International Journal of Drug Policy 34 (2016) 72–79

Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo

Research paper

Supportive housing and surveillance

Jade Boyd [a,b,*], David Cunningham [a], Solanna Anderson [a], Thomas Kerr [a,c]

[a] British Columbia Centre for Excellence in HIV/AIDS, St. Paul's Hospital, 608-1081 Burrard Street, Vancouver, BC, Canada V6Z 1Y6
[b] Department of Sociology, University of British Columbia, 6303 NW Marine Dr., Vancouver, BC, Canada V6T 1Z1
[c] Department of Medicine, University of British Columbia, St. Paul's Hospital, 608-1081 Burrard Street, Vancouver, BC, Canada V6Z 1Y6

ARTICLE INFO

Article history:
Received 4 September 2015
Received in revised form 20 January 2016
Accepted 25 May 2016

Keywords:
Supportive housing
Addiction and mental health
Surveillance
Social control
Policing

ABSTRACT

Urban centres in the US, Britain and Canada have responded to identified visible 'social problems' such addiction, mental health and homelessness by providing some supportive housing for the urban poor and marginalized. While some critics have questioned what supportive housing specifically entails in terms of the built environment, what remains under explored, though a growing area of concern, is the relationship between surveillance and supportive housing for urban residents identified as having addiction and mental health problems – a gap addressed in this paper. Drawing upon qualitative ethnographic observational data we examine some of the measures of control and coercion that are encroaching into social housing primarily established for poor and marginalized people with addiction and mental health problems in the urban centre of Vancouver, Canada. We witnessed three modes of regulation and control, that vary widely, among the residencies observed: physical surveillance technologies; site-specific modes of coercion; police presence and staff surveillance, which all together impact the everyday lives of residents living in low-income and supportive housing. We argue that supportive housing has the potential to provide its intended commitment – safe and secure affordable housing. However, owing to an (over)emphasis on 'security', the supportive housing we observed were also sites of social control.

Introduction

In an era when national security state has grown exponentially, surveillance systems have emerged on a global scale under the pretext of safety and security, while measures of control and coercion have consequently become to some extent normalized. Measures of regulation and control also intersect with urban spaces where addiction, mental health and homelessness have increasingly been identified as social problems in western nations. In these neoliberal times, urban centres in the US, Britain and Canada have responded to these identified visible 'social problems' by providing some supportive housing for the urban poor and marginalized (Johnsen, Cloke, & May, 2005; Knight et al., 2014). Such urban housing environments have received increasing international attention as spaces that can benefit health as well as produce harm (e.g. Bullen, 2015; Flannagan, 2015; Knight et al., 2014; Nethercote, 2015; Powell & Flint, 2009). For example, harm reduction as a key component of social housing has been advocated to reduce risk and promote social inclusion (Pauly, Reist, Belle-Isle, & Schactman, 2013). However, some critics have questioned what supportive housing specifically entails in terms of the built environment (Evans, 2003; Kaplan, 2003; Knight et al., 2014; Parr, 2000). What remains under explored in this line of investigation, though a growing area of concern, is the relationship between surveillance and supportive housing for urban residents identified as having addiction and mental health problems – a gap addressed in this analysis.

More specifically, this paper draws upon qualitative ethnographic observational data to examine some of the measures of control and coercion that are encroaching into social housing primarily established for poor and marginalized people with addiction and mental health problems in the urban centre of Vancouver, Canada. Regulation and control, in this case, are shaped by an interrelational nexus of policy directives and institutional partnerships between law enforcement, health services, and housing (and welfare) authorities. Such partnerships are emblematic of what Foucault (1977) has outlined as the emergence of an expanding disciplinary society whereby surveillance (as a mode of

* Corresponding author at: Urban Health Research Initiative, B.C. Centre for Excellence in HIV/AIDS, University of British Columbia, St. Paul's Hospital, 608-1081 Burrard Street, Vancouver, BC, Canada V6Z 1Y6.
E-mail address: jboyd@cfenet.ubc.ca (J. Boyd).

http://dx.doi.org/10.1016/j.drugpo.2016.05.012
0955-3959/

investigation and knowledge accumulation) and social control (through the enforcement of norms) operate as diffuse mechanisms of power that serve to legitimate authoritative action. Erikson and Haggerty (1997, p. 3) further contend that modern police in nation-states "pervade contemporary social life" and are also knowledge producers of at risk populations.

Wacquant (2009, p. xxi), discussing what he refers to as the hegemonic neoliberalist security framework that has emerged in Europe and the U.S., outlines three main interlinked strategies to regulate the poor who are viewed as "undesirable, offensive, or threatening" – *socialization, medicalization and penalization*. These three modalities are a means of controlling the behaviour of those who do not conform to the neoliberal norm, such as those populations identified as poor, addicted, or mentally ill. *Socialization* reasserts the role of the state as responsible for dealing with the 'stain' of urban dislocation by such means as subsidizing or building housing rather than advancing structural economic change (Wacquant, 2009, xxi). *Medicalization* (re)defines homelessness as an individual pathology linked to addiction and mental health remedied through medical interventions. While the third strategy, *penalization*, effectively repositions the poor, homeless and precariously housed as criminal (abdicating their rights) through a combination of municipal ordinances (such as the outlawing of the establishment of harm reduction services or of sleeping in public (Bennett, 2012; Bernstein & Bennett, 2012; Chesnay, Bellot, & Sylvestre, 2013; Pivot Legal Society, 2013)). The effect of these modalities is a diversion of attention from the socio-economic roots of poverty (and drug prohibition), and its related social problems and an emphasis on individual delinquency and treatment – which in combination serve "as a conduit to criminalization at the bottom of the class structure" (Wacquant, 2009, xxii). Such strategies of intervention are evidenced in urban spaces where the visibility of addiction, mental health and homelessness has been reduced with an increase of 'spaces of care' such as the provision of emergency shelters, some supportive housing, and other means of 're-institutionalization and circulation' compatible with the comfort, containment and control of potentially disruptive populations (Conradson, 2003; DeVerteuil, 2003; DeVerteuil, May, & von Mahs, 2009; Johnsen et al., 2005). Indeed, such dynamics, including the pairing of medical and enforcement-based approaches, have increasingly been in play in Vancouver, Canada, which is home to a large population of urban poor individuals contending with mental health and addictions (Boyd & Kerr, 2015; Boyd, Boyd & Kerr, 2015).

We argue that supportive housing has the potential to provide its intended commitment– safe and secure affordable housing. However, owing to an (over)emphasis on 'security', the supportive housing we observed were also sites of social control (interconnected to legal and institutional concerns), rather than ones of social inclusion for people identified as having addiction and mental health problems. The following section begins by outlining our study's parameters and method, accompanied by a description of the setting, which situates the supportive housing sites observed. This is followed by a discussion of two law enforcement collaborative initiatives and institutional partnerships that shape social housing in Vancouver and which serve to frame the observational details of our findings that follow. We witnessed three modes of regulation and control that vary widely, among the residencies observed. The paper concludes with a discussion of some of the implications of our findings.

Methodology

This study draws from qualitative ethnographic observational data gathered between 2013 and 2015 in the Downtown Eastside of Vancouver, Canada of 15 separate low-income and supportive housing sites. These housing sites include emergency shelters, converted single-room occupancy hotels (SROs), and apartment facilities. Eleven of the residencies we visited are listed on the Province of British Columbia's supportive housing registry and the remaining four are privately run. The findings are drawn from a larger, ongoing program of qualitative research that explores the influence of structural and environmental forces on health and access to care among marginalized street-involved populations who use drugs (McNeil & Small, 2014).

Observation is an integral component to many critical studies about people who consume illicit drugs (Becker, 1963; Bourgois, 1995; Rosenbaum, 1981; Saldanha, 2007; Small, Kerr, Charette, Schechter, & Spittal, 2006; Small et al., 2011). It is an interpretive method that contributes to the building of descriptive and exploratory knowledge particularly in relation to social context (Hesse-Biber & Leavy, 2006). Firsthand observation is important as it requires one to get the "seat of your pants dirty in *real* research," a physical presence sometimes neglected in other methods of investigation (Robert Park cited in McKinney, 1966, p. 71). Of observational interest in our study were the neighbourhood, the exterior and interior of housing locations, and the people and activities in and outside of each site. As part of the observation of different housing sites the researchers also engaged in informal and unstructured field conversations with staff, residents, guests and others in the vicinity (such as on-site construction labourers) about the housing environments, including discussions pertaining to site rules, security parameters and police presence. Extensive fieldnotes were taken immediately before and after site visits and sometimes during visits (one researcher transcribing interactions while the other engaged in casual conversation). Upon entering housing sites or initiating informal discussions, a verbal script was used to inform participants regarding the research and to gain oral consent for observational activities and unstructured discussion. Confidentiality was assured and the voluntary nature of participation was stressed. The study was undertaken with ethical approval granted by Providence Healthcare/University of British Columbia Research Ethics Board.

In analyzing the data drawn from the fieldnotes, themes of regulation and control emerged as significant. The data was then coded to differentiate distinctive modes of regulation, specifically physical surveillance technologies (such as video cameras and gated entrances), site-specific modes of coercion (such as resident policies, rules and mandatory programs), and aspects of police presence and surveillance. The coding schedule was then analyzed in relation to the particular setting of the Downtown Eastside (DTES), as the area's particular social location (as a bounded urban space) and discursive framing (as criminal) provide a significant context in the data interpretation.

Setting and background

The problems of addiction, mental health and poverty are often believed to converge in B.C. most dramatically in Vancouver's DTES, Canada's poorest urban neighbourhood, located on unceded Coast Salish territory (Indigenous land that was never officially surrendered) (Boyd & Kerr, 2015; City of Vancouver, 2012, p. 8). While the DTES is home to a diverse population (with a sizeable Aboriginal presence), it is also a socially produced and contested space constructed by neoliberal economic policies, policing, health and housing initiatives, municipal, provincial and federal policies, historical power relations, and race, class and gender inequity (Anderson, 1990; Schatz, 2010). The area is also marked by urban decay, rapid gentrification, and a significant number of single room occupancy hotels (SROs), supportive housing, and many social support services (City of Vancouver, 2012). The neighbourhood includes a large open drug scene where a range of illicit drugs can be easily purchased (Wood & Kerr, 2006), and is often equated by