I walk past the Carnegie Centre I feel intimidated by those clearly under the influence of drugs. I identify this feeling of intimidation as arising from my fear of the potential unpredictability and violence of the drug intoxicated. The erratic movements of those high on crack cocaine and heroin has been referred to as the 'Hastings shuffle' (Fast et al., 2010) where those under the influence often flail their arms wildly and move in a jerky and erratic manner. It is difficult to see people in this state of being and I feel simultaneously compassionate for their plight and repulsed by the ugliness of the scene before me. This is perhaps similar to the societal response to the addict and part of the reason why the *space of exception* has developed.

After 10 minutes of loitering close to the South West corner of Main and Hastings Streets I noticed no police or private security. In front of the Carnegie Centre there is a bus stop and a public washroom and the activity out front is frenetic. Traffic is relentless and coming from all directions. I note that Main and Hastings is a transit hub with a plethora of bus stops both on Main and Hastings streets. Several persons are riding scooters for those with physical disabilities. The street life is concentrated in front of the Carnegie Centre and I estimate that approximately 20 per cent of the people here are of Native ethnicity. All ages are

represented as well as virtually equal numbers of males and females which I find somewhat surprising given that the community demographics skew toward older males.

Though most visible during this observation, those under the influence of drugs, are not the only ones utilizing this public space. In fact I observe a wide range of socio-economic and ethnic groups. This is not a simple community but with new developments such as Woodward's to the west and Chinatown to the south, it is increasingly diverse (or stratified). What I witness during this observation is drug-dealing marketplaces where those who are dealing drugs don't make significant efforts to hide their activities.

I continue further down Main Street to the Waves coffee shop on the south west corner of Main and Cordova. As I move away from the intersection of Main and Hastings the anomic drug related street life that I had witnessed in front of the Carnegie Centre is greatly diminished.

The coffee shop I arrive at is directly across from a Vancouver Police Station which has a police car and police van parked in front of it. I am now one block north of the Main and Hastings intersection, I can see police vehicles but no police officers. I note the Bruce Erickson building beside the police station. On the front of the building are the words "Dream, Share, Vision, Vote, Home, Voice and Change". Former Vancouver City Councilor, the late Bruce Erickson, along with the current MP for Vancouver East, Libby Davies were instrumental in the preservation of the SRO stock in the DTES and the transformation of the

Carnegie Building into a Community Center in 1980. To me, the words on the building represent the struggle of the community to overcome the stigmatization and to legitimately exist.

During this observation, I note that drug-dealing was taking place in front of the Carnegie Centre with the dealers not attempting to hide their sales to addicts. This open drug-dealing fits with the notion that this area is a *space of exception* where the normal laws of society are not being followed. Though I am unable to assert that there are hard boundaries to the anomic activity, it was not in evidence both half a block north and south of the Carnegie Centre. I observe several persons clearly under the influence of narcotics that I identify as *drug addict*, with their erratic physical movements perhaps being as anomic as the public space. The fact that the activity is so far outside the norm makes conducting an observation in front of the Carnegie Centre an uncomfortable exercise.

Observation 2: July 24th, 2009 - 6:10 p.m.

I walk to the Southwest corner of Main and Pender Streets and sit in front of the Blenz Coffee Shop. It's a very hot day, probably in excess of 30 degrees Celsius and I resolve to sit outside the shop before walking toward the Main and Hastings intersection. This location is just one block south of the Main and Hastings intersection and I am specifically looking for a comparison of public

activity and regulation found with its absence observed in front of the Carnegie Centre the previous day.

A shopkeeper washes the sidewalk to the south of the coffee shop on Main Street. A great diversity of pedestrian traffic passes by me but I take note of a man sitting just a couple of seats down from me wearing a hooded sweatshirt, a baseball cap and sunglasses. I speculate that he surely must be overheated in the hot sun and that his attire is anomalous. He looks like he is sweating profusely hasn't purchased a coffee and seems to be waiting for an as yet undetermined purpose. A modestly dressed Chinese man catches his eye and they have a brief moment of silent communication where it seems that the man with the hood is asking for something, possibly drugs and is denied. A similar interaction occurs with another man just moments later. This hooded character catches my attention because he seems out of place here; he appears to be trying to hide the nature of his activities (and his face). This air of secrecy is in contrast to the openness with which drug-dealing takes place in front of the Carnegie Centre just one block north.

The Chinese community is very much in evidence near the coffee shop. The great concentration of public drug-dealing, completely out in the open, which I identified in my prior observation in front of the Carnegie Centre, is not in evidence where I sit, despite the fact that it is only one block south. I see a private security person at the SW corner of Keefer and Main streets while I wait for the light to change. The security guard is holding a piece of paper and

crosses to the east side of Main Street. He is dressed almost identically to police officers, even wearing some sort of utility belt. I can confirm his identity as a security guard when he gets close enough to identify the crest on his jacket. A police car circles the block several times. Up to this point I have not witnessed the police officers or security personnel interacting with anyone on the street and only note their obvious presence.

Upon departing from the coffee shop I notice a police car, lights blazing, on the south east corner of the Main and Hastings intersection. I walk toward the intersection to get a closer look at what has occurred. I witness three police officers arresting a man in a leather vest with a white shirt underneath. His hair is stringy, greasy and unkempt. Once one of the police officers indicates that he has the situation under control, the other two depart. I walk east up Hastings toward a bus stop and am immediately offered "Pills, Rock" which I decline. I cross further down Hastings and look back at the situation. A police van has pulled up followed closely by an ambulance with multiple personnel. I stay for a while longer but realize I have been noticed by several persons loitering on the sidewalks. I feel uncomfortable, and move on. There are a great number of police officers on the streets near Main and Hastings. The fact that they are making arrests indicates that they are enforcing some law and I understand from my interview with Deputy Superintendent Lemke (personal communication, September 1st 2009) that they are not making arrests for drug possession. I conclude that this is an important distinction that defines the identity of the *drug*

addict as it is only certain drug related laws that are being not being enforced rather than the total suspension of the law altogether. The *space of exception* only exists in relation to the drug use of the *drug addict* but not other traditionally criminalized acts.

Observation 3: July 26th, 2009 - 3.00 p.m.

I seat myself inside the Carnegie Centre enclosure located on Main Street south of Hastings Street. The enclosure was constructed to control the public space in front of the community centre and it provides the ideal location from which to observe the street life without feeling threatened. Previously the area that is now enclosed was freely accessible from the sidewalk; currently one must access the space through the Carnegie Centre.

It's another hot day, though slightly overcast which makes sitting outside tolerable. All those inside the enclosure are staring intently out onto the street almost as they would at a sidewalk cafe. Jane Jacobs eyes on the street? I notice street construction in front of the Carnegie Centre; it looks like they are fixing the curbs. Those directly in front of my field of vision, on the sidewalk, seem to be waiting to meet friends, purchase or sell drugs. Two female police officers cross Main Street on the south side of Hastings and move rapidly east and out of my sightline. No persons seem to be congregating on the east side of Main in front of the Royal Bank of Canada though one man does sit at the very

SE corner against the wall, panhandling, and this is the first instance of panhandling, that I have witnessed in this area.

From where I sit in the enclosure the police station is in clear view and I can see four parked police cars. The people inside and outside the enclosure seem to be very familiar with each other; there are many smoking cigarettes and a high degree of social interaction occurring within, outside and across the fence. I discovered later when I volunteered at the Carnegie Centre that this enclosed patio is the only patio in the city where smoking is permitted. This is another example of a drug related *space of exception* where a specific population, this time smokers, are excepted from the usual norms and laws of society. I note the presence of a high number of physically disabled persons today as I did in a prior observation.

Many open drug deals are taking place with no attempts made to keep them secretive or hidden. I witnessed at least three during my observation period with miniature zip lock baggies being passed from dealers to customers.

Upon leaving the enclosed patio, I travel west on Hastings and witness an arrest where two police cars and four police officers with rubber gloves are in attendance though I can't identify what crime may have been committed. Many people are lined up to return bottles at United We Can, west of the Main and Hastings intersection. When I walk past United We Can I note that there are people selling various items such as video tapes, cigarettes and clothing. In her

interview City of Vancouver Counselor Andrea Reimer (personal communication, August 21st 2009) identified this as the binner's bazaar. I am offered drugs as I pass by and notice that several of those selling goods appear to be under the influence of narcotics. I notice that this activity bears some similarity to that in front of the Carnegie Centre, frenetic and at least in part, drug related.

The final portion of this observation, in front of United We Can, indicates that the *space of exception* that I have identified in front of the Carnegie Centre exists to some extent further down Hastings as well. The activities of the *drug addict* are also not limited to sidewalks in front of the Carnegie Centre but extend west to some extent.

Observation 4: August 3rd, 2009 - 3:35 p.m.

I walk east on Keefer Street toward Main Street then north, stopping at the Waves coffee shop on Pender for a coffee before settling at the same Carnegie Community Center enclosure, as I did in my prior observation. In this round of observation I look more closely at the individual identities, activities and manner of dress of each person that I have identified as *drug addict*.

Just before reaching Hastings I witness a man being spoken to by two police officers. "Have you ever been arrested?" one of them asks. The man shrugs and doesn't answer them. I seat myself inside the Carnegie enclosure and immediately a man offers me white Calvin Klein briefs inside packaging. A native woman, carrying a brightly patterned bag, buys drugs from a tall lanky

Asian woman without either attempting to hide the transaction. A person walks by wearing a cut-off sleeveless shirt and toting a large green garbage bag full of cans and bottles. He has stockings on his hands and legs and painted toe nails. I wonder if he might have some type of mental illness or if his unconventional wardrobe is related to drug abuse. A man in a motorized wheel chair offers him a pop can; this is the third time I have observed a person with limited mobility in the area. It is at this time that I start to make the connection with the physically disabled and those who are debilitated by drug addiction. The stigmatization that the drug addicted currently face is not so dissimilar to that faced, perhaps less so now than earlier in history, by the disabled. I wonder if a similar process of gradual acceptance and accommodation of society toward the physically disabled might also occur with the *drug addict*?

A middle class woman walks by, looks disapprovingly at the corner and continues on her way. A man walks by yelling "FUCKED" and continues north along Main Street across Hastings. This corner is extremely exposed with huge numbers of vehicles passing through each minute. It is constantly under surveillance at all times, which doesn't seem to affect the activity that is taking place. In front of the enclosure many people are just sitting, loitering and waiting. A man on a bike rides up and tries to sell it quickly. Suddenly a man inside the enclosure starts to throw up violently, people move away and the sound of an ambulance can almost immediately be heard in the distance.

A guy in a North American Tour tee shirt hangs out just waiting and seems to know many people. A woman who works at the Carnegie Centre starts a conversation with the man, who starts smoking a cigarette. She then asks someone sitting in front of the entrance to the public toilet to move on (which they do) saying "Can you rest somewhere else?" After she leaves, another man approaches and asks for his cigarette and he obliges him. This is the first instance of public space regulation that I have seen in front of the Carnegie Centre and there is no police officer or security guard involved.

An overweight man has also been in front of the Carnegie since I arrived and interacts with a five or six of people. He is well dressed and seems to be a drug dealer who sometimes gives instructions and provides baggies to persons passing by. Drug deals are happening every few minutes - sometimes they seem to revolve around the overweight man who chats on a cell phone constantly and suddenly seems to notice me observe the sidewalk scene. The man carries an American Eagle bag and is treated with much respect by everyone on the corner. Though on the surface it appears chaotic, this use of public space that I observe is both social and economic. In my interview with Judge Gove (personal communication, August 10th 2009) he commented that though many DTES drug users have private residences his staff tell him that they choose to act out their addictions in public space because ... it's a social activity."

Observations: March 2010

Throughout March and April 2010, I travelled to the intersection of Main and Hastings Streets to follow up on the observations that I had already conducted and to volunteer at the Carnegie Centre. I was particularly cognisant of the boundaries of the anomic chaotic activity that I had observed and I looked for instances of containment and whether the use of public space in front of the Carnegie Centre really did present an exception to the general rule.

There are not any hard boundaries holding social activity in the area, however my extensive experience of the area, over these two months and in the preceding four years of residing in the neighbourhood lead me to a number of conclusions:

1. The drug activity in front of the Carnegie Centre continues unabated many hours of the day.
2. Drug activity radiates from the Main and Hastings intersection though thins out and largely ceases when one travels more than two blocks in any direction.
3. The public space in front of United We Can (39 East Hastings Street) plays host to an open market of goods (identified by Vancouver City Councillor Reimer (personal communication, August 21st 2009) as a market for recovered goods sold by binners)

and I have been offered drugs on at least four occasions whilst passing through this area.

The authority of the Carnegie Centre seems to be projected out onto the building steps and beyond, as I witnessed several instances of Community Centre Staff asking people to move on or stop smoking. Police Cars consistently parked half a block east of the Main and Hastings intersection.

REFERENCE LIST

- Agamben, G. (1998). *Homo sacer: Sovereign Power and Bare life*. Stanford, Calif.: Stanford University Press.
- Agamben, G. (2005). *State of Exception*. Chicago: University of Chicago Press.
- Agamben, G. (2004). *The Open: Man and Animal*. Stanford, Calif.: Stanford University Press.
- Altheide, D. L. (1987). Ethnographic Content Analysis. *Qualitative Sociology*, 10(1), 65.
- Babbie, E. R., & Benaquisto, L. (2002). *The Fundamentals of Social Research* (1st Canadian ed.). Scarborough, ON: Nelson Thomson Learning.
- Barnholden, M., Mearns, L., & Newman, N. (2007). *Street Stories: 100 years of Homelessness in Vancouver*. Vancouver: Anvil Press.
- Beirness, D. J., & Canadian Centre on Substance Abuse. (2008). *Harm Reduction*. Ottawa, Ont.: Canadian Centre on Substance Abuse.
- Bittner, M. (1990). The IRAC Method of Case Study Analysis. *Social Studies*, 81(5), 227.

Boyd, S. C., Osborn, B., & MacPherson, D. (2009). *Raise Shit! Social Action Saving Lives*. Black Point, N.S.: Fernwood.

Brethour, P. (2009). *Exclusive Demographic Picture - The Globe and Mail - A Comparison of Key Statistics in the DTES, Vancouver, B.C. and Canada*. Retrieved April 4, 2010, from <http://www.theglobeandmail.com/archives/exclusive-demographic-picture/article971243/>

Canadian Community Epidemiology Network on Drug Use. (2007). *Vancouver Drug Use Epidemiology*. Retrieved October 10, 2010, from http://vancouver.ca/fourpillars/documents/Full_CCENDU_report_2007_web.pdf

Canadagood (photographer). (2002). *Corner of Main and Hastings Streets*. Retrieved March 5, 2010, from Flickr: <http://www.flickr.com/photos/canadagood/3367730307/>

Carmona, M. (2003). *Public Places, Urban Spaces: The Dimensions of Urban Design*. Oxford; Boston: Architectural Press.

City of Vancouver. (2009a). *10 Years of Downtown Eastside Revitalization: A Backgrounder*. Retrieved March 12, 2010, from <http://vancouver.ca/commsvcs/planning/dtes/pdf/DTESDirectionsbackgrounder.pdf>

City of Vancouver. (2010b). *2010 Host city - Carnegie Centre*. Retrieved March 9, 2010, from <http://olympichostcity.vancouver.ca/mediaroom/feature-stories/carnegie-centre.htm>

City of Vancouver. (2005c). *Housing Plan for the Downtown Eastside*. Retrieved March 7, 2010, from <http://vancouver.ca/commsvcs/housing/pdf/housing%20brochure/brochure%202%2011x17.pdf>

City of Vancouver. (2010d). *Community Services Carnegie Centre*. Retrieved March 5, 2010, from <http://vancouver.ca/commsvcs/carnegiecentre/>

City of Vancouver. (2010e). *Downtown Eastside Revitalization*. Retrieved March 5, 2010, from <http://vancouver.ca/commsvcs/planning/dtes/>

Cran, B., Jerome, G., & Pivot Legal Society. (2008). *Hope in Shadows: Stories and Photographs of Vancouver's Downtown Eastside*. Vancouver: Arsenal Pulp Press.

Davis, M. (1990). *City of Quartz: Excavating the future in Los Angeles*. London, Eng.: Verso.

Dear, M., & Wilton, R. (1997). Seeing People Differently: The Sociospatial Construction of Disability. *Environment & Planning D: Society & Space*, 15(4), 455.

- Dear, M. J. (1987). *Landscapes of Despair: From Deinstitutionalization to Homelessness*. Princeton, N.J.: Princeton University Press.
- Debeck, K., Wood, E., Montaner, J., & Kerr, T. (2009). Canada's New Federal 'National Anti-Drug Strategy': An Informal Audit of Reported Funding Allocation. *International Journal Of Drug Policy*, 20(2), 188-191.
- Doherty, J., Busch-Geertsema, V., Karpuskiene, V., Korhonen, J., O'Sullivan, E., Sahlin, I., Et Al. (2008). Homelessness and Exclusion: Regulating Public Space in European Cities. *Surveillance and Society*, 5(3). Retrieved March 15, 2009, from <http://cufts2.lib.sfu.ca.proxy.lib.sfu.ca/cjdb/bvas/journal/161365>
- Downtown Vancouver Business Improvement Association. (2010). *DVBIA Programs - Downtown Ambassadors*. Retrieved April 18, 2010, from http://www.downtownvancouver.net/catalog/main.php?cat_id=52
- Fast, D., Shoveller, J., Shannon, K., & Kerr, T. (2010). Safety and Danger in Downtown Vancouver: Understandings Of Place Among Young People Entrenched in an Urban Drug Scene. *Health & Place*, 16(1), 51-60.
- Foucault, M. (1990). *The History of Sexuality* [Histoire de la Sexualité.] (1 Vintage Books ed.). New York: Vintage Books.
- Gandy, M. (2006). Zones of indistinction: Bio-Political Contestations in the Urban Arena. *Cultural Geographies*, 13(4), 497-516.

Government of British Columbia. (2010). *The Community Court's Story*.

Retrieved April 18, 2010, from

http://www.criminaljusticereform.gov.bc.ca/en/justice_reform_projects/community_court/story/index.html

Governments of Canada, British Columbia, and the City Of Vancouver. (2000).

The Vancouver Agreement. Retrieved April 18, 2010, from

<http://www.vancouveragreement.ca/the-agreement/>

Grant, J. (2009). A Profile of Substance Abuse, Gender, Crime, and Drug Policy In The United States And Canada. *Journal of Offender Rehabilitation*, 48(8), 654.

Hathaway, A. D., & Tousaw, K. I. (2008). Harm Reduction Headway and Continuing Resistance: Insights from Safe Injection in the City of Vancouver. *International Journal of Drug Policy*, 19(1), 11-16.

Hui, S. (2010). *Vancouver Mayor Hopes Stephen Harper Government Will End Fight Against Injection Site*. Retrieved April 26, 2010, from <http://www.straight.com/article-281115/vancouver/vancouver-mayor-hopes-stephen-harper-government-will-end-fight-against-injection-site>

Kimbley, L., Canning-Dew, J., & Carnegie Community Centre Association. (1987). *Hastings and Main: Stories from an Inner City Neighbourhood*. Vancouver: New Star Books.

Lipsky, M. (1980). *Street-Level Bureaucracy: Dilemmas of the Individual in Public Services*. New York: Russell Sage Foundation.

Marshall, G. (1998). *Non-Participant Observation*. Retrieved April 5, 2010, from <http://www.encyclopedia.com/doc/1O88-nonparticipantobservation.html>

Matas, R. (2009, February 13). The Money Pit. *The Globe and Mail*. Retrieved April 5, 2010, from <http://www.theglobeandmail.com/archives/article971240.ece>

Maté, G. (2008). *In the Realm of Hungry Ghosts : Close Encounters with Addiction*. Toronto: Knopf Canada.

Mitchell, D., & Staeheli, L. (2005). Clean and Safe? Property Redevelopment, Public Space and Homelessness in Downtown San Diego. In S. M. Low, & N. Smith (Eds.), *The Politics of Public Space* (pp. 185). New York: Routledge.

Mitchell, K. (2006). Geographies of Identity: The New Exceptionalism. *Progress in Human Geography*, 30(1), 95-106.

Pratt, G. (2005). Abandoned Women and Spaces of the Exception. *Antipode*, 37(5), 1052-1078.

Province of British Columbia. (2009). *Crime Statistics in British Columbia 2008*.

Retrieved October 20, 2010, from

http://www.pssg.gov.bc.ca/police_services/publications/statistics/2008-crimestatistics.pdf.

Robertson, L., & Culhane, D. (2005). *In Plain Sight: Reflections on Life in*

Downtown Eastside Vancouver. Vancouver: Talonbooks.

Roe, G. W. (2009). Fixed in Place: Vancouver's Downtown Eastside and the

Community of Clients. *BC Studies*, (164), 75-101.

Ross, A. (2008). Introduction. *South Atlantic Quarterly*, 107(1), 1-13.

Shier, R. (2002a). Introduction. In R. Shier (Ed.), *Stan Douglas: Every Building*

on 100 West Hastings (pp. 10-17). Vancouver: Cotemporary Art Gallery.

Shier, R. (Ed.). (2002b). *Stan Douglas: Every Building on 100 West Hastings*.

Vancouver: Cotemporary Art Gallery.

Smith, H. A. (2003). Planning, Policy and Polarisation in Vancouver's Downtown

Eastside. *Tijdschrift Voor Economische En Sociale Geografie (Journal of Economic & Social Geography)*, 94(4), 496-509.

Sommers, J. (1998). Men at the Margin: Masculinity and Space in Downtown

Vancouver, 1950–1986. *Urban Geography*, 19(4), 287-311.

- Sommers, J., & Blomley, N. (2002). "The worst block in Vancouver". In R. Shier (Ed.), *Stan Douglas: Every building on 100 West Hastings* (pp. 18-58). Vancouver: Cotemporary Art Gallery.
- Strike, C. J., Myers, T., & Millson, M. (2004). Finding a Place for Needle Exchange Programs. *Critical Public Health*, 14(3), 261-275.
- Tait, C. (2004). *The British Columbia Safe Streets Act and the Law of Vagrancy: Similarities and Differences*. Simon Fraser University.
- Takahashi, L. M. (1997). The Socio-Spatial Stigmatization of Homelessness and HIV/AIDS: Toward an Explanation of the NIMBY syndrome. *Social Science & Medicine*, 45(6), 903-914.
- The Odd Squad. (2010). *About the Odd Squad*. Retrieved April 18, 2010, from http://www.oddsquad.com/index.php?Option=com_content&view=category&layout=blog&id=34&Itemid=67
- The Star. (2010, March 16). *Transcript of Stephen Harper Interview on youtube*, April 26, 2010, from <http://www.thestar.com/mobile/canada/article/780942>
- Timms, P. (Photographer). (1904). *Carnegie Library and City Hall*. Retrieved April 18, 2010, from Vancouver Public Library Website: <http://www3.vpl.vancouver.bc.ca/dbtw-wpd/exec/dbtwpub.dll>

Valing, P. (2008). Vancouver: Not So Down: The Appeal of the Downtown Eastside. *The Walrus*. Retrieved April 13, 2010, from <http://www.walrusmagazine.com/articles/2008.02-cities-vancouver-downtown-eastside-hastings/5/>

Vancouver Chinatown Business Improvement Association. *Vancouver Chinatown - Security Patrol*. Retrieved April 10, 2010, from http://vcbia.brinkster.net/english/program/programs_security.html

Vancouver Coastal Health. (2010). *Supervised Injection - Our Clients*. Retrieved April 21, 2010, from http://supervisedinjection.vch.ca/our_clients/our_clients

Vancouver Police Department. (2009). *Project Lockstep*. Retrieved April 18, 2010, from <http://vancouver.ca/police/media/2009/vpdprojectlockstep.pdf>

Vancouver Public Space Network. (2010). Security and Surveillance. Retrieved April 18, 2010, from <http://vancouverpublicspace.ca/index.php?page=cctv>

Vancouver's Homeless: The Mean Streets of Arcadia. (2004, November 18). *The Economist*. Retrieved April 18, 2010, from http://www.economist.com/world/americas/displaystory.cfm?Story_id=E1_PQTTGNN

Wood, E., Kerr, T., Montaner, J. S., Strathdee, S. A., Wodak, A., Hankins, C. A., et al. (2004). Rationale for Evaluating North America's First Medically Supervised Safer-Injecting Facility. *The Lancet Infectious Diseases*, 4(5), 301-306.

Wood, E., Kerr, T., Tyndall, M. W., & Montaner, J. S. G. (2008). The Canadian Government's Treatment of Scientific Process and Evidence: Inside the Evaluation of North America's First Supervised Injecting Facility. *International Journal of Drug Policy*, 19(3), 220-225.

Wood, E., Spittal, P. M., Small, W., Kerr, T., Li, K., Hogg, R. S., et al. (2004). Displacement of Canada's Largest Public Illicit Drug Market in Response to a Police Crackdown. *Canadian Medical Association Journal*, 170(10), 1551-1556.

Whyte, W. H. (1988). *City: Rediscovering the Center* (1st Anchor Books ed.). New York: Doubleday.

Ziarek, E. P. (2008). *Bare life on Strike: Notes on the Biopolitics of Race and Gender*. *South Atlantic Quarterly*, 107(1), 89-105.

Legislation Cited:

Controlled Drugs and Substances Act S.C. 1996, c. 19.