

Governmentality: A Theoretical Evaluation of Supervised Injection Sites and Consequent Police Practices

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PREFACE

CANADA is in the midst of a national health crisis. The opioid epidemic is one of the most current and devastating social issues impacting Canadian society today, having killed over 9,000 people since the start of 2016 (Canadian Institute for Health Information 2019). Additionally, in the past 10 years, the rate of hospitalization due to opioid poisoning has risen by 53%, placing an additional financial burden of 3.8 billion dollars on the Canadian health care system and emergency services combined (Canadian Centre on Substance Use and Addiction 2018). These, however, are not just statistics. These numbers represent a genuine threat to both the lives and quality of life of individuals, families, and communities across the country.

A proven solution to these alarming numbers of overdoses are supervised injection sites (SIS), a harm reduction initiative geared solely towards preventing overdoses, allowing addicts a chance to get to a place of recovery. However, for the demographic in need of this service, a community historically marginalised by the wider society, there are many structural barriers in place impacting their ability to access SIS. In light of this public health crisis at hand, a collaborative solution needs to be found.

With police being primary actors in the safety of all citizens, my master's thesis will examine the effects of police practices on addicts' drug-related behaviours specifically in relation to SIS. Based out of a Vancouver SIS, my study will be solely qualitative, with in-depth semi-structured interviews and focus group discussions with SIS users, SIS staff, and addiction experts informing the results. In addition, I will be incorporating 5 months of non-participant observation, producing an eye-opening account of the complicated relationship that exists between addicts and law enforcement.

By August 2019, this study will have produced results that can inform and potentially update police practices that best serve the needs of the community they are protecting. I believe that an anthropological approach to public health issues of this kind will produce unique findings that can be in the pursuit of partner-driven public health solutions to contemporary drug problems such as the opioid epidemic.

This paper will serve as a preliminary critical analysis of SIS, with the purpose of exploring the potential underlying political motives of this intervention. I will be using Foucauldian social theory of governmentality to analyse SIS with the aim of critically assessing whether they truly function in prioritizing the ideals of harm reduc-

tion as the primary motive of their service, or if SIS are in fact a political technology and police are extensions of this technology. I believe that it is extremely important to use critical lenses found within disciplines such as anthropology and philosophy to better understand and unpack underlying factors and motives for any new and potentially rushed intervention. To quote Foucault “my point is not that everything is bad, but that everything has the potential to be dangerous which is not necessarily the same as bad” (Foucault 1980, 343).

INTRODUCTION

This paper looks to present governmentality as a theoretical framework through which to evaluate supervised injection sites (SIS) as a ‘political technology’ and police as extensions of this ‘technology’. Firstly, after defining the aspects of governmentality relevant to this topic, I will discuss how SIS arose under the discourses of ‘public health’ and ‘harm reduction’. It will become clear that SIS were construed to fit varying political ideologies as a technology to cleanse public spaces of ‘disorderly’ drug use, thus safeguarding the urban environment as an attractive civil and commercial space. As a result, SIS can be understood as spaces of exclusion, immediately linking people to a marginalised population. Secondly, through the framework of governmentality, SIS can be contextualized as a powerful tool of surveillance and discipline that attempts to modify the lifestyle choices of drug users, with the aim of successfully conforming them to certain ‘acceptable’ behavioural traits. Thirdly, this paper will show that both in their aims and physical structure, SIS show many resemblances to Jeremy Bentham’s ‘panopticon’ design, later expanded by Foucault as a metaphor for government control. Lastly, once again using the lens of governmentality, I will demonstrate that police practices ironically work in opposition to the aim of SIS as a technology of control, as studies have shown that varying police practices can often limit the ability of drug users to utilize SIS. Governmentality will prove to be a useful tool to philosophically conceptualize both the

aims of this health care intervention and the role of the varying institutions that supposedly work in support of these aims.

GOVERNMENTALITY AND THE BASIS OF POWER

Governmentality is a concept originally developed by Michelle Foucault in his 1977-1978 lecture series: “*Security, territory, population*” (Foucault 1977). In this lecture series, Foucault was mainly interested in the foundation of power relations and wanted to understand the ways in which the state administered control over its populace. Governmentality refers to the art of government or the relations of power amongst the state and its people. Foucault identified three forms of power: sovereign power, disciplinary power and biopower. It is the latter two, however, that are of relevance to this paper.

Disciplinary power is characteristic of ‘modern societies’ and refers to the multitude of government institutions that sub-consciously inculcate us with both knowledge of how to behave and a fear of punishment if these behaviours are not abided by. These institutions include schools, prisons, hospitals, militaries and so forth. Disciplinary power is strongly linked to power-knowledge theory (Foucault 1980) that asserts that it is the institutions that create and disseminate knowledge, that in turn wield great control over its population as they can train people as to how they think, how they know to behave, their values and morals. By extension, this allows the holder of power to observe, analyse, and foster the psyche of the populace. Lilja (2008) explains that disciplinary power can be perceived as a

“system of knowledge that seeks to know the individual as an object to be known in relation to others who can be known. Thereafter, those deviating from the norm are defined as abnormal. The abnormal is subject to corrective or therapeutic techniques that aim to reform, fix or re-

habilitate it.” (Lilja 2008, 149)

Indeed, through this definition, we see that these government institutions are homogeneously schooling us to behave a certain way. When this fails, we are subsequently subjugated to a further set of institutions that correct us. This system of governmentality ensures “that non-conformity with the norm is punishable... to be equal is to be the same... to be different is to be inferior.” (Foucault 1991, 177)

The third and final form of power is Biopower. Biopower is an extension of governmentality relating to the health of a government’s subjects. The techniques of biopower function to “incite, reinforce, control, monitor, optimize and organize” (Foucault 1978, 136) all matters health-related, and thus the economic productivity of its subjects:

“Biopower is concerned with matters of life and death, with birth and propagation, with health and illness, both physical and mental, and... the optimization of the life of a population... the social, cultural, environmental, economic and geographic conditions... the family, with housing, living and working conditions, with what we call ‘lifestyle’... and the standards of living.” (Dean 2010, 119)

On the basis that people within modern day neoliberal societies are free entities, who in theory have agency over their everyday decisions, people are trained to believe they want to act in this way. In a sense, it feels very natural – but ultimately ensures the maintenance of social order. To put it simply, governmentality fosters a willing participation of the governed that is based on the active consent of the populace. This outlining of governmentality will prove to be extremely useful in contextualizing the aims of SIS.

GOVERNMENTALITY AND SUPERVISED INJECTION SITES (SIS)

Canada is in the midst of an opioid crisis. In response, both provincial and federal governments have adopted public policy geared towards harm reduction, with the aim of immediately lowering the number of overdoses being recorded. SIS have been a central component to this shift towards harm reduction public policy. With the sole aim of combatting overdoses, SIS are locations in which drug users have legal immunity for consumption of illicit substances and are watched throughout the consumption process by healthcare professionals. With nurses and doctors on site to act immediately in the case of an overdose, SIS have proven extremely effective, with not one lethal overdose being recorded in any of Vancouver’s SIS (Hathaway et al 2008).

Despite saving lives and meeting the unique needs of injection drug users, through the lens of governmentality, SIS can be perceived as an important apparatus of surveillance and discipline. Marking a shift from the “punitive repression of injection drug use” (Fischer 2004, 354), to one of harm reduction, since the late 1980s, the implementation of SIS have been a direct response to the global increase in the urban concentration of homelessness, crime, and litter (Flint 2002). Thus, in order to manage the risks associated with this urban demographic, SIS arose in an attempt to reshape urban spaces into socio-political entities of “competitiveness, commodification and attractiveness... regaining its appeal to corporate, young and wealthy citizens” (Fischer 2004, 359). Through a Foucauldian lens of governmentality, this process can easily be understood as an attempt to manage the risks pertaining to behaviours that not only fail to conform to societal norms but also run astray from the teachings of western biopower that have (or should have) been imparted on drug users. With this comes the ability for SIS, a government-funded institution, to survey and manage risks, with the aim of altering behaviours to fit those of the ideal citizen.

Accompanying the arrival of SIS, many cities experienced a local political movement of heavy gentrification, mobilising “decent citizens and

property owners to take back public spaces which had apparently been stolen by the disorderly, deviants and criminals” (Fischer 2004, 359). Within these new and attractive urban spaces, SIS sites became locations of belonging for a community being pushed to the peripheries of society. The SIS can now be seen as a place of exclusion, with drug users being displaced to this one location and treated by the wider community as moral outcasts. This is particularly true for the Downtown Eastside neighbourhood of Vancouver (DTES), the location in which I will be conducting my fieldwork. Neighbouring the city’s prosperous financial district, the DTES was a location of immense gentrification in the few years leading to the 2010 winter Olympics (Vanwynsberghe et al 2012). By examining the significance of SIS in regard to individuals’ interactions with these sites, with an equal importance placed on the moment in time at which the sites emerged, as well as the timeliness of their interactions, a much more holistic understanding of the motives and consequent outcomes of SIS is achieved. This historical context raises the question as to whether SIS arose truly under the pretence of harm reduction, or whether this was solely a ploy to up the prestige of the state and keep drug consumption out of the gaze of the public eye.

Furthermore, as a disclaimer, although not within the scope of this paper, for future theoretical analysis of this topic, race should be examined with the context of SIS. Shanklin’s (1998) “*The Profession of the Color Blind: Sociocultural Anthropology and Racism in the 21st Century*”, highlights the importance of addressing race when racial disparities are undeniably present. The foundations of anthropology are of complicity within the 19th century, colonial obsession in racial essentialism. Anthropology’s role was to legitimize these beliefs through science. Therefore, in present-day, many anthropologists display an unwillingness to address racialized issues within the field. Despite this, in British Columbia, with Indigenous populations five times more likely to experience an opioid overdose than non-Indigenous populations (First

Nations Health Authority 2018), this is a matter that should unequivocally be attended to by the discipline.

THE PANOPTISICM OF SIS

With governmentality presenting the external, stigmatising, and politically motivated goals of SIS, this section will describe the internal operations of a SIS. When making the comparison with Bentham and Foucault’s panopticon, it becomes clear that the internal operations perpetuate very similar motives.

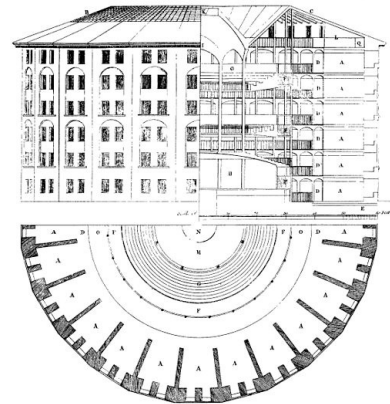


Figure 1: Jeremy Bentham’s panopticon penitentiary design (1791) (aleph.humanities.ucla.edu)

The panopticon is an institutional building envisioned in 1791 by the English philosopher Jeremy Bentham. More importantly, however, it is a system of social control. Bentham’s idea was adopted by Foucault and used as a metaphor, which he later introduced to his concept of governmentality. The panopticon is a design of a prison, whereby the inmates’ cells are ordered in a circular manner with a central observation tower looking in. This design allows for one guard manning the tower to see into all cells at any given time. The inmates, however, cannot see from their cell whether they are being observed or not. This design functions on the presumption that the inmates will, in turn, choose to behave in an orderly fashion due to the potential for constant observation (Crampton et al.

2016). Foucault takes this theory a step further by arguing that speeding cameras, random police checks, and drug tests for government jobs are all part of our panoptic society, whereby the potential for us to be caught ensures that we regulate our own behaviour to that of the ‘ideal citizen’ (Mckinlay et al. 1998).

Not only is the blueprint of SIS of extreme resemblance to that of the panopticon, but, the purpose of this design is to ensure that drugs are being consumed in a specific way. All SIS follow a near-identical design. They are medium-sized rooms, typically in a semi-circle with a nurse station in the middle and consumption booths along the outside. Each booth is equipped with a large mirror, allowing one health professional to monitor the activity of each drug user. Additionally, each station has an individual light whose switch is located at the nurse’s desk, ensuring that the drug user is always extremely visible. Furthermore, ignoring potential matters of privacy, nurses are instructed to walk around the room and coach the user throughout the consumption process; this ultimately ignores and undermines “many of the distinct social or cultural norms and dynamics embedded in the injection drug user’s world” (Fischer 2004, 360; Grund et al. 1996). Using feminist objectivity found in Haraway’s “Situated Knowledges” (1988), we see that there is no room left by health practitioners for the knowing of addicts of their own bodies. Whereas nurses are instructing users to consume drugs in a particular way, these individuals may very well have a better intrinsic understanding of what is required for their own bodies, something that science within the context of SIS cannot accept or accommodate. Furthermore, in busy locations, site users are often made to wait in ‘chill rooms’ before and after consumption where they are berated with information concerning treatment centres and further harm reduction strategies. Their time in each section of the process is controlled and recorded. The description given from both online journals and my own personal experiences of visiting such sites offers great insight on to the true objectives of these government-run health services. With

‘harm reduction’ being listed as the one and only purpose of SIS, drug users are under constant surveillance whilst simultaneously being subject to advocacy pertaining to the harms of their behaviour:

“The inner operations of SIS present themselves as infinitely detailed and regulated projects of knowing, tempering and reducing the risks related to drug use...factories of health.” (Fischer 2004, 360)

Both the use of the panoptic metaphor and the analysis of internal operations of a SIS have brought to question the end goals of SIS. Whereas ‘harm reduction’ is the sole, official motive, one can now suggest that it is ultimately to re-shape wayward citizens back to the formula of a productive, risk-free, healthy subject of the state.



Figure 2: Insite, Vancouver SIS, Vancouver Sun
POLICE, GOVERNMENTALITY AND THE IMPLICATIONS

When analyzing the police involvement in relation to SIS, police play a vital role, especially when considering their presence through the viewpoint of governmentality. Cross-disciplinary studies have shown that varying methods of policing greatly influence the ability of drug users to access SIS (Debeck et al 2008). These studies indicate that despite the alleged shift in policy from one of punishment to one of harm reduction, law enforcement across Canada, and in Vancouver specifically, greatly increased their presence in the surrounding vicinity of newly established SIS (Small 2006). As legal sanctity is granted to illicit drug users within these sites

and outside the facility they are treated as criminals, logically, a police presence would deter potential users from accessing these sites. As agents of the government, representing the interest of governmentality (discipline and surveillance), should police not be acting in a way that increases the chances of individuals being able to access SIS? In this instance, police are ironically working against the potential political motives of the state. From both the policing literature and my own experience attending public health and law enforcement conferences, police regularly position themselves as being supporters of SIS, despite constantly situating the community in need of this service as criminals and a threat to public order. The two ideals seemingly do not complement one another.

This however, is not the only area of irony pertaining to the management of SIS. Despite employing SIS strictly on the basis of ‘harm reduction’, drug users are still obliged to consume substances gathered from the black market. Within the current drug climate in Canada, and the spread of fentanyl, one would think that a first attempt at reducing overdoses would constitute providing a safe and clean supply. Not only does this render SIS paradoxical in its aims, but similarly represents a failure of these institutions in addressing the “primary cause for death among injection drug users” (Fischer 2004, 360), laced drugs.

This final section has shed light on the irony pertaining to the role of policing within the supposedly unified effort from policy makers, public health officials and law enforcement to promote and render SIS a success. Governmentality has been extremely useful in providing an alternative way to understand this seemingly progressive form of health care intervention. By presenting itself as an empowering facility with “an omnipresent air of concern for at-risk drug users” (Fischer 2004, 361), SIS can successfully be a location for surveillance and discipline without

addressing the surrounding structural, physical, and emotional issues that engulf the lives of illicit drug users. Despite claiming the moral aim of ‘harm reduction’, SIS fails to address permanent issues within the lives of addicts, instead tainting them with a sticker, indicating to the world that once they exit that door they go back to being members of a community that is to be marginalized, stigmatized, and not deserving of the same liberties as the rest of the public (Small et al 2007).

CONCLUSION

In conclusion, this paper has used governmentality to evaluate supervised injection sites (SIS) as a ‘political technology’ and police as extensions of this ‘technology’. Having defined governmentality and shown how the varying forms of power work within it, I contextualized the creation of SIS and ‘harm reduction’ policies as a means of rendering densely populated urban areas with an addicted and severely deprived socio-economic population out of sight from the new wave of affluent urban settlers. Next, we transitioned to evaluating the other potential motives of SIS and their consequences. Governmentality positioned SIS as both spaces of exclusion and powerful tools of surveillance and discipline. Thirdly, Bentham and Foucault’s panoptic design of state institutions exhibited frightening parallels to that of SIS and demonstrated how this design is not unique to penitentiaries. Lastly, once again using the lens of governmentality, this paper demonstrated how police practices often work in opposition to the aim of SIS as technologies of control. This suggests that police practices need to be re-assessed to increase their role in promoting SIS use. In light of this pressing national health crisis in Canada, if government control, surveillance, and discipline results in the saving of lives, then on this occasion governmentality should be seen as useful and necessary.

AUTHOR BIOGRAPHY

Ben Scher completed his BA in Combined Social Sciences at Durham University in the UK and is currently pursuing an MA in Public Issues Anthropology here at the University of Waterloo. His MA research uses a qualitative focus to analyze the relationship between law enforcement and drug users who frequent supervised consumption sites in the Downtown Eastside neighbourhood of Vancouver. In preparation for his fieldwork, this piece acts as both a critical analysis and philosophical evaluation of this health care intervention. In light of the current fentanyl epidemic in Canada, Ben is passionate about furthering public knowledge surrounding harm reduction strategies and producing research that can inform on progressive public policy initiatives such as supervised consumption sites.

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