

UCSF

UC San Francisco Electronic Theses and Dissertations

Title

Space, place, and young injecting drug users in San Francisco

Permalink

<https://escholarship.org/uc/item/8xc7d25h>

Author

Davidson, Peter J.

Publication Date

2009

Peer reviewed|Thesis/dissertation

Space, place, and young injecting drug users in San Francisco

by

Peter J. Davidson

DISSERTATION

Submitted in partial satisfaction of the requirements for the degree of

DOCTOR OF PHILOSOPHY

in

Sociology

in the

GRADUATE DIVISION

of the

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

Copyright 2009
by
Peter J. Davidson

For Pete Morse, who is much missed...

Acknowledgments

There's no way to truly list everyone who is somehow present in the room on the day a dissertation is filed. But here's an attempt.

Dissertations are in a way the embodiment of a lot of conversations. In a decade or more of working around and with people who are in some way engaged in the question of what it means to use (some) drugs in the early 21st century, there has been more conversations than I can remember. The following are people who I have clear memories of having the kind of conversations in which the way you think about something is fundamentally changed.

UFO and friends of UFO: Alya Briceño, Alice Asher, Bob Thawley, Paula Lum, Judy Hahn, Jennifer Evans, John Day, Kyle Ranson, Martha Montgomery, Gina Limon, Caycee Cullen, Kim Pierce, Dante Brimer, Kristen Ochoa, Ivy McLeland, Andrew Moss, Clara Brandt, Gina Hobson, Noah Gaiser, Ro Giuliano, Pamela Axelson, Shanel Coleman, Bridget Prince, Erin Antunez, Sugar Edwards and Anne Cassia.

San Francisco Needle Exchange: Everyone. But in particular, Mary Howe, Rachel McLean, Jennifer Dehen, and Steffan Haaby.

Wendy Loxley from the Australia National Drug Research Institute (and who, for the record, got me started on overdose work).

Pete Morse, friend and colleague, was part of a million conversations (and had the wonderful and terrifying habit of never forgetting any of them, no matter how liquid it all got), and also provided an unyielding example of how to always insist on not merely doing the right thing but doing it the right way.

I also want to particularly acknowledge Rachel Washburn, whose contributions to this project as both a colleague and life partner would take pages to list, all while finishing her own dissertation.

Finally, thanks go to my committee, in particular Ruth Malone and Kimberly Page, who both, in different ways and styles, went above and beyond.

This dissertation work was partially funded by a dissertation support grant from the California HIV/AIDS Research Program, Grant No. D06-SF-424

Space, place, and young injecting drug users in San Francisco

by

Peter J. Davidson

Abstract

This dissertation traces an ‘alternative topography’ of San Francisco, in which the roles of past and current judicial status, locations of key resources, economic strategies, the locations of usable public spaces, and recent and current relationships with others have become the crucial contours shaping the movements and practices of daily life for young, predominantly homeless people who inject drugs in San Francisco in the period 2003-2008.

The project utilized qualitative and quantitative interviews, ethnographic fieldnotes, historical and contemporary documents, and secondary data sources such as land use maps and census data. These data were analyzed using a grounded theory/situational analysis approach.

Substantiative findings include: how young homeless people sought to make money heavily shaped the ways they related to different parts of the city and how they moved between them, with substantial implications for public health interventions attempting to target this population; and that how people ‘know’ and ‘create’ places, and the processes by which those understandings are contested likewise heavily impact the ways people move through built environments, likewise with substantial implications for public health.

Full text at http://mouldypumpkin.com/dissertation/2009_Davidson.pdf

Contents

List of Tables	x
List of Figures	xi
1 Introduction	1
1.1 Opening scene	5
1.1.1 One day	6
1.2 Approaching life on the street	17
1.3 A note on labels and identity issues	18
1.4 Methods	19
1.4.1 Methodological approach	22
1.4.2 Primary data sources and methodologies	23
1.4.2.1 Quantitative interviews	23
1.4.2.2 Participant observation and Field notes	25
1.4.2.3 Qualitative interviews	25
1.4.2.4 Participant maps from qualitative interviews	26
1.4.2.5 Outreach worker maps	27
1.4.2.6 GIS data	27
1.4.3 Secondary Data Sources	28
1.4.3.1 Publicly available GIS data	28
1.4.3.2 Media reports	28
1.4.4 Additional materials	29
1.4.4.1 Tenderloin map	29
1.4.5 Ethical approval and considerations	29
1.4.5.1 Institutional Review Board approvals	29
1.4.5.2 Other ethical considerations	30
1.5 Overview of the dissertation	31
I Background	33
2 Judicial status and injecting practices	34

2.1	Introduction	34
2.2	Needle ‘exchange’: a brief outline	35
2.2.1	Operational normality	40
2.3	Judicial status	47
2.3.1	UFO and <i>de jure</i> judicial status	49
2.3.1.1	Warrants and bench warrants	49
2.3.1.2	Being stopped by police	50
2.3.1.3	Stay-away orders and restraining orders	51
2.3.1.4	Lifetime incarceration	52
2.3.1.5	Probation and parole	53
2.4	Judicial status and acquisition of needles	54
2.4.1	SII vs	60
2.4.2	Warrants	61
2.4.3	Incarceration	64
2.4.4	Probation or parole	64
2.4.5	Stay-away orders	65
2.4.6	Stopped by police	66
2.5	Conclusion	69
3	Historicizing the situation	73
3.1	Introduction	73
3.2	History of a ‘problem’	74
3.2.1	Historical background	75
3.2.2	The prohibitory impulse	88
3.2.3	Processes of problematization	92
3.2.4	Medicalization and responses to medicalization	96
3.2.5	Risk and governmentality	101
II	Street life	114
4	The economics of street survival	115
4.1	Introduction	115
4.1.1	Quantifying income sources	115
4.2	“Get a job”: panhandling	117
4.2.1	The daily grind	118
4.2.2	Clashing with the norm	123
4.2.3	Crossing over: panhandling as a connection to other activities	128
4.2.4	Panhandling spatiality	131
4.2.5	What panhandling ‘means’	133
4.3	“I kicked him on”: arbitrage and selling drugs	134
4.3.1	Dealing as a structural system	141
4.3.2	Arbitrage part II: beyond drugs	144
4.4	“Just run!”: boosting	147
4.5	Absence as data: sex work	155

4.6	Scrapping	157
4.7	Welfare	162
4.8	“Get a job” redux: the formal economy	167
4.9	Conclusion	170
4.9.1	Mental maps, embodied spaces, and their consequences	171
4.9.2	Embodied spaces and making money	179
5	Making places	182
5.1	Inscribed and created places	183
5.1.1	Inscribed spaces	183
5.1.2	Creating places	184
5.2	Carving out place: re-imagining the city and creating spaces	185
5.2.1	“Named places”	185
5.2.2	Created places: the Grey Wall	186
5.3	Through their eyes: young injectors and neighborhoods	195
5.3.1	Specific neighborhoods	196
5.4	The Tenderloin	197
5.4.1	The stain of the unreal	198
5.4.2	Through their eyes	201
5.5	The Castro	216
5.5.1	Community and exclusion	216
5.5.2	The other view	217
5.6	The Haight	223
5.6.1	A history in one thousand words	223
5.6.2	Another view	224
5.7	‘Neighbors’ and civilians	233
5.7.1	Background	234
5.7.2	Housed community initial reaction	235
5.7.2.1	Prop I meeting	237
5.7.3	Consequence	240
5.7.4	Interpretation	242
5.8	Conclusion	248
5.8.1	Spatial tactics	249
5.8.2	Experiential neighborhoods,	252
III	Making sense of it all	254
6	Conclusion	255
6.1	Implications	258
6.1.1	<i>Cepi corpus</i> (I have the body): the legal body and the law	259
6.1.2	Power as detritus	261
6.1.3	Spatiality, GIS, and the research gaze	262
6.1.3.1	Why is spatiality important?	263
6.1.3.2	Directions for future research: How do we ‘do’ spatiality?	264

A Qualitative probes	266
B Quantitative instrument	269
C HYA: A brief history	274
D Tenderloin coding 'map'	280
Bibliography	285

List of Tables

4.1	Sources of income	117
-----	-----------------------------	-----

List of Figures

2.1	Injecting supplies	42
2.2	Paths through the judicial system	54
2.3	SII density	62
2.4	SII vs warrants excluding secondary exchange	63
3.1	Bayer Drug Advertisement	77
4.1	Panhandling areas and specific locations	132
4.2	Steven’s map	152
4.3	Erica’s map	159
4.4	Fred’s map	164
4.5	“The Wiggle” Bike route	176
4.6	London, half-hour increments via public transport	177
5.1	The Grey Wall	187
5.2	UFO outreach near the Grey Wall: heat map	188
5.3	Downtown police stop heat map	192
5.4	City-wide police stop heat map	193
5.5	The White Wall	194
5.6	Map of the Tenderloin by subjective ‘Tenderloin-ness’	202
5.7	Slash’s map of the Castro	219
5.8	Police stops in the Castro	222

Chapter 1

Introduction

This dissertation is grounded in approximately ten years working in the public health field around major vectors of morbidity and mortality among people who inject drugs—more specifically, around heroin-related overdose and blood borne viruses such as hepatitis C and HIV. One of the key concerns of that field is why interventions designed to alleviate these causes of morbidity and mortality do not work as well as we'd like them to. As a specific example, needle exchange is now one of the most studied public health interventions of the past thirty years. In cities such as San Francisco, which has at least one needle exchange open every day of the week, injectors theoretically have the ability to get enough needles to use a new needle for every single injection, and therefore blood borne virus transmission rates could theoretically also drop to zero. In a cohort of young injectors I've worked with for the past eight years, the hepatitis C incidence rate runs at around 25% per person year—if one hundred individuals test negative for hepatitis C at the beginning of the year, twenty five of them will test positive by the end of the year (Hahn et al., 2002).

The public health literature on why this intervention (needle exchange) has not eliminated hepatitis C among people who inject is large, and covers everything from the role of fear of arrest for possessing needles to the opening hours of needle exchanges.

When I began this project, I had another idea. In 1913, Trowbridge (Charles 1913) had conceptualized the idea of “imaginary maps”, which articulated the idea that the mental understandings people had of space did not necessarily directly ‘map’ to physical space—that the relations of geographic locales were as much related to conceptions of them as to physical distance and orientation. These ideas were developed significantly by the geographers Peter Gould and Rodney White ([1974] 1986) in the 1970s and early 1980s. Gould and colleagues explicitly developed ‘mental maps’—cartographic representations of the relationships between geographic objects in peoples minds, rather than by physical distance. People’s experiences were understood to shape and alter their mental maps—someone who lived in Oakland, for example, might see San Francisco as close and easy to get to; someone who lived in San Francisco might see Oakland as distant and difficult to get to. The San Franciscan might change her or his perspective if they held a job in Oakland for a while, or had some other reason to commute there regularly.

I saw this concept of ‘mental maps’ as having bearing on the question as to why injecting drug users might or might not make use of public health interventions; a new addition to the literature on barriers to effective use of needle exchange and similar programs. I hypothesized that people who inject drugs, particularly the homeless youth I worked with in the prior decade, were usually highly mobile, and that their movements through the city on a daily basis would be shaped by the mental maps they had of the city; further, that

their patterns of movement would have an impact on their ability to access programs such as needle exchange. If the exchange in the Haight is only open for two hours per day in the early evening on only three days a week¹, and if a person who slept overnight in the park every night nonetheless spent most of their days downtown because the panhandling was better, or they were avoiding the group of young people who frequent the front of the park during the day who drink and then beat up people they perceive to be ‘junkies’, or they had a stay-away order from the police, then that person would not actually be in the Haight during the opening hours of that exchange, and the ‘intervention’ of that particular exchange would be limited to whatever needles they could get second hand from other injectors.

A second aspect of life among young injectors that was firmly in my mind as I began this project was interactions with the judicial system, and, more specifically, what I will be calling their ‘judicial status’. By this, I mean documented aspects of life such as having warrants out for one’s arrest, or being on probation or parole, or otherwise having a ‘status’ which may play a role in mediating future encounters with police. Anecdotally, I would hear people at UFO field sites talking about how they were avoiding certain locations because they were on probation and as a condition of their probation could not visit certain parts of the city. Or that people were only obtaining one or two needles each time they visited a needle exchange (instead of the dozens or hundreds they actually needed to meet their injecting needs) because they were on probation and did not want police to easily be able to establish they were using drugs again (one or two needles are hide-able; hundreds are not). Finally, in previous work, my colleagues and I had described associations between exposure to incarceration and acquisition of hepatitis B and C, also suggesting potential connections

¹Monday, Wednesday, Friday from 5pm to 7pm, in fact.

between exposure to the criminal justice system and other behaviors (Kittikraisak et al., 2006). From this background, I saw judicial status as something with the potential to shape the ways people moved around the city, and these patterns of movement as having the potential to influence whether a given individual could or could not acquire needles or otherwise access services which might help reduce morbidity and mortality associated with life on the street.

In the process of following these ideas, I interviewed young, predominantly homeless people who injected drugs about their movements around the city and the reasons behind those movements. I also collected multiple other forms of spatialized data, such as the last location UFO participants had been stopped by police for any purpose, and so on.

As I began analysis, I realized (as is common in such projects) that the interview transcripts and other data sources were not taking me in the direction I had envisioned. What I was getting was not a picture of how mental maps and physical movement shaped access to public health interventions, but rather a larger picture of a group of people simply making their way in the world. It might seem obvious, but needle exchanges and similar public health programs play tiny roles in most people's lives. People have often extremely good relationships with needle exchanges and similar; they may valorize needle exchange and those who work there when asked, but none the less, needle exchange is a very small part of their lives. For those who spend their days designing and implementing public health projects designed to reduce morbidity and mortality, particularly in a social and political environment as hostile to illicit drug use as the United States, it's hard *not* to think about needle exchange, just as for dentists it's hard not to think about preventative dental care

and the consequence of not doing it. For those on the receiving end of such interventions, it's a more casual thing—how much time do most people spend thinking about dental hygiene?

This dissertation, then, has become an exercise in describing the lives of a group of predominantly homeless young people, most of whom were using a variety of injectable drugs at the time they spoke to me. The issues on which this dissertation focuses all still have describable or at least potential impacts on people's relationships to service provision which targets them. This dissertation still contains a heavy focus on the role of the spatial; however, the relationships between service provision and 'mental maps' are no longer pre-eminent in the way I expected them to be when I began.

1.1 Opening scene

This dissertation is, as much as anything, a walk through the lives of a specific group of people. There is a focus on explicating specific factors which influence their lives and their responses to those factors. Many of these factors will necessarily be alien to readers who have not been homeless or have not been embedded in worlds in which serious engagement with judicial systems is a common occurrence, or in which the use of illegal, expensive, and physically addictive drugs is entwined in daily life. Since most of the concepts explored in this dissertation are discussed in partial isolation, the overall picture of a 'normal' day becomes lost.

In order to provide a narrative backdrop for what follows, below is an 'ordinary day' for a pair of young homeless heroin users. It is essentially an amalgam constructed from answers to the qualitative probe question "Tell me about your day yesterday."

1.1.1 One day

Jane and her partner Jack wake up in a camp they've constructed on the North side of Golden Gate Park about halfway down towards the beach. Until a few days ago, they were in an SRO [single room occupancy hotel] in the Tenderloin, but had been evicted after an argument with the hotel manager in which they accused hotel staff of helping people break into their room on a regular basis. They were actually somewhat relieved to be camping out again—the weather is good at the moment, their stuff isn't being stolen, and it's giving them a break from the expensive temptation of being right across the hallway from a crack dealer. They'd move their stuff from the SRO to the campsite using a shopping trolley they'd stored in their room “just in case”. They've camped out in the park before many times, and have learned the basic rules to being left alone by police and Park employees—don't camp up towards the front of the park, or police from the Park Station will wake you up and make you break down your camp and often write you tickets (but they're “too lazy to walk any further back than about 4th Avenue”); and make your camp as neat as possible, or the employees of San Francisco Recreation and Parks (usually rendered as ‘Park and Rec’) will call the police to ticket you for illegal camping and will dump your belongings in the trash while you're busy with the police.

Both Jane and Jack are daily heroin users at the moment, and since it's been almost 12 hours since their last shot they're already beginning to feel the physical effects of withdrawal. Yesterday they hadn't made much money, so what little heroin they'd been able to get is long gone. Jane is keen to get down to the Haight to start panhandling, but Jack, who has a bigger habit at the moment, wants to see if he can extract a last little bit of

heroin from the cotton balls used to strain the heroin they'd used yesterday. Jane tells him she'll be down near the Red Vic [a cinema on Haight street] and heads off. Jack gathers one of the cookers they'd used last night, puts the tiny cotton balls they'd saved from yesterday in the cooker with a little water, and pounds and grinds at the wet cottons with a cap from a needle². He draws up the water into the needle and spends several frustrating minutes trying to get a vein, before finally finding one and injecting. He heads off to find Jane, who, it turns out, isn't in front of the Red Vic.

Jane had gotten to the Red Vic, but since it's still early most of the foot traffic is shopkeepers and merchants opening their stores, not exactly promising for panhandling. More to the point, none of her friends, who might have had some heroin or at least some pills, seem to be around either. She knows from experience that Jack will take a while to show up, even assuming he doesn't decide to head somewhere else entirely, and decides to go downtown—the morning business crowd will be there and she'll probably bump into a few people she knows anyway. She gets on a bus headed down Haight, and begs the driver to let her go “just a little way” for free. The driver rolls his eyes, but lets her on.

Jack waits for five minutes or so, but figures Jane has probably either met up with someone or headed downtown. Either way, he still needs to get well—the shot of pounded cotton took the edge off feeling sick, but only just, and even that isn't going to last long. He figures he may as well head downtown himself—he'll bump into Jane somewhere. He walks up Cole Street to the MUNI light rail stop at Carl Street, and jumps on the second car. He never has much luck talking his way onto busses, at least when he's not with Jane, but you

²For those readers interested in injection practice minutiae, I asked a group of UFO participants sitting around the waiting room of UFO whether they'd heat cottons if they were pounding them—the consensus was “only if they were someone else's, just in case of HIV” (fieldnotes 3/1/2009).

don't have to get past a driver on the light rail system. The train rolls through the Buena Vista tunnel, and he contemplates whether to get off at the Church Street stop. He might bump into someone he knows hanging out near the Safeway there, but panhandling in the area has been hard lately because the cops are on some sort of crackdown again.

Jane stays on the bus all the way down Market to Second Street, and heads for the Starbucks just off Market. Her favorite spot used to be in front of a UCSF building on New Montgomery, but the building was converted to apartments and now the concierge chases anyone off who panhandles there. Around by the back of the Starbucks she finds some scrap cardboard and a disposed cup, and sets herself up in front of the store to panhandle. Pulling a Sharpie out of her pocket, she sits down to make a sign. If she was in the Haight, it'd probably be something designed to amuse tourists: "Ninjas killed my parents—need money for Kung Fu lessons" or the jokingly direct "Why lie—need money for beer and drugs!" Downtown is a different market, so she goes for pathos with a touch of the religious: "Starving. Need money for food. Anything helps. God Bless."

Jack gets off MUNI at the Powell Street station. The station opens into a combined BART/MUNI station, and has an exit which runs straight into San Francisco Shopping Center, a mall with a lot of upper and mid-level stores. He heads the other way, towards Hallidie Plaza and the Powell Street cable car turntable. It's an area with a number of attractions—there's always tourists there for panhandling, there's usually people there buying goods who will take whatever you just got from a nearby store, and people he knows are always hanging out there. Sure enough, he sees Dave, someone who he's done boosting [shoplifting] with a lot of times. He's well dressed today, and busy doing the "my wallet got stolen and I'm

trying to get BART fare home” routine on some tourists. He waits until the guy has finished thanking the tourists and moves into his line of sight. “Hey man.” “How you doing?” “Pretty shitty. Trying to get well.” Dave starts talking about a buyer they both know, and that he’s been offering a premium for size 32 Blue Cult jeans. The discussion moves to what stores they know that carry the brand and what the store security is like, and whether it’s worth it—if the guy who wants them isn’t around when they have the jeans, they won’t get much for them at all because the size is kind of odd and the brand is a niche brand. Dave mentions one small boutique store that carries the brand, but Jack isn’t keen—he’s hit that store a couple of times recently and is pretty sure the LD [loss control employee] recognizes him now. Dave suggests another one. Jack agrees, and they come up with a routine. Since Jack looks like he’s been sleeping in the park, he’ll attract a lot of attention as soon as he walks in. They decide that Dave should go in first and find the jeans, then Jack should walk in and ask to use the bathroom. As soon as store employees are distracted throwing him out, Dave should grab the jeans and leave. Dave will get most of the money for taking the risk, but they’ll be getting drugs together immediately afterwards and Jack knows Dave’s not much good at injecting and will probably need Jack’s help, and that he can probably control the process enough to get more of the drugs anyway, so he’s not that bothered.

Jane has a good hour or so panhandling—the improvement in the weather seems to have cheered up the office crowd, and she makes money fairly quickly without anywhere nearly as many abusive comments as usual, and no cops or store owners have been by to demand she move on. Someone gave her a slice of pizza as well. Once she has enough for a buy, she heads up to the Tenderloin to score. At first she can’t find any of the usual

people she and Jack buy from, but she eventually sees someone they've bought off a couple of times. Her dope isn't usually the best, but at least she won't have to put up with the sexually suggestive remarks she usually gets when she buys alone from the predominantly male dealers. There's a social service agency nearby, and they've just opened their drop-in medical clinic for the day, so she goes and asks to use the bathroom. Once in the bathroom, she gets her injecting equipment out—a needle, a cooker, a twist tie to hold the cooker, a water bottle, and one of the cotton balls left over from last night. She knows the clinic gives out needles and alcohol wipes to people who ask, even though they only have a needle exchange two evenings a week, but she didn't want to ask for equipment from them because it'd be obvious what she was going to do in the bathroom. She cooks up the heroin and begins the frustrating process of trying to find a vein. Five minutes later, she has several dribbles of blood on her arm, blood beginning to clot in the needle, but no vein. A staff member bangs on the door: "Hey! There's other people waiting out here—you've got two minutes!" Cursing, Jane tries again. This time she finds the vein and manages to keep it for long enough to finish pushing the plunger in. It stings a little—the vein was punctured more than once during the initial digging, and the heroin mixture is leaking into the surrounding muscle and fat, and beginning to bruise. She drops the needle into the sharps container the clinic has bolted to the bathroom wall, and stumbles out, the heroin already taking hold.

The boost goes more or less as planned, to Jack's vague surprise. He's increasingly dopesick and desperate by the time he makes his entrance into the store, so making an attention-getting fuss when the employees intercept his beeline for the bathroom is easy. He's yelling at the top of his voice about how evil people are to try and stop a sick man

going to the bathroom when out of the corner of his eye he sees Dave calmly walking out the door with a small bundle under his arms. Making a last impassioned protest about being ‘grabbed’ by the store detective, he allows himself to be hustled towards the door. Thirty seconds later, the two of them are running down the alley behind the shop, laughing about how easy it was. Jack stops at the end of the alley and vomits, the running having really not helped with his dopesickness. The two head back to Powell Street to look for the fence who wanted the jeans. He doesn’t appear to be around, so they meander up the Street towards Civic Center and the open-air market that usually goes on in front of the Carl’s Junior, Jack on a ramble about how screwed this is and how it’s going to really suck if they can’t find the guy; Dave annoyed and trying to calm him down. The guy is there, right in front of Carl’s Junior, and gives them \$40 for the jeans after making a big show of inspecting them for stains. Fifteen minutes later, the two enter the Space Toilet beside Civic Center BART station, and set up shop on the floor. Between the two of them, they have all the necessary equipment, although all of it has been used before. Jack has a needle he’s only used once, but he knows he has hepatitis C. Dave claims he doesn’t have hepatitis, but his needle has been used repeatedly. Jack figures he’ll be fine since he has hepatitis already, and besides, everyone knows barbed needles are better because they don’t punch out the other side of the vein so easily. They flush the needle once with water for appearances and get down to business. Jack cooks the dope in a cooker he’s been carrying around for ages, then draws the whole shot into Dave’s rig. He and Dave have a brief argument about what order to go in—Dave wants to go first, since it’s his rig and most of the money was his, Jack counter-argues that he’s so dopesick if he doesn’t get a small shot he’ll be shaking too

hard to successfully inject Dave. Dave wins the argument. Jack finds a vein quickly—Dave’s ineptitude means he has a whole bunch of untouched veins down the back of his arms—and draws back on the needle to register. Dave is looking away squeamishly, so he deliberately draws more blood into the syringe than he really needs to then pushes the plunger back in slowly. He pulls the needle out and starts digging in his own arm. Dave notices that there’s still more liquid in the barrel than there’s supposed to be, and complains. Jack pulls the needle back out of his arm and offers it to Dave. Dave, frustrated, and already feeling the effects of the heroin he has received, decides not to take the risk of injecting again with a needle that someone with hepatitis C has just used. Jack resumes injecting.

Jane wanders down towards the Grey Wall, a stretch of boarded-up storefront on Market Street near Civic Center. There’s a bunch of people there already who she knows, along with their dogs and backpacks. She says hi to people and sits down, leaning back against the wall to relax and nod out a little. After a while, Jack wanders up and sits beside her. They trade stories about the morning. Jane still has some money, which she gives to Jack. He goes into the 7-11 just near the Wall and gets some malt liquor and food. They relax at the wall for a while, trading gossip with others and passing the liquor around. The immediate need to get money for heroin has passed, and they don’t have anywhere else in particular to go. Hours drift by. People come and go. In the early afternoon, foot police turn up at the wall and tell everyone they need to move on. “What for?” “Or we’ll book you for aggressive panhandling. You’re within 30 feet of an ATM facility.” “What ATM?” “The one in the 7-11.” Grumbling, people gather themselves and their belongings and begin to disperse. Jane and Jack and a couple of others decide to walk up Market to Church so they

can get jump the MUNI light rail back to the Haight.

As they walk up Market, Jane suggests they go to the Castro for a while rather than the Haight in order to panhandle. Jack disagrees—the Castro might be better panhandling, but the store owners and residents there call the cops almost as soon as you sit down, so you never get to stay there for long. They argue about it as they walk up the Street, but arrive at the Safeway at Church and Market before any real resolution. There's a couple of people they know hanging out at the recycling center at the back of the Safeway, waiting for it to open so they can sell the shopping trolleys full of cans and bottles that they'd collected. They chat with one of them, Adam, who is stressed out because he got separated from his girlfriend last night while they were scavenging out in the Avenues, and he hasn't seen her since. They'd both been on a bit of a speed bender for the last few days and his girlfriend sometimes goes psychotic when she hasn't slept for four or five days and winds up being arrested or worse. Between his anxiety about his girlfriend and the fact that the two or three hours sleep he'd got that morning had been his first sleep in days, he's not looking that great himself. Jack and Jane promise to keep an eye out for her, and suggest he try the other recycling place down at 3rd Street if she still hasn't shown up after the Safeway recycling center opens—they take a lot wider range of metals and recyclables and she might have found something last night that she needed to take to 3rd Street to cash in.

The N-Judah MUNI comes out of the tunnel beside Safeway, and, decision made by the availability of transport, they jump on the back car. Getting off fifteen minutes later at Cole Street, they stroll down to Haight Street. It's close to four o'clock now. The Homeless Youth Alliance drop-in at Haight and Cole is open, so they drop in briefly. One of the case

workers there had been helping Jane get her ID replaced—her last one was in a bag that got stolen, and she needs ID to do almost any of the things she'd like to do in the next year or so, from getting drug treatment to doing classes at community college—and she wants to see if it's turned up in the mail yet. There's also food—loaves of bread and peanut butter and jelly, so they make themselves sandwiches. There's a lot of people jammed into the drop-in, and they both say hi to a few people, but there's no-one there they're really hanging out with at the moment. It's the wrong day of the week for needle exchange but Jack asks one of the caseworkers, who goes and gets a brown paper bag with a standardized 'kit' of needles, a cooker and tie, sterile water ampoules, alcohol wipes, and cottons so they'll have something to last them until tomorrow when the exchange is in full operation.

Wandering up towards the park, they finally decide to panhandle for a while near the Red Vic. The fog has come in and the weather is now much cooler than it was earlier in the day, so the tourists and shoppers aren't walking in quite the same leisurely way they were earlier in the day. None the less, people still stop to give them money. One guy, who they've come to recognize as one of the waiters at a nearby cafe, stops to chat briefly as he drops some money in the cup. Shortly afterwards, as a tourist stops to drop a dollar, one of the housed residents of the neighborhood, who they've seen before a lot, harangues the tourist for 'encouraging' Jane and Jack, claiming that giving money to panhandlers 'enables' them to stay on drugs and on the street. Jack yells and jeers at the resident, calling her a bigot and a fascist. She starts yelling back, something about homeless people having no respect and shitting on her stoop. Jack yells that he'd shit on her stoop every night if he could; Jane and some of the surrounding tourists are giggling, but the original tourist who

stopped to give money has left, and there's a couple of cops beginning to look interested down the street. The resident also leaves, clearly fuming, and Jane and Jack decide it's time to move on before anyone forces them to. Besides, they have enough cash for a single hit of heroin, which will at least make them comfortable for the evening.

Finding someone to buy from is easier said than done though—there's not as many heroin dealers in the Haight as there are downtown, and none of them seem to be around. They set up to panhandle again a few blocks closer to Masonic street and talk about what to do as they panhandle. Jack suggests he go downtown with their money and buy, while Jane heads back to their camp. Jane refuses—she knows that Jack is just as likely to shoot whatever he gets and come back with some story about being ripped off. As they continue to argue about it, neither really wanting to go downtown again, they're surprised by a couple of undercover cops who are suddenly in front of them and pulling their badges. Normally they would have spotted them and at least been ready for it, but their argument had distracted them. Jack is on probation from being busted for a boost he'd done last year, and as a standard condition of taking probation, he'd waived his 4th Amendment right to a 'probable cause' requirement for the police to search him. The undercovers know both Jack and Jane, and know Jack is on probation so search him. "Any sharps in your bag or pockets?" "No." "There better not be. If I get stuck you're really in the shit." The kit they'd gotten from the drop-in earlier is in Jane's bag. Simply possessing it isn't illegal any more, but if they find it, it means Jack is violating his probation conditions—if it's on him, it's evidence he's using drugs; if it's on Jane, it's evidence he's associating with drug users, and either of those would be sufficient to put him back in jail. However Jane isn't on

probation and they leave her stuff alone, not something they'd taken for granted, but today it seems to be fine. It's unclear what the undercover are after. It doesn't seem to be routine harassment, because they're not yelling or making threats anywhere near as much as usual, and the search of Jack and his stuff is pretty perfunctory. Finally one of the undercover asks in an offhand sort of way "have you guys seen Sinbad around lately?", referring to the street name of someone they actually know quite well. "No", they both answer reflexively. "Well we think he was around when that kid got stabbed downtown last week. We just want to talk to him. So if you see him, let him know we're looking for him."

Mention of Sinbad had put them in mind of the corner of Market street where he usually hung out, right near a cluster of people who sold heroin, and both Jack and Jane suddenly decided it was worth going back downtown to score. They walk briskly up to the Cole street N-Judah light rail stop and jump on the next inbound train. Getting off at Powell twenty minutes later, they hustle down toward the corner they'd been thinking of. As it happens, Sinbad is actually there, still panhandling, and complaining about how he hasn't quite made enough money to score. They tell him the cops in the Haight are asking after him, and then Jack asks "hey, are you still in that squat on Second street?" "nah, that got shut down, but I'm in a new one even closer." Jack suggests they take the money Sinbad has raised, add it to the money he and Jane have raised, in exchange for him and Jane crashing at Sinbad's new squat. Sinbad readily agrees, and he and Jane wait on Market street while Jack walks up the block to get the drugs. Ten minutes later the three of them head to the squat. Sinbad went to a needle exchange a day or so ago, and still has hundreds of needles, so they cook the drugs in a cooker and use one new needle to draw all

the solution up and disburse it into three other rigs (by removing the plungers and squirting the solution into the barrel before replacing the plunger). As she drifts off to sleep, she hears Jack and Sinbad talking about some TV show they'd both watched as kids, repeating lines from it and laughing.

1.2 Approaching life on the street

This dissertation is ultimately a type of situational analysis (Clarke, 2005), an evocation of what is 'in' the situation described above. Situational analysis makes heavy use of 'maps', as a specialized form of diagramming, a common analytic tool used in grounded theory. This project also makes heavy use of maps—both in the sense used in situational analysis as well as in the more traditional cartographic sense.

Situational analysis treats the situation as the fundamental unit of analysis, and one of the key analytic decisions made in situational analysis is to define what is and is not 'in' the situation. By deliberate choice, most of the elements of the above story are in the situation being explored in this dissertation: the high level of mobility; the degree of flexibility shown by the protagonists in responding to events, resource availability, and their own interests throughout the day; the way in which the set of needs which drive a lot of the action (particularly the need to use heroin) are different from the needs which drive those in the broader society in which they are embedded and must operate. The use of a wide range of strategies to meet those needs. The slight disjuncts between the aims of service providers and the actual needs of people who need to use drugs. The nature of interactions with police, passers-by, housed residents of neighborhoods through which they pass, retail

employees, service providers, and other young people in similar situations as themselves. All of these will be dealt with to a greater or lesser degree elsewhere in this dissertation.

1.3 A note on labels and identity issues

Throughout this dissertation, I've struggled with what term to use to identify the group of people most of this dissertation revolves around. Initially I used the same term used in epidemiologic work I've done—'young injectors'—because it's succinct and because it describes two fairly relevant things in their situation. Most of them are 'young': the median age of those who participated in a quantitative interview was 22; the median age of those who I interviewed qualitatively was 25. All of those I interviewed qualitatively had injected drugs for at least three years, although some of them were not injecting on a daily basis at the time I interviewed them, and one had stopped completely for over six months. However, in many ways such a label reduces people to an aspect of their behavior. 'Youngish people who happen to inject drugs sometimes' might be more accurate, but lacks the rhetorical utility of 'young injectors'. Even then, there is the problem of over-inclusion—the people I interview are members of a loose community, and certainly not representative of all young people who inject drugs in San Francisco, let alone in the wider world. Throwing qualifying adjectives at the problem helps slightly, although each adds its own problems of specificity: 'homeless' seems useful at first, but many are not entirely on the street; 'marginally housed' might be more precise, however again we have the problem of reducing human beings to some small aspect of their lives which happens to be currently foregrounded in national policy. Ultimately I settled on 'UFO participants' (see below), as this says little about them

other than that they were willing to participate in a study and met some inclusion criteria at the time of their enrollment, which in most cases was several years prior to these events. For the most part, this label will be used, however at some points, for one reason or another, people's relative youth and the fact they currently inject is actually relevant to the discussion and the term 'young injectors' is still used.

In the following section, I will describe in detail the methods used to approach these issues, before giving an overview of the dissertation.

1.4 Methods

In many ways the primary data sources of this project are opportunistic. On entering graduate school in 2003, I had been the project director of the 'UFO study', a longitudinal epidemiologic study of (among other things) hepatitis C transmission in young injecting drug users for a year, and had worked on the project since arriving in the United States at the beginning of 2000. The then-Principal Investigator, Andrew Moss, had encouraged me to extend work I had done in Australia and to add questions to the 'instrument' (the term used to describe quantitative survey forms in epidemiology) administered to all UFO participants every three months about heroin-related overdose. I later published three papers on this topic, two as first author (Davidson et al., 2002, 2003; Ochoa et al., 2005). The current Principal Investigator, Kimberly Page, also encouraged me in the same way, allowing me considerable input on the questions included in the UFO instrument. As I was formulating the questions underlying this thesis, it was clear that the opportunity to include longitudinal quantitative data from a large sample of young people who inject drugs was

not to be missed. Having said that, my initial training in Australia was qualitatively oriented, and while several years embedded in an epidemiological project had given me a new appreciation for the value and possibilities of quantitatively oriented research, they had also impressed on me a sense of their limitations. Even without the heavy qualitative focus of the UCSF sociology doctoral program, I would have gravitated toward qualitative methods for this dissertation project as the best means to explore the questions I had.

The access to UFO study participants is probably the single most opportunistic component of my primary data. Along with access to the quantitative data coming in from the study (and the opportunity to include questions specific to this project in quantitative data collection), I also had access to the population for qualitative interviews and the ability to gather fieldnotes while at UFO field sites conducted every week, simply because I was already there as project director of the study. As well as simply being present, I had by the beginning of data collection for this project, been ‘at site’ for over five thousand hours, and had developed trust relationships with many of the hundreds of young people who were in the longitudinal arm of the study and hence returning to site on a regular basis. Additionally, I was also the board chair of the Homeless Youth Alliance (HYA), a youth drop-in and needle exchange located in the Haight. A huge proportion of UFO participants were also clients of HYA, and in my capacity as Board Chair and general volunteer, I also spent a lot of time just ‘hanging out’ at the Haight drop-in and the needle exchange, chatting with UFO and HYA participants and generally “seeing and being seen”. This also meant, in a city as small as San Francisco, that I regularly encountered UFO participants in public places. There is an existing body of practice around how ‘service providers’ should engage with ‘clients’ they

encounter randomly on the street; as someone whose context for knowing most people was in a service provision or allied context, I followed it as best I could—in short, if the person is alone, say ‘hi’ and wait for them to indicate they want further conversation; if others are present that you don’t recognize, then don’t even make obvious signs that you recognize the person until they acknowledge you, in case revealing their relationship with you would either interrupt whatever social dynamic they are involved in in a negative way (scaring off a John for someone engaged in sex work, for example) or indicating a relationship they might not wish to disclose (“hey, I didn’t know you were in the UFO study—I thought that was just for people who inject drugs?”). Following field sites and (often) following random street contacts, I’d write fieldnotes (see below for details of formal Institutional Review Board approvals and consent processes associated with this work). I did not write fieldnotes following time spent at HYA, firstly because I was usually there to interact with staff rather than volunteers, so was not hearing the kinds of story that I was hearing at UFO and on the street, and secondly because I had never discussed the possibility of being present in an ethnographic capacity with either staff or participants at HYA.

Another purely opportunistic data source was the notes, media coverage, and emails I collected in my capacity as Board Chair of HYA during a period in 2007 when we were attempting to move the needle exchange and faced considerable political resistance from some housed residents of the Haight neighborhood (see Chapter 5, page 233 ff for a more detailed description of these events). Since my work was already attempting to address relationships between homeless youth and other members of the community, these often highly charged events were an immediate and obvious source of additional data, and I took

extensive notes throughout this period, also collecting flyers, emails, newspaper articles, and similar publicly available documentary evidence.

In the following sections, I will describe each of the above data sources in more detail, including (where appropriate) sample sizes and analytic approaches utilized to explore the resulting data. Finally, I will discuss ethical issues associated with this data collection and describe formal ethical review processes relevant to this work. Firstly however, I will describe the overarching methodological approach utilized for this project.

1.4.1 Methodological approach

Data collection and analysis for this project were shaped by grounded theory/situational analysis. Grounded theory is an analytic methodology which allows qualitative data to be systematically gathered, described, and analyzed, with an emphasis on theory generation. Key components of the process are the sampling process, the ‘coding’ of materials gathered along thematic lines, and the reflexive, iterative nature of data collection in which emergent themes help shape the researcher’s ongoing data collection efforts (Glaser and Strauss, 1967; Strauss, 1987; Strauss and Corbin, 1998). One of the central aspects of grounded theory is the focus on social *action*. Situational analysis is a recent extension of grounded theory developed by Clarke (2005), which shifts the emphasis to the *situation* as the main unit of analysis. Situational analysis also draws attention to “non-human elements” in a situation, such as the existence of cheap disposable needles, or discursive elements such the contemporary and historic language and framings used to contest understandings of drug use in the United States.

As described above (and in greater detail below), both qualitative and quantitative

forms of data were gathered. While standard statistical methodologies were utilized to analyze quantitative data, these analyses were considered in turn as a kind of qualitative data, in that they provide an essentially descriptive interpretation of a component of a broader situation. In the chapters of this dissertation in which quantitative analyses are described, they are embedded in a broader discussion in which the aspect of a situation which they speak to is simply one of many (I would argue that almost all epidemiology to some degree attempts to locate the described work in larger situations; I am not proposing anything particularly new here). Likewise, data that does not readily fit the qualitative/quantitative nomenclature, such as maps drawn by qualitative interview participants, was also drawn into analysis in the same way: as reflective of aspects of a situation.

1.4.2 Primary data sources and methodologies

1.4.2.1 Quantitative interviews

This study was conducted within the existing framework of a study of young injectors, the “UFO Study” being conducted in San Francisco. The UFO study is a National Institute on Drug Abuse (NIDA) funded prospective study which recruits young injectors to participate in studies of risk for hepatitis C and hepatitis C infection (PI, Kimberly Page-Shafer, Center for AIDS Prevention Studies, University of California, San Francisco, Department of Epidemiology and Biostatistics).

Recruitment and methodology Potential participants were contacted via street-based outreach in three neighborhoods frequented by young injectors (Haight, Castro, and Polk/Tenderloin/Lower Market), and screened for eligibility. Potential participants who were under 30 years of age

and who self-reported injection drug use in the past thirty days were offered participation in an anonymous screening study, which involved a 45 minute quantitative behavioral interview, pre-test counseling, and a blood draw for hepatitis C (HCV) testing. Participants were paid \$10 for their time and a further \$20 one week later when they returned for results disclosure and post-test counseling. All interviewer/counselors were conducted by trained interviewers using a standardized Palm Pilot based instrument. I was also trained in pre-and post-test counseling in 2001, and personally conducted 163 quantitative interviews during the study period (and over 400 during the life of the broader UFO study).

Sample Approximately 1436 quantitative interviews conducted with 473 unique UFO participants between 2/5/2003 and 9/23/2008. Interviews were done cross-sectionally with all participants, then quarterly with the subset of participants who were anti-HCV negative at first visit. Geocodable components included the nearest intersection to the location where the respondent was last stopped by police for any purpose, and the name/s of towns or cities in which the respondent had spent at least one week in the last three months. Other components included: needle use, risk behaviors, jail time, judicial status, age and other basic demographics, drug use, access to medical care, use of drug treatment (and whether court mandated), overdose (witnessed and experienced), needle sources, diagnosable mental illnesses, sources of income, and type of residence. Specific questions from this interview utilized in data analysis for this dissertation are described in Appendix B, p.269 ff.

Quantitative Analysis Quantitative analytic techniques used to explore the above data are described in Chapter 2, p.54 ff.

1.4.2.2 Participant observation and Field notes

As described above in the introduction to this chapter, I have been embedded in field work operations of epidemiologic and similar research studies in Australia and the United States since approximately 1997. During this dissertation work, I continued to attend UFO's weekly field site every week, both as Project Director of that study and to collect data for this work. Additionally, as described in the introduction to this chapter, I routinely encountered UFO study participants outside the UFO field site and frequently had conversations with people in those contexts. After obtaining IRB approval, I began writing ethnographic field notes in July 2006, both on events which took place at field sites and on events outside that setting which seemed relevant. Other field notes were taken at community meetings in the Haight and Mission where housed residents, service providers, and representatives of city government (police, supervisors, representatives of DPW, project homeless connect etc) discussed issues relating to homelessness and/or drug use in their neighborhoods. Finally, as described in Chapter 5, p.233 ff, I took extensive notes at a series of meetings related to an attempt by the Homeless Youth Alliance in late 2007 to move its service operations from one location in the Haight to another, 185 yards away.

1.4.2.3 Qualitative interviews

Qualitative interviews were conducted with a convenience sample of seventeen UFO participants. Interviews were conducted at UFO field sites during normal field site operating hours. Participants were selected based simply on who was present at the site on nights where the site was quiet enough that I was not needed for other activities for at least an

hour. Interviews were based on a list of probe questions (reproduced in Appendix A, p.266 ff). Respondents were paid \$20 in cash at the end of the interview. Interviews were audio-recorded and later transcribed by a professional transcriptionist, with transcriptions being checked against a complete play-through of each audio recording. Names or other potential identifiers (such as residential addresses) mentioned in interview transcripts were elided or replaced with pseudonyms as appropriate. In line with current UCSF IRB recommendations, audio recordings were deleted after transcription validation. Transcripts were then imported into TAMS Analyzer, a software package designed to assist the management and coding of qualitative data (Weinstein, 2008). Interviewees were also given a map of San Francisco covered with a sheet of acetate and a permanent marker and encouraged to draw on the map to illustrate anything they were talking about.

Qualitative analysis Descriptive or ‘open’ codes were developed iteratively as interviewing progressed. Transcript and other available data such as fieldnotes were organized around these thematic codes to assist in developing broader conceptual frameworks and to identify relationships between themes. As part of this process, extensive memos were written, both on codes and their meanings and on relationships between codes and other elements identified as being ‘in the situation.’ Situational maps were also produced, assisting in the visualization of relationships between and among elements in the situation.

1.4.2.4 Participant maps from qualitative interviews

Maps were drawn by 12 of the 17 individuals interviewed qualitatively. These range from detailed maps showing daily activities and areas of interest to one or two points

referenced in the interview. These maps were scanned, digitized, and imported into a GRASS GIS database (GRASS Development Team, 2006) geocoded to a San Francisco base map.

1.4.2.5 Outreach worker maps

UFO study outreach workers (four individuals working in pairs) spent between 2 and 8 hours per week ‘on the street’ looking for current and potential UFO study participants. All outreach was conducted on foot or bicycles. Between May 16, 2006 and March 26, 2008 nearly every outreach session was documented by marking the route taken on a photocopied map of the city; contact with potential or current participants was marked on the map with an ‘x’. Additionally, one to five paragraphs of field notes were written by the outreach workers at the end of each outreach session, providing information such as the relative business of the street scene, unusual events, comments made by participants, police activity witnessed, and so on. Maps were digitally imported into a GRASS GIS database and both the route taken by outreach workers and the locations of all contacts coded by date.

1.4.2.6 GIS data

The author geocoded the locations of needle exchanges and other major service providers who provide fixed-location services to injecting drug users. Additionally, specific locations mentioned by respondents in qualitative interviews (open coded as ‘named places’)—for example, ‘the Grey Wall’ (a short stretch of boarded off space on Market Street used as a place to meet and hang out)—were also geocoded.

1.4.3 Secondary Data Sources

1.4.3.1 Publicly available GIS data

The City and County of San Francisco provide GIS map layers which include street locations, census block boundaries, police organizational boundaries, neighborhood boundaries (both as defined by the City and by real estate groups), schools, parks, shoreline and waterbodies and so on. Additional DEM (elevation model) data was acquired from the USGS. Addresses of Single Room Occupancy hotels (SROs) were obtained from the City Department of Housing and were geocoded by the author. Year 2000 census data was also acquired and geocoded to the above census blocks.

1.4.3.2 Media reports

In the course of this project, several events took place with implications for the situation being analyzed, such as the failed attempt to move a needle exchange in the Haight to new premises, and the closure by police of the ‘Grey Wall’, a space used by young people to meet on Market street. In the former case, traditional print media both reported on and played a role in events; in the latter the impacts of the police action were documented in part by comments made on social media such as yelp.com, a site for ‘rating’ and describing locations and commercial entities. A systematic effort was made to locate and include in analysis any form of publicly available media that reflected on events of interest during the research period.

1.4.4 Additional materials requiring methodological explanation

1.4.4.1 Tenderloin map

Between January 25, 2008 and February 21, 2008 I walked or rode a kick scooter down every street bounded by Geary, Market, McAllister, and Van Ness streets. At the midpoint of each street a subjective assessment of ‘how Tenderloin is this block’ was made, on a scale of 0 (not Tenderloin) to 9 (open drug consumption, drug sales, sex work, and/or violence). These scores were then geocoded, and a “heat map” showing the density of scores produced from these vector points by using a moving 2D isotropic Gaussian kernel (GRASS Development Team, 2006), producing a subjectively acquired map of the bounds of the area actually containing behavior associated with the idea of the ‘Tenderloin’ we invoke when using that term. Note that all data collection was carried out between 10am and 9pm.

In March 2008 two UFO outreach workers completed a partial duplication of the above process, without having seen the map produced by the author. A second map was produced which averaged subjective values produced by the author and the two outreach workers; however this map was not significantly different from the first, and the first map has been used consistently throughout this dissertation.

1.4.5 Ethical approval and considerations

1.4.5.1 Institutional Review Board approvals

As this project was conducted as a subproject of an existing study, the initial Institutional Review Board (IRB) application to cover activities engaged in by this project consisted of a modification to the existing IRB approval to encompass a) ethnographic

observation at UFO field sites; and b) qualitative interviews conducted with UFO study participants. IRB approval for these modifications was granted prior to commencement of this work. Quantitative data collection, qualitative interviews, and ethnographic observation for this dissertation were carried out under IRB approval numbers H9973-16833-8, H9973-16833-9, and H9973-16833-10, ‘UFO-3: HIV and Hepatitis Infection in Young Injectors’.

As work on the project began, it became clear that other sources of data might be required. A separate IRB approval was sought to allow qualitative interviews with service providers, residents of neighborhoods with high levels of youth homelessness, and government agencies which funded service providers, as well as to conduct ethnographic observation of public community meetings and city government meetings relating to homelessness. IRB approval for these activities was granted under approval numbers H9973-32115-01 and H9973-32115-02, ‘Neighborhood Character and Social Service Provision to Young Injectors in San Francisco’ (although in fact no qualitative interviews were conducted under this IRB).

1.4.5.2 Other ethical considerations

Three other ethical issues emerged during or prior to the commencement of this work. Firstly, one of the traditional roles the Project Director on the UFO Study fills is a triage/gatekeeper role at field sites. As I put it to field staff at the site with respect to a previous qualitative project:

the reason i’m bringing this [project] up though is because of an ethical problem.. because i have a real ‘gatekeeper’ role at site (ie i’m someone who decides if kids get seen or not on a given day, and even if they get into a study or not), I’m worried that if *I* ask someone if they’re willing to do an additional interview with *me*, they might be reluctant to say ‘no’ in case it affects how i treat them in future (P.Davidson, email, 10/9/04).

The issue of gate keeping is an ongoing one in the broader study, if for no other reason that the study (and this project) pay participants—not a small thing if you’re homeless and physically addicted to one or more expensive substances. The solution, for this project at least, was to get junior field staff, ones known to participants as having no connection to gate keeping processes, to do the initial verbal approach. Continuing the above email:

so while it’s not perfect, i’m thinking that when someone i want to interview comes in to site i might ask one of you guys to do the initial asking if they might be interested in it. if they are, i can explain it in more detail and all that. any questions? (P.Davidson, email, 10/9/04).

This solution, while hardly getting away from the broader issue of whether paying people to participate in research is ethical, at least attempted to alleviate one possible effect of the inherent power disparities present in such a situation.

1.5 Overview of the dissertation

As described above, this dissertation project began with an interest in relationships between spatiality, judicial status, and utilization of needle exchanges. In Chapter 2, I explore these specific relationships largely through quantitative methods, and in doing so come to conclusions which in some ways lead to more questions than answers. In some ways, the remainder of the dissertation could be considered an attempt to engage these broader questions. In Chapter 3, I begin this task by locating contemporary drug use in the United States historically and philosophically. In Chapter 4 I move on to look at what emerged as one of the key factors shaping the daily movements of the people I interviewed qualitatively: the ways in which they made money. In Chapter 5 I then look in more detail at the ways people understand and make sense of the spaces and places through which they move, and

give an extended case study in what happens when those understandings clash with the understandings held by other people who engage with the same physical location. Finally, in Chapter 6, I draw these threads together and describe their import.

Part I

Background

Chapter 2

The point of the stick: Judicial status and injecting practice

2.1 Introduction

One of the key sources of support for this dissertation was a two-year, \$50,000 grant from the University-wide AIDS Research Program (UARP)¹ The grant proposed to utilize mixed methods to examine the interrelationships between space/place, judicial status (defined below), and the utilization of a core public health HIV prevention strategy, namely needle exchange. In the original grant application, I hypothesized that there would be a statistically significant relationship between young injectors' 'judicial status' (defined in terms of indicators such as 'having current warrant/s', being on probation or parole, and so on) and their ability to comply with the U.S. Public Health Service standard of one needle for every injection event (measured as a ratio between the number of self-reported injection

¹Now the California HIV/AIDS Research Program (CHRP).

events per month and the number of needles obtained from any source). As described in detail below, the relationships between the above-mentioned variables turned out to be even more complex than initially anticipated, and move well beyond simplistic concepts of quantifiable ‘judicial status.’ While the question of the relationships between judicial status and needle exchange utilization is obviously a subset of the broader questions explored in this dissertation, there is a way in which the entire dissertation could also be seen to be a search for an answer to this more positivist question.

In this chapter I will specifically describe needle acquisition practices among the group qualitatively interviewed for this project, as well as the quantitative exploration of the relationships between needle acquisition practices and other quantitatively defined characteristics including judicial status.

2.2 Needle ‘exchange’: a brief outline

In Chapter 3, I describe needle exchange in North America as a social movement which emerged largely in response to HIV/AIDS, and which began in many jurisdictions as illegal ‘underground’ services run by injectors and those close to them. I also indicated that needle exchanges have in many cases been co-opted by public health authorities (see p.83 ff). In this section, I will briefly describe key operational characteristics of needle exchanges as they operate in San Francisco, as a necessary basis for understanding the material that follows. This description is derived from my own experiences as a volunteer and active board member of three needle exchanges and one informal distribution service between 1997 and the present: the Western Australian Drug Users Association (WASUA) exchange in Perth

Australia (as a volunteer and evaluator), the San Francisco Needle Exchange (SFNE/HYA) in San Francisco (as a volunteer and board chair), the Points Of Distribution (POD) exchange in the San Francisco Bay Area (as a board member), and the UFO field sites in San Francisco (as Project Director).

Needle ‘exchange’ is a generic term for any service which provides needles directly to people who inject drugs. In the United States needle distribution usually takes place in four basic formats: fixed-site exchanges, mobile exchanges, ‘delivery’, and secondary or satellite exchange². Fixed-site exchanges are fixed locations open during advertised opening hours for the specific purpose of providing needles and ancillary injecting equipment to injecting drug users. Fixed site exchanges almost universally accept used needles for disposal; many also provide other services such as basic medical services, linkages to drug treatment, food, and referrals to other social services. Fixed-site exchanges are usually restricted to jurisdictions where needle distribution is legal or at least rarely prosecuted. Mobile exchanges range from dedicated, purpose-built vans which can provide all the services usually seen at fixed site exchanges, through to an individual with a backpack containing needles and a biobucket. Most also operate on fixed schedules and routes. Delivery exchange refers to mobile services which deliver needles to injectors on-demand, usually after the end-user calls the service cellphone number. Finally, secondary or satellite exchange refers to needle distribution carried out by the users of an exchange. In this model, users of an exchange are encouraged to take more needles than they themselves need to distribute to other injectors who cannot or will not access the exchange in person³.

²Secondary exchange is also often called ‘satellite exchange’ to avoid the inference that it is of secondary importance (Mary Howe, Executive Director, Homeless Youth Alliance, personal communication May 12, 2009).

³Find a standard reference—look at Burrows (1998) or Parsons et al. (2002) or Sears et al. (2001) for

Three basic patterns of distribution exist in the United States: one-for-one exchange, ‘one-for-one plus’, and ‘at need’. In one-for-one exchange, new needles are handed out in exchange for used needles on a one-for-one basis. ‘One-for-one plus’ allows for the reality that some injectors may not be able to bring used needles to exchange and provides a limited number of needles to anyone who does not present with used needles (usually capped to a specific number) but requires used needles to be brought in for exchange for larger numbers. ‘At need’ exchanges simply provide as many needles as people require, subject only to resource limitations. The current policy of the San Francisco Department of Public Health, applicable to exchanges it runs directly, is ‘one-for-one plus’ with a cap of twenty needles for people who do not bring in used needles.

I argue that these policy options have three basic antecedents: historic and contemporary political realities; resource limitations; and HIV as the defining disease.

Firstly, in the United States (as in many countries) needle exchange has often been highly contentious, with those opposing them arguing that they normalize and legitimize illicit drug use. A common community concern is that discarded needles will be a health hazard⁴, although the risk of contracting a significant illness from a needle stick injury from a discarded needle is vanishingly small⁵. Strict one-for-one exchange is a common tactical response to such community concerns, allowing those supporting the establishment of an exchange to argue that the model will encourage injectors to collect used needles⁶ and ‘force’

secondary?

⁴Stick in all the standard cites. . .

⁵Give the standard cites about HIV, HCV, HBV transmission risk from hot needlesticks vs the transmission risk of tetanus.

⁶Apparently injector health is not worth protecting from the alleged hazards of community-disposed needles.

injectors to behave ‘responsibly’⁷ Strict one-for-one remains the most common policy among exchanges started by health departments as opposed to users, despite recent epidemiologic research has demonstrated that this strict one-for-one model increases levels of risk behavior among injectors served by such exchanges without reducing levels of community-disposed needles (Kral et al., 2004)⁸. Community concerns about inappropriately disposed needles remain a major driving force in needle exchange operating policy, and in extreme cases this community concern has led to the closure of exchanges (Broadhead et al., 1999).

Secondly, most if not all needle exchanges in the United States suffer from endemic resource shortages. At the time of writing, federal law still prevents federal money being used to fund needle exchange⁹, and many states also do not fund exchanges, leaving the financial burden to individual cities or counties and to private foundations. As a consequence, every needle exchange in San Francisco is staffed primarily by volunteer labor, and every exchange has some form of monthly needle budget—a maximum number of needles they can distribute in a month without running the risk of having to completely close later in the year. This resource reality ensures that exchanges tend to limit the number of needles they can distribute to any given individual, regardless of need. In the only published account of actual needle needs of a community of injectors compared to the number of needles being distributed, Remis et al. (1998) estimated that the approximately 10,000 injectors of the city of Montreal required over 10 million needles per year to use a new needle for every injection; the city was at the time distributing approximately 338,000 per year. Resource scarcity,

⁷Dig out quotes from the Chronicle.

⁸Cite Allesandra Ross or Hillary McQuie or Pete Morse personal communication—check emails from when Pete Morse ran the HRC needle exchange support program.

⁹Get the relevant CFR, maybe do a footnote giving the current state of play of Obama’s election promise etc.

I argue, facilitates needle exchange staff actually complying with externally imposed one-for-one policies, rather than subverting such policies in the interests of the needs of their clients.

Finally, while the earliest needle exchanges in the 1970s in the Netherlands were created in response to hepatitis B (Buning, 1991, p.1304), the defining disease of all North American exchanges has been HIV. As a basic rule of thumb, if HIV prevalence among injecting drug users is allowed to exceed 15%, it rapidly increases until stabilizing at around 50%¹⁰. Even fairly limited needle exchange programs have been remarkably successful at containing HIV prevalence below 15%¹¹ among injectors. Since HIV is the rationale for city or county level legitimation and funding of needle exchange, I argue there is often minimal incentive to resource needle exchanges beyond the minimal level required to contain HIV incidence rates among injectors. As noted above, needle exchange in many cases provides less than 5% of the needles required for every injector to use a new needle for every injection. While HIV is relatively easy to contain, other blood-borne viruses such as hepatitis C are much more easily transmitted via injecting equipment, and will require a closer match to the ‘one new needle for every injection’ standard to affect incidence rates.

Approximately fifteen fixed site exchanges exist in San Francisco. Eleven sites are operated by the San Francisco AIDS Foundation’s HIV Prevention Project (HPP) under contract from the City and County of San Francisco. The remainder are run by independent organizations, usually with a substantial portion of their financial support from City contracts¹². All these programs are listed on city websites and their locations and opening

¹⁰Find a cite. . .

¹¹Cite the usual suspects—use the list I wrote for HYA website.

¹²Cite SFAF page and the Health Commission or similar.

hours are advertised on a frequently updated flyer distributed by exchanges and agencies who work with injecting populations. One of the exchanges runs a women’s-only night on Wednesday evenings; all other sites are open to anyone. Additionally, a number of agencies who work in some way with injecting drug users also provide needles on an informal basis to their clients, but are not listed on the needle exchange schedule. Finally, since April 2005, pharmacies in San Francisco have been able to sell needles to individuals without a prescription. Walgreens, the single largest pharmacy chain in the city, was an early participant in the program¹³.

2.2.1 Operational normality

All needle exchanges in San Francisco operate on a walk-in basis. Lines are extremely rare. Most have a basic layout in which a staff member is present at a desk with a large biobucket beside it. A standard exchange between a user of the exchange and a staff member would go something like:

Staff: Hi, how’s it going?

Client: Pretty good. I’ve got 60 here [dropping a bundle of used needles in the biobucket]

Staff: Ok. What do you need?

Client: Can I get half longs, half shorts, and about five muscle rigs?

Staff: Sure. Need any cookers?

Client: Oh yeah, four or five.

Staff: Help yourself to the waters and wipes over there while I get your needles.

¹³Prior to April 2005 Walgreens was notable for providing free 1 liter biobuckets to anyone who asked. The drug policy lobbyist Glenn Backes told me in 2003 that in a conversation with a senior Walmart employee he was told that the policy was a legacy of the impact of HIV on Walgreens staff during the early 1980s—that a significant percentage of Walgreens staff in San Francisco during this period were gay and the high number of deaths among staff had had a personal impact on senior executives at the national level, leading to an active policy of supporting HIV prevention measures (Glenn Backes, personal communication, 2003.)

‘Longs’ and ‘shorts’ are terms used for different needle sizes both on the street and by exchange workers. The terms are regional and may be applied to different sizes in different locations even within San Francisco¹⁴, and ‘muscle rigs’ are larger needles used for injecting intramuscularly for people whose veins are damaged by repeated injecting or who are injecting more viscous substances such as methadone syrup designed for oral use. Note that almost all needles distributed at needle exchanges in North America are ‘single piece’ needle/syringe units, where the needle is an integral part of the syringe. Some larger sizes may come with separate syringes and needle heads, to be connected using a Luer taper connector. Continuing with the explanation of terminology, cookers are small disposable containers for heating and mixing drugs, made from aluminum bottle cap blanks acquired from the manufacturer before paint or a screw thread is applied, ‘waters’ are 5ml containers of sterile water for injecting, and ‘wipes’ are alcohol prep-pads for cleaning the skin prior to injection (see Figure 2.1 p.42). Other equipment usually provided by exchanges are cottons—tiny cotton balls used to filter drug solution, ties—twist ties used to hold cookers while they’re being heated, and crack pipe covers—spark plug boots, used to prevent lip burns on glass crack pipes. Most exchanges also provide small ‘biobuckets’, plastic containers designed to safely hold disposed medical sharps, including needles, before ultimate disposal by incineration.

¹⁴More specifically, ‘longs’ are 27 gauge 5/8" 1cc insulin needles; ‘shorts’ are 28 gauge 1/2" 1cc insulin needles; ‘halves’ (or ‘micros’ at some exchanges) are 28 gauge 1/2" 1/2cc insulin needles; ‘micros’ are 29 gauge 1/2" insulin needles which come in both 1/2cc and 1cc sizes; and ‘muscle rigs’ refer to both 25 gauge 1" 3cc needles and 23 gauge 1 1/2" 3cc needles. The gauge refers to the diameter of the needle, with larger numbers referring to smaller diameters. A 28 gauge needle has a 0.356mm nominal outside diameter; a 23 gauge needle has a 0.635mm nominal outside diameter. The inch measurement in the needle specification refers to the length of the needle itself from the tip of the needle to where the needle joins the barrel of the syringe. The cc measurement refers to the maximum volume of solution the syringe can effectively hold.



Figure 2.1: Tourniquet and, (going clockwise from top left), cottons, alcohol wipe, water, needle (a ‘half’ or ‘micro’), and cooker (with tie).

Immediately noticeable is the mediated nature of the interaction. Even at the most basic level, in order to access needles, an individual needs to have a conversation with someone else who controls access to the resource. As I argue elsewhere (see p.99 ff), the resistance to unmediated forms of needle access in many parts of the world is in part due to the medicalization of needle exchange; the opportunities offered by a mediated interaction for ‘intervention’ in a drug user’s life make the continuing presence of interaction highly desirable for what Rose and Novas (2005, p.439) calls the ‘citizenship project’ of health intervention projects such as needle exchanges.

The other possible ‘legitimate’ route of access to needles in San Francisco is to purchase them from a pharmacy. Since January 1 2005 counties in California with authorized needle exchanges have been able to additionally authorize pharmacies to sell needles

without a prescription (Senate Bill 1159). San Francisco authorized pharmacy sales without a prescription on April 12¹ 2005 (Herel, 2005). While needle exchanges are the major source of needles for participants in UFO (a mean of 57 per month compared to two per month from pharmacies), pharmacies have the signal advantage of being open for a far wider range of hours—often 24 hours a day, as opposed to the two and three hour windows of operation on one or two days a week common to needle exchanges. The functional experience of using them is radically different however. Needle exchange staff in San Francisco are almost universally volunteers, and are universally interested in improving the health of injecting drug users. Pharmacy staff, while oriented towards a public health framing of injection drug use, tend to see injection drug users more as customers of the store and, as at least some injection drug users are ‘visibly homeless’, potentially problematic ones at that (Cotten-Oldenburg et al., 2001; Riley et al., 2000; Singer et al., 1998). Additionally, some pharmacy staff lack the detailed technical knowledge about needle usage and types, causing odd moments, such as this one captured in a field note from the UFO field site:

Erick suddenly talking about getting needles from Walgreens Castro (just after I gave him a negative HCV result—he’d been expecting it to be positive): “too many people in there, like lined up behind me—I finally bugged out and left, hung out near Safeway asking everyone until someone sold me a needle.” I said “yeah, too bad you can’t get it from a side door or something.” “Yeah, or a card or something you can point to. Like, I ask for ‘23A’ [I think..] and most of them [the counter staff] know what I mean, but it’s always a risk.” We joked around about the counter clerk holding up a bag of longs [a size of insulin needle] and calling out on the PA system “pricecheck on needles for the junky in aisle 5.” (Fieldnotes 9/25/2007)

On the other hand, as well as being open for a wider range of hours, pharmacies have a much higher degree of anonymity—the person seen entering a pharmacy could be doing so to obtain any number of innocuous products; the person seen entering a needle

exchange is, by definition, getting needles to inject illegal drugs with. Being ‘seen’ entering a needle exchange remains problematic for some users. Additionally, the commercial nature of the transaction (pharmacies in San Francisco *sell* needles; needle exchanges give them away) and the commercial/retail nature of the pharmacy itself encourages both parties in the exchange to regard the customer as a *customer*, someone to sell a product to, rather than as a client to carry out an intervention with.

The weaknesses of both needle exchanges (loss of anonymity, ‘intervention’ model, limited hours) and pharmacies (cost, potential difficulties with staff) are a key reason secondary exchange has been common in North America. By using people who already feel comfortable with an exchange to deliver needles to those who are reluctant or unable to access exchanges directly, needles are distributed to those in high need. Secondary exchange covers a wide range of actual practices, from the completely informal (users of exchanges decide to get enough needles for friends without discussing it at all with needle exchange staff) through to highly formalized (secondary exchangers are actively recruited, trained in how to teach peers safer injection practices, and sometimes even paid to distribute needles and information to their peers) (Sears et al., 2001). At the time of writing, for example, the Homeless Youth Alliance (a non-profit of which I am Board Chair, which operates the needle exchange in the Haight) receives a grant from the California Department of Human Services Office of AIDS to conduct a satellite exchange program. The primary criticism of secondary or satellite exchange is that it reduces the incentive to attend needle exchange in person, reducing access to other services the exchange might offer, such as referral to drug treatment (Valente et al., 1998, p.91).

Finally, vending machines have been used to provide an additional ‘low threshold’ means of distribution (Moatti et al., 2001; Obadia et al., 1999; Stark et al., 1994), however, to date this modality has not been utilized in the United States.

The UFO quantitative questionnaire contained questions about where participants sourced needles from from 1997 until the cessation of data collection in 2008. This consistently included questions about numbers of needles from needle exchanges, numbers of needles purchased ‘off the street’, and numbers of needles from ‘other sources’. Earlier versions of the instrument included questions about the specific exchanges people used, about their participation in secondary exchange, and about whether they sold needles. More recent versions include questions about the numbers of needles acquired through pharmacies.

The presence of a question about needles purchased off the street reflects a common distinction made by needle exchange workers and others in the field—on the one hand, a needle exchange user selling needles is simply another form of secondary exchange, albeit one in which a profit motive rather than altruism is driving the behavior. Two reasons appear to exist for distinguishing street sales from secondary exchange. Firstly, there is a common belief on the part of both drug users and needle exchange staff that at least some portion of street sales involve used needles that have been washed out rather than unused needles:

Scott: But, yeah, like—as far as like finding points and things like that, you can always find a kid that, you know, will trade a cigarette or something for a clean one up in the Haight but definitely the only place—reliable place to get them is down here.

INT: Right. At a needle exchange or from other people or both or –

Scott: Both.

INT: When you say “reliable,” it’s just like there’s -

Scott: Well, in a package. In a package. ‘Cause so many of those bums fucking wash them out. I’ve seen kids like “Oh, they said it’s clean.” I’m like “Oh, you’re

fucking nuts, man. You're nuts." They'll wash them out and pull the plungers out until everything dries in there and then, you know, it's like, "Oh, man!"

INT: Put it back in [..?..]

Scott: That's fucked up. I want to kill people like that really.

INT: So—but down here there's enough needles floating around [..?..]

Scott: I know. How do you—how do you need, you know, like fifty cents that badly, you know, that you're willing to go through that many needles and wash them all out and dry them out. It's like, man, people, you know.

The second reason for distinguishing the practices appears to be a distaste on the part of needle exchange workers for the removal of altruism from the practice of secondary exchange. I hypothesize that the fact that nearly all needle exchange is conducted by a volunteer workforce may exacerbate this distaste—that street sales mean other individuals are profiting from the work of volunteers (no matter how economically desperate those individuals are, or how trivial the 'profit'). In conducting quantitative interviews at UFO during the period in which a question about "have you sold needles in the last 30 days", it was noticeable how tentatively people answered "yes", and how often those saying "no" added expressions of disgust: "oh, fuck no man, that's fucked up" (this in a questionnaire involving a wide range of behaviors considered distasteful or unethical by broader society). However, having said that, it should also be noted that the behavior was relatively common: the question was asked of 154 people between April 2003 and September 2005, and of these 50 (32%) responded 'yes', indicating that despite social undesirability the practice was still common.

2.3 Judicial status

In the introduction to this chapter, I stated that in a grant application to UARP, I had proposed to utilize mixed methods to examine the interrelationships between space/place, judicial status, and the utilization of needle exchange. In this section, I will explore ‘judicial status’ as a theoretical concept and as an operationalizable variable for quantitative analysis.

In the strictest, quantifiable sense, I am defining ‘judicial status’ as the location of a body in a legal system. In the modern state, as Foucault ([1975] 1995) has noted, every individual has a ‘judicial status’ in that every individual has a ‘record’ of some description which indicates their relationship to sovereign law and hence the enforcement of law. At the absolute minimum, this record consists of a record of *citizenship*, a status which speaks to jurisdiction and the procedural rules of engagement for the physical enforcement of law. To give two illustrative examples, under California law a foreign citizen held by police for any purpose for more than two hours must be informed of his or her right to contact a consular representative (California Penal Code 834c(a)(1)¹⁵). Failure to do so on specific cases has led to Supreme Court Cases challenging the legality of arrest in capital cases (Breard v. Greene, 523 U.S. 371). As a second example, treaty arrangements between the United States and Iraq provide a degree of extraterritoriality for US citizens and complete extraterritoriality for members of the US Armed Forces (The Military Extraterritoriality Act of 2000, Public Law Number 106–523, 114 Stat. 2489 (November 22, 2000))—ie US citizens are subject to US law rather than Iraqi law while present in Iraqi sovereign territory. In both these examples, the (almost) universal state of ‘citizenship’¹⁶ defines *which* body of

¹⁵Which in turn enacts the 1963 Vienna Convention on Consular Relations Treaty, ratified by the United States in 1969.

¹⁶I say ‘almost’ because despite a series of treaties and conventions following the Second World War

law applies to them, and under *what* circumstances that law can be applied. Constitutions and related procedural law also define *how* law can be applied, by defining the limitations and requirements of ‘legitimate’ physical enforcement of law.

Beyond this minimum judicial status of citizenship, most if not all individuals living in a modern state have additional records of their status under the law. Before continuing, I want to distinguish between *de jure* elements of judicial status and *de facto* elements. By *de facto* elements, I mean elements which are not necessarily documented but which may have substantial impacts on whether and how the exercise of law is carried out. An extreme example of a *de facto* element of judicial status might be being black in Mississippi in the mid-1950s. While a formal record of ‘black race’ might or might not exist, having a black skin at that time in that place could reasonably be said to have had significant impact on whether and how law enforcement would be carried out, as well as the disposition of that exercise of law enforcement. By *de jure* elements of judicial status, I mean those elements of judicial status for which there is a formal record and for which there is a documented procedural means of relating the status element and the exercise of law. An example of a *de jure* element of judicial status in the United States might be the issuance of a warrant of arrest by a court following receipt of a signed affidavit showing probable cause that a specific individual has committed a crime. The existence of such a documented element of judicial status provides police officers a legal, procedural basis for physically detaining the named individual on sight, even if the police officer/s exercising that detaining power did not witness the alleged crime. Both *de facto* and *de jure* elements of judicial status can

designed to eliminate “statelessness”, the UNHCR still described approximately 5.8 million people as stateless in 2006, ie as holding no recognized citizenship, usually due to civil war (UNHCR Media Relations and Public Information Service, 2007, p.31).

be beneficial to the individual: being a veteran, for example, brings specific bodies of *de jure* law into play (such as laws enacted to protect veterans against discrimination following the Vietnam War), as well as possible positive and negative *de facto* effects—differential treatment during a traffic stop for speeding, for example, depending on the valuation of veteran status by the police officer in question.

Finally, it should be noted that the relevance or importance of *de facto* elements of judicial status are almost always predicated on a key aspect of police and judicial system power: the element of ‘discretion’. Elsewhere in this dissertation I engage with the concept of police discretion (see p.XXX ff¹⁷).

For the purpose of the analysis below, I will be concentrating on *de jure* elements of judicial status, however some *de facto* elements will also be investigated. In the following sub-section, I will describe specific elements of *de jure* judicial status documented in the quantitative UFO interviews that form the basis of this analysis.

2.3.1 UFO and *de jure* judicial status

2.3.1.1 Warrants and bench warrants

Warrants in the United States are issued by a magistrate (to be pedantic, Congress can also issue them) on the presentation of a sworn affidavit showing probable cause that a specific crime has been committed and naming a person or persons alleged to have committed the crime. A warrant enables (or rather commands) police officers to physically bring the named individual/s before the issuing magistrate. Bench warrants are arrest warrants issued

¹⁷Crossref with the material on Foucault and Becker and police discretion—I think where this belongs is in sections explicitly describing UFO pt / police interactions.

by the court itself for ‘failure to appear’ for required court appearances (Voorhees, 1915, p.28).

In the UFO quantitative interview, one question relating to judicial status is “Are there any warrants out for your arrest right now that you know of?” No distinction is made between bench warrants and ‘regular’ arrest warrants in the question. Respondents who answered “yes” after February 2003 were also asked whether the warrant was for “drug related” or “other” offenses, and which state or states the warrants were issued in. After March 2006 the possible answers to the latter question were simplified to a choice between California, the tri-state area (Oregon, Nevada, Arizona), or ‘other’, on the understanding that police field databases would only show non-felony warrants issues in California and the surrounding three states (ie a bench warrant or a warrant for a misdemeanor offense issued in, say, New York would not show up if police on the street in San Francisco entered the person’s name in the database system installed in police cars). For the purposes of analysis, state of arrest from the 2003–2006 period is grouped into the California / tri-state / other grouping used after 2006.

2.3.1.2 Being stopped by police

While not an element of *de jure* judicial status, I argue that being stopped by police on a regular basis affects an individual’s sense of their own *de facto* judicial status, in that it is also an indicator of one’s ‘visibility’ in public places. From February 2003 all respondents were asked “In the last 3 months, have the police stopped you for any purpose?” and if “yes”, “What was the nearest intersection / cross streets?” and “Were condoms or needles confiscated from you during this contact with police?” For those who gave a location of last

police stop, all answers were recoded as ‘in San Francisco’ or ‘not in San Francisco’; all ‘in San Francisco’ locations were additionally geocoded as UTM¹⁸ Eastings and Northings to facilitate mapping.

2.3.1.3 Stay-away orders and restraining orders

In California a ‘stay-away order’ is the formal term for a court order requiring an individual to stay away from a named location, individual, or both. However in common usage among UFO participants, the term ‘restraining order’ is used to describe stay-away orders relating to an individual (such as an ex-spouse), and the general term ‘stay-away order’ is generally used to refer to an order relating to a location. In the latter usage, stay-away orders are routinely issued to individuals who have been repeatedly convicted of shoplifting or similar offenses requiring them to stay away from specific stores or chains of stores. Individuals who have been convicted of selling drugs often receive them for entire areas, such as “Haight street between Stanyan and Masonic”. They are also used on occasion for individuals who have repeatedly been convicted of ‘quality of life’ violations such as sleeping in the park. As an added element of confusion, some police officers verbally inform specific individuals that they are now under a ‘stay away order’ from a specific locale, and that they will be arrested if the officer sees them in that location.

In the UFO quantitative data, the question “Do you currently have any stay away orders in the Bay Area?” and if “yes”, “From what neighbourhood / area/s (list all)?” was asked from February 2003 on. The question “Do you currently have any restraining orders?”

¹⁸Universal Transverse Mercator coordinate system, a commonly used ellipsoidal map projection developed by the United States Army Corps of Engineers in the 1940s which makes calculating the distance between two points less computationally intensive than traditional latitude/longitude based projections (Snyder, 1987, pp.57-58). All free GIS data provided by the City and County of San Francisco is in this format.

and if the respondent answered “yes”, “Was this in the Bay Area?” was asked from February 2003 to June 2006. The differentiation between ‘restraining orders’ and ‘stay away orders’ in the minds of UFO participants can be seen in the following data: in the 2003–2006 period where both questions were asked, 17 respondents answered “yes” to “do you have a restraining order” but “no” to “do you have a stay-away order”; conversely, 60 respondents answered “no” to “do you have a restraining order” but “yes” to “do you have a stay-away order”. Twenty three indicated “yes” to both, however in only one case did the description of “from what areas” include anything suggesting an individual (“Walgreens and dad’s house”).

2.3.1.4 Lifetime incarceration

For the purposes of this work, incarceration is defined as any judicially mandated restriction on movement to within a carceral institution from which the inmate can be ‘released’ at the end of their sentence. In the UFO population, this includes juvenile justice, jails, and prisons. In California, a jail is a facility operated by a county; a prison is operated by the State or Federal government. Anyone arrested in California is (with some exceptions, usually relating to immigration offenses) held in a jail until arraigned (formally charged in front of a judge and, potentially, offered bail) and (again, with some exceptions) if not bailed until the trial. Post conviction, the individual will either remain in jail (usually for offenses for which the penalty is less than one year) or transferred to a prison (California Department of Justice, 2008).

In the UFO quantitative interview, a number of questions are asked about lifetime and recent exposure to incarceration: “Have you ever been held overnight or longer in a jail, prison or juvenile hall?”; “When was the first time you were locked up?”; “When was the most

recent time you were locked up?"; and "How much total time have you spent locked up in your life?" In earlier versions of the instrument specific questions were asked about whether the respondent had been incarcerated in jail only or in prison as well. For every individual an additional variable was created giving the total number of months incarcerated at the time of the interview.

In a paper I co-authored in 2006 on associations between incarceration and hepatitis C antibody status among UFO participants, we found

In a sample of 839 young IDU, median age was 22 years, 70% were male, 86% had a lifetime history of incarceration, and 56% had been incarcerated in the prior year. Serologic markers of HBV and HCV infections were significantly higher among those with any history of incarceration (29% and 42% respectively) compared with those with no incarceration history. Variables independently associated with recent incarceration were gender (male), homelessness, increased years of injecting, and a history of having ever borrowed previously used needles for injecting. Variables independently associated with any lifetime history of incarceration included: gender (males), educational level, homelessness, increased years of injecting, and anti-HCV status." (Kittikraisak et al., 2006, p.271)

2.3.1.5 Probation and parole

Probation is a form of punishment in which the convicted individual is 'supervised' in the community for all or part of the sentence. Probationers have restrictions on their movements and/or allowable activities as a key component of the punishment. Parole is a period of supervised conditional release following a prison term (California Department of Justice, 2008, p.178). See Figure 2.2, p.54 for a detailed diagram of where probation and parole fit into the 'judicial cycle'. In California, the inclusion of a 'no probable cause' clause in probation and parole conditions is essentially universal—in short, the probationer or parolee must waive his or her 4th Amendment right to a 'probable cause' requirement for

the police to search them in order to be eligible for probation or parole (Pishko, 1976).

UFO participants were asked two questions about probation and parole: “Have you ever been on probation or parole at any time in your life?” and “Are you currently on probation or parole, or have you been on probation or parole in the last 3 months?” Again, as with incarceration, no differentiation was made between the two despite the considerable difference between them as legal statuses.

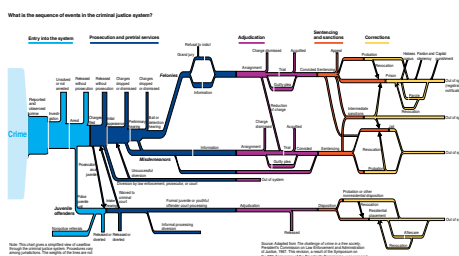


Figure 2.2: Paths through the judicial system (Bureau of Justice Statistics, 1997)

2.4 Relationship between judicial status and the acquisition of needles

Having described key routes by which UFO participants obtain needles, as well as the core facets of judicial status as experienced by young injectors, this section will quantitatively explore relationships between needle acquisition practices and other quantitatively defined characteristics including judicial status.

The sample and data collection methods used to obtain the data described below is given in Chapter 1.4, p.23 ff.

Beginning with the concept of needle acquisition practices, a ‘Safe Injection Indi-

cator' (hereafter SII) variable was constructed to provide a measure of 'closeness of fit' to the one-needle-per-injection standard. The variable is continuous and takes the form:

$$SII = (g - l) - (r \times a)$$

where: g = number of new needles acquired from needle exchange in the last 30 days, l = number of needles lost, discarded, confiscated, sold, given away, stolen or otherwise lost to the participant in the last 30 days, r = number of days in the last 30 on which injection took place, and a = average number of injections per day on days that injection occurred within the last 30 days. ie:

$$SII = (\textit{number of needles acquired}) - (\textit{number of injection events})$$

SII is therefore a measure of how close to the one-for-one needles per injection event recommended by the US Public Health Service for injectors who cannot or will not cease injecting (Gayle et al., 1997) that the respondent could potentially reach (keeping in mind that just because the respondent acquired enough needles did not mean that she or he actually had needles on her or his person at the time they were needed). A positive SII means the respondent acquired for her or his own use more needles than were required to meet the standard; a negative value means the respondent did not acquire enough needles to meet the standard.

Dealing with the second half of the equation first, the number of injecting events in the past thirty days, the value of r (number of days on which injection took place) was derived from responses to a series of questions about the number of days in the past thirty days the

respondent had injected each of heroin, amphetamines/methamphetamines, cocaine, crack, goofballs (heroin mixed with amphetamines), speedballs (heroin mixed with cocaine¹⁹), and any other substance not already named. These questions took the form “Have you ever injected [substance]?”, and if so, “Have you injected [substance] in the last 3 months?”, and if so, “In the last 30 days, how many days have you injected [substance], if any?” At the end of this sequence of questions, to account for the possibility that a participant would have used different substances on different days, an additional question was asked: “In the last 30 days, on how many days did you shoot up anything including medication?” While this last question should in all cases have resulted in the highest or equal highest value, in 41 cases one of the “In the last 30 days, how many days have you injected [substance], if any?” questions had a higher value answer than the final “In the last 30 days, on how many days did you shoot up anything including medication?” question, possibly indicating that respondents were ‘guesstimating’ responses to this sequence of questions. In these 41 instances the highest of the two values was used.

The value of a (average number of injections per day) was derived from responses to the question “How many times a day did you usually inject, on the days that you injected?”

These two variables, r and a , when multiplied gives the total number of injection events for a given individual in the past thirty days. Among respondents interviewed cross-sectionally at baseline (ie at the first interview conducted with the study), the value of $r \times a$ had a range of 0–600.

Looking at the first half of the equation, the number of needles acquired in the

¹⁹The listing of “speedballs” as heroin mixed with cocaine rather than heroin mixed with speed is not an error.

past 30 days, several methods were used to calculate this figure so comparisons could be made between individuals who obtained needles from ‘known good’ sources such as needle exchanges and pharmacies, and individuals who included in their acquisition practices needle sources such as street purchased needles or needles provided by friends, acquaintances, and outreach workers, where the provenance of the needles were unknown.

Questions in the questionnaire relating to needle acquisition changed at several points during the study. Throughout the study (ie February 2003–September 2008) all participants were two pairs of questions: “In the last 3 months did you personally get any new rigs from a needle exchange (including for other people)?” and if so, “In the last 30 days how many new rigs did you personally get from a needle exchange?”; and “In the last 3 months did you personally get any new rigs from any other source, for example kickdowns²⁰, from outreach workers, or from friends?” and if so, “In the last 30 days how many new rigs did you get from these other sources?” From January 2006 onward, two additional pairs of questions were asked: “In the last 3 months, did you personally get any new rigs from a pharmacy (including for other people)?” and if so, “In the last 30 days, how many new rigs did you personally get from a pharmacy?”; and “In the last 3 months did you personally purchase any new rigs off the street?” and if so, “In the last 30 days, how many new rigs did you personally purchase on the street?” It should be noted that the questions about ‘other’ sources of needles was always asked last, and also that by adding new questions during the study, the value of ‘other’ could conceivably change as in the early part of the study someone who had (for example) purchased them off the street would have no option but

²⁰A ‘kickdown’ is street slang for giving something of value to someone without expectation of immediate return, as in “I had an extra pair of shoes, so I kicked them down to someone who needed them.”

to report them as ‘other’; in the latter part of the study the needles could be reported as street-purchased and the value of ‘other’ for that individual would be correspondingly lower. As such, values of ‘other’ from the first and second halves of the study are not necessarily comparable.

Accordingly, four different values of g (number of new needles obtained in the last 30 days) were calculated: needles from needle exchange only; needles from ‘legal’ sources only (needle exchange and pharmacy, but only after January 2006 when pharmacy sales data began to be gathered); needles from ‘risky’ sources only (street purchased and ‘other’ only, again only after January 2006); and all needles from any source.

The final component of the first half of the SII equation, the value of l (number of needles lost, discarded, confiscated, sold, given away, stolen or otherwise lost to the participant in the last 30 days) was unfortunately not fully addressed by questions in the UFO interview. Three questions were asked for a limited period of time which speak to the issue, but none explicitly asked for numbers: “In the last 30 days did you give other people needles?”; “In the last 30 days did you sell needles?”; and, for people who had been stopped by police in the past three months, “Were condoms or needles confiscated from you during this contact with police?” and if so, “Which?” In cross-sectional data, 171 of the 302 people who answered the question (57%) had given needles to others in the past 30 days; 50 of 152 (33%) people who answered the question about selling needles had sold needles in the past 30 days; and 34 of the 299 (11%) people stopped by police in the past three months had had needles confiscated from them by the police. These data suggest that the value of l was non-zero for somewhere between 57 and 100 percent of participants (particularly given that

none of these questions address loss of needles due to theft of belongings including needles or other forms of loss). Field notes suggest that sales of needles and loss due to theft or similar involve relatively small quantities of needles for most UFO participants (ie less than ten per month) but giving needles to others can account for large volumes of needles, particularly for those deliberately engaged in secondary or satellite exchange. As such, median and other measures of SII in this group may well be underestimates.

Given the absence of usable data for the value of l , for the analyses described below, SII is therefore calculated as:

$$SII = g - (r \times a)$$

where: g = number of new needles acquired from needle exchange in the last 30 days, r = number of days in the last 30 on which injection took place, and a = average number of injections per day on days that injection occurred within the last 30 days.

Before continuing with analyses, two other confounders to the value of SII need to be mentioned, both relating to ‘social desirability’ in self-reports of injecting behavior. The concern in this instance is that UFO participants would over-report needle acquisition (a socially-desirable behavior in the context of harm-reduction oriented service provision in San Francisco) and under-report injecting frequency (another behavior potentially seen as socially-desirable by respondents). These issues around the validity of self-reported data from injecting drug users have been persistent concerns in epidemiologic research with this population (see Johnson and Parsons (1994), Darke (1998), and Safaeian et al. (2002) for specific examples of this literature relating to injecting behaviors). In general, this literature

admits that some distortion may occur, but meta-reviews of the literature suggest that, when compared to biomarkers, criminal records, and collateral interviews, “self-reports of drug users are sufficiently reliable and valid to provide descriptions of drug use, drug-related problems and the natural history of drug use.” (Darke, 1998, p.253).

2.4.1 SII vs . . .

As described above, the Safe Injection Indicator (SII) is a continuous variable where a negative value indicates that the individual reports obtaining less needles than needed to use a new needle for every injection reported in the past thirty days; a zero value indicates a one-for-one match of needles obtained to injecting events, and a positive value indicates the individual reports obtaining more needles than required for her or his own use in the past thirty days. Four different values of SII were calculated for every individual cross-sectionally interviewed by the UFO Study between February 2003 and September 2008 to reflect different ways of obtaining needles in San Francisco.

For each of the judicial statuses described below, the SII values were grouped according to whether individuals did or did not have the judicial status indicated. As none of the methods described above for calculating SII resulted in a normally distributed variable when tested using the Shapiro-Wilk test for normality (Shapiro and Wilk, 1965), a Mann-Whitney U test, the nonparametric equivalent of the Student’s t-test for comparing differences between means in a normally distributed sample (National Institute of Standards and Technology/SEMATECH, 2009, Section 7.3.5), was used to compare differences between the medians of grouped SII values.

2.4.2 Warrants

UFO participants were asked “Are there any warrants out for your arrest right now that you know of?” The null hypothesis is that differences in the median SII value among those who have a warrant out for their arrest and the median SII value among those who do not will not be significant. As SII is non-normal, an independent two group Mann-Whitney U Test was used to compare differences between medians. Among respondents interviewed cross sectionally (ie those being interviewed for the first time by UFO prior to serology and potential enrollment in a longitudinal cohort), and calculating SII based on needles from any source, the test returned a p-value of 0.4456, meaning the difference between medians was not significant.

Repeating the test for values of SII calculated by restricting sources of needles to needle exchange only; needle exchange plus pharmacy; and needles from street or ‘other’ sources only all also returned non-significant results.

When looking at the overall distributions of SII (see Figure 2.3, p.62), it is notable just how high SII values are for some individuals—in some cases people report obtaining literally thousands of needles more than required for their own self-reported injecting needs. Recalling that a positive SII value indicates the individual obtained more needles from needle exchanges of pharmacies than they required for their own injection needs in the past thirty days; people who have a SII value in the hundreds or the thousands are highly likely to be participating in ‘secondary exchange’—ie delivery of needles from needle exchanges to other individuals who cannot or will not go to needle exchange themselves. One value of SII present in Figure 2.3, for example, is from a quantitative interview with Jess (one of

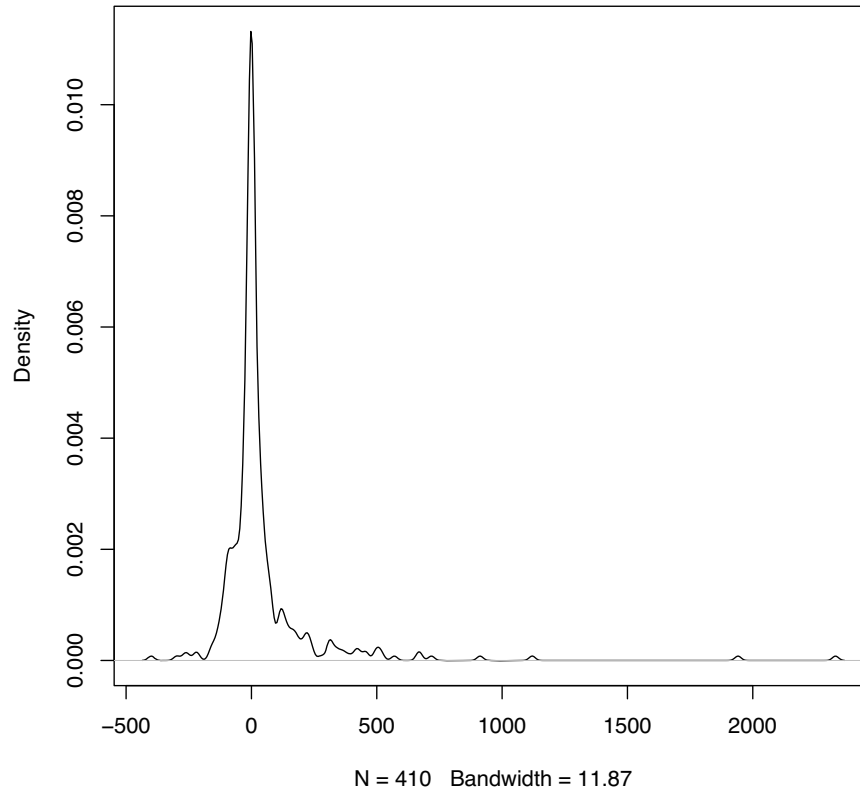


Figure 2.3: SII density plot

the respondents in the qualitative component of the study), who scored an SII value of 540. At the time, Jess was receiving an honorarium from the Homeless Youth Alliance to conduct secondary exchange (Mary Howe, Executive Director, Homeless Youth Alliance, personal communication May 12, 2009), funded by a grant explicitly for that purpose from the California Department of Human Services Office of AIDS.

Repeating the analysis removing events in which the individual reports an SII value of greater than 100 returns a non-significant p-value of 0.593. Looking at the distribution of

SII values visually however, it is notable how no high values of SII are in the ‘warrant’ group (Figure 2.4, p.63). Given the tiny numbers involved (only four cases with an SII over 700) it is not surprising this is not significant, but with a larger sample it would be interesting to see if having a warrant precludes significant participation in secondary exchange activities along the lines shown by Bluthenthal et al. (1997) in a comparison of needle exchange volunteers in San Francisco and neighboring Oakland in the late 1990s.

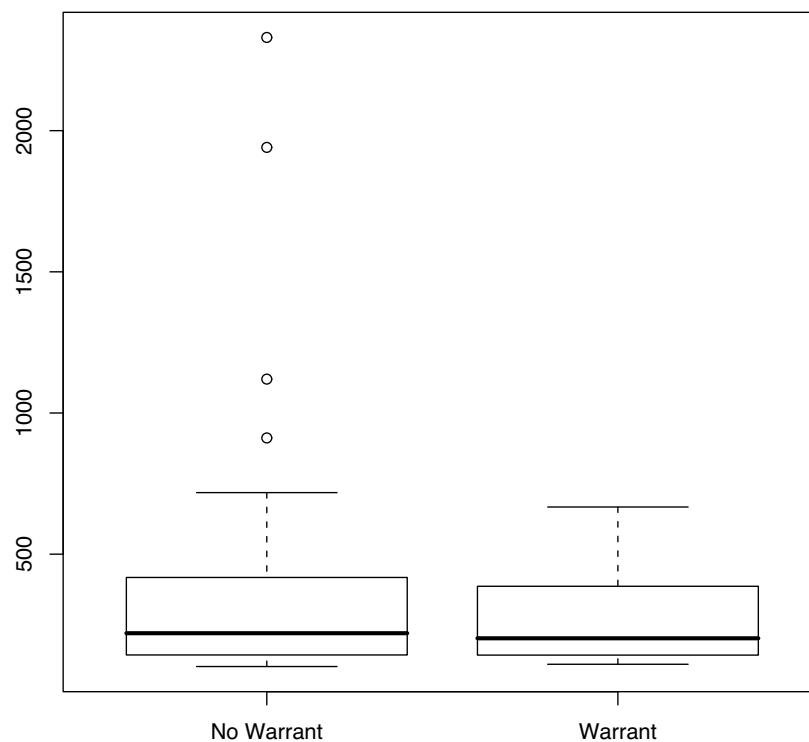


Figure 2.4: SII vs warrants (excluding hypothesized secondary exchangers)

2.4.3 Incarceration

UFO participants were asked a number of questions about their exposure to incarceration, one being “How much total time have you spent locked up in your life?” with answers in the years, months, and/or days ranges being possible. Answers were converted to a single variable in months (eg three years is coded as thirty six months; ten days is coded as 0.3 months). As with the SII variable, the Shapiro-Wilk test for normality indicates that the lifetime incarcerated variable is not normally distributed.

One possible way to look at relationships between two non-parametric continuous variables (in this case SII and total time incarcerated) is to categorize both and calculate χ^2 .

The minimum, 1st quartile, median, 3rd quartile and max values of SII are -400 , -19 , 0 , 34.3 and 2330 respectively. These data suggest three categories comprising <0 , $0-35$, and >35 .

The minimum, 1st quartile, median, 3rd quartile and max values of total time incarcerated are 0 , 0.07 , 3.5 , 24 , and 168 respectively. These suggest three categories comprising <3.5 , $3.5-24$, and >24 .

Grouping SII and total time incarcerated according to this schema, and performing the χ^2 test produces $\chi^2 = 3.0853$, $df = 4$, $p\text{-value} = 0.5436$, a non-significant association.

2.4.4 Probation or parole

UFO participants were asked two questions about probation and parole: “Have you ever been on probation or parole at any time in your life?” and “Are you currently on

probation or parole, or have you been on probation or parole in the last 3 months?” The null hypothesis is that differences in the median SII value among those who have either ever been on probation or parole, or among those who were or had recently been on probation or parole, and the median SII value among those who had never been on probation or parole, or those who had not been in the past three months, will not be significant. As SII is non-normal, an independent two group Mann-Whitney U Test was used to compare differences between medians. Among respondents interviewed cross sectionally (ie those being interviewed for the first time by UFO prior to serology and potential enrollment in a longitudinal cohort) the first test (parole or probation ever) returned a p-value of 0.5127, meaning the difference between medians was not significant. The second test (parole or probation with the last three months) returned a p-value of 0.1794, also meaning the difference between medians was not significant. SII values for this test were calculated using the value of g obtained by counting needles from any source.

Repeating the test for values of SII calculated by restricting sources of needles to needle exchange only; needle exchange plus pharmacy; and needles from street or ‘other’ sources only all also returned non-significant results.

2.4.5 Stay-away orders

UFO participants were asked “Do you currently have any stay away orders in the bay area?” The null hypothesis is that differences in the median SII value among those who have a stay away order and the median SII value among those who do not will not be significant. As SII is non-normal, an independent two group Mann-Whitney U Test was used to compare differences between medians. Among respondents interviewed cross

sectionally (ie those being interviewed for the first time by UFO prior to serology and potential enrollment in a longitudinal cohort) the test returned a p-value of 0.9529, meaning the difference between medians was not significant. SII values for this test were calculated using the value of g obtained by counting needles from any source.

Repeating the test for values of SII calculated by restricting sources of needles to needle exchange only; needle exchange plus pharmacy; and needles from street or ‘other’ sources only all also returned non-significant results.

2.4.6 Stopped by police

UFO participants were asked “In the last 3 months, have the police stopped you for any purpose?” The null hypothesis is that differences in the median SII value among those who were stopped by police and the median SII value among those who were not will not be significant. As SII is non-normal, an independent two group Mann-Whitney U Test was used to compare differences between medians. Among respondents interviewed cross sectionally (ie those being interviewed for the first time by UFO prior to serology and potential enrollment in a longitudinal cohort) the test returned a p-value of 0.01242 ($W = 23205.5$) meaning the difference between the medians is significant.

Calculating the mean SII value for each group, the medians in both cases are 0.00, although the mean SII value of the police stop group is lower (17.39 vs 55.02). The difference in means suggests that people who have been stopped by police in the past three months are *more* likely to report obtaining enough needles to exceed their self-reported frequency of injection within the past thirty days. There are a number of possible interpretations to this tentative finding (tentative because the test used indicates the significance of *differences*

between medians, and in this case the medians of the two groups were equal). One is that individuals who frequently have contact with police are therefore aware of the lack of legal sanction in San Francisco associated with needle possession and hence are more comfortable with obtaining and carrying larger numbers of needles. Another interpretation might be that being stopped by police is a proxy for some other behavior also associated with effective use of needle exchange. An example might be that individuals stopped frequently by police might be being charged by police with ‘quality of life’ infractions such as ‘sleeping in a public park’²¹, and, as several key needle exchanges are part of larger social service agencies who provide assistance dealing with such issues, receiving infractions results in young injectors utilizing such services on a regular basis, ensuring their exposure to and potential utilization of ancillary services such as needle exchange. This suggestion is weakened by the lack of association between having warrants and any difference in SII however, as those not utilizing social services to ‘clear’ infractions inevitably are issued bench warrants, and this would be expected to produce a statistically significant decrease in SII value among those with warrants compared to those without, which, as noted above, was not the case. In an attempt to shed light on some of these possibilities, some additional analyses were conducted.

Firstly, individuals who were stopped by police in the past three months were also asked the location (“nearest intersection or cross-street”) of their most recent police stop. As locations were entered manually by interviewers into Palm Pilot data collectors using a stylus to tap out letters on a tiny virtual keyboard, typographic errors were extremely common and all locations were necessarily geocoded manually by the author. In the process of re-coding, an additional variable was created to indicate whether the location indicated

²¹Cite the code.

was in San Francisco or external to San Francisco (for example “Berkeley”). The analysis described above was repeated using only individuals who reported their last police stop was at an identifiable location in San Francisco, returning a p-value of 0.01242 ($W = 23205.5$). The medians were again 0.00 for both groups, and again the mean was higher for the group who had been stopped by police (31.51 vs -0.19). Repeating the analysis for individuals whose last reported police stop was *outside* San Francisco returned a non-significant p-value of 0.2186. This finding supports the interpretation suggested above that individuals who are frequently in contact with police in San Francisco become aware of the lack of legal sanction for needle possession and hence are more comfortable acquiring and carrying larger numbers of needles, as it indicates that individuals being stopped by police in other jurisdictions are not obtaining significantly more needles than those who are not being stopped by police at all.

Recalling the overall distributions of SII (see Figure 2.3, p.62), it is notable just how high SII values are for some individuals—in some cases people report obtaining literally thousands of needles more than required for their own self-reported injecting needs. Recalling also that a positive SII value indicates the individual obtained more needles from needle exchanges of pharmacies than they required for their own injection needs in the past thirty days, people who have a SII value in the hundreds or the thousands are highly likely to be participating in ‘secondary exchange’—ie delivery of needles from needle exchanges to other individuals who cannot or will not go to needle exchange themselves.

To control for this potential confounder, the analysis described above was repeated removing all individuals who reported an SII of greater than 100 in order to remove all

individuals who could potentially be participating in secondary or satellite exchange. This analysis returned a p-value of 0.01621 ($W = 17105$). Median SII of the group who were stopped by police in the past three months was -1.00 , median SII for the group who were not stopped by police was 0.00 . In other words, among people who were arguably not participating in secondary exchange, being stopped by police in the past three months was associated with lower rates of needle acquisition relative to injection events, a reverse of the above tentative finding that being stopped by police was associated with higher values of SII.

Again, these results may be interpreted in several possible ways. One interpretation may be that young injectors not deeply engaged in the social world of needle exchange (I would argue that people actively participating in secondary exchange are part of the social world of needle exchange as practiced in the United States) are, in fact, dissuaded from effective use of needle exchange by contact with police. Another possible interpretation is that, excluding young injectors who are actively engaged in secondary exchange, SII is simply a proxy for what the public health world tends to label ‘risky behavior’—both the kinds of behavior which attract police attention and the kinds of behavior where consistently obtaining enough needles to meet injecting needs is low in priority.

2.5 Conclusion

As stated in the introduction to this Chapter, in the grant application to UARP which partially funded this dissertation, I hypothesized that there would be a statistically significant relationship between young injectors’ judicial status and their ability to comply

with the U.S. Public Health Service standard of one needle for every injection event.

This hypothesized relationship rides on two sets of understandings: firstly, those surrounding the structural circumstances and constraints of young injectors' access to needles in San Francisco; and secondly, a set of understandings as to what comprises 'judicial status'.

In this chapter I first discussed needle exchange modalities and practices, noting that most points of access for needles in San Francisco were highly mediated: the vast majority of UFO participant's needles came from needle exchanges, a surprisingly structured modality (given the 'grass roots' nature of the practice in the United States). The second largest source of needles was through what was effectively secondary exchange—needles from friends, acquaintances, outreach workers, and, in short, other people who were injectors or involved in injection communities. Pharmacy sales and street sales made up what I will call the 'last mile'²²—that final handful of needles needed at unusual times of day or night or in unusual situations or circumstances which make the difference between consistently using a new needle for every injection and sharing a needle with someone who may have hepatitis C or HIV *in extremis*.

Needle acquisition is a well studied aspect of the behavior of people who inject drugs, particularly those who are visible and accessible to researchers such as epidemiologists. Judicial status, while also the site of considerable research effort, is more complex in that the exact roles of judicial status and the ways judicial status is understood by young injectors is so variable. Field experience with UFO participants suggests that some people are deeply concerned about the possibility of engagement with the criminal justice system, whereas

²²A term I'm borrowing from the telecommunications industry, where delivering fibre-optic national networks is cheap relative to the volume of traffic on them, but delivering the last mile from the nearest junction box to a wall terminal in someone's house is absurdly expensive relative to household traffic volumes, and must be amortized over decades to make economic sense.

others are relatively unconcerned about anything short of extended incarceration, having already engaged extensively with the criminal justice system.

Looking quantitatively at associations between judicial status and needle acquisition in this population, it appears few statistically significant relationships exist. The only ‘judicial status’ with statistically significant relationships to needle acquisition was the *de facto* judicial relationship of police contact for any purpose. Even here, clarity was lacking: across the entire population of UFO participants it appears that recent police contact is associated with *higher* levels of needle acquisition relative to personal rates of injection; however on making efforts to reduce the confounding factor of secondary exchange the relationship reversed—among those who were not significantly involved in secondary exchange, recent contact with police was associated with *lower* levels of needle acquisition relative to personal rates of injection.

Finally, mere ‘contact with police’ seems likely to be a proxy variable for more complex relationships rather than an absolute to be taken at face value.

Not a single *de jure* judicial relationship appeared to be related to differences in needle acquisition relative to personal injecting in this population. Looking solely at individuals clearly participating in secondary exchange (or at least grossly over-reporting their needle acquisition levels), there is some suggestion that having a warrant might preclude people from extensive participation in secondary exchange, but given the tiny numbers involved no real conclusions in this direction can be made.

If any real finding can be extracted from this complexity, it is that secondary exchange appears to have a complex role in the relationships between an individual’s ability

or willingness to acquire, keep, and use needles relative to the number of times they inject each month, and that individual's history of, attitudes toward, and responses to various *de facto* and *de jure* judicial statuses.

Secondary exchange is nothing if not a spatialized practice—it revolves around the willingness and ability of people to deliver needles to *places* where people need them, places where formal needle exchange is not happening. No needle exchange in the United States can openly allow people to inject illicit drugs on the premises; as such, it could be argued that all needle exchange is secondary in that it all involves taking needles from one fixed location to a second location where the injection event will actually take place. The movement of the needle between some 'official', 'known sterile' source and the location (or locations) the needle is eventually used in is a socially mediated movement or set of movements, and it is these movements the following chapters will explore.

Chapter 3

Historicizing the situation: discourses of drug use

3.1 Introduction

In the previous chapter, a wide range of concepts were brought up around legal framings of injecting drug use. As should be obvious, these framings represent only one set of framings around which injecting drugs can be understood. More broadly, the framings around which understandings of drug use are negotiated can be seen as discourses, in the core sense of “language reflecting social order but also language shaping social order, and shaping individuals’ interaction with society.” (Jaworski and Coupland, 1999, p.3).

The dominant discourse around the use of proscribed drugs in the contemporary United States is coached in legal terms. These are the terms in which the previous chapter ‘saw’ drug use and the behaviors around it. Chapter 2 explicitly engaged with an aspect

of drug use oriented around what was termed ‘judicial status’; the *de facto* and *de jure* elements of an individual’s relationship to the state. Other discourses around substance use exist, of course; there is no discourse so catholic as to preclude all others. Two others of particular interest are the discourse of ‘addiction medicine’ and that of the often closely related ‘harm reduction’. This chapter seeks to provide a grounding in what I see as one of the largest and most pervasive elements in the lives of young injectors in the United States: the historic roots of the legal and social framings of drug use.

3.2 History of a ‘problem’

I want to suggest that the history of drug use in the United States can be read as a series of processes which have a common natural history: use of a substance is problematized, and in doing so an understanding of a ‘situation’ is constructed. Responses to the situation then emerge, which become co-constitutive facets of the nature of the problem. As the response affects more people, other players are introduced or drawn into the situation, who in turn add their own interpretations of the situation and ideas about the types of response to the situation which might be appropriate. The ultimate result is a complex series of overlapping understandings of ‘the situation’, with equally complex, nuanced, and conflicting understandings about what to do about ‘the situation’, with one of the key components of the situation being, for all players, their respective understandings of what has already happened and what the consequences of those past events have been. In using the term ‘the situation’, I am explicitly invoking situational analysis, as developed by Clarke (2005), albeit with a heavy emphasis on the temporal aspect—‘the situation’ as a series of

CAT scans through time, each ‘slice’ composing a part of the subsequent situation.

To explore these processes more fully, I will first give a brief history of heroin use in the United States. This history will largely focus on providing the necessary background to understanding the contemporary social situation, specifically the two major approaches to the ‘problem’ of drug use. By ‘problem’, I mean the ways in which the use of (some) substances have come to be constituted as problematic to both the individuals concerned and to the society of which they are members. The history will focus on heroin, as the Platonic exemplar of a “hard drug”—one which has no contemporary medical use (in the United States) and whose use is frequently understood as being at the outer boundaries of social behavior. I will then move on to re-examine this history through the lenses provided by several social theorists, both in order to better understand how these situations came to exist, and to understand the implications for the ways in which injecting spaces are formed.

3.2.1 Historical background

Histories of drug use and prohibition in the United States can and do take volumes (as core texts, see Musto (1999, 2002); Courtwright (1982, 2001); Acker (2002); Tracy and Acker (2004); and Belenko (2000)). This section will briefly outline key events in this history, before moving on to a discussion of the sociological approaches to the criminalization and medicalization of the use of some drugs.

As with Britain, (Berridge, [1981] 1999), opium and derivatives were used throughout the 18th century in a wide range of folk and patent medications, particularly for pain and respiratory problems, in most parts of the United States (Tracy and Acker, 2004; Musto, 1999). A comprehensive history of recreational opiate use in the United States during this pe-

riod does not yet exist, although Tracy and Acker (2004) provide a useful overview. Despite this, opiate use for what was seen as ‘non-medical’ uses appears to have been relatively commonplace, neither completely unremarkable (see for example the vaguely troubled language in Earle’s (1880) review of pharmacy sales in Chicago and his observation that most regular ‘non-medical’ users were middle-class women), nor highly problematized. A retrospective review of pre-1914 pharmacy sales records published in 1924 suggested that approximately 4% of Americans were regular users of opiates at the end of the 19th century (Kolb and Du Mez, 1924).

Heroin itself was first produced by C.R. Alder Wright in 1874¹, in a process initially described by Wright, then improved by Wright and colleagues and described in a series of papers published between 1874 and 1876 (Wright, 1874; Beckett and Wright, 1875a,b,c, 1876). Initial experimentation suggested it was more powerful than morphine yet had few of morphine’s side effects or addictive properties (United Nations, Department of Social Affairs (Now Office on Drugs and Crime), 1953). In 1898 Bayer began commercial manufacture and launched an aggressive marketing campaign targeting physicians and pharmacists (McCoy, 1972, Chapter 3). By the turn of the century, however, medical opinion on the addictive properties of heroin began to diversify, vacillating between continued enthusiastic acceptance: “No harmful results, especially as I observed no abstinence symptoms whatever.” (United Nations, Department of Social Affairs (Now Office on Drugs and Crime), 1953, citing Turnauer, 1899) and increasing ambivalence, usually associated with direct experience with patients seen as having become physically dependent on heroin (United Nations, De-

¹Heroin, or diacetylmorphine, is acetylated morphine. Wright produced diacetylmorphine by boiling morphine with acetic anhydride for three hours (Wright, 1874, pp.16–18).

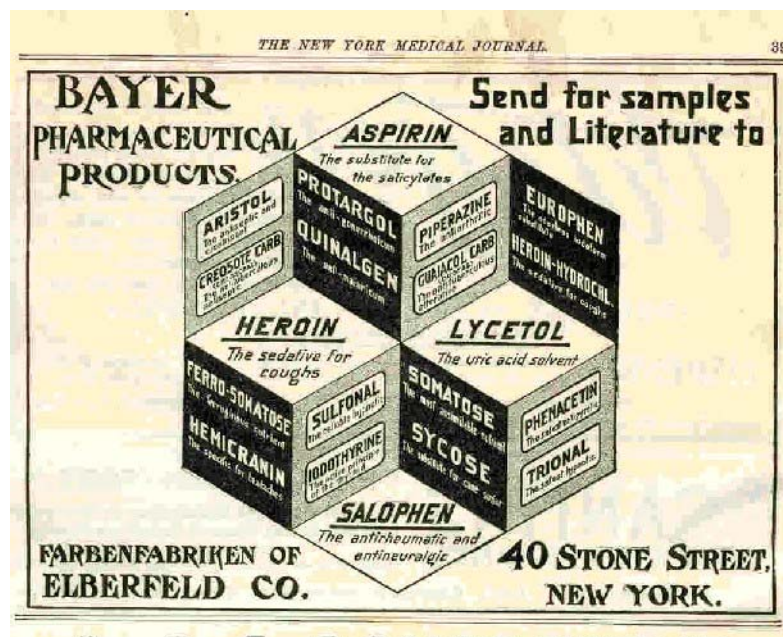


Figure 3.1: Bayer Advertisement, *New York Medical Journal* c. 1900

partment of Social Affairs (Now Office on Drugs and Crime), 1953, citing Pettey (1903) as an example). Despite these changes in conceptions of possible side effects, heroin continued (and continues, at least outside the United States) to be considered an improvement on morphine for some uses in that it has less gastrointestinal side-effects (ie produces less constipation) while maintaining similar analgesic properties (Lasagna, 1964).

Between 1910 and 1920, heroin use by the medical profession within the United States became increasingly restricted. In 1916 the U.S. Public Health Service ended the utilization of heroin for any purpose in outpatient treatment, and in 1920 the American Medical Association adopted the resolution “that heroin be eliminated from all medicinal preparations and that it should not be administered, prescribed, nor dispensed; and that the importation, manufacture, and sale of heroin should be prohibited in the United States.”

(Upham et al., 1920, p.1318). In 1924 the United States explicitly banned the manufacture of heroin (43 Stat. 657)².

Additionally, in 1914 the federal Harrison Narcotics Tax Act (38 Stat. 785, 1914) was passed, implementing the United States' treaty obligation under the Hague Opium Convention³ to regulate the manufacture, sale, use, and transfer of “morphine, cocaine and their respective salts”. The law, overtly a tax law which allowed the federal government to regulate interstate and international trade in opiates and cocaine, included an innocuous-seeming clause limiting the medical use of these substances explicitly to “the treatment of disease or injury” (38 Stat. 785, 1914). Within a decade, this limitation was interpreted by the Supreme Court to mean doctors could not prescribe narcotics to addicts, since addiction was “not a disease” (United States v. Behrman 1922). This effectively criminalized prescription of narcotics to addicts, ended the then-common practice of prescribing opiates to opiate users as a maintenance or pre-withdrawal practice, and essentially criminalized all further use of opiates outside of explicitly medical settings. The law also created and empowered the Narcotics Division of the Treasury Department, the first of what has become a long sequence of federal agencies with arrest power whose existence depended on an ongoing federal interest in, and mandate to, regulate drug use.

There is a sense in which the subsequent history of American responses to and understandings of drug use is merely one of reactions to and extensions of the legal framing

²Later codified as 21 U.S.C. 173 (repealed 1970 and replaced by 21 U.S.C. 841, which shifted responsibility for enforcement from the Treasury to the Office of the Attorney General). 21 U.S.C. 513 (likewise repealed in 1970, and replaced by 21 U.S.C. 952) permitted the Secretary of the Treasury to authorize the importation of any narcotic drug for delivery to governmental officials or to any person licensed to use the drugs for scientific purposes, however this provision was never used (Turner v. United States, 396 U.S. 398 (1970), footnote 12 of the majority opinion).

³Joined by the United States on January 23, 1912 (38 Stat. 1912, 1912) but not ratified until March 3, 1915.

created by the Harrison Act and its supporters. By ‘legal framing’, I mean the construction of the use of (some) drugs as a ‘criminal act’, and hence a site for which judicial intervention should be the primary response or, at the very least, the controlling arbiter of what other forms of intervention can be used. In the United States, the only significant alternate narrative has been one of medicalization, in which drug use is jurisdictionally re-located as an illness. In this construction, the use of (some) drugs is still problematized, however it differs from legal framings in that medical interventions are seen as the appropriate response.

The history of medical responses to substance use in the United States is largely one of responses to alcohol, and somewhat unsurprisingly both the construction of opiate use as ‘addictive’ and the formalization of responses to that ‘addiction’ are heavily derivative of the language and techniques utilized in conceptualizing alcoholism as both a disease and a treatment target. Further, ‘addiction medicine’ is heavily rooted in the mental health fields; ‘addiction’ is still classified as a mental illness⁴, to the point that one of the largest sources of funding for drug-related research in the United States is still the National Institute of Mental Health, despite the existence of a dedicated Institute, the National Institute on Drug Abuse, within the NIH (National Institutes of Health).

Early medical responses to problematic alcohol use in the United States largely consisted of residential institutions, modeled on and frequently staffed by former employees of insane asylums (White, 2002, p.1088). In 1870 a small group of doctors running these public and private ‘inebriate homes’ formed the American Association for the Cure of Inebriates, publishing a manifesto whose first declaration was “Intemperance is a disease” and calling

⁴Both the DSM IV and ICD-10 categorize ‘dependent’ drug use as an Axis 1 mental illness (Welsh et al., 2004, pp.86-87).

for the legal recognition of this framing (White, 2002, p.1088). That this was not yet a widely accepted idea was made clear when, after a matter of months, the directors of one reformatory home withdrew from the Association, stating “We do not, either in our name or management, recognize drunkenness as the effect of a diseased impulse; but regard it as a habit, sin and crime; we do not speak of cases being cured, as in a hospital, but ‘reformed.’” (White, 1998, p.26). By the end of the century, however, the disease model of alcoholism had become widespread, and had been extended to encompass other forms of ‘inebriety’. T.D. Corother’s canonical text *The Disease of Inebriety from Alcohol, Opium and other Narcotics* (1893) conflated all substance-related addictions, as did the treatment texts he and others produced from the 1890s through to the second decade of the twentieth century (Corothers, 1897, 1912). Where medical responses to opiate use differed from medical responses to alcohol use, however, was in the widespread acceptance of maintenance or substitution therapies. In Cooper’s (2004) comparative analysis of medical theories of opiate addiction’s aetiologies in the time periods 1880–1920 and 1955–1975, she argues that many of those seen by the medical profession for ‘addiction’ during the earlier period were white, middle-class, and female, and hence deemed too delicate to be subjected to abrupt withdrawal regimens (Cooper, 2004, pp.435,437–440).

We see then a mixed and complex construction: on the one hand, opiate addiction is conflated with alcoholism, with all that time period’s complex locations of aetiology in personal pathology, individual failing, ‘racial’ weaknesses, degeneracy, and so forth; on the other, we see treatment models which frequently see the substance itself as physically non-deleterious and thus appropriate for maintenance or substitution therapy (the problem being

located in the state of addiction itself, not the substance).

As mentioned above, the Harrison Act served to substantially impact the medical profession's approaches to opiate addiction. Caroline Acker argues that the Harrison Act did a number of things: firstly, it prevented doctors interested in treating opiate addiction from utilizing their normal first step, namely stabilizing their patient on a maintenance dose of morphine or heroin before beginning further work (Acker, 2002, p.51). Secondly, by criminalizing the sale of opiates, the Harrison Act essentially devolved responsibility for the manufacture, distribution, and price setting to organized crime. As a consequence, street prices increased and many thousands of individuals began to need to pursue a "criminal lifestyle" to maintain their habit. As such, doctors treating addiction increasingly found their primary client base to be an increasingly scary 'criminal underclass', rather than 'ordinary' members of predominantly middle-class society (the white, female, upper-middle class patients described by Earle and Cooper) (Acker, 2002, pp.44,51). Additionally, the Treasury Department (the Harrison Act being a trade law) began to enforce the act by policing prescription patterns and threatening doctors who continued to prescribe maintenance doses with criminal proceedings (Musto, 1999, p.121ff). Acker traces a shift from addiction as a problem of medicine to addiction as a problem of criminology through the 1920s, ascribing an important role to the Rockefeller-funded Bureau of Social Hygiene (Acker, 2002, p.43–44). Clarke (1998) also describes the importance of the Bureau in transforming the nature of scientific research into the issues of "deviant sexuality" and drug use.

Following World War II, as death rates from opiate overdose began to escalate, something of a resurgence of interest in 'addiction' took place within medical and, more

generally, public health fields (Joseph et al. 2000, p.347; Frank 2000, p.341). Death rates appear to have been the consequences of both a general trend toward injection as a route of administration (O'Donnell and Jones, 1968)⁵, and a resurgence in availability as the restrictive effects of the war on travel and the international movement of goods ended (Frank, 2000, p.341).

Once again, however, many of the approaches to both treatment and research were driven by practitioners who were working with alcohol users. The current American Society of Addiction Medicine, for example, (an American Medical Association 'voting delegate group') began as the New York City Medical Society on Alcoholism in 1954 (American Society of Addiction Medicine, 2006). Along with this new interest in drug use came new techniques (or, more accurately, technologies), primarily in the form of improvements in the use of medications to alleviate the physiological symptoms of opiate withdrawal and, in something of an ironic return to pre-Harrison practices, to support the opiate user by substituting their illicit opiate for a licit one in the form of methadone. "If the classic era of narcotic control had begun with the forbidding of addiction maintenance and the closing of the multiple narcotic clinics in the 1920s, it ended in the 1960s with the introduction of methadone maintenance as a treatment for heroin addiction." (Acker, 2002, p.215)

Methadone maintenance and related technologies emerged in the context of growing medical dissent from the criminalization of addiction, particularly as the demographics of those using opioids⁶ once again changed, increasingly including young, white, middle-class users. "This pattern led to a demand for an understanding of addiction that did not consign

⁵A common consequence of increases in street price in settings where smoking had previously been the standard route of administration (Swift et al., 1999)

⁶Opiates collectively include all derivatives of the opium poppy; opioids encompass opiates but also include synthetics such as methadone and oxycodone, most of which were products of the post-war period.

its victims to prison and brand them as having irredeemable character defects.” (Acker, 2002, p.216).

In these events, we see proscribed drug use and the responses to proscribed drug use as heavily shaped by the perceived class of core groups of users, rather than any changes to understandings of the effects of drug use.

This period also produced the beginnings of what would be later termed the harm reduction movement, a series of responses to drug use characterized by an interest in the role the legal system played in increasing the harms associated with drug use. To some degree, the free clinic movement that arose in the late 1960s played a role in producing harm reduction, in that it saw healthcare as a right rather than a privilege, and did so from a perspective informed by the civil rights movement (Acker, 2002, p.216). In doing so, and in contrast to other earlier ‘charitable’ healthcare providers, it (at least philosophically) removed the idea of ‘worthiness’ or ‘deservedness’ from decisions about who to provide treatment to and, more importantly, how that treatment should be structured. Responses to drug use pioneered by organizations such as the Haight Ashbury Free Medical Clinic emphasized the addiction-as-disease model, and focused on developing and providing treatments which emphasized patient needs and desires, rather than serving as a de-facto punishment regimen for ‘immoral behavior’ (Smith and Luce, 1971). Although it has since been argued that the disease/treatment model of addiction is both inherently invalid (Keane, 2002) and simply substituting judicial surveillance for the surveillance of medicalization (Davidson and Morse, 2006) (points which will be returned to later in this review), these clinics played an important role in laying the conceptual framework for harm reduction.

Acker (2002, pp.226–228) locates the ‘harm reduction’ movement as deriving its roots from needle exchange⁷ as a specific public health response to HIV emerging in the early to mid 1980s. As the provision of new needles to injecting drug users was, at the time, illegal in most parts of the world, needle exchanges in most jurisdictions began as ‘underground’ services. Needle exchanges in North America were frequently initiated and staffed by injectors themselves, and rapidly took on many of the characteristics of a health social movement (Bluthenthal, 1998; Kelley et al., 2005; Moore and Wenger, 1995). Outside North America, injecting drug users had in several instances already organized around drug treatment and criminal justice issues already and simply extended their ambit to include needle exchange (Crofts and Herkt, 1995; Fischer, 1995; Henman et al., 1998). While the definitional meanings ascribed to harm reduction as a term have engendered considerable community debate (Lenton and Single, 1998), a core commonality is the oppositional relationship to criminal justice and ‘morality-based’ responses to drug use. As Scott Burrell (2004), a lawyer who frequently publishes on legal aspects of harm reduction practices put it in a journal article title: “Harm reduction’s first principle: ‘the opposite of hatred’”. Since the mid-1980s, both needle exchanges and harm reduction more generally have arguably been co-opted to greater or lesser degrees by public health authorities and governments. Several authors have detailed processes of co-optation of needle exchange programs (for example see Crofts and Herkt (1995); Kelley et al. (2005) and Moore and Wenger (1995)); and ‘harm reduction’ has been adopted as formal policy by governments as diverse as the Australian Commonwealth [federal] Government (in 1985 (Ritter et al., 2004)) and the City

⁷I am using ‘needle exchange’ as a generic term to describe many different models of needle provision to injectors, although many such models (particularly outside the United States) do not place as much emphasis on the return of used needles as a prerequisite for receiving new needles (the ‘exchange’ referenced in the term).

and County of San Francisco (in 2000 (San Francisco Department of Public Health, 2000)). These latter changes have as one consequence that they then allow the governmental bodies concerned to explicitly define (or redefine) ‘harm reduction’ for the purposes of regulation and funding (Ritter et al., 2004; Moore and Wenger, 1995; Henman et al., 1998; Lenton and Single, 1998).

Based on this broader history, I am therefore suggesting that harm reduction is one of the key conceptual framings around which responses to drug use have been framed; that harm reduction extends from the legacy of a post-war revival in interest in drug treatment, combined with the more assertive legacy of 1980s HIV activism, and by the early 1990s had emerged into being a more or less cohesive health social movement with significant transnational characteristics.

This is not to argue, however, that this approach or conceptualization has simply emerged unchallenged from existing practice. A second approach, also heavily rooted in events of the 1920s and 1930s, can be termed the ‘war on drugs’ approach.

In 1930 the Treasury Department (responsible for administering both the Harrison Act and later restrictions on opiates and other substances which had been based on the federal government’s constitutional ability to make law relating to ‘interstate trade’) created a new division, the Federal Bureau of Narcotics, explicitly to administer and enforce those laws which related to ‘narcotic’ drugs⁸. The first director of the Bureau, Harry Anslinger, had been the Assistant Prohibition Commissioner in the Bureau of Prohibition,

⁸The term ‘narcotic’ was a medical term in the 1930s used to refer to the class of substances believed to induce sleep, primarily opiates. That usage of the term was adopted in legislation, then expanded in that setting to include cannabis and, somewhat nonsensically, cocaine or cocaine derivatives. Developments in understandings of the neurochemistry of opiates in the decade following World War II led to medical and scientific abandonment of the term. Sixty years later, the term remains current only in US legislation and legal terminology.

the corruption-wracked Bureau responsible for enforcing alcohol prohibition (Galliher et al., 1998, pp.664–665). Anslinger spent much of the interwar years engaging in a significant campaign to demonize cannabis, about which little was known by either the general public or the medical profession, largely by arguing that it was a significant cause of violence (and particularly African American and Mexican against white violence). Galliher et al. (1998, pp.666–667) argue that by doing so, Anslinger effectively created a Foucauldian ‘regime of truth’, in which the Bureau successfully controlled the discourse on drugs, certainly among the general public and government, such that alternate ideas were marginalized and excluded from general discourse. Having done so, the Bureau could then legitimately provide a law enforcement response—in short, they defined both the ‘drug problem’ and the ‘appropriate’ response to the problem, controlling both. Once their credibility was established (by producing the framings of the discourse on cannabis), they could then move to producing similar discourses on opiates and cocaine—a collection of substances with which the medical profession *did* have considerable expertise. Had the Bureau begun by attempting to dominate medical discourse on opiates from the first days following their inception, they might have experienced considerable and effective resistance to such discourse setting.

Anslinger remained head of the Bureau until his retirement in 1962, when he became US Representative to United Nations Narcotics Commission. The emergence of new treatment regimens, particular after the war, did little to erode the power of the Bureau—instead, the Bureau worked to contain those who articulated viewpoints about the nature of drug use and addiction which differed substantially from their own (in discussing medicalization processes in a later section, I look in more detail at Anslinger’s response to the

sociologist Alfred Lindesmith's work on addiction), and framed medicalized drug treatment as a necessary step for the rehabilitation of the dangerous addict. By 1954, Anslinger was happily supporting the use of methadone:

Generally the best plan for withdrawal involves the substitution of methadon [sic] for whatever drug the addict has been using, followed by a reduction of the dosage of methadon over a period of approximately ten days. After withdrawal has been accomplished, any chance of cure requires a prolonged period of institutional rehabilitation under closest surveillance (United Nations, Department of Social Affairs (Now Office on Drugs and Crime), 1954, p.2).

Note the role of institutionalization and 'close surveillance'—in Anslinger's usage, the medical model becomes a close, supporting extension of the judicial model rather than an independent or alternative approach.

In 1969, President Nixon coined the term "war on drugs" to support his legislative reforms to drug law (Morley, 1989, p.341), increasing penalties for (initially) cannabis trafficking and beginning the huge increases in drug related incarceration that have since led to the imprisonment of 686 Americans per 100,000, the highest rate of incarceration per head of population in the world (Walmsley, 2003, p.1). Like Anslinger's Federal Bureau of Narcotics, later governments and later iterations of the Bureau have continued to attempt to not merely implement law, but to dominate the dialog over what drug use means and how it should be responded to. In surveys conducted between 1978 and 1997, Blendon and Young (1998) suggest that while the federal government may not have convinced most Americans that the war on drugs has been a resounding success, the government continues to be successful in at least convincing most Americans that there is no viable alternative. Repeat evaluations of government-sponsored drug use prevention programs, such as the DARE (Drug Abuse Resistance Education) program, consistently show no effect on drug uptake

rates among teenagers exposed to the program, or, in some instances, actual increases in uptake rates (Lynam et al., 1999). In an analysis of anti-drug messages from the mid 1990s to 2005, Anjali Verma (2006) of the ACLU argues that anti-drug messages allegedly targeting teenagers are in fact targeting their parents; that the aim of the messages is not to prevent teenagers from beginning drug use (as ample evidence shows that they do not and probably serve more to normalize drug use), but to frame the debate about drug use and responses to drug use among voting parents.

This section has provided a brief history of key events in historic responses to problematized substance use in the United States, with a particular focus on opiates. It shows in particular some of the development of two of the key contemporary approaches to drug use: the ‘war on drugs’ approach and the ‘harm reduction’ approach. As I will argue later in this review, these are not as oppositional as this history has made them out to be. Before examining these further, however, we need to explore further two key processes which have been crucial to both harm reduction and the war on drugs: the processes by which the use of some specific substances come to be problematized; and the process by which medical responses to the substance come to be seen as appropriate. I will also explore some of the consequences of this medicalization.

3.2.2 The prohibitory impulse

Much of the problematization of drug use in the United States makes little or no sense without some minimal understanding of the ‘moral’ understandings held around intoxicant use. Accordingly, this section will begin with a brief review of Weber, before moving on to Becker’s moral entrepreneurship and Foucauldian understandings of the sources

of power in society. I will then briefly re-examine key events in twentieth century drug history in the United States through this lens.

Weber's argument that the "spirit of capitalism" was derived from the protestant ethic provides us with an interesting historical approach to the roots of modern prohibitionism. On the simplest level, the theological 'parents' of capitalism—Calvinism, Pietism, Methodism and Baptism—have in common an abhorrence of the use of consciousness-altering substances. However, Weber's work suggests that this abhorrence is not simply the accidental baggage of the theological roots of capitalism. Rather, it suggests that it is part of the formula of success in its own right—drinking (and dissolute behavior in general) is antithetical to maximizing return on resources, the core of the capitalist ethos: "Impulsive enjoyment of life, which leads away both from work in a calling and from religion, was as such the enemy of rational asceticism, whether in the form of . . . the enjoyment of the dance-hall or the public house of the common man." (Weber, [1904] 1992, pp.167–168). In this light, the repudiation of the use of intoxicants becomes not so much the imposition of control, rather a description of a life to be aspired to—'[in order to be pure] thou shall not drink alcohol'. While an extended description of the role of 'pleasure' in discourses about drug use is beyond the scope of this review, it is worth noting that this framing of 'pleasure' itself as structurally problematic (by which I mean problematized in ways which link to what are seen as the fundamental structures necessary for the society's survival) remains with us, to the point that many contemporary anti-prohibitionists are still unwilling to acknowledge the pleasurable nature of much intoxicant use (O'Malley and Valverde, 2004).

The nineteenth century American prohibitionists who expressed their concerns over

the drunken state of the working poor were concerned both for the state of their souls and for their ability to get by in an increasingly competitive world which required rather than aspired to a level of personal discipline. As Weber relates, the precepts of ‘the life to be aspired to’ had become, with their very success, “bound to the technical and economic conditions of machine production which to-day determine the lives of all the individuals who are born into this mechanism” (Weber, [1904] 1992, p.181)—they had ceased to be optional. The underlying impulse of the nineteenth century prohibitionists was not so much sobriety as the discipline needed to function in society.

Prohibition as discipline provides insight into much of the moral panic⁹ language that pervades public discourse on prohibition in contemporary America. Moral panics about substance use, particularly substance use among youth, often feature the concern that substance use renders the user unable to become a ‘useful member of society’—that spending your youth in a dissolute drug haze makes you ‘undisciplined’ and hence unsuitable for any meaningful occupation. This is particularly the case around substances where the language of ‘medical harm’ has been diluted by new knowledge—it is difficult to assert any longer, as Anslinger once did, that cannabis, for example, is any more harmful to the body than caffeine; it is still easy to assert that one cannot be both a stoned slacker and a productive, successful member of society. Language around addiction also often betrays concern for the inability of the user to show discipline—either in exercising self control around her substance use or in any other setting.

Foucault argues that discipline is the basis of power in social arrangements or

⁹A term coined by Jock Young (1971, pp.182ff) in reference to drug use in Notting Hill and substantially amplified by Hall et al. (1978) in their discussion of the political uses of a rise in mugging in the UK.

institutions; that power comes from the ability to impose discipline. By undertaking the experiment of alcohol prohibition, the modern American state undertook to provide its citizens with the level of discipline believed to be necessary to do more than just ‘get by’—nineteenth century prohibitionists appear to have truly believed that all of society’s woes would end with prohibition:

The reign of tears is over. The slums will soon be a memory. We will turn our prisons into factories and our jails into storehouses and corncribs. Men will walk upright now, women will smile, and the children will laugh. Hell will be forever for rent. (Kobler, 1973, p.12, citing a sermon preached by Billy Sunday to a crowd of 10,000 people at midnight on January 16, 1920 (Alcohol Prohibition was enacted on January 17)).

Instead, extending from Foucault, they gained a situation in which the legitimacy of the state had become bound up in its ability to impose a level of discipline which by definition did not already exist. Challenges to the discipline of prohibition become challenges to the legitimacy of the state, requiring all the symbolic and literal violence of any aggrieved sovereign.

This understanding of the ‘challenging’ nature of alternate discourses may go some way to explaining why the United States continues to exert so much effort in maintaining a war on drugs framing of drug problems in the face of decades of evidence that this framing produces such destructive outcomes. Discipline, from Foucault, requires surveillance: the self-surveillance of the individual seeking the life aspired to; the external surveillance of the institution or the state imposing discipline on the (potentially) unwilling. In the case of prohibition, we see unprecedented growth in state sponsored surveillance, from the invasions of privacy and property at borders, through the apparatus of tracking an individual’s criminal record and all the way to urine testing—the last representing in its essence a return to witch

dunking and other medieval ‘proofs upon the body’¹⁰

While Weber allows us to see that the overt form of legitimacy claimed by the state in order to impose prohibition was the legitimacy of the ‘state as expert’—the concept that the state and its regulatory bodies contain the expert medical and social knowledge necessary to make appropriate decisions on substance regulation and prohibition—he provides no answers as to why this tool is allowing other nations to move away from prohibition as the expert knowledge changes, but has not provided this exit path for the United States.

3.2.3 Processes of problematization

While Weber gives us a minimal framework for understanding why drugs understood as ‘intoxicating’ are so often the center of processes of problematizing, we need to move to other authors to examine processes by which substances are problematized.

“All social groups make rules and attempt, at some times and under some circumstances, to enforce them” (Becker, 1963, p.1). Becker provides a ‘natural history’ approach to the investigation of a rule and how power in a society can be described or at least silhouetted through such an investigation.

A commonsense understanding of substance prohibition rules would perhaps suggest they exist for reasons of safety—that they are intended to reduce the risk of morbidity or mortality to those using the substance and to those around them. However, many of the substances currently banned (for example cannabis) pose far less risk to the user and those around them than many other substances (for example tobacco) which are not banned. The

¹⁰Here I am referring to the systems of proof in which tests upon the body (for example, plunging someone’s hand in boiling water and investigating the state of healing three days later) are constructed such that the judgement of God is evoked: if the individual is innocent God will intercede with respect to the rate of healing of the hand. See (Ho, 2003, pp.260–261).

commonsense approach thus fails us, at least in terms of providing a universally coherent explanation for the roots of substance prohibition laws.

Becker explains the natural history of rules by starting with a functionalist definition of societal ‘values’ (Becker, 1963, p.129), and stating that “People shape values into specific rules in problematic situations.” (Becker, 1963, p.129). He acknowledges that different rules might emerge from the same set of values and that the same rule might conceivably emerge in different places from different sets of values (Becker, 1963, pp.132–133). We might therefore see variations in the degree to which various substances are regulated between different jurisdictions and/or across different substances as potentially having emerged from either the same set of values but different histories of “problematic situations”; as having emerged from different value sets in the first place (different cultures understand specific substances and their understood effects differently); or as having emerged from exactly the same set of values and history of problematics and being due to the vagaries of the precise process involved in rule generation in each location or for each substance.

This brings us to the process involved in rule generation. Becker’s generic explanation of the process by which rules emerge from values depends on a class of individuals he calls “moral entrepreneurs”; individuals highly motivated to achieve a given social outcome (one of the specific examples he gives is of those seeking alcohol prohibition at the beginning of the twentieth century). More importantly for our purposes, he notes that in the context of rules which are to be codified into laws, in many cases these moral entrepreneurs tend to be more concerned with the end than the means and rely heavily on others (such as lawyers or bureaucrats) to actually draft rules. Those who write the details of the rules may have

their own interests: “It is likely that the sexual psychopath laws drawn by psychiatrists contain many features never intended by the citizens who spearheaded the drives to ‘do something about sex crimes’, features which do however reflect the professional interests of organized psychiatry.” (Becker, 1963, p.152). I will return later to this concept of laws reflecting “professional interests”; for now I simply note two additional aspects of this rule making process: that it locates rule making as *following* problematics in social values rather than the other way around; and that it is in essence an adversarial process in that it involves one group imposing their rules on others.

Similarly, Blumer (1971, p.298) argues that “social problems are fundamentally products of a process of collective definition instead of existing independently as a set of objective social arrangements with an intrinsic makeup.” Like Becker, Blumer sees the creation of social problems as involving a series of steps. For Blumer these are “(1) the emergence of a social problem, (2) the legitimation of the problem, (3) the mobilization of action with regard to the problem, (4) the formation of an official plan of action, and (5) the transformation of the official plan in its empirical implementation.” (Blumer, 1971, p.301).

Returning to Foucault’s concept of ‘discipline’ as a counter to ‘law’: “We must eschew the model of Leviathan in the study of power. We must escape from the limited field of juridical sovereignty and State institutions, and instead base our analysis of power on the study of the techniques and tactics of domination” (Foucault, 1980, p.102). “The discourse of discipline has nothing in common with that of law, rule, or sovereign will ... The code they come to define is not that of law but that of normalization.” (Foucault, 1980, p.106). Discipline is thus associated with norms or standards rather than codified rules.

Hunt and Wickham, in their analysis of Foucault's work on law, note that ..deviance involves the infraction of the norm. It is through the repetition of normative requirements that the 'normal' is constructed and thus discipline results in the securing of normalization by embedding a pattern of norms disseminated throughout daily life and secured through surveillance." (Hunt and Wickham, 1994, p.50).

Foucault also draws attention to the interaction between disciplinary practices and their legal frameworks (Hunt and Wickham, 1994, p.47)—as a part of the process of becoming normalized, disciplinary practices often become expressed in the terminology of formal codification (for example an organization formalizing the process by which it expels members); this places the practice only a short step from actually becoming law. Foucault gives an interesting historic example of changes to the relationships between law and discipline: “..after the eighteenth century, the religious framework of those rules [of sexual morality] disappears in part, and then between a medical or scientific approach and a juridical framework there was competition with no resolution” (Hunt and Wickham, 1994, p.357).

We can see in this a shift in what Becker would call values; we can also imagine in this changes to the day to day disciplinary structures of sexual morality and, in the “competition” between medical/scientific jurisdiction and the juridical, the law attempting to reclaim the area of contention by “recoding” the relevant disciplines in the form of law (Foucault, [1976] 1978, p.109). In other parts of his work Foucault draws attention to the way new disciplinary processes “colonize” the law (Foucault, [1975] 1995, pp.47) but at the same time disciplinary processes “naturalize” or normalize the legal power to punish at the same time as they “legalize” the technical power to discipline (Foucault, [1975] 1995, pp.303).

In this light, returning to Becker's point that laws are often drafted by people other than those who instigated the drafting of the law (his example was the writing of

“sexual psychopath” laws by psychiatrists in ways which benefit organized psychiatry) we see a first hand example of a discipline “colonizing” the law, legitimating the technical power of psychiatry to discipline.

This review of Becker and Foucault, while brief, has drawn attention to the ways in which social problems are defined then situated as targets for forms of intervention which can be both overtly judicial but can also encompass other interventions such as the medical. The next section of this review will address the role of medicalization in both constructing drug use as a problem and dictating responses, as well as some of the implications of medicalization.

3.2.4 Medicalization and responses to medicalization

Medicalization is a “process by which non-medical problems become defined and treated as medical problems, usually in terms of illnesses or disorders.” (Conrad, [1992] 2000, p.104). As a process, it “consists of defining a problem in medical terms, using medical language to describe a problem, adopting a medical framework to understand a problem, or using a medical intervention to ‘treat’ it.” (Conrad, [1992] 2000, p.105). In the wake of the 1922 Behrman decision, some medical practitioners began to specifically articulate a formal position in which ‘addiction’ was understood as a medical condition in its own right. Along similar lines, the sociologist Alfred Lindesmith, influenced by Blumer’s focus on the role of self conception in human interaction, articulated distinctions between physical and psychological addiction, based in part on qualitative work done around experiences of withdrawing from drugs. “..the person’s interpretation of his own withdrawal distress is a crucial event...made possible by the existence of language behavior and conceptual

thought.” (Lindesmith and Strauss, *Social Psychology* 1966, cited in Galliher et al. (1998, p.663)). This position, developed largely based on work conducted in the 1930s and 1940s, led him to argue that the construction of drug users as psychologically ‘abnormal’ was incorrect, and that consequently drug users needed to be treated by the medical system rather than contained and controlled by the judicial system (see for example Lindesmith (1965)). He also explicitly addressed some of the framings of drug use and drug users then being articulated by US Federal agencies (specifically that of the drug user as an “uncontrollable fiend”—see for example Lindesmith (1940),¹¹ a position that led to repeated efforts throughout the 1940s and 1950s by the same federal agencies to censor his work and undermine his career (Galliher et al., 1998).

While medicalization has some benefits, it also has negative consequences which are difficult to escape. Even those benefits which medicalization does genuinely offer to harm reduction are becoming less relevant as medical and judicial systems in the West increasingly become extensions of each other.

In the 1950s the American sociologist Talcott Parsons described what he termed the “sick role”. One of the key facets of the sick role is “the claim of exemption from ordinary daily obligations and expectations” (Parsons, 1975, p.262). People who are sick, for example, are usually excused from attending work. More importantly, “being in a state of illness is [understood] not [to be] the sick person’s own fault, and .. he should be regarded as the victim of forces beyond his control” (Parsons, 1975, p.262). Constantly uttering obscenities normally attracts social consequences; the same behavior in someone known to be suffering

¹¹Although in the same piece he happily argues that the bad behavior attributed to opiate users by the broader population were in part derived from the bad behavior of cannabis and cocaine users! (Lindesmith, 1940, p.199, footnote 2).

from Tourette's syndrome may be excused as being beyond the sufferer's control.

In a political, social, and legal environment in which drug use is criminalized and deeply stigmatized, having one's 'condition' or behavior associated with an illness' holds the attractive potential of removing individual fault. The United States Supreme Court, in striking down a Californian law criminalizing the condition of addiction, summarized societal attitudes to the punishment of the ill succinctly:

It is unlikely that any State at this moment in history would attempt to make it a criminal offense for a person to be mentally ill, or a leper, or to be afflicted with a venereal disease. A State might determine that the general health and welfare require that the victims of these and other human afflictions be dealt with by compulsory treatment, involving quarantine, confinement, or sequestration. But, in the light of contemporary human knowledge, a law which made a criminal offense of such a disease would doubtless be universally thought to be an infliction of cruel and unusual punishment in violation of the Eighth and Fourteenth Amendments (*Robinson v. California* 1962).

Likewise, as prescription opiates became virtually unavailable following the passage of the Harrison Act; as even the state of being addicted became criminalized for a forty-year period following *United States v. Behrman* (1922), any move to have 'addiction' (re)declared an illness could likewise be seen as attractive to substance users as well as, (referring back to the earlier discussion of Becker and Foucault), to those medical practitioners who stood to benefit professionally by becoming the arbiters of both who is 'addicted' and what to do about it.

However, 'being sick' brings with it more than mere exemption from normal responsibility. Parsons spent considerable time describing other aspects of the sick role, which he saw as acting to prevent significant proportions of the population from regularly 'dropping out' by seeking the protections of the sick role. One of the most important aspects of the sick role is the obligation to seek treatment, and "this seeking of help further includes

the admission that being sick is undesirable and that measures should be taken to maximize the chances to facilitate recovery or, if the condition is chronic, .. to subject it to proper ‘management.’” (Parsons, 1975, p.262). For chronic conditions, submitting to such “management” may become a submission that lasts for the rest of a person’s life (Parsons, 1975, p.259).

The issue of “management” brings up a broader question: who does the managing, and what does management entail? Freidson argues that “the consequence of .. [the expansion of medical jurisdiction] is the strengthening of a professionalized control institution that, in the name of the individual’s good and of technical expertise, can remove laymen from the right to evaluate their own behavior and the behavior of their fellow” (Freidson, 1970, p.250). Once a realm of behavior is medicalized, the medical profession becomes the final arbiter of how the sick person should be treated (as well as the gatekeepers who decide who is and who is not actually ‘sick’). Conrad has suggested that such arbitral power is most easily gained and maintained where there is “a ‘murkiness’ in the disease concept”—where the ‘disease’ in question is poorly and arbitrarily defined, such as in the case of ‘alcoholism’ (Conrad’s example) or ‘addiction’ more generally (Conrad, [1992] 2000, p.116).

This principle also applies to broader forms of response to social situations which are or become medicalized. For example, needle exchange is usually regarded as a project deeply rooted in harm reduction. Yet it has also become a medicalized practice (or always has been in jurisdictions in which it did not have to begin as an underground practice), often to the point of explicitly being housed in departments of public health. As a consequence, the ways in which needles are distributed to users has routinely become a matter for public

health professionals to decide, rather than the end users of those needles. The whole notion of ‘exchange’ is one rooted in public health aims (removing potentially infectious needles from the community) rather than one rooted in the legal and social realities of drug users’ lives (in which requiring people to retain objects which, if discovered, identify them to police as engaged in criminal behavior is deeply problematic).

The process of ‘management’ also involves the imposition of certain ideas about how a person should act¹²—in short, the imposition of culture. At their worst, some needle exchanges could be described in terms straight out of the (post) colonial theorizing of Fanon: as outposts of medical culture, planted in communities seen as requiring containment and control, and often with the explicit intent of undermining existing community values (Fanon, [1959] 1967). This might, for example, include the notion that sharing drugs is an act of community rather than an act of hazardous irresponsibility (Grund et al., 1996).

A more subtle form of this argument can be found in Rose and Novas (2005, p.439), in which they articulate a notion of ‘citizenship projects’—“the ways in which authorities thought about (some) individuals as potential citizens, and the ways in which they tried to act upon them” From here, they develop the claim that “specific biological presuppositions, explicitly or implicitly, have underlain many citizenship projects, shaped conceptions of what it means to be a citizen, and underpinned distinctions between actual, potential, troublesome, and impossible citizens” (Rose and Novas, 2005, p.440). “Different ideas about the biological responsibilities of the citizen are embodied in contemporary norms of health

¹²Continuing the example of needle exchange, “Use these veins, but not those. Never reuse a needle. Never share a cooker. Use this medical tourniquet, not your shoelace. Point the needle this way, with the lumen facing up. Dispose of your needles in this way and on this day, during these hours, into this bucket, in pre-sorted bundles of 10, but only after asking the exchange staff person if it’s ok.” (Personal observation, needle exchanges in Australia and North America, 1997-2009).

and practices of health education” (Rose and Novas, 2005, p.440).

In this light, drug users become “damaged biological bodies” (Petryna, 2002) for whom the state must take extreme measures, be they medical or judicial; the remnant moral dimension of drug use (as an impediment to appropriate societal function, in the Weberian sense of being unable to work in capitalist society) becomes a signifier of non-citizenship, authorizing the state to locate drug users outside the bounds of constitutionally protected citizenship (and hence subject to extremes such as the Rockefeller drug laws, pre-conviction confiscation of property and all the other spectacular breaches of the reasonable and the sane produced by the war on drugs); Douglas’ notion of purity (Douglas, 1966) becomes, in the context of drug use, a boundary state to judicial or extra-judicial citizenship, potentially mediated by or mediating the moral angle promulgated by those ascribing to what could loosely be called the “war on drugs” approach to substance use.

This section has reviewed some pertinent sections of the broader literature on medicalization and its consequences. Earlier in this chapter, I briefly described what I am locating as the two major contemporary conceptual approaches to responding to drug use: the war on drugs and harm reduction. Although the historical review of these approaches suggested that they are diametrically opposite, I have also complicated this narrative by alluding to core similarities. To elaborate on this theme, I will now review these two approaches through the lens of the literatures on risk society and governmentality.

3.2.5 Risk and governmentality

The use of illicit drugs is usually perceived as an activity fraught with risk. Depending on the framework/s being utilized, these may include physiological, psychological,

legal and/or moral risks. In this section I will explore the theoretical underpinnings of risk as it applies to illicit drug use, and argue for a concept of ‘risk contention’ that locates constructions of risk as a site of philosophical contention in contemporary US society.

Two broad philosophical and political approaches to illicit drug use dominate the discussion of drug policy in the United States. As described above, these can be categorized as the ‘war on drugs’ and ‘harm reduction’ approaches. These approaches, while they have been used several times in this review, now need further explicit definition. For the rest of this review, the war on drugs approach will be conceived as an approach which sees no valid or acceptable use for certain explicitly proscribed drugs¹³; which holds that the use of a proscribed drug is inherently dangerous (see for example Office of National Drug Control Policy (2005b)); which sees criminalization as a valid policy approach to proscribed drug use; and which sees immediate cessation as the only valid choice for someone who does use proscribed drugs (see for example Office of National Drug Control Policy (2005a)), but which tends to regard former drug use as an indicator of lifelong risk in and of itself (for example, “The only way to keep from returning to active addiction is not to take that first drug.” (Narcotics Anonymous, nd.)¹⁴. In short, ‘drug use’ from a war on drugs perspective is seen in highly dichotomous terms—either you use drugs or you do not.

Harm reduction, again briefly, will be conceived as an approach which sees drug use as a normal part of human existence (for example see Schivelbusch (1992 [1980])); which tends to see the singling out of some drugs for special status as socially constructed

¹³US federal law holds that a class I substance must have “no currently accepted medical use” (US Code, title 21 chapter 13 subchapter I part B section 812), a somewhat self-fulfilling definition.

¹⁴Often exacerbated by the almost Lamarckian insistence that the state of being addicted produces permanent change, complete with intergenerational products. See for example Barreras et al. (2005) and Shenassa et al. (2003)

and/or the product of historic accident (for example, see Bonnie and Whitebread ([1974] 1999) Nixon's own advisory panel on cannabis); which locates most of the harms associated with proscribed drug use as ultimately the product of the illicit status of the substance rather than inherent to the substance or to 'drug use' (for example, see Harm Reduction Coalition (c.2003)); and which seeks to reduce those harms by both structural change such as legalization (for example, see Nadelmann (1993)) and, more commonly, via small achievable changes to the daily practices of drug users (such as reducing blood borne virus transmission by not sharing cookers, cottons, needles, and other injecting equipment)¹⁵. In short, 'drug use' within a harm reduction perspective is very much seen as a continuum of practices.

Within the sociological literature there are two major approaches to the topic of 'risk', namely the 'risk society' approach derived from the work of Ulrich Beck and Anthony Giddens, and the 'governmentality' approach derived from the work of Michael Foucault. In this section, I will argue that while illicit drug use can be approached through the lenses of both risk society and governmentality perspectives, the war on drugs shows itself to be an exemplar of the social processes highlighted by the risk society approach, and harm reduction is revealed as an exemplar of the surveillance-intervention mechanisms highlighted by the governmentality approach. In doing so, I will argue that while risk society and governmentality approaches can be complementary, and while both see contestation in the articulation or calculation of risk, both fail to satisfactorily describe contestation over how risk should be calculated. To make this argument, I will first explore war on drugs and harm reduction approaches to illicit drug use through the lenses of risk society and governmentality.

¹⁵For a truly peerless performance of this interplay between the politics of structure and the micropolitics of daily intimate practice, see the 2005 *Hotties of Harm Reduction Calendar* featuring yours truly as Mr February (Swanson and Koczab, 2004)

For both approaches, ‘risk’ is conceived as “a way—or rather, a set of different ways—of ordering reality, of rendering it into a calculable form.” (Dean, 1999, p.131). Risk is about the future and what might happen:

The term risk means the future somehow determines the present. Risk is something which has not happened yet, which frightens people in the present and therefore they might take action against it. Risk is not a catastrophe; if catastrophe happens it is a fact, an event. Risk is about possibility, a future possibility, and talking about it might help to prevent it (Boyne, 2001, quoting Beck, p.57).

In short, “Risk is a *kind of knowledge* about potential hazards (or, more broadly, harms and benefits), a way of ordering their magnitude.” (Crawford, 2004, p.513, original emphasis). Both approaches see risk as socially constructed; as being “...phrased through cultural assumptions, and thus are shared conventions and expectations rather than individualistic judgments or ‘cognitive aids for the individual decision-maker’” (Lupton 1999b, p.3, quoting Douglas (1985, p.80)).

In Lupton’s summary of theoretical approaches to risk, she suggests a risk/hazard dichotomy, where risk is seen as mapping to underlying hazard. She locates risk society as tending toward an approach which sees risk as socially constructed but mapping to a real underlying hazard, and locates governmentality as an approach which sees both the risk and the hazard as social constructs. More precisely, Lupton described a continuum of understandings of risk, based on a dichotomy between ‘risk’ and ‘hazard’. At the “realist” extreme, risk are seen to be real, and to map one-to-one onto genuine underlying hazards. A “cultural/symbolic” center understands risk to be a social construct, which provides a culturally mediated understanding of nonetheless real underlying hazards. On the other end of the spectrum, a “postmodern” approach sees both risks and hazards as social constructs (Lupton, 1999b, pp.1,5); see also Lupton (1999a, Chapter 2). Lupton further argues that risk

society approaches and governmentality approaches can be located on this spectrum within, generally speaking, the constructionist and postmodern frames respectively (Lupton, 1999b, pp.2–5).

My own position would be that risk is socially constructed; hazard is socially produced. By this I mean that constructions of risk shape responses to those perceived risk which in turn shape, create, and re-create hazard. Constructions of risk by the war on drugs approach to drug use have led to the generation, or reapplication of other hazards (incarceration of two generations of young black men; increased morbidity and mortality; the many and varied impacts of turning over the regulation, production, and distribution of substances to organized crime, and so on) which in turn have their own social constructions of risk emerge to describe and reshape. Hazard and risk are intertwined—I agree with the postmodernists that both are social constructs in that they are both social in nature and affect each other. In this approach though, hazard might be understood as a structural object; risk might be understood as an individual object in terms of what and how it has impact in the social world.

The risk society approach of Beck, Giddens, and others has as its primary foci the explanation of what are seen as ‘increasing concerns about risk’ in the late twentieth century. The two parts of their explanation of interest to this topic are firstly, that late modernity has a reflexivity to it: progress doesn’t just make life better (for example by improving or creating new goods and new wealth), it is also responsible for making it worse (for example, by producing pollution, unemployment, and family collapse)(Boyne, 2001, quoting Beck, p.57). As we are confronted with these failings, we are forced to be reflexive about what

‘progress’ is, and what it brings. In short, the notion of progress as solving problems is no longer necessarily present.

Secondly, risk society approaches emphasize what is seen as a partially consequent increasing trend toward individualism (a point also made by Duster (1970)). With respect to risk, individualization locates individual members of society as exercising control over exposure to danger (for example, choosing to use drugs), a construct which also emphasizes the culpability of the individual when things go wrong (the consequences of drug use are your fault, not those of the state who may impose those consequences). In a broader sense, individualism relocates risk from being a product of fate or destiny to being a human responsibility (both in production and management). At the same time, the state retains a key role in assessing and assuming responsibility for the management of risk: sovereign intervention (such as implementing and enforcing prohibition for new substances) remains a valid, indeed required, form of intervention. Douglas additionally argues that in this context, constructions of ‘risk’ come to act as what she calls a “forensic resource” in providing explanations for things that have gone wrong, as ‘sin’ and ‘taboo’ did for pre-risk society societies. Risk, in this usage, is associated with the mathematical or scientific neutrality of its original seventeenth century meaning (Douglas, 1990). Beck sees the late 1960s and early 1970s as the real turning point toward individualism and anti-progress reflexivity in the West (Boyne, 2001, quoting Beck, p.62). I would suggest that Nixon’s coining of both the terminology and policies of the “war on drugs” during the same period (Morley, 1989, p.341) was not coincidental.

Risk society, in its discussion of processes of shifts toward reflexivity and individ-

ualization, thus offers a unique framework within which to view the history of the war on drugs. This differs from the traditional approach which sees the war on drugs as simply the latest in a long series of moral panics about substance use¹⁶. Firstly, it locates the contemporary, post-Nixonian war on drugs in the context of a period in which the focus of responsibility and blame shifts emphasis from society at large to the individual—drug use transitions from a social ill (such as alcohol prior to prohibition) that must be addressed by structural means (removal of alcohol from the picture) to a moral object, centered on notions of drug use as an individual choice, one which has consequences which individuals should bear, regardless of the ability of society or state to mitigate those consequences.

Secondly, the risk society approach locates the war on drugs within a context in which ‘progress’ (or, more precisely, change in new directions) is not necessarily seen as a solution to contemporary ills. The notion that progress is no longer a positive thing has implications that Beck and colleagues do not yet seem to have explored. As a single example, at least one historian exploring the rise of persecution of heretics, Jews, women, homosexuals, and others in the eleventh century attributes the rise to massive social and economic changes of the Middle Ages, which combined with a “golden age mentality” (a focus on and a desire to recreate the imagined or real glories of the past; change being seen as separating the society ever further from this past), produced a “deep-seated psychosocial trauma” which was resolved or at least relieved through violent scapegoating (White, 1974, p.26). Importantly, White attributes the decline of such scapegoating violence in

¹⁶With easily drawn analogies being made between contemporary ‘dangerous’ drugs and efforts to prevent their use with attempts to prevent the use of, as examples, tobacco, gin, and coffee in Europe from the 1500s onward (For examples, see Brooks (1952); Dillon (2002); and Pendergrast (2000) respectively, as well as Schivelbusch’s (1992 [1980]) more general treatment of the role of ‘exotic stimulants’ in post-medieval European history).

the late seventeenth century to a process marked by the popular adoption of the concept of ‘progress’—ie that change was positive, leading to improvement rather than away from perfection (White, 1974, pp.45–46). The potential implication of Beck’s argument that the notion of progress as a positive force is waning, and that the concept of individual moral failure as a cause of social problems is gaining new cultural credence, is simply that we might reasonably expect to see the same outcome: namely the rise of scapegoating violence. In this light, the mass incarcerations that characterize the war on drugs might be seen as the late twentieth century’s version of witch burning¹⁷.

Returning to the locating of the war on drugs as existing in a risk society framework, this implies that ‘new’ solutions to risk associated with substance use (such as decriminalization, safe injecting rooms, or needle exchange) are inherently suspect in ways that might not have been true in pre-Nixonian America. By way of contrast to the war on drugs and its distrust of progress/new ideas as solutions to the problems associated with substance use, harm reduction is still firmly rooted in ideas of progress—talk of such harm reduction stalwarts as buprenorphine and needle exchange and drug legalization all to some degree or another represent the application of technologies (pharmacological, policy/legal, and legal respectively) to a problem in the expectation of improved outcomes—ie, ‘progress’.

In summary then, the contemporary, post-Nixon war on drugs can be seen as an exemplar of a product of the social processes highlighted and utilized by risk society approaches to explaining increased concerns with risk in the late twentieth century. The notion of risk embedded in the war on drugs locates any use of proscribed substances as

¹⁷Although drug use has admittedly been eclipsed, at least for the moment, by ‘terrorism’ as the penultimate site for social panic.

inherently risky; as an individual choice which produces individually located consequences (incarceration, morbidity, mortality); all within an environment in which ‘new’ structural solutions are deprecated and even dangerous. By contrast, from a governmentality approach, “risk is understood as one of the heterogeneous governmental strategies of disciplinary power by which populations and individuals are monitored and managed so as to best meet the goals of democratic humanism” (Lupton, 1999b, p.4). Governmentality approaches emphasize risk as a technology—a tool to both locate subjects of surveillance and to create sites of intervention (Crawford, 2004, p.514). “Risk is . . . a way of representing events so they might be made governable in particular ways, with particular techniques, and for particular goals.” (Dean, 1999, p.131).

Both war on drugs and harm reduction approaches to drug use share an interest in surveillance and intervention, but one critical consequence of the war on drugs approach is to remove all sense of a risk spectrum from drug use—all drug use is risky, because drug use is a moral as well as a physiological object; there is no ‘good’ way to use proscribed drugs. The surveillance of the war on drugs is therefore the surveillance of detection; the only interventions available are those of prohibition and consequence, ie punishment.

By contrast, harm reduction approaches see drug use as occupying a spectrum of less- and more-risky behaviors and, as described above, do not inherently see drug use as a moral object. As a consequence, harm reduction approaches have available to them the conceptual or ideological space to extend surveillance into the actual practices of drug use: to create conceptions of ‘lower risk’ and ‘high risk’ in the first place (and to locate individual drug users on that spectrum); to create sites of intervention; and to develop

notions of ‘good’ and ‘bad’ behavior at the level of daily, intimate practice (did you use a condom last time you had sex? Did you share a needle last time you shot up?). In a broader sociopolitical context in which structural level interventions are either crippled to the point of near uselessness (such as needle exchange¹⁸), or devolved to organized crime (such as production or distribution), it should not be surprising that the regulation of intimate practice becomes an attractive focus of attention.

In summary then, harm reduction can be seen as something of an exemplar of the surveillance-intervention mechanisms highlighted by governmentality approaches. The notion of risk embedded in governmentality is as a tool to identify those ‘at risk’; to justify further intervention. The ‘individual practice’ approach of harm reduction both exemplifies governmentality and reflects a lack of access to the kind of macro-level interventions available to those operating from within a war on drugs approach. An aspect of both harm reduction and war on drugs approaches which bears further comment before moving to discussion is that neither appear to achieve their stated aims. As discussed previously in this chapter, the “anxiety-format advertising” (Crawford, 2004, p.511) of the war on drugs¹⁹ is remarkably ineffective at preventing or reducing drug use (even with the carceral apparatus of the war on drugs to give the targets of such advertising something to be genuinely anxious about). Harm reduction approaches likewise show a remarkable lack of efficacy at

¹⁸Needle exchange as practiced in the United States could be argued to be *structurally* useless because it is unable to deliver even a fraction of the number of needles required for injecting drug users to use a new needle for every injection event due to a wide range of social, legal, and financial barriers. In the context of this discussion, its primary role might be seen as providing a site for behavioral level surveillance. This is not, however, to argue that even a limited supply of new needles does not serve to restrict the transmission of some forms of disease and hence continues to have utility from a public health perspective.

¹⁹For the archetypical US example, recall the Partnership for Drug Free America’s 1987 classic TV spot *This is your brain on drugs*, available at the time of writing at <http://www.youtube.com/watch?v=PT0sCYZQass> (categorized by youtube’s generally youthful users as ‘comedy’, of course).

“...motivating ‘at-risk’ people to give up behaviors that are psychologically useful, socially supported, peer-pressured, habitual, or to adopt behaviors that require continuous effort over a lifetime and continuous fine-tuning” (Crawford, 2004, p.509), whether through individual level interventions or through harm reduction’s own variations on anxiety-format advertising²⁰.

Crawford refers to such ineffective yet still heavily utilized approaches as “risk rituals”, and goes some way to explaining them by arguing that they serve to re-locate those they operate on within the whole of society in the face of the social chaos or social distancing of drug use. ie that risk rituals serve to promise a *symbolic* restoration of order, and that they serve to benefit those who promulgate them, not necessarily those upon whom they are promulgated (Crawford, 2004, p.515). From this perspective, the bitterness of the contestation between those who espouse viewpoints located within harm reduction approaches and those who espouse viewpoints located within war on drugs approaches might be seen as deriving from the fact that the contestation is, at its heart, about which promises a better symbolic restoration of order, the very ‘order’ threatened by a person shooting up alone (ie ‘unmediated’) in a public bathroom or some other insalubrious location.

We have seen how the two main responses to illicit drug use in North America can be approached through the lenses of both risk society and governmentality, to complementary effect. Further, we have also seen both responses as performing Crawford’s notion of risk rituals, with at least some of the tension between the two responses deriving from the apparently mutually exclusive claims to efficacy. However, there are still two significant

²⁰The only variation seems to be the number of exclamation marks and the tone. Current examples in the harm reduction literature range from the almost hysterical tone of Kelms’ guide to drug interactions (Klems, c. 2001) to the pragmatic, flippant tones of Alien Meth Fiend pamphlets: “Crack: the drug named after a part of your ass” (Alien Meth Fiend, 1998).

problems in the way the sociological risk literature approaches contestation over notions of risk as applied to questions of illicit drug use. Firstly, almost all sociological discussion of risk is predicated on the idea that the risk in question is a shared notion or that the risk is discovered by experts and spread to a public who were previously not aware of the risk (a classic example being the discovery of the dangers of skin cancer). The second, related problem is that while some risk literature does address contested notions of risk (see for example Schiller et al. (1994) on the construction of HIV ‘risk groups’ or Fosket (2004) on the construction of the notion of ‘high risk women’ for breast cancer), these merely reflect the previous problem—at best, the authors describe something of the contestation (Fosket); at worst, they simply take sides (Schiller). The idea that contestations around notions of risk are not merely processes by which a universal notion of risk emerges, but can be significant, multiple, and sustained, does not appear here. The closest the literature appears to come to reflecting the contestations between war on drugs and harm reduction approaches is in the work of Mitchell Dean, who predicates his own critique of risk which:

... will investigate the *different modes of calculation of risk* and the moral and political technologies within which such calculations are to be found. Most importantly, it [the task of the critique of risk] will investigate what I would call the ‘regimes of government’ in which risk is imbricated and the political programmes and social imaginaries that deploy risk and its techniques and draw their inspiration from it (Dean, 1999, p.131, my emphasis).

However, even this remains excessively focused on the “calculation” itself, and not on the forces that drive that calculation. The difference and contestation between war on drugs and harm reduction approaches lies in how risk is constructed as *inherently* requiring specific interventions—the construction of a case in which specific interventions inherently stem from the philosophical construction of the ‘risk’. Contestation is over how risk is defined—as not

merely a different “mode of calculation” but rather a different philosophical approach to the activity in question, which in turn produces different modes of calculation. This difference is one step removed from what Dean appears to be discussing.

What I propose is therefore a notion of ‘risk contention’—a state in which shared constructions of risk are absent, and contestation is seen as being over the philosophical underpinnings of such constructions, rather than over how one calculates risk. From this perspective, contestation between war on drugs and harm reduction approaches is seen not as contestation over how to react to a shared risk object (drug use) or even contestation over how to calculate the risks associated with the shared risk object (as in Dean’s usage) but in what the risk object ‘is’ in the first place. In short, it is contestation over who will get to define a Foucauldian ‘regime of truth’.

Conclusion

This chapter has reviewed pertinent sections of US history relating the the construction of substance use as a problem, and the various responses to that ‘problem’.

In the next chapter, I will return to the specifics of the lives of young marginally housed people who inject drugs in San Francisco, and explore the role of their solutions to economic need on the ways they move around the city.

Part II

Street life

Chapter 4

The economics of street survival

4.1 Introduction

In this chapter I want to explicitly discuss the ways in which young injectors survive economically, and relate these back to ideas about space, place, policing, and public health.

As a basic starting point, the UFO Study quantitative interview contains some basic questions asking respondents about their sources of income. I will first describe these data, before moving on to a broader discussion of economic survival based on qualitative data.

4.1.1 Quantifying income sources

In the UFO study quantitative interview, respondents were asked “In the last 3 months, what were all your sources of income” with the list of possibilities being: “Job or

jobs”, “SSI/disability/VA”¹, “GA/welfare/food stamps/AFDC”², “Unemployment benefits”, “[Money from] Family/friends/partner”, “Panhandling”, “Selling drugs”, “Selling sex”, “Stealing”, and “Other”. Multiple responses were possible. The rationale for grouping SSI and VA benefits separately from GA and AFDC/TANF type payments is the relative stability and larger payment amount of the former. Respondents who gave an answer not fitting within these categories were coded as “Other” and the interviewer wrote an open-ended description of the described income source, asking the respondent for more details if necessary.

In 455 interviews conducted cross-sectionally, percentages of respondents who gave each answer are in Table 4.1.1, p.117. Of the 52 respondents who originally gave an “other” answer, in twelve cases the open-ended text describing the activity could reasonably be re-coded as panhandling (five cases) or jobs (seven cases). These cases have been recoded in table 4.1.1. Of the remaining forty cases, 24 (5% of the total) were for ‘scrapping’ or similar activities in which discarded materials are gathered for resale, either to scrap metal merchants or in street sales (for example books or clothes). Three people explicitly mentioned ‘participating in studies’; one mentioned student loans; one mentioned living off savings; and two mentioned other kinds of social relations than those in the provided list. In the remaining nine cases the ‘other’ text field was empty.

¹SSI is Supplemental Security Income, a Federal program which provides a monthly payment to aged (>65), blind, or disabled individuals based on need. In this context, VA refers to any benefits system provided by the Federal Department of Veterans Affairs.

²GA is ‘General Assistance’, San Francisco’s City-run welfare program; AFDC is Aid to Families with Dependent Children, a federal program providing assistance to children whose families had low or no income assistance. AFDC was formally ended in 1997 as part of Clinton’s welfare reforms and replaced with TANF, Temporary Assistance for Needy Families however the older acronym remains in common use for benefit programs making payments designed to benefit children.

Income source	Respondents
Panhandling	52%
Family/friends/partner	31%
Selling drugs	30%
Job or jobs	29%
Stealing	24%
GA/welfare/food stamps/AFDC	23%
Selling sex	13%
Other	9%
SSI/disability/VA	6%
Unemployment benefits	2%

Table 4.1: Cross sectional sources of income, n=455 (multiple response possible, column percentages will not equal 100%).

4.2 “Get a job”: panhandling

As indicated above, panhandling is the single most commonly reported source of income among UFO study participants. Panhandling also came up frequently in qualitative interviews in at least three contexts: as a simply ‘mentioned in passing’ aspect of daily life; as a reason for going to or avoiding a neighborhood or area; and as a specific way of making money in response to probe questions about income.

Panhandling, by dictionary definition, is begging³. On the street in San Francisco, it’s also ‘spanging’, a portmanteau from ‘spare changing’, itself a term derived from a common panhandling technique involving asking passers by for “spare change.” Regardless of the term—begging, panhandling, spanging—successful panhandling is a complex, difficult, emotionally draining activity (Lankenau, 1999a,b). It requires considerable emotion work, in the sense meant by Hochschild (1983, p.7) of “management of feeling to create a publicly

³And is of US origin from the late 1800s; the Oxford English Dictionary’s first published reference to it is from 1885).

observable facial and bodily display”, in that it requires a display of ‘self’ towards an often hostile or judgmental audience in pursuit of financial reward. Little systematic research on the financial utility of panhandling exists⁴; the most recent such study found that panhandlers in Toronto, Canada, made between \$15 and \$50 Canadian per day, or from between \$150 to \$600 Canadian per month (Bose and Hwang, 2002, p.478).

In this section, I will describe common themes to discussions in which panhandling played a role, before providing analysis.

4.2.1 The daily grind

Despite the arguably emotional difficulty and sophistication of successful panhandling, panhandling is, by its nature, a type of work which can be practiced anywhere there is any form of human traffic where stopping is easy to do—foot traffic, intersections with stop lights, traffic jams, and so on. For a population living on economic margins, it is a useful strategy for income generation in that it can be either a major strategy or a fall-back, and can be practiced under a wide range of conditions. During early analysis of interviews from this study, one notable emergent factor regarding panhandling was the casual nature of references to it. One of the standard probe questions I used went something along the lines of “tell me about a normal day”⁵. Many respondents mentioned panhandling somewhere in their response, for example:

INT: So you wake up somewhere in the TL or somewhere and what do you do?

Jake: Well, I wake up—you know, be pissed off that I woke up.

[chuckles]

⁴Although many media reports of people making hundreds of dollars a day, based on one or two interviews or observations can be found.

⁵See Appendix A, p.266 for the list of probe questions used.

Jake: And then—I don't know, I just run around and just kind of wait for shit to come at me. Get up find a cigarette, run around and find some food and then, you know, eventually I'll end up panhandling or figuring out how I'm going to come across drugs. You know, being homeless, that's the only thing to do.

For others the activity was even more thoroughly embedded in everyday life, for example:

INT: So are there any kind of like neighborhoods that you—like tell me what a normal day looks like for you. You get up in the morning—

Sarah: Get up. Do a shot. Go out, panhandle. Well, I usually do another shot. Go out and panhandle, do another shot usually, and go to bed.

[chuckles]

Sarah: That's my day.

Interestingly, while no-one mentioned panhandling for food directly, a number of people mentioned food as one of the products of panhandling. Continuing Jake's quote from above, for example:

INT: So when you say, "look for food," like is that like you go to one of the meal places or—

Jake: Oh, no.

INT: —just scrounge up stuff or—

Jake: Hell, no, I don't go to those damn places. Dude, I eat so much better like I've been—I've been kicking on Powell Street most of the time. You know, fuck the Wall⁶ and fucking all that bullshit. Sit on Powell Street, get leftovers from the—all them yuppies and spending, you know, God knows how much on a plate of food and eating like half and then they come give it to me, you know, I eat good.

Many of the comments people had to make about panhandling directly related in some way to self-regard.

INT: Okay. So how much money do you normally like panhandle up before you go and try and score or is that just –

⁶See Chapter 5, p.186ff for more on "the Wall".

Jake: \$8.

INT: \$8.

[chuckles]

INT: And what's the main drug you use at the moment?

Jake: Pretty much crack, man, you know. I hate speed. I just kicked heroin in jail so that leaves crack.

INT: Yeah. [chuckle] And like what time of day is it usually when you first hustle up \$8?

Jake: That varies pretty—pretty widely. You know, some days, you know, I'll, you know, wake up to someone like kicking me in the feet handing me money and then, you know, [chuckle] get up and go to Turk and Taylor. But then other days, you know, I fucking—you know, I won't smoke any crack all day 'cause I can't make any money. But it has a lot to do with my attitude too, you know, I get—I get irritated sometimes and just—I'll just refuse to do it. Fuck panhandling. I'll sit in the park and read a book all day. I'll do .. go dopesick first.

[chuckles]

In this instance, Jake talks about the smallest amount of money he needs to purchase crack, before breaking into a commentary that could be interpreted as either frustration with having to perform the degrading work of panhandling, or possibly also his frustration with his relationship to crack and (formerly) heroin. 'Going dopesick' refers to the physical symptoms of opioid withdrawal, so in this instance he's implying he'd deliberately choose to accept those symptoms rather than panhandle, evoking a kind of agency over the state of addiction as well as a distaste of panhandling,

At least one respondent reflected on panhandling in ethical relation to other ways of making income:

Jeremy: You know what I mean? I been—it's been all right. But, like I said, the money's a lot less because of just panhandling but it's better karma, I guess. We'll be out here, I mean that whole stealing shit, it definitely comes back on you, you know what I mean. But that's just the life, you know what I mean. It's nothing I'm proud of but it's nothing I'm afraid to ever admit that I had to do.

In this case, making a moral comparison between panhandling and theft, although also seeing theft as a justifiable act in the context of street life. Elsewhere in the same interview, Jeremy reflects further on the same topic:

Jeremy: Um, lately we'll like go to Greyhound, they—like there's a bottom thing to the Greyhound. Um, we go there. Um, depending on like—if we have wake up or not, like lately we'll go to—um, like I'll go to the Starbucks and panhandle, um, she'll go to Noah's 'cause we're doing the panhandle thing now, we're not, you know, like breaking into cars or nothing. We're trying to stay under, you know what I mean, off the grid. So it sucks, panhandling, but we're getting by, you know what I mean? So we'll go to like Noah's and panhandle and then, you know what I mean, usually we'll cop [buy drugs], say, at the Tenderloin or wherever and then, um, if we're feeling all right we'll go the Metreon⁷ and take a nap, you know what I mean, if it's sunny we'll do that. That's what we did today.

For Jeremy, panhandling overtly “sucks”, but also has a major utility: it keeps him and his partner “off the grid”—it provides an alternative to more risky and problematic ways of making money such as breaking into vehicles, which might draw significant outside attention and intervention (such as jail time—Jeremy was 29 at the time of this interview and, from quantitative interviews, had spent a lifetime total of eighteen months incarcerated. His partner, approximately the same age, had spent four months incarcerated).

Several interviewees talked about the role of gender and to a lesser extent race in mediating experiences of panhandling:

Jess: For sure. People also don't mouth off as much to dudes but they also don't want to come up and give them a dollar. Like if I'm panhandling with a guy, people hand the money to me even if it was him that asked. So that's for sure. And usually I [chuckle]—he asks usually [..?..].

[chuckles]

INT: So what about if I was interviewing you and you were like black or Hispanic or something, how do you think all of this shit would be different for you?

⁷The Metreon is a cinema complex at 4th and Mission Streets Downtown; there is a park beside the cinema he's actually referring to.

Jess: I think in different neighborhoods—I don't know. I mean, people are always saying it's hard in the Tenderloin or being white in the Tenderloin would be hard but as homeless kids, especially dirty homeless kids, we're not that kind of white, you know. Like there is—like certain parts of it are severely fucking racist but we're not the kind of white people that they're racist against. We still get it. [chuckle] We still get it a little [chuckle] but—but I think—like—Like Anu, when she's panhandling, she can panhandle in a couple of different languages. So can I but when I ask some people for change in Spanish I don't get a good reaction. [chuckle] They look at me stupid because I can't say "por favor" without sounding like a white girl.

INT: [chuckle]

Jess: I can say "tienes dinero [have money]." But—[chuckle] I think [pause] I don't know, maybe it's not—'cause some of my—like the black chocolate kids, that I've hung out with in the Tenderloin and they generally—they [pause]—they get a lot of shit for "What are you doing? Why are you—" You know, like—I don't know.

INT: You mean from other black folks or from white folks.

Jess: Yeah. Well, from black folks. Like.. but—

INT: "You're making us all look bad."

Jess: Oh. That was like—oh, I'm sorry. I'm not racist or nothing.

INT: No, no, no, I mean like is that what you think they're thinking?

Jess: Yeah. That's what it seems like, like they get—'cause they never ask us—[chuckle] stupid little white kids walking around high or whatever, they're "What are you doing?"

INT: [chuckle]

Jess: "Buying your drugs."

In this quote, Jess both mentions the oft-repeated claim that women are more successful at panhandling than men as a general rule, and explicates a range of observations on the complex role of race. "We're not that kind of white" in the context of race relations in the Tenderloin suggests homelessness as a Hughesian master status (Hughes, 1945, p.357ff) overriding 'mere' whiteness, however she then points out that some of the same African-American residents of the Tenderloin see panhandling as problematic among African-American youth, suggesting at the very least that socially stigmatized acts such

as panhandling on the part of African-American youth are seen as reflecting poorly on the broader African-American population in a way that socially stigmatized acts on the part of white youth are not seen as reflecting poorly on the broader white population.

4.2.2 Clashing with the norm

In San Francisco, panhandling is not inherently illegal. Proposition J in 1992 changed the police code to make “aggressive panhandling” illegal, however was found by the United States Court of Appeals to be unconstitutionally broad in scope (*Blair v. Shanahan*, 775 F.Supp. 1315 (N.D. Cal. 1991).) and was revoked⁸.

This revocation was reversed on technical grounds by *Blair v. Shanahan II* (919 F. Supp. 1361 (N.D. Cal. 1996))⁹, however proposition M in 2003 formally revoked the 1992 ordinance created by Proposition J and added Section 120-2 to the Police Code, named the “Aggressive Solicitation Ban/Substance Abuse and Mental Health Diversion Program”. The current code makes it illegal to aggressively solicit anything of value from anyone in a public space (“a place where a governmental entity has title, to which the public or a substantial group of persons has access, including but not limited to any street, highway, parking lot, plaza, transportation facility, school, place of amusement, park, or playground.” (Section 120-2 (c) 3)), or within 20 feet of an ATM or check cashing business, or on public transport,

⁸Specifically, the ordinance violated Blair’s right to 14th Amendment equal protection because it distinguished between lawful and unlawful conduct based on the nature of the communication—in this case, the solicitation of money. While the United States Supreme Court has yet to hear a case directly relating to panhandling, a number of State appeals courts have interpreted the Supreme Court’s 1980 *Schaumburg v. Citizens for a Better Environment* (444 U.S. 620) ruling on “door-to-door or on-street solicitation of contributions by charitable organizations” as implying that panhandling, as an act of solicitation, is also protected under both the first and fourteenth amendments.

⁹As Blair had by this point acquired a job and was no longer panhandling, he no longer had standing (ie a stake in the proceedings). The court reversed the earlier ruling but left in place the \$347,277.51 settlement payment ordered against the City and County of San Francisco.

or any operator or passenger of a motor vehicle (ie on freeway ramps etc). It requires that before arrest or citation the arresting police officer must warn the person doing so at least once (Section 120-2 (d) 5). The offense is a misdemeanor or infraction. The defined penalty is either \$50 or attendance at a screening for “drug and alcohol dependency counseling and treatment and mental health services” administered by the Department of Public Health. If the charge is as a misdemeanor the penalty is \$50 to \$100 *and*/or diversion. If the individual charged has been cited three or more times in the preceding twelve months the penalty is \$300–\$500 and/or diversion (Section 120-2 (e)). It should be noted that as of 2005, almost no convictions had been obtained under the ordinance “likely because the diversion program that forms part of the statute has not been implemented. The diversion program requires that city officials offer services in place of fines.” (Flynn, 2005, p.10).

In the experiences of those I interviewed, police attention appeared for the most part to simply be a normative component of panhandling in public places:

INT: Do you get—this is sort of a change of topic but do you get stopped by the police much?

Sarah: Yeah, a lot.

INT: Every week or every day or –

Sarah: Especially—well, no not every day but if I—if I’m sitting at the wall a lot of times they’ll come up and stuff but other than that usually they’ll just come up and tell me to move from wherever I’m panhandling.

In some instances, such as the story told by Jess in Chapter 5.2.2 about the police at the Grey Wall (see p.191ff), police appear to have specifically utilized the aggressive panhandling ordinance (or the threat of it) to shut down a location being used as a gathering place by young street-based people.

Another form of pseudo-policing mentioned by one respondent was the annual Safe

Shopper collaboration between San Francisco Safe Incorporated and the San Francisco Police Department (San Francisco Safe Incorporated, 2009):

Jess: Um—they've [the police] been really hard on Polk—I mean not on Polk, on Powell around the holidays they were really hard because there was a Safe Shopping ordinance, which I fully understand because there's a lot of aggressive panhandlers that are like up in your face shaking cups, singing, playing instruments, whatever it is that's really fucking annoying. I want to [..?..] not strangle them. [laughter] I want to not strangle them. But if you're—you weren't even allowed—you couldn't sit and panhandle. They'd tell you to stand. If you were just quietly panhandling it was fine but it's just seriously obnoxious like safe shopper, like we were putting them in jeopardy or something.

Ironically, there is no “Safe Shopping Ordinance”, just an annual program designed to further the “convenience and safety” of shoppers during holiday seasons “through an increased police presence, the mounted unit, undercover officers and traffic enforcement.” (San Francisco Police Department Public Affairs Office, 2005).

Most respondents who discussed police practice and panhandling also appeared to be familiar with the aggressive panhandling ordinance, even if they only alluded to it in passing:

Melissa: I'm a very non-aggressive panhandler, a lot of times I just stand there and hold my sign with a shit eating grin on my face, you know, and—and, um, I don't—I don't harass people and the cops will still tell me to move along and I didn't—I won't sit down, I'll stand up. And I thought there were certain like rules about that, certain laws about that. Um, it's—I thought that was like aggressive panhandling, you know, because all these—there's all these blacks, you know, that I see and they'll go up and literally like grab on to people and follow people around and harass them. And, um—I see those people doing it all day long, you know, and I'll just be standing there and telling people to have a nice day and Merry Christmas and blah-blah-blah and the cops will come fuck with me, tell me to move along. And I guess because it's I'm an easier target, you know, it's easier to fuck with me than it is to fuck with some of those people because I don't give them any lip, you know, I go “Okay,” and I move along. Whereas if they fuck with one of these other people who are like all cracked out, spun out, and aggressively grabbing on to people, they might have a harder time. So they're just making—going for the easier job, you know. That's—I only

panhandle when absolutely necessary but it does—it does—it just—the cops do keep me from doing that. You know, a lot of times I won't want to deal with it, you know, and it's kind of too bad.

In this quote, as well as mentioning “aggressive panhandling”, Melissa also, like Jess above, expresses the belief that by standing up she's in line with the law and hence that police are out of line by moving her on anyway (as it happens, there is nothing in Section 120 of the Police Code relating to panhandling while standing vs sitting, nor does Section 122 of the code (obstructing sidewalks) reference sitting or standing). She also compares her behavior favorably to other panhandlers (as well as making the interesting comparison to race, leading the reader to wonder if simply being black and approaching someone for money constitutes ‘aggression’) and, like Jake above, declares that sometimes she prefers not to panhandle due to the difficulties in “dealing with it”, dealing with the realities of panhandling.

As noted in Chapter 5, p.182ff, different neighborhoods make for different experiences panhandling, and the policing of the visibly homeless takes different forms in different neighborhoods. Relating specifically to panhandling, in some instances specific neighborhoods or areas were seen by respondents in largely negative terms, as with Austin describing the Castro:

INT: What about the Castro? Do you ever go there?

Austin: Um—not very often. Once in a blue moon I go there. Like my friend Jill likes panhandling out there and sometimes we'll go out there. I don't know, the cops are pretty much assholes to me there.

INT: Okay.

Austin: They've ran me out quite a few times so I'm just like “Eyyy-” I'd rather kick—stick to my main spots. Like when I go there with a cute girl she usually makes a lot of money so I'll go out there once in a while for that.

[chuckles]

Austin: But when I try to go out there with one of my guy friends or whatever it'd be like—the cops always run us off right away.

In this case Austin also delineates the neighborhood in gendered terms—his female friend likes panhandling there, he'll go there to panhandle if he's with “a cute girl” but when he goes there with male friends “the cops always run us off right away”.

Some respondents reflected on attitudes of those giving (or not giving) them money and perceived reasons for negative attitudes:

Jess: Fucking hippies. [chuckle]

INT: [chuckle] It must be their fault. [chuckle]

Jess: They're all growing up and wearing business suits and hating us.

While interviews did not set out to specifically explore panhandling dynamics, there was still a surprising lack of reflexivity about the people who give money. The one person I specifically asked additional questions about who gave them money seemed almost surprised about the question, and essentially answered it by agreeing with my suggestion:

INT: Okay. Are there any particular parts of downtown that you find are better than others to panhandle?

Jake: Powell. Powell rocks. And then like down—once in a blue moon I'll end up down kind of in like the 3rd and—around 3rd and Bryant and shit, down there. You got a McDonald's and a Safeway down there.

INT: That's right, yeah.

Jake: Make all kind of money down there.

INT: And like what sort of people are like—is it like office workers, tourists, all sorts of –

Jake: Where? Down on 3rd and Bryant?

INT: Yeah.

Jake: It's—I think they're mostly probably office—office worker type of people. Pretty well-to-do folks.

One respondent mentioned the development of relationships with specific individuals, but described these in essentially negative terms:

Slash: Actually, you know what, uh, I—I'm here all the time. I leave town once people start recognizing me. Like I get the same people to give me money all the time. It takes about three months of, you know, just being a regular. I try not—you know, I'll leave for like two months and then come back.

INT: How come you don't like people getting to—what's uncomfortable about people getting to recognize you?

Slash: It's just, you know, you're a familiar face. Like for them it seems like you're not doing anything with your life.

INT: So they stop giving you money and shit, or..

Slash: Granted, I'm not leaving much, you know, but it's all about respect, like I say. I'm very respectful. Like once I have regular people coming up to me or people looking for me to give me money that's when it's a problem. Because then I feel like it's a sympath..—a pity case.

INT: Yeah.

Slash: You know, and I'm not about charity at all. [chuckle]

INT: Yeah, totally. So do people start chatting—like having like longer conversations with you or having conversations with them from the start, or never much or –

Slash: It's brief and then over time it gets longer, you know. Like versus, “How you're doing?” versus “How's the weather,” and, “Oh, yeah.” What about sports teams and what's new on TV. I'm like “Yeah, fuck you, I don't watch TV,” and whatever else, you know. So, yeah—I mean, yeah, it progressively becomes longer but most of the times, you know, it's like “Hey, yeah, [..?..], here you go.”

Once again, as with some of the quotes above, panhandling is also located in ambivalent of not overtly negative terms. And as with Justin above (and his comment about panhandling being a way to remain “under the radar”), ‘being known’ appears to be a crucial issue worthy of comment.

4.2.3 Crossing over: panhandling as a connection to other activities

Panhandling as a public activity attracts other interactions as well as those with police and passers-by. Several respondents mentioned other activities which they engaged in where being visible on the street was a key element in beginning the transaction:

INT: Is there anything else you do for cash much?

Jake: Once in a while I do some thievery but—

INT: Yeah, like shoplifting?

Jake: —really just panhandling, hooking people up with drugs sometimes, you know, people come up to me, “ahh, you know, you got *this*?” And that’s about it really.

While no-one mentioned it directly, panhandling also provides somewhat of a cover for these less legitimate activities—an observer would simply see an interaction between a passer-by and the panhandler, rather than a more obvious drug deal.

One other respondent mentioned people approaching panhandlers to gain entrée to illicit economies:

Jess: Or just a lot of time when you’re panhandling or if you’re just out and about people that aren’t really our team—I don’t know a better way to put that—will come up and they kind of know like that stuff is sellable. They don’t know where and even if they did show up, people probably wouldn’t buy it from them but they understand that they can—whether it’s—like they’re trying to cop drugs or they’re trying to sell something or whatever it is, a lot of people approach panhandlers and be like—so they end up selling their crazy cameras or whatever it is that they happen to have that they’re trying to—

INT: Get rid of for whatever reasons.

In this case, simply being visibly homeless but engaged in panhandling is a signifier that the individual might have access to drug or fencing networks, and even if not, will probably not respond to such a request by calling police.

Likewise, Jess also talks about interactions with street-based sex work. In the following quote, Jess is responding to a question about how she thinks gender affects street experiences:

Jess: But [pause]—I think as homeless people it’s not—I don’t really see a difference except maybe like [pause] sexual harassment maybe. It’s unfortunate but like the vast majority of people—even—once I say I’m not—like if I tell

them I'm not working or even people that are coming up being like "You seem to know." So when it comes to like prostitution like "It seems like you know this town well." When they explain what they want—maybe it's because I'm white and that's why they approach me in the first place. They want white kids whether it's a white boy or a white girl, they want white kids the vast majority of the time. I used to tell them, "You've got to go way over *there* for the white kids—"

While Jess mentions homelessness in conjunction with being seen as someone who can be approached to ask about street-based sex work, immediately prior to this question she tells a longer story about panhandling on Polk street, a traditional strip for street-based sex work, and her interactions with pimps, and this quote flows immediately on from that story. Again, signifiers of homelessness such as panhandling become indicators to others that she might possess information about an illegal or grey economy which might not be obvious or immediately accessible to "people that aren't really on our team".

Finally in this section, several people also mentioned activities that might be regarded as an extension of 'pure' panhandling, such as busking or selling handmade objects or art. In these instances, those engaged in these practices explicitly differentiated their activities from panhandling:

INT: What kind of parts of town are good for panhandling?

Justin: I don't really panhandle per se. I make roses, remember.

INT: Yeah, yeah, yeah.

Justin: The nicest roses.

INT: Yeah, I remember those roses, they're cool.

Justin: It's all.. I make about forty-five dollars an hour doing it, man. I'm blistered. My hands are raw. I've worked them to the bone, dude. I could pinch your skull.

INT: [chuckle]

Justin: Into little bitty bits, dude. I got fingers like motherfucking steel.

INT: Yeah. So what's the best area to sell those?

Justin: Well, Market, you know.

INT: Down on Powell. Oh, okay.

Justin: Market down to like 3rd Street. Sometimes I go, you know, down that way to—to pick fibrous grass, palm fronds and whatnot to fold.

INT: Uh-huh. What about in the Castro? Is that any good for that?

Justin: Not really. It's good for panhandling.

The final line of the quote makes it clear that Justin does panhandle at least occasionally (and in the two quantitative interviews conducted by UFO with Justin he indicates panhandling as a source of income in both), but “I don't really panhandle per se”, as well as the insistence that making roses is *work* (“My hands are raw. I've worked them to the bone, dude.”) also makes it clear that he prefers to think about his activities as something separate from simple panhandling.

4.2.4 Panhandling spatiality

Most if not all people who talked about panhandling had opinions about what areas of the city were good or bad for panhandling.

Figure 4.1, p.132 shows all specific areas or locations mentioned in qualitative interviews as places where people panhandled. Broad areas included the Upper Haight, the Castro, Embarcadero and Fisherman's Wharf, the Financial District, Market street up to and around the Powell street cable car interchange, and North Beach. Specific locations tended to be described in terms of commercial outlets: “the McDonalds at Third and Bryant” or “the Starbucks and Noah's Bagels near the Greyhound Station.” The commonality between all these areas and locations is the high level of foot traffic.

The language used to describe places that people panhandle, in particular the

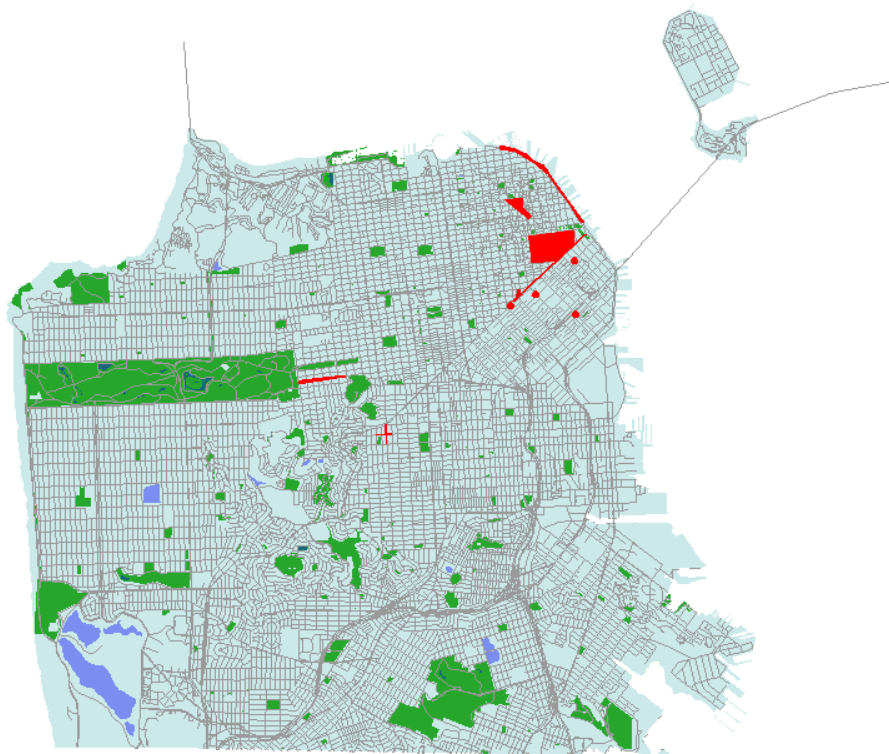


Figure 4.1: Panhandling areas and specific locations

language used to describe *going* to places to panhandle often had an opportunistic quality:

INT: Are there any other sort of like parts of the city that you either spend much time or spend like much time in like—

Austin: Um—well—I go to other parts of the city sometimes but it's not like all the time, you know what I mean. Like some weekends we'll go to North Beach and panhandle because it's like—the Financial District you can make really good money. Like if you go there on a Friday or a Saturday with like a few couples, like me and my—me and my fiancé will go and grab like two other couples and make like—like eighty bucks in like an hour or two, you know what I mean, like—and I have two dogs too and that always helps—but—yeah, like—so that's a good space for—

Maybe we'll go there, and maybe we won't. Or:

INT: Yeah. When you go up to the Haight is that—is like the panhandling good out there or is just a change —

Melissa: It's better.

INT: —a change of scenery or—

Melissa: It's—yeah, it's for a change of scenery and sometimes it's better, it depends on the day. I'd say overall I usually do a lot better up there but, you know, the beer is cheaper down here and there's not really crack up in the Haight so that's kind of what keeps me down here, honestly. But, yeah, I'll go up there for a change of scenario, go up to the park, you know.

While in both these quotes the prospect of successful panhandling is a reason to go to a place, there are in all cases other motives, other reasons to go or not go to a place—the price and availability of one or another substance, the desire for a change of scenery, the conviviality of going somewhere with other people.

In some respects, this lack of centrality gets to many of the hinted-at reluctances around panhandling—it's something with a distinct utility, in that it's a way to make money which is less ethically problematic than some others (such as theft) and less legally risky (than, say, drug sales), but isn't something that you *identify* as. No-one wants their lives to be *defined* by panhandling, and one of the ways this is avoided is by representing panhandling as a happenstance activity, or at least not as the *sole* reason to go somewhere; to make the effort associated with moving across the city.

4.2.5 What panhandling 'means'

Panhandling necessitates being in the public eye. Someone sitting in a private room with their hand held out and a cup in front of them is miming panhandling, not panhandling. Panhandling is an interaction, even when those walking by affect to completely ignore the panhandler.

As we have seen above, multiple eyes gaze on the panhandler: passers-by; the

police; one's peers; and other people on the street or connected to the economies of the street. In doing so, the visual primacy of the occupation threatens to define the panhandler. Much of the language used by the people interviewed seemed to serve to limit the role of panhandling, turning it into an ancillary activity even when it was apparently the sole method someone had for making money.

Panhandling is also, as we have also seen, a highly spatialized practice. A panhandler asks (in whatever way, be it with a sign or a verbal interaction) for money in a *location*. The language surrounding panhandling in the above quotes gives it spatial dimension and locality. It gives its practitioners a new lens through which to see the city; as a series of locales or zones in which it can be practiced to greater or lesser efficacy, with greater or lesser degrees of interruption from police and other actors. It is also an extremely flexible economic practice, in that it can be utilized opportunistically, and can easily mutate into other economic and social activities as they present themselves. Again, in representing the role of panhandling, most respondents described it as a factor in why to go to a place, but rarely as the sole reason for making a place a destination.

In the next sections I will discuss further some of the economic practices mentioned in passing above, relating to arbitrage, drug dealing, and shoplifting.

4.3 “I kicked him on”: arbitrage and selling drugs

As noted above, panhandling can lead to other economic opportunities, many of which might fall under the general label of arbitrage: taking advantage of a price difference between two markets. Examples above included drug dealing, selling-on stolen or other

goods, and sex work. In this section I will discuss these and similar economic activities further, both as adjuncts to other economic activities, and as primary economic activities.

Turning first to selling drugs, the single most common categorically illegal economic activity among UFO participants (see Table 4.1.1, p.117), the following is a representative description of drug dealing as it appeared in qualitative interviews:

INT: So you mentioned running for people. Do you want to sort of—and excuse my ignorance, tell me a little bit more about how that works.

Melissa: Some people from out of town or, you know, people that are in the circle, you know, they're not out here like, you know, buying dope every day so they don't know who the dealers are, they'll come over and they'll want to buy like a quarter-ounce of blow or a quarter-ounce of heroin. And so I'll get it—you know, I'll get a quarter-ounce for [\$]160 and I'll charge them [\$]250 or something, you know. And then they'll kick me down a big chunk of it and, you know, I'll get cash. Or, you know, if I give them my deal, you know, they'll stay and party with me so—It happens very rare—it used to happen a lot more. Now it happens very rarely but—

INT: What do you think changed?

Melissa: Um, honestly? Um—you know, my husband and I are—are very honest people. I mean we try to tell people the skinny, we give them exactly what's going on and, um—people are very suspicious of that, you know. They expect to get ripped off, they really do. They would rather get ripped off it seems sometimes than deal with us. It blows my mind because I think they start feeling—I think they start feeling guilty when they start ripping us off, you know what I mean, you know, so it's kind of like—so they'd just rather deal with seedier people, I guess. And in a sense it's kind of a good thing, I don't want—I don't need to have all that in my life, you know. if they're not going to trust us—people like—they start not trusting us and it starts to hurt our feelings and we get all emotional about it and stuff because like we're being honest. It's like there's no such thing as an honest drug addict. It's like, yes, there is, you know. I tend to think that we are honest drug addicts and it's a very small field.

Looking more closely at this description, we find a relatively complex arbitrage arrangement. Firstly, Melissa locates herself in the transaction as a 'runner', connecting people who aren't habitués of a daily drug dealing scene with drugs—not directly by introduction, but literally 'running' to get the drugs. Secondly, she provides an example of the margin

involved—in this case, the gross margin of the transaction described is 36%, putting it in the same range as the average for the automotive parts and accessories industry, but below that of bookstores (which as of early 2009 had an average gross retail margin of around 45%) or florists (average gross retail margin 55%) (The Retail Owners Institute, 2009). This is, admittedly, possibly an idealized transaction, as she then goes on to talk about ripping people off and being ripped off. Thirdly, she emphasizes the highly social nature of the transaction—as well as making a cash profit from the transaction, she sometimes gets some of the drug as part-payment, or actually uses the drugs with the buyer: “if I give them my deal, you know, they’ll stay and party with me”. She also discusses ideas like “trust” and “feelings” in the context of the transaction; not attributes that would usually be associated with a strictly impersonal business relationship. The social nature of the transaction is clearly important to Melissa. Finally, Melissa talks extensively about concepts of trust and honesty, locating her and her husband’s practices on a spectrum of behavior and both acknowledging and repudiating the stereotypical idea of the “dishonest drug addict”.

In the following quote, another participant describes his more businesslike approach to dealing:

INT: So just backing up a little bit to like, you know, you’re really good with the pot stuff. Like what kind of things makes like a good pot dealer?

Critter: Um—I mean business should be done right all the way across the board on like anything really. And, um—I mean if you can stand behind your product then, you know, that’s obviously going to create more revenue for you, it’s going to create more of a word-of-mouth advertising for you and, um, you know, when you’re—when the customer’s happy, you’re happy.

INT: Right, right.

Critter: So I mean I usually come at it with a pretty honest, um, weighs well, you know, pretty honest scales and, um, accessibility. Like I’ll even tell people I will deliver. Um—you know what I mean, you give me the appropriate amount of time in advance and I mean—you know, it’s—I come across as really customer

oriented so that they want to come back and see me, where it's not just "Oh, here's some dope, give me some money," and I'm out. You know, it's—you know, it's—it's—it's friendly. I mean I've had people coming in from like, you know, East Bay. I've had people coming here from like down south in—where is that, like past Mountain View, go—go out—it took him an hour to drive here but I mean he came out here religiously every week. You know what I mean, it's like—

INT: "I got my good hookup", you're worth traveling for—

Critter: Yeah, you know, I mean we'd kick it for like an hour, you know, fucking—it's—it's cool, you know, I mean it's—I mean drugs have such a like—a bad—

INT: Reputation. [chuckle]

Critter: Yeah, a bad reputation where I try to—you know, I mean I try to make it seem like you're going to a bar and purchasing alcohol, you know. I mean I try not—I mean on top of ensuring your happiness, you know, I want to make sure that, you know, you're not just coming out here and buying drugs from me, you're coming out and seeing a friend almost, you know. So I mean between, you know, keeping the weight right on them and being easily accessible. I mean it—both of those really serve for, you know, a good product as long as—you know, as I have a consistent person that I can talk to them, you know—then by—via me so does the customer, you know. And, sure, it gives them a little psychological, "Ooh, yeah, I got a great hookup." You know, well, of course you do, I want you to keep coming back, you know. I mean—I mean the big part of it is—I mean if I can find someone that's constant that's, you know—that's, you know, good prices and good weight then, you know, things could work pretty efficiently.

Again, we see an initial description of an activity in the language of formal business: "stand behind your product", "create more revenue", "word of mouth advertising", and keeping the customer happy. However, like Melissa, Critter quickly gravitates toward the social aspects of 'keeping the customer happy'—the establishing of longer term relationships with customers, relationships with a deliberately friendly tone, in which "we'd kick it for like an hour" (ie hang out together socially) rather than simply being brief and transactional: "I want to make sure that, you know, you're not just coming out here and buying drugs from me, you're coming out and seeing a friend almost, you know." He also suggests the customers appreciate this too, as in "I got a great hookup." Unlike Melissa, however, who

talks about the social at least partially in personal terms (having hurt feelings), Critter gives pragmatic reasons for being friendly; “I want you to keep coming back” so that “things could work pretty efficiently.” Repeat customers who value his product means consistent income and ‘known’ customers, presumably (although Critter does not discuss this) also reducing the risk of both being ripped off and inadvertently selling drugs to an undercover police officer.

Critter mentions one other aspect of successful dealing: “accessibility”. Earlier in the interview he states that he deals cannabis from the Upper Haight and I hypothesize that by referencing accessibility and a willingness to do delivery to people, he’s also referencing the transient and temporary nature of an illicit, repressed activity. For those seeking to purchase drugs, “accessibility” is a highly desirable quality, in that illicit products have become one of the few generic product classes not reliably and predictably available on short notice in contemporary society; having a relationship with a supplier that mimics the convenience and dependability of a retail store is thus highly desirable and is clearly something Critter aspires to provide (and his customers presumably see as central to a “good hookup”). Ironically, the increasingly legal status of cannabis (and the consequent emergence of reliable storefront access) is affecting this activity for him:

Critter: —it’s a little bit more difficult now with like everybody having prescriptions but I mean even still—I mean—I’m good at what I do and I usually make it work to my benefit, you know.

Other respondents also talked about selling drugs, but almost always in the sense used by Melissa of being a middle-person in often opportunistic deals, rather than in a more structured system of distribution. This is interesting given the often highly visible street markets in many of the areas UFO participants spend a lot of time in. In the blocks around

the UFO study's field site in the Tenderloin, for example, street-based dealing is a normative activity, notable only when it temporarily escalates or abates:

Walking up the street afterwards along Jones - *so* much dealing tonight. Spotters on both corners of Ellis calling "coming down!" as a cop car rolled down Jones. (Field notes 7/10/2007)

Active dealing often happens out the front of UFO field sites. For field sites outside the Tenderloin, this activity was usually shut down by UFO staff because it was clear the dealing was targeting UFO participants and hence would ultimately lead to unwanted police attention, however at the current field site the dealing is well established and services a large population with no connection to UFO. The simple fact of physical conjunction, however, occasionally leads to conflict:

The cauffle at the front before site started—Josh¹⁰ coming up the stairs to tell us there'd been some almost-violent incident out the front [of the field site/clinic]; something between a well-established African American drug dealer and the participants who were hanging on the ground in front of the clinic waiting for us to open. Later I found one of them used the magic N word, the guy punched her in the face and gave her a blood lip, her boyfriend had some sort of verbal altercation which is the bit Josh actually saw. . . . I think it was that idiot woman from a month or so ago—the southerner who'd been using the N word in front of the Windsor [the neighboring hotel] (fortunately not in front of Tom, the African American guy who works the front desk there, but it was him she'd been having a run-in with). (Field notes 6/26/2007)

As alluded to here, visible street dealing in the Tenderloin is often fairly 'turf' based, with the same dealer and ancillary staff (spotters, runners, etc) holding a corner or half-block for extended periods of time. Interestingly, I have never met a UFO participant who ever claimed to have participated in these far more structured dealing arrangements. Some did, however, reflect on their relationship to this system:

¹⁰Dr Josh Bamberger is the medical director of the City-run health clinic the UFO study uses as a field site. Clinic activities usually finish by 5pm; UFO's field site starts at 5:30pm, so there is often overlap in which project's staff and patients/participants are present out the front of the clinic, occasionally requiring negotiation between the two projects.

INT: And do you see sort of any kind of division—anything going on around race with sort of like buying or selling drugs?

Melissa: Uh—well, yeah, I mean definitely. It's like the—I don't know—I think I know like one or two white crack dealers, you know what I mean, and they usually stick to selling it from indoors. I mean I've thought—so many times I've been like “Man, if I started selling crack I'd make money,” you know. But I—I've seen what happens to the white crack dealers outside, they get beat up by the—it's kind of territorial and it's, um—you know, the blacks, um, they run

INT: [..?..]

Melissa: They run the street, that's just kind of the way it is and if you're a white crack dealer you just better stay off of their turf, you know, because they will—they will junk you and they'll take your money and your dope and they'll do it again and again and again and again until you learn that it's their turf, it's their right. And so I respect that. Hey, I'm, no worries, no problem. You know, I'm not going to sell dope on your turf. If I were to sell dope I'd sell it out of my house, you know, there's no way I'd want to sell it outside.

INT: What about people selling to people like the—you know, people only selling to –

Melissa: Oh, they—the black people that buy definitely get treated like priority. I mean like white crack heads get shoddier deals, you know. It's like a lot of times I'll have my black friends buy for me because—I mean—well, there's—I have dealers now that treat me really well because I've been buying from them for so long. But if it's from somebody I don't know—I mean I can get—black people can get twice as much as white people do. They'll get two—twice as much, four times as much dope. I mean for twenty bucks, I mean—you could get—they get so much more dope than a white person does for twenty bucks. It's—it's just the way it is.

INT: And what about gender? Do you think being female makes any of that easier or harder or more..

Melissa: It depends. I mean if I—I go to the—I only buy from female black dealers because the women look out for each other, you know, whereas the men—every time I buy from a black guy I get ripped off or I get—I get a shoddier deal, you know. So—it's gender-specific as well in that respect.

INT: Okay. And what about Richard [her husband], like when—

Melissa: He—I don't—I don't—he—unless he knows the dealer I mean he gets treated pretty bad as a white guy, the white older guy, he gets treated pretty bad out there, they rip him off a lot. He usually has me do it because as a girl I guess I have a better—easier time getting dope. So, yeah, he gets ripped off a lot.

Here Melissa articulates a number of points: that she sees street-based dealing in

the Tenderloin as highly territorial, and territorial in ways which she sees as completely excluding her from participating as a seller in that market; and that street sales in the Tenderloin have highly racialized and gendered dimensions (and, to a lesser extent, age-specific dimensions) which affect both the possibility of purchasing and the ‘quality’ of a deal if purchasing is possible. More specifically, she lists a number of possible combinations of race/gender/age for street dealer vs purchaser and indicates something about the possibility of a deal occurring and if so the perceived quality of the deal. Interestingly, despite her general assertion that African-American dealers systematically “rip off” white purchasers, she also states that gender mediates this: “I only buy from female black dealers because the women look out for each other”.

4.3.1 Dealing as a structural system

Returning to selling drugs as a source of income, in 1999 I co-authored a paper on some aspects of drug dealing, drug use, and driving in the context of raves in Western Australia. One of my contributions to the analysis was an articulation of a classificatory system which attempted to unpack the term ‘drug dealing’ within this context. In this system, I described ‘distribution’, ‘clearing’ and ‘dealing’ (Lenton and Davidson, 1999, p.158). Distribution referred to “passing drugs on to less well connected friends and/or facilitating a group purchase. . . *all* those to whom the distributor passes drugs along to are friends”, clearing referred to “selling small amounts of drugs, usually as a favour to the person who supplied the drugs. . . the drugs might be sold on to either friends or more casual acquaintances, but never strangers”, and dealing referred to activity “characterized by cash profit as a significant motivation for the activity. Those who said they were (or had been) involved

in this level of activity also frequently indicated that their entire lifestyle and that of their immediate friends revolved around the flow of drugs through their hands. . . . Dealing also .. often involve[d] the selling on of drugs to other intermediaries rather than just end-users.” Finally, the first two classifications were characterized by the directionality of the social capital acquired through mediating the transaction: distributors were gaining social capital from their less-well connected friends; clearers were gaining social capital from those supplying the drugs.

Needless to say, the particular classificatory system is both arbitrary and owes a great deal to the particular social environment from which it emerged (both the social environment in which these drug sales were taking place and the social, political, and academic environment in which Simon Lenton and I were working at that time).

The key points from this work are, however, that a) ‘drug dealing’ is a hugely generalized and highly politicized term covering a wide range of social and structural arrangements which in any serious analysis needs unpacking; and b) that at some level *all* ‘dealing’ is arbitrage: all dealing involves taking advantage of a price differential between two markets. Classically (as in ‘dealing’ in the above classificatory arrangement), dealing is arbitrage between two distinct markets: a wholesale market and a retail market; one national market and another; a farm-gate market and a distributors’ market; and so on. However both ‘distribution’ and ‘clearance’ in the above are also arbitrage, and are notable for the *knowledge* role of the arbitrageur: the arbitrageur knows someone with excess drugs, and knows someone who needs drugs, and is willing to take the exposure risk associated with playing an arbitrage role in an illicit transaction (ie both the classic arbitrage risk of being

left with an unwanted product should the deal fall through after the purchase but before the delivery, as well as the illicit drug economy-specific risk of being charged with “drug possession with intent to sell” as opposed to the less legally damaging simple possession (California Health and Safety Code, Sections 11350–11360)).

Among the UFO participants I interviewed, drug selling appeared for the most part as an opportunistic adjunct to other forms of income generation: as arbitrage via the use of knowledge about a structural system (ie who specific kinds of drugs could be purchased from in a given area, at a given time). The thing being sold is the knowledge of the arbitrageur, not the drug itself. Further, the knowledge is highly spatialized: if the same individual was to travel to another city and be panhandling on the street on her first day in the city and was asked about “scoring some blow”, she would not be able to take advantage of the same arbitrage opportunity because she would not have the *local* knowledge about where and from whom cocaine could be obtained, even though she already has a sophisticated ‘generic’ knowledge about the language, norms, and so on of how to conduct such a transaction safely and effectively.

For those for whom drug sales appeared to make up a more significant portion of their income-generating strategies, the arbitrage involved becomes more ‘retail’ in that holding a stock of a product becomes a necessary part of the business, rather than simply linking a seller and a buyer via the act of delivery. Beyond this difference however, much remains the same: the activity is spatialized and *local*; generic knowledge alone does not allow the economic activity to occur; and finally, the entire transactive relationship remains highly social and personal as with the more opportunistic forms of drug arbitrage such as

‘running’.

4.3.2 Arbitrage part II: beyond drugs

In the section on panhandling above, one quote by Jess describes people approaching her while she is panhandling, wanting help selling cameras or other goods (p.129). Later in the same interview, she described this process in more detail:

INT: What is it—like if someone came up and had a camera and you passed it on to someone, like how much of it do you usually get to keep?

Jess: Um—it depends on the person ‘cause sometimes it’s like.. The kind of yuppies that are obviously using drugs, those people get a lot less. [chuckle] But if it’s just someone that came upon a bunch of stuff for like—sometimes they’ll have like whole bags of stuff. Like I don’t know if they went to like a estate sale or if they’re moving or if they just came upon stuff and they—a lot of the time—I mean half, you always ask for at least half. Sometimes it’s not half, sometimes—

INT: And how much of that do you say up front, “I can pass it on for you but I’m going to keep half?” and how much of it’s like “I’m going to give you this much of it but you’re actually giving that much of it?”

Jess: It depends ‘cause sometimes they’ll be like “You want to make 20 bucks?” They’ll be like “Sell this, whatever you sell it for [..?..].” Or “I need 50 from this, whatever you can sell it for you can have the rest.”

INT: Gotcha.

Jess: Those are the best. I’m like “Yeah.”

INT: “All right, I can work with that.”

Jess: I’ll be like “Oh, sure, 50 bucks, it’s all good.” [chuckle] I don’t know why yuppies, you always end up with GPSs they’re trying to sell. I’m like “Are these yours?” Like, you’ve decided you don’t want it any more? I don’t know.

INT: They got it five years ago because it was a cool thing and now it’s not? I don’t know.

Jess: Might as well sell it before someone else takes it out of their car.

[chuckles]

INT: How long have you been doing that or how long have you been like passing stuff on like that?

Jess: Um—Since I met Darren [an ex-boyfriend]. I [..?..] have any idea about the fences. Probably like three years.

INT: So [..?..] the whole scene and you kind of picked it up from him, how it works.

Jess: Yeah, because before that—I mean that kind of stuff didn’t happen in other cities, like people standing around looking to buy stuff. That didn’t really happen unless it’s a flea market.

INT: Right. [chuckle]

Jess: So a lot of times people would ask and I’d tell them “I don’t know,” or I’d be like “Ask that kid,” [chuckle]. But, yeah, once he explained how that was happening I’d do it myself.

As with opportunistic drug sales, these transactions are essentially knowledge-based arbitrage. Unlike drug sales, price negotiation is often explicitly about the net cost of the goods (ie how much money the seller wants for the object, rather than what the buyer will pay the arbitrageur for it)—“I need 50 from this, whatever you can sell it for you can have the rest.” or explicitly about the margin the arbitrageur will receive: “You want to make 20 bucks?” Again, as with opportunistic drug sales, it is essentially the arbitrageur’s knowledge that is being sold, not the object around which the transaction is being organized. And again, as with opportunistic drug sales, the core of the knowledge being utilized is not generic but local—“I mean that kind of stuff didn’t happen in other cities, like people standing around looking to buy stuff.” Jess also explicitly describes the process of acquiring the necessary knowledge from her former boyfriend, making it clear that without specific knowledge of the process involved, she could not participate even though she knew the system existed: “So a lot of times people would ask and I’d tell them ‘I don’t know,’ or I’d be like ‘Ask that kid,’ [chuckle].”

Another person who discussed the ‘passing on’ of goods was Jake:

INT: Uh-huh. Like who buys what kind of stuff?

Jake: Well, I go by the Civic Center [..?..] and it’s like electronics they’re like—they’re big on electronics there. And like [..?..] the fucking—Powell [..?..]

Filipinos are they want clothes and, you know, fancy designer shit. All that shit. You know, they're into electronics too but not really as much. Like there's even a couple of them like they'll just tell you what they want. They don't operate like—like the Hondos [derogatory term for Hondurans], almost all of them are just buying nice shit to take it to the flea market and sell, but the Flips [derogatory term for Filipinos], a lot of times they're getting shit that they want for themselves, you know.

Here Jake describes aspects of the actual physical 'market' for goods: the relatively fixed location of the trade in goods, predominantly centered at Civic Center and the intersection of Powell and Market streets¹¹. Additionally, he describes specialties within the market both along product lines (consumer electronics vs designer clothes) and along 'end-use' lines (resale at flea markets vs personal use). He also racializes the market by linking specific ethnic groups to product or end use specialities. Finally, allusion is made to the different physical locations of the different sub-markets—Civic Center for electronics; Powell Street for clothing.

This system of disposal of physical goods will be described further in the following section on shoplifting, however for the moment a number of points need to be made: firstly, like all previously described systems of income generation, passing goods on has a spatial component—the core activities take place at known and named locations. Secondly, for almost all of those I interviewed who engaged in it, it is opportunistic in nature and overlaps with other ways of making money. Thirdly, it *can* be engaged in opportunistically—it is an activity that can and does take place embedded in other daily activities and does not need specific hours or blocks of time set aside to pursue it. Finally, it is a highly social practice,

¹¹More specifically, from field observation, the Civic Center BART station closest to Carl's Junior (overflowing to the corner of Jones and Market); and the strip of Hallidie Plaza along Market street between Powell and Cyril Magnin. I should add that given the observable frequency of police sweeps of these areas, that these areas are a center for the disposal of goods of dubious provenance is hardly privileged knowledge.

and therefore, unsurprisingly, occurs within broader social practices and understandings relating to ethnicity.

4.4 “Just run!”: boosting

Just under a quarter of UFO participants (24%) listed ‘stealing’ as a way they’d made money in the three months prior to their qualitative interview. Obviously this label covers a wide range of possible activities, but for most of those interviewed qualitatively it appeared to refer fairly specifically to either shoplifting or other acts of property theft. Without exception, every person interviewed qualitatively who talked about theft also spontaneously discussed their personal limits or ideology around who could be stolen from. For example:

INT: Do you prefer little shops that have street fronts or little shops in malls or—

Davie: Well, I prefer corporation type places just on the social and political aspect.

INT: Principle.

Davie: Totally. Totally. But I’m not above, you know what I mean—I mean there’s some of those boutiques that, you know, two pair of pants are not going to—you know, nobody’s kids are starving over it but I would definitely rather get Gap than, you know—but those little boutiques have, you know, three hundred dollar fucking pair of jeans and the jeans are—even in the stores or boutique jeans are corp—you know, are—you know, so—

Davie expresses here one of the two most common ideological positions around theft: that stealing from big corporations is preferable to stealing from non-chain or non-corporate stores. However Davie then goes on to indicate that being small does not mean non-corporate: that a store selling three hundred dollar designer jeans is boutique and hence corporate and hence an acceptable target.

Others go further, locating theft from corporations in positive terms rather than ‘less worse’ terms:

Scott: It’s kind of fun. That’s—it’s almost more fun than the fucking getting high, you know. ‘cause I just go out and I just—I just like look at places that are big—big gnarly corporations, you know. It’s like what can I do to fucking—it doesn’t hurt them in the long run but, you know, shit, you know, whatever. I’m not some like—I don’t think I’m like some guerilla kind—guerilla anarchist that’s going to bring the system down from stealing from Macy’s but, you know.

Scott first reflects on the pleasure associated with theft, locating it with other enjoyable experiences such as being high. He goes on to begin to explicitly identify one of the sources of his pleasure: that stealing from large corporate entities is an attack on those entities and the system they represent to him, but he catches himself and reflexively declares that he is not so naïve as to believe his personal actions will “bring the system down”.

The second ideological position revolves around interpersonal theft. For example:

Scott: Um—[pause] I steal a lot of shit. I don’t steal from people, I never have and I never will. I’d rather go, go dope sick and completely fucked up but I steal a lot of shit.

Here, Scott explicitly locates his theft in the context of his drug use, by linking it to the symptoms of opioid withdrawal (“dope sick and completely fucked up”). He represents his stealing as necessary to service a habit. By linking theft and drug use, he also delineates a boundary beyond which he asserts he will not cross, even though the personal consequences will be unpleasant: he will not steal from an individual, even if it means he will suffer withdrawal symptoms.

Several people described the actual mechanics of finding a store to steal from:

INT: You said you sometimes just will like walk in to see who’s working. Like what sort of stuff are you looking for when you look into a place like that? Like what makes you go “This is a good time to do this”?

Davie: Familiarity as far as the person is probably one of the main things, especially if it's a place where you—you know—'cause there's some places that are just generally better than others but you can't—you know, you can't go in and look at jeans, again for instance, four days in a row and not buy a pair. It's like come on. You know you only got a few times and so—and then if there's nobody working or if this certain person really has—really is like really doing his job or whatever or—I'll do supermarkets too, Safeways and stuff and like you can—you know when the LPs [Loss Protection employees aka store detectives] are working or you kind of see or who the security is 'cause you've gotten in a fight with that one before, you know, so familiarity mostly.

INT: So if it's someone you've never seen before it's sort of like "sweet".

Davie: Yeah. Yeah. Yeah.

In this case, Davie describes choosing the store by *who* is present in the store, with a particular emphasis on whether he thinks the store detectives will recognize him. He also references the real possibility of physical confrontation associated with this form of income generation (" 'cause you've gotten in a fight with that one before"). In the following quote, Steven describes times of day to visit stores:

Steven: Sometimes my theft schedule got in the way of my needle exchange schedule.

INT: When you say your theft schedule, like what's .. what was that about?

Steven: Well, I mean just certain times—there were peak times for me to go into stores and steal and there were certain times that were not good for me to go into stores and steal. Um, sometimes based on just how many customers there are, you know, what type of customers there are. You know, certain times of the day it's packed with college students, they really don't care if I'm stealing shit. Other times of day it's packed with fucking, you know, Prozac moms who really don't care if I'm stealing shit. Other times of day it's packed with, you know, like businessmen who, you know, don't like to see anybody get anything for free. Um—

INT: Right. And will yell out or something—

Steven: Yeah, yell at me or snitch me out, yeah. Um—

INT: So what times of day were good to what sort of things?

Steven: Uh—morning time usually good. People were too tired to really give a shit about watching. Of course, in my addiction I thought I looked good enough to go anywhere without being noticeable. Now that I look at some pictures of myself then I realize it's quite different.

In a conversation that started by being about how often Steven goes to needle exchange, the disruptive influence of how he makes money quickly emerges. Like Davie, he is also interested in *who* is in a given store as a predictor of the safety or otherwise of shoplifting. Davie mentions employees of the store; Steven talks about the customers: “college students” and “Prozac moms” versus “businessmen”. Davie also talks about who might be in a store:

INT: Do you find like the passersby or the type of people who shop make any difference to—to safety of the whole thing?

Davie: Sure. Um, yeah. And that just kind of depends too. There’s so many variables when it comes to boosting, there are so many—well, it depends, good and bad, you know. But that’s one of those things—and a lot of time, especially lately in like the last few years I just do a lot of like just gorilla boosts and Rambo and just go in and just grab a stack and leave, you know. And, uh, what I would say the only thing that’s going to bust you doing that is a hero, which is a shopper, you know, or, um, or a LP is really, really into it or a cop just happens to be driving by when you run out and that happened to me, you know. But, um—yeah. And so but like let’s say in Safeway, for instance, you know you do have to watch out for other shoppers but there’s other times when you’re just like “fuck it,” you know. You know, if I can get this in my backpack and get to the door before they can run up to the thing—and most of the time people just go, “Oh, geez,” you know. But every once in a while—so it’s intense, you know. You can kind of—you know, you got to judge a little bit but you can maybe tell by the makeup of the person a little bit, a jocko, sporto type you’re not going to be as—you know. But at the same time you’re also looking, “Hey, is this guy an LP” or something too, you know. So different. [chuckle]

In this case, some of the context surrounding the role of the other customers in the store comes from the nature of the act—Davie brings up “gorrilla boosts and Rambo”: simply grabbing a pile of goods and literally running out the door with no pretense of subterfuge. The surprise of the act makes it usually successful, however “the only thing that’s going to bust you doing that is a hero”—the customer who is jarred into action by the blatant nature of the theft.

Returning to the role of theft in making making money, Steven continues and talks further about the exact interactions between drug use and shoplifting:

Steven: But, um—yeah, morning times nobody really cared. Then at midday—it was really based a lot on my drugs too, you know. Like if I made thirty dollars in the morning that was—like usually if I got it by 10:00 I'd usually make that last until 1:30 or 2:00. Then it would be time to go out and get more. I'd usually get thirty to fifty dollars which would last until 7:00 and I would fuck around downtown doing whatever I could to get high for a few hours, go back out about ten o'clock when all the loss prevention agents were gone from the stores, go down and get some more. Bloomingdales was a big thing for a good number of weeks, uh, as you may recall.

INT: Um-hm. [chuckle]

Steven: Because I would come here [to the UFO study], get my money [from research participation] and then go there and get more money. That way if I got arrested I had money in my pocket. That—like I usually like to get in there by 8:00—7:00, you know, preferably 7:00, 8:00 by the latest. Of course, if I just had to then I would bust right in there fucking [yawn] nine o'clock like I'm the only fucking person in the store.

Steven describes a clear pattern of movement through the city oriented around getting money then getting drugs. As mentioned in the Methods Chapter (1.4, p.26), while people were being qualitatively interviewed they were provided with a map of San Francisco and pens with which to draw on the map. The map Steven drew during this interview (Figure 4.2, p.152) shows a heavy focus on the Tenderloin and adjacent shopping areas, with, as he described it, more occasional visits to other parts of the city.

Davie also describes patterns of movement oriented around the way he makes money (he did not draw a map):

INT: And is there like a particular area that you prefer to do that, a particular area that you prefer not to do it?

Davie: Um—generally, no. I mean boosting's one of those things that you just go wherever. Every once in a while I'll have like a route, you know, 'cause there's a few places on this route that are at least possibilities. I can peek in and see where I can and all that sort of thing, yeah. And I kind of have that around

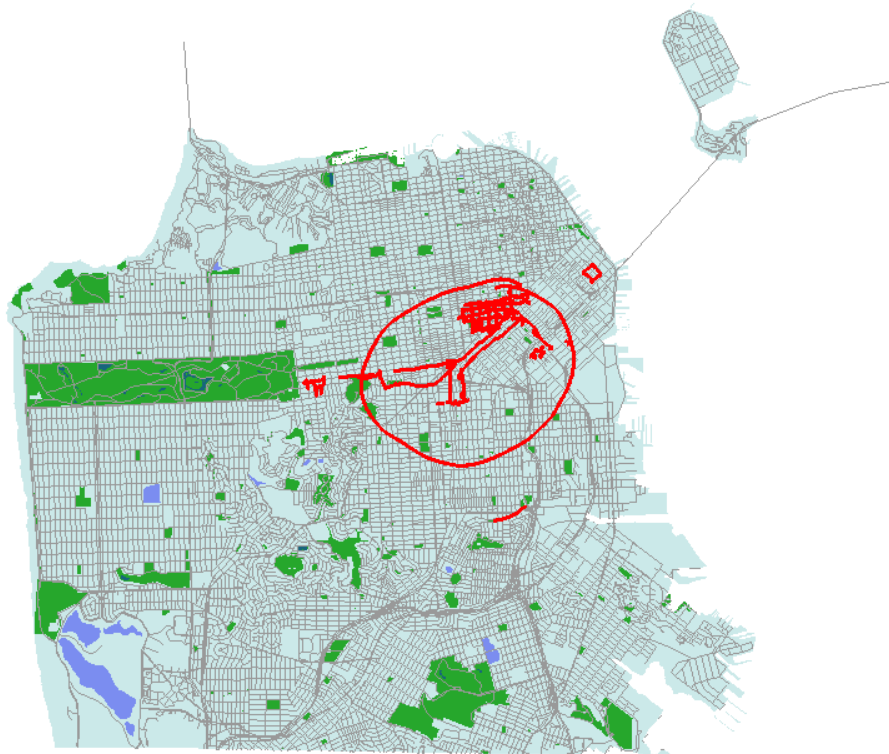


Figure 4.2: Steven's map

Powell a little bit because, you know, there are so many shops and stuff but there's also a couple places where I go on a bus so it's really—you know.

...

INT: You said you sometimes like catch buses in San Francisco and go to other places. Like what other neighborhoods or what..

Davie: No real specific neighborhoods even. I'll also go to, um—well, you know, I'll go to the mall, go to Stonestown every once in a while and, um, I'll go to Union Street once in a while 'cause there's a little mall—you know, there's little shops and stuff so—just really any place with like little shops and stuff.

Finally, Davie also talked about selling goods that he'd stolen:

INT: So are there sort of like particular places to go to get—like what happens when you've got the stuff? Like are there particular places or whatever you go to get rid of it or -

Davie: Yeah, I mean it's no mystery. Like 7th Street and Powell, you know. And, uh, every once in a while I have a, uh—I have a, uh, number to a fence,

you know, um, but mostly that's where I go. And you just, you know, continue doing business with a couple of them and things can be cooler, you know. But every once in a while it's just like "Oh, I need a better fence," you know. 'cause sometimes it's all about the fence. You get a fence that wants something real weird and obscure that's not really a hot item, that's cool, that's ideal, you know.

INT: Because you'll get more money for it.

Davie: Yeah, you get more money and it'll be easier and, you know, all that sort of thing. But, yeah.

INT: Does it usually work that way around? Like people are saying, you know, "This is the kind of thing I'm looking for" or –

Davie: Well, okay. That goes into another thing too is like special orders, you know, it depends but, um, sometimes those are risky because it will be some weird item and then if you don't have the dude's number and you go back there and they're not there you're stuck.

INT: You've got this useless thing –

Davie: You've got this useless thing. And you get him tomorrow but you just risk—you want him now, you know. Um—so it depends. And a lot of times if it's special, special order I'll charge a little bit more, you know, 'cause you can't just go in and grab a couple pair, you have to look for sizes and that's more time and more risk so, you know -

INT: Do those special, special orders tend to be clothing or tend to be—like what sort of stuff are we talking about?

Davie: Special, special orders could be anything, yeah. I mainly do clothing and, um, my little thing that I do sometimes real quick is just like—I usually do a lot of cosmetics and stuff but they got the—they got it so tied up now. These few things that are really hot at any time, you know, that aren't special orders they got them locked up or they got them watched and stuff so I just don't, you know, mess with them as much. So and like, uh, shopping or like Safeway type things, I get coffee. And it's small but it's, you know, it's easy and you can get rid of it any time, you know, so—and, uh—yeah. Special orders could come in anything, with a new med or a lot of people want size type thing but if it's some far out size, again, I'm not going to—you know, get 38 pants and get stuck with them 'cause nobody else wants them, you know.

In the previous section on opportunistic arbitrage (p.144ff) some respondents described the nature of the market they were connecting people to. In this description of fencing stolen goods, we see the same market in more detail: the market extends off the street itself ("I have a, uh, number to a fence"); and the market is not merely a clearing

ground for goods lacking provenance but also provides a supply-side mechanism (“special orders”). Davie describes the pros and cons of supplying special orders—more money, but the possibility of being stuck with something no-one else will want if the specific buyer disappears.

Theft is clearly a high-risk occupation. Like drug sales, it is expressly illegal, and being arrested repeatedly leads to increasing periods of incarceration. Unlike selling drugs however, which in San Francisco at least appears to be policed solely by the police themselves, theft is policed by a broader segment of society. Both store employees and store customers can and do respond to theft, to the point of physically apprehending the thief. In the representations above, much of the work involved in successful shoplifting is around assessing the social dynamic: are there store detectives present (and do they already have their eye on me); is the store busy enough to distract sales staff but not so busy that I can't do anything; do the customers who are present fit a profile which is more or less likely to include individuals who will actively respond to suspicious acts?

On the other hand, shoplifting has the significant advantage over other forms of income generation discussed that it leads more readily to larger lump sums of cash in a more reliable way: when you sit down to panhandle in the morning, there's no way to know for sure if you're going to make \$30 by 10am (to give the example used by Steven above); if you walk into a jeans store at 9am and stuff three pairs of jeans into your backpack, by 10am you're either going to have \$30 or be locked up. Unsurprisingly, theft as an income strategy is often associated with higher levels of drug use: someone using heroin twice a day, for example, does not need \$30 by 10am and another \$30 to \$50 by 3pm to avoid withdrawal

symptoms, she needs \$10 by 10am, and another \$10 sometime later in the afternoon or evening. For the latter person, panhandling is thus a fairly ‘safe’ occupation in that it will almost always serve this essentially inelastic need; for the former person, panhandling would often leave its practitioner physically ill.

Theft is also, for at least some of these respondents, an act of autonomy: the actor chooses the moment, acts, and suffers the rewards or consequences. This is in strong contrast to panhandling, which superficially depends almost entirely on the acts of others. In the American cultural context, theft as an act of rebellion has multiple antecedents; panhandling does not¹².

Theft, like every means of making money discussed so far, is also a spatial practice. It requires local knowledge to both acquire goods and, in particular, to dispose of them. It shapes the movements of individuals who utilize it, influencing which parts of the city they spend time in as well as which parts of the city they might have to actively avoid at any given time.

4.5 Absence as data: sex work

As described in Table 4.1.1, p.117, 13% of all UFO participants list “selling sex” as one of the ways they’d made money in the past three months. Of the sixteen people interviewed qualitatively, three (one man and two women) had listed selling sex as a source of income at least once while participating in UFO, although none had done so in the quantitative interview they’d done most recently before I interviewed them qualitatively.

¹²Not that panhandling cannot be powerfully politicized—think Mohandas Ghandi.

Thirteen percent is probably an underestimate due to the stigma attached to sex work, and for at least two of the people I interviewed I have field notes relating to their participation in sex work but who, on checking the quantitative data, had never reported sex work as a way of making money in that one-on-one survey/interview setting.

Despite this, no-one I interviewed qualitatively discussed sex work in any substantial manner—several people mentioned it in passing, usually as an activity from the past, or alluded to it, but usually as an activity that their partner engaged in and that they knew (or assumed) I knew about. At the time, none of this seemed odd—the majority of those I interviewed I'd known for several years, and for the most part was aware that they weren't currently engaged in sex work. The small number of people I knew or suspected might be currently participating in sex work were women I didn't have a particularly well-established relationship with, and while I asked all of them "how are you making money at the moment?", it didn't seem worth jeopardizing a fairly tenuous rapport to attempt to explore the issue further when sex work was not brought up.

What does this absence tell us? Probably just that sex work remains the most stigmatized of all income-producing activities in this population, or at least the activity which people feel least comfortable talking about. As an example of how 'low' sex work can be seen, the following quote comes from someone whose main income generating activity is shoplifting:

Scott: I don't know. I'll do—I'll do anything except for fucking have sex, you know what I mean?

INT: Yeah.

Scott: Have sex and—I'd like to say I don't spare change at all but sometimes like I got to come up with five bucks here and there I'll do that. I don't rob people.

I'd like to hypothesize that one of the reasons sex work is particularly stigmatized in this group is that sex work is so often held out as the terminal state associated with drug addiction by wider society—it's what "junkies" are *supposed* to end up doing when everything else in their lives has 'fallen apart'. It's the *ne plus ultra* of junkie failure. And for those walking the tightrope of maintaining self-respect and identity in the face of wholesale social erasure, avoiding sex work, or at least avoiding talking about participation in sex work, has a particular potency. It's entirely unsurprising that Scott almost equates sex work with panhandling, because to panhandle in American society is also, as a number of authors have noted¹³, to be socially erased—a panhandler is a person ignored or a person looked down upon or, at best, a person charitably 'helped' by someone better off.

4.6 Scrapping

As mentioned above (Table 4.1.1, p.117), the quantitative UFO interview question about sources of income has an 'other' option, with the possibility of entering an open-ended response. Nine percent of respondents gave an 'other' answer; 5% of the total (or more than half of all of those who gave 'other' as an answer) described this 'other' activity as 'scrapping' or recycling.

San Francisco has several scrap metal yards that pay cash for non-ferrous metals and, as global prices for aluminum, copper, brass, lead, and zinc skyrocketed during the early 2000s (London Metal Exchange, 2009), collecting scrap metal for resale (as opposed to turning in cans and bottles for their fixed redemption value) became an increasingly viable

¹³See particularly Lankenau (1999a,b).

way of making money.

In qualitative interviews, one respondent in particular described herself as a ‘scrapper’, and discussed scrapping extensively.

One key aspect of scrapping quickly emergent from this interview was the highly mobile nature of the practice:

INT: Is that mainly what you do for money these days or –

Erica: Recycling.

INT: Recycling. What other area do you go to for that? What are good places to go?

Erica: I go up Geary all the way like to the Ocean.

INT: Is that looking for cans? Like what other sort of stuff do you look for?

Erica: Oh, God.

[chuckles]

Erica: I look for whatever San Francisco’s going to throw at me. But, yeah. And I—I cover all these areas along the Richmond and the—and the—and the, um—whatever the other side is called?

INT: Sunset?

Erica: Yeah.

INT: And this side of the park as well?

Erica: Yeah.

INT: Wow. So how often do you sort of like go out to the Richmond and how often do you go out to the Richmond and how often do you go out to Sunset –

Erica: I’d say two times out of the week I go to the Richmond, one time of the week just ‘cause the Sunset’s so much bigger it seems. You know, ‘cause you can go all the way up to, um -

INT: Down to the park.

Erica: – the zoo, actually. I’ve actually recycled all the way out to the zoo.

INT: Wow.

Figure 4.3, p.159 shows the map drawn by Erica as she talked about her movements through the city while participating in a qualitative interview.

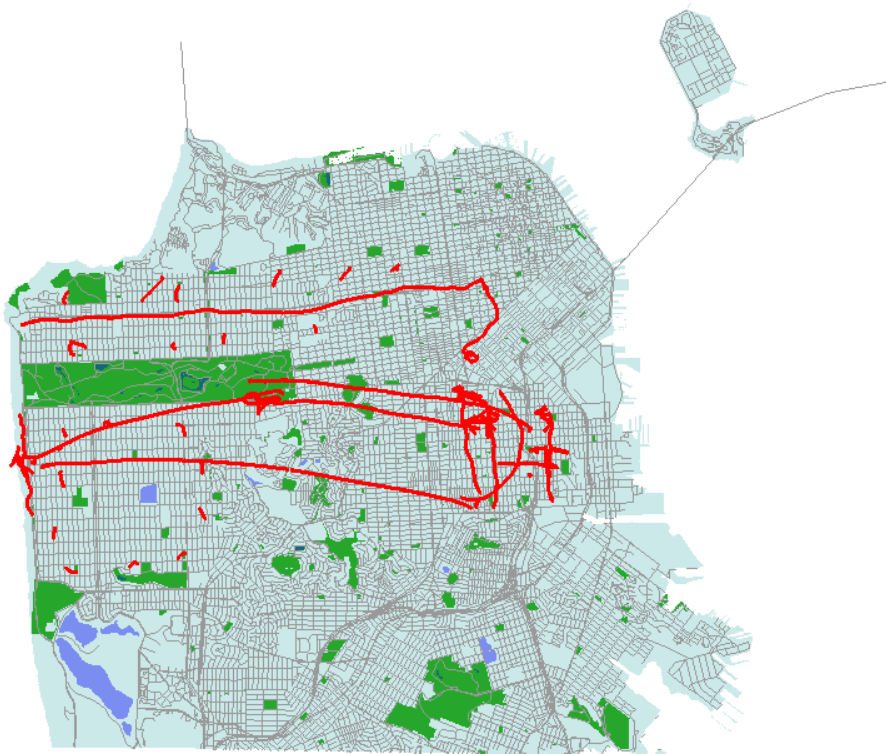


Figure 4.3: Erica's map

As can be seen from this map, Erica's range through the city is substantial. While Erica was not unique in indicating that she moved through significant portions of the city, she was unique in that she did so on a weekly basis. Other respondents who also marked large areas on the map universally stated that the extremes of their movement were occasional in nature, as in "Me and my girl try to get out to Ocean Beach once or twice a year." The areas they indicated as places they visited on a weekly or daily basis were considerably more constrained.

Secondly, as with almost every mode of income generation discussed so far, the work falls on the edge of legality:

INT: Right. What sort of things are like particularly good about building sites

and construction?

Erica: It has everything I want.

INT: Just lots of scrap metal?

Erica: Um-hm. And, you know, people tell me there's nothing but, um, construction debris in here. Like that's exactly what I want.

INT: [chuckle] So when you say everything you want, like what –

Erica: Stainless steel, copper, brass, aluminum which they use all frames—frame that's in the house and the windows and, um—that old plumbing that people take out. Definitely lots of wiring that's being done everywhere. [chuckle]

INT: Right. Is there like if you were sort of runing out of room to carry stuff is there—if you had to choose between two metals, like which ones gets the best -

Erica: Copper.

INT: Copper.

Erica: Copper's number one.

INT: What about brass?

Erica: Brass is like—well, we got two-sixty for bright and shiny, which is the [copper] wire, and we got—it as one-forty for brass. So it's actually gotten a bigger, um—it's gotten further apart in price-wise just in the last six months. It was only like sixty cents difference, now it's like eighty or ninety or something.

INT: I think the international price of copper's been going up a lot because the Chinese have been doing a lot of construction so—[chuckle]

Erica: At one spot—well, they're not giving it to us as readily as—as we—but I don't really help any of that because [chuckle] I have been known to take new and recycle it.

[chuckles]

Erica: So that might help.

INT: A faster recycling work than normal. [chuckle]

Erica: But I know a lot of people that are—like they just go into new construction sites and just—

INT: Tear everything out of the walls

Erica: —tear up everything that they've just put up.

Elsewhere in the interview Erica describes taking discarded metal from dumpsters outside building sites, but here she also mentions “I have been known to take new and recycle it.” meaning essentially stealing new fittings or wire from a building in progress rather than

offcuts or older material being pulled out during a renovation. She also discusses the relative cash value of various metals. As a point of comparison, at the time of this interview (June 2007) the London Spot Price for cathode copper¹⁴ averaged approximately \$3.40 per pound (London Metal Exchange, 2009); Erica gives the recycling yard gate price as \$2.60 per pound for “bright and shiny”, the term for wire with the plastic insulation stripped off by hand rather than burnt off.

Finally, Erica talks about her attraction to scrapping:

INT: What’s fun about it? Like you sound like you really—you know –

Erica: I love scrapping, I really do, it’s—I’m a veterinary technician by training but since I’m—my life is totally surrounded by drugs there’s no room for caring—being humane about a little animal and learning. Like you’re in school, I couldn’t even think about learning without what I actually love. So I just found something else that I have—can have a passion for. And hands-on has definitely always been—you know, I have five years’ experience as a veterinary technician, I never went to school for it. [chuckle]

INT: So like tell me more about like scrapping as something that’s kind of like cool to do like—

Erica: Well, you get big money out of everybody’s garbage. [chuckle]

INT: That sort of thrill of finding something that you know—

Erica: And stand proudly when people are like “You’re going through the garbage.” “No, I’m making less garbage.”

INT: Reducing your garbage.

Erica: Yeah, for—right. Yeah. Less garbage for everybody in the city.

INT: Totally.

Erica: And everything. I scrap everything. We sell things that we find if, you know, they’re sellable or we just [whisper] stack them in my closet.

INT: [chuckle] How big’s your closet?

Erica: Well, it was my bathroom.

[chuckles]

Erica: It sort of just slid out into my bed and now it’s all even. [chuckle] It’s horrible.

¹⁴The final stage of copper production from mineral ores is electrorefining, in which partially-refined copper in solution is electroplated onto a copper cathode, forming a large ingot of copper of high purity. ‘Cathode copper’ is the term used to differentiate this high purity form from alloys and previously used copper which, prior to re-refining, may contain contaminants.

As already noted, almost every income generating strategy discussed in this chapter so far evoked some ambivalence among its practitioners, or at least acknowledgment that ‘wider society’ saw the activity in negative terms. The above passage about ‘standing proudly’ shows she both acknowledges that some members of ‘wider society’ might see “going through the garbage” as a less than salubrious activity, but also that she repudiates that point of view.

4.7 Welfare

In 2002, the current Mayor of San Francisco ran on a platform which included the premise that the City’s welfare program, General Assistance (GA), was the cause of hundreds of deaths per year because it provided twice-monthly cash payments to people at risk of drug overdose while not effectively providing housing or any other basic of life (Newsom, 2002). Newsom proposed to lease over 1,000 Single Room Occupancy Hotel (SRO) rooms and use these to provide housing for homeless GA recipients in exchange for reducing their cash payment to less than \$50 per month.

While the proposed program, titled “Care not cash” was not well received at the time largely due to the inherent infantilization of participation in the program and the observation that no-one could actually live on \$50 per month, among UFO participants the program appears to have resulted in a surprising number of formerly homeless participants gaining a hotel room, at least sporadically. This transition was noted by a number of qualitative interviewees:

INT: Okay. I mean what—like obviously the city’s changed a fair bit since then but what kind of things do you sort of particularly notice that seem to have

changed over time?

Melissa: [sigh] I mean it seemed like—I mean obviously the GA thing has changed, like the whole—but, um, I mean that was just crazy when they started not giving you GA if you were homeless. That just blows me away, I just don't think that's fair at all. You can go across the bay to—or to Marin, you know, and get—and be homeless and get set up in a shelter and get a fat GA check and it's like—But San Francisco it's like—it's known. I mean it's a big city, it's an urban environment and there's so many homeless. How could they do that? They just take away people's GA checks. And I've noticed they are getting a lot of people off the street into hotels though, you know, and that—that's really cool. I mean I know a lot of people that have gotten hotel rooms and that's really cool. I think that's helped, that's changed things a bit.

While the reduction in GA payments is still resented, the counterpoint of easier access to housing has been noticed. Another participant, Fred, who was housed in a hotel through the GA program talked about returning to the City after traveling and noticing the change:

Fred: Yeah, I'm so tired of that [train hopping] now, you know. That's why—when I came here I was kind of on a give-up point, which happens to me every time I do come to San Francisco. I'm like “That's it, I give up, I'm staying here.” And I noticed there was a bunch of like little—like young kids that were getting hooked up with housing so I was like “Well, how'd the hell did they do that 'cause if they can do it, I know I can.” So I went from there.

Fred's other sources of income are SSI (a Federal disability payment) and panhandling. Figure 4.4, p.164 shows the map drawn by Fred as he talked about his normal day, showing major contrast to Erica's map above (p.159).

Joe, another respondent almost completely dependent on SSI and GA described his life as follows:

Joe: I don't really - I don't really like, uh - like when the 1st comes around I pretty much get all gacked out, do all my drugs. I'm already broke now [5 days into the month] and I'm just going to sit around and wait for the 1st to come around again. It's getting pretty bad. I got to figure something out and do something different.

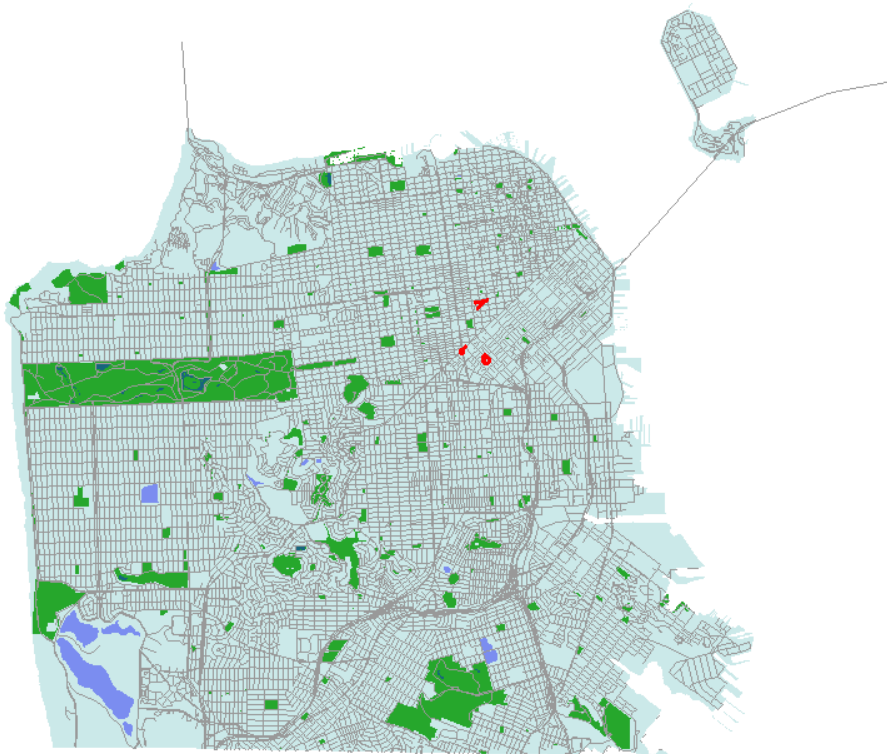


Figure 4.4: Fred's map

In short, for these two respondents, their means of making money was associated with relatively limited ranges of movement through the city. Fred also made more general comments about how he felt changes to GA had affected life in the City:

Fred: This city's changed a lot. It's kind of lost its—it's lost its like circus quality.

INT: [chuckle]

Fred: You know what I'm talking about?

INT: Yeah, I know what you're talking about.

Fred: I have a theory on that too. At least to—homeless people used to get good GA checks and so they would buy new radios. Like the old boys, they'd buy new radios and they'd get new clothes and everything and they'd party for one day and then, you know, it's gone. Now if you're homeless you only get like \$30 every two weeks so—I think that's why it's lost its oomph.

Another, possibly more serious problem with the transition from cash payments to direct service provision is that the hotels leased by the City for this purpose are heavily concentrated in the Tenderloin.

INT: How did you get into the—how did you first get hooked up with housing at all?

Jess: Got me a referral and [..?..]. Because everyone I knew all of a sudden had places and I was like “Oh, yeah.”

INT: “I can do this.”

Jess: But it was only rad for me because I was already hanging out downtown. Like getting a place was a good thing, opposed to like kids on Haight Street—

INT: Being told, “We’re moving you into the Tenderloin.”

Jess: Yeah, because there’s not—[chuckle]—

INT: There’s no SROs up there.

Jess: —not going to be SROs on Haight Street. There’s not going to be any out by the beach, all nice. There’s not going to be any [..?..]—[..?..] do not rent you into a lot of parts of these cities but there’s not going to be any in those parts. They’re all in the Tenderloin.

INT: Pacific Heights is not going to—

Jess: There’s some on Market and Mission but still like—

INT: Do any of the people you know get put in the Mission?

Jess: Yeah. I know a few people in the Mission. But still like it’s not—it’s like 16th and Mission, 18th and Mission, 24th and Mission. It’s not—

INT: Guerrero and Mission, corner of Dolores Park¹⁵. [chuckle]

Jess: Right.

As Jess indicates, for those already on the street in the Tenderloin, or at least spending time there regularly, transiting from the street to a Tenderloin SRO is something of an improvement. But for those who spend most of their time elsewhere in the city, being ‘moved’ to the Tenderloin is at the very least a significant inconvenience. For those attempting to stop using drugs at the same time, being moved to the center of the largest street-based drug market in the city is an often considerable problem:

¹⁵A gentrified corner of the Mission district.

Brian bitching about the new SRO he got moved to. When he got offered treatment for his hep [hepatitis C] he got on bupe¹⁶ and has his heroin use down to basically nothing. He did the classic 'switch to crack' thing, but was getting that back down when they moved him to the new SRO, now he's like "I got a crack dealer right across the hall from me, it's fucking impossible." (Fieldnotes, 5/22/2008)

Likewise, in a paper I published in 2003 on the social contexts of fatal heroin-related overdose, 47% of all deaths in the city occurred in SRO hotel rooms, a finding I and my co-authors attributed to the physical and organizational structure of SRO hotels, which increase the possibility of people being alone at the time they lose consciousness, significantly reducing the likelihood that anyone will notice something is wrong and intervene (Davidson et al., 2003)¹⁷.

Most UFO participants who receive any form of welfare receive the City's General Assistance program (in Table 4.1.1, p.117, only 6% receive SSI or veteran's benefits). The transition of the program since 2003 from a cash benefit program to, essentially, a housing program appears to have led to increased access to accommodation among UFO participants. In doing so, however, it has concentrated those individuals into already impoverished sections of the city, and placed them in a form of accommodation which is arguably particularly dangerous for heroin users.

¹⁶Buprenorphine, a synthetic opioid used as a substitute for heroin similarly to methadone.

¹⁷Ironically, this work was in progress during the 2003 Mayoral Campaign when now-Mayor Newsom claimed GA payments were associated with overdose. I ran a statistical analysis of day of death compared to GA payment days for three years worth of data, and found no statistically-significant association. As a joke, I also ran day of death compared to phase of the moon, and while this also failed to reach significance it was far closer to doing so than the comparison with GA payment day. My co-authors and I chose not to publish this data.

4.8 “Get a job” redux: the formal economy

Finally, as listed in Table 4.1.1, p.117, the fourth most common source of income for UFO participants was a job or jobs, with 29% of respondents indicating that they had had such work in the past three months. In qualitative interviews a number of people discussed this way of making money. Frequently such employment was transitory in nature, or worse:

Austin: I was actually—well, I was on Craigslist yesterday and they said there was this job for people to help move furniture for fifteen bucks an hour down—the Art Design Center of SF something like that.

INT: Oh, yeah. Ok.

Austin: So I was down here in the TL working all night ‘til 6:00 in the morning.

INT: Wow.

Austin: And then they didn’t pay me [chuckle] so I worked for nothing.

INT: Oh, man.

...

Austin: Yes. Well, last night was the first time I tried to work and I got fucked over. I’ve had like a couple one-day things. Like I worked the Haight Street Fair. Like me and my buddies get to work at the Haight Street Fair every year. We just do the bicycle parking and um—yeah, like I worked at the Halloween Store for a couple months. That’s about it. The Halloween Store is the first job I’ve had in like probably close to two years, three years.

Austin’s final comment—that a seasonal job in a temporary store was the first job he’d had in several years—seems to be in line with the experiences of most of the people interviewed qualitatively. For others, such as the thirty six year old Fred, even this kind of employment was beyond his experience:

INT: Is there any other way you get money from anything?

Fred: No.

INT: Has there ever been like in the last four or five years?

Fred: Little jobs here and there under the table like passing out flyers, stuff like that in different cities, not ever here.

INT: Have you like ever in your life done sort of like straight economy kind of jobs or any sort?

Fred: No.

Interestingly, in the quantitative interviews only 2% of respondents indicated that they'd received unemployment benefits in the past three months, further emphasizing just how temporary and marginal most jobs held by this population are—short term, under the table work does not usually lead to unemployment benefits.

On the other hand, at least one of those interviewed qualitatively had received training as a machinist and had periodically worked as such, often in his father's machine shop:

Jeremy: I did construction for years and then I—once I got into machining. But it's cool because I love—you know what I mean, I like it because I'm building like three-piece cranks for my bike, you know, when the shop's closed and shit. You know, throwing my initials in, you know, like bike parts. People are like "Man, that's bad." I'm like "Yeah, I made that, dude." "Cool, that's super cool."

INT: Excellent.

Elsewhere in the interview, he counterpoints this sense of accomplishment and pride in his skilled work with other aspects of his life:

Jeremy: Yeah, I think it was this—this last time I did in jail. This jail sucks. San Bruno sucks like. In Santa Clara it's cool 'cause you're on like a—it's like a honor farm and like, you know what I mean, there's like soccer field and shit and you can go walk around. San Bruno you're in two-man cells and it just stinks and it's loud and—you know, this jail sucks, man, I'm just—I'm not a kid no more. I don't run around and, you know what I mean, I don't enjoy playing cards no more, you know what I mean, getting like, you know what I mean, the best thing is getting a cup of coffee, you know what I mean. I mean it just—I'm sick of jail, man, you know what I mean, it's—I think it's because—another reason is like I was doing positive in my life for a while. Like I said, I had the job and, you know what I mean, it's like I was getting respect but, like I said, like the parts I was making, it was like "Man, look at this—man," Chris—my dad's name's Chris, it's like "Man, your son's whooping out some better parts than you," you know, just joking around. And I took a lot of pride in that and

it was like “Wow, man, I’m doing something,” you know what I mean. I just—it felt good to do something. And it’s like sitting in jail you ain’t doing a damn thing, you know what I mean, so what if you’re the best artist in there, you know what I mean, that don’t mean shit in my books, you know what I mean. And—you know, I just—I don’t know, growing up, I guess. I mean, yeah, a lot of it was gradual. I mean it kind of hit me at once and then just more and more gradually. Like still a lot of times I say, “Fuck it,” you know what I mean. I got a cop [drugs on his person], I’m going to walk up in the Tenderloin, so what if there’s a cop right there. Now it’s like the gradual little things like that kind of—I mean they just kind of happen slowly, you know what I mean.

For everyone who discussed something resembling a ‘stable’ job (by which I mean a job which could potentially continue for more than a few months and/or could lead to other work), the conversation at some point drifted into being a conversation about drug use. For example:

INT: Have you ever sort of as an adult had like a—even for a short time like a regular kind of job, like a –

Melissa: Well, it’s been a long time but, yeah. Back when—let’s see, when was the last time I worked? I think it was in 2000 was when I quit dancing. That was the last time I worked. But in like ‘97, um, I worked—I was clean in ‘97. I was clean from like ‘97 to 2000. So it was ‘96 to ‘99, I was clean and, um, I had to work. The only way that I stayed clean was I worked. I worked three jobs, I got, um, two hours of sleep at night. I was a full-time student and I wasn’t doing speed, I wasn’t doing anything. I started doing speed again because I had to, I had to be able to stay up and do my papers. I was a 4.0 student at City College and I was—I worked a graveyard job at a copy place and then I had—in the morning I was a secretary from 8:30 to 12:30, I worked a part-time secretarial job. And then on Wednesday nights I was a go-go dancer at Bondage-a-go-go and then I was—and then I danced on weekend nights. And so I was doing four jobs and being a full-time student.

INT: You were busy.

Melissa: Yeah, I got barely any sleep. And so for like those three years I was just working my ass, it’s the only thing I could do, you know, to stay away from drugs is I had to keep myself busy all the time. And so it was just—I burned myself out, you know, I eventually burned myself out and I started doing speed to—again, to be able to stay awake to do my job and to do my homework. And then, of course, I started shooting it again and then everything went downhill. Then I started doing heroin to come down from the speed. Then I started—then I quit one job and then I quit another and then I was dancing exclusively, just dancing, which made it—you have plenty more time to do drugs.

There's a way in which this is a classic narrative of 'keeping it together' followed by a drug-fuelled decline, well suited to the narrative processes integral to drug treatment programs building on the Alcoholics Anonymous model (Cain, 1991). However, there are other elements of this story worth looking at, notably that she held three jobs, none of which paid her enough to live off by themselves. All three are classic student jobs—jobs that *can* be done for an extended period or even an entire working life, but, at least in the middle-class imaginary, are expected to be temporary. The same factors that make them ideal for students—the lack of need for prior experience or formal qualifications, the ability to increase or decrease workloads around other obligations such as classes, and the lack of any effort on the part of employers to check the background of what are expected to be short-term employees, also make them viable for people attempting to insert or reinsert themselves into the legitimate economy after a period on the streets. However, these same jobs are also in other ways highly unsuitable for people trying to enter the legitimate economy—the low pay alone is destabilizing, as Melissa's story demonstrates; they offer few if any real supports for career development; and they do not buffer learning experiences well—make a mistake and you get fired, a demoralizing experience for most people and an extremely demoralizing process for someone trying to get off the streets.

4.9 Conclusion

In 1996, the anthropologist Keith Basso complained that “How people ‘know their country’ .. is, in anthropology and the social sciences generally, lightly charted territory.” (Basso, 1996, p.xvi).

In this chapter, I describe a number of the central methods by which UFO participants make money. In doing so, I showed that every one of these methods had some impact on the way people moved around the city they live in, from Erica the wide-ranging scrapper to Fred and Joe, whose range barely exceeded a block or two beyond their homes. In a roundabout way, I want to argue that how we make money is, in contemporary San Francisco, deeply entwined in how we ‘know our country’.

To make this argument, some discussion of the literature around embodied spaces and inscribed spaces is required.

4.9.1 Mental maps, embodied spaces, and their consequences

One of the earliest works on spatial perception is Trowbridge’s *On fundamental methods of orientation and “imaginary maps”* (1913), in which he articulates an idea of different types of “mental map”, or modes by which people navigate the physical world. His two modes of navigation (“ego-centric” and “domi-centric”) are largely differentiated by their respective geographical frames of reference, however for our purposes they are mainly of interest because they separate for the first time notions of an ‘absolute’, fixed geographical world and the ways in which human beings construct mental understandings of those geographic spaces. Crucially, Trowbridge also further articulated the separation between perception and ‘reality’ by describing ways in which mental maps could change over time as people became more familiar with new areas (Trowbridge, 1913, see especially p.889).

Little additional work in this field was done until the early 1960s when Edward Hall explicated the notion of ‘proxemics’, or, loosely, the study of the ways in which culture

influences the ways in which people experience space (Hall, 1968). Hall's work was informed by Whorf's linguistic work, in that it held that people's understandings of space could be restricted or limited by culture (much as Whorf had argued that one could not think a thing if one's language did not include it as a concept) (Hall, 1968, p.84). Proxemics looks specifically at cultural constructions of personal space, and, like Trowbridge's work before it, disassociates the physical world from the ways in which humans perceive that world. Further, Hall's work acted to foreground cultural understandings of space as "a form of communication which was responded to as if it were built into people and, therefore, universally valid" (Hall, 1968, p.84). Much of the work of Hall and his successors around proxemics then looks at ways in which these conceptions of personal space are created and how they influence interactions between people, particularly when different groups have different conceptions of "universally valid" conceptions of space.

The concept of 'embodied space' encompasses these and other efforts to resolve the dualism of material and representational aspects of 'the body' (Low and Lawrence-Zúñiga, 2003, p.2). "The space occupied by the body, and the perception and experience of that space, contracts and expands in relationship to a person's emotions and state of mind, sense of self, social relations, and cultural dispositions" (Low and Lawrence-Zúñiga, 2003, p.2). From this point of view, humans can be seen as having 'multiple bodies'. Various theorists have, at various times, specifically described the 'social body' (Douglas, 1970), the 'body politic' (Scheper-Hughes and Lock, 1987), the 'consumer body' and the 'medical body' (O'Neil, 1985).

Before moving back to the crucial concept of mental maps, one final key concept

that needs to be addressed is Bourdieu's *habitus*, referring to the ways in which social structure and the 'habits of the body' interrelate (Bourdieu, 1990b). In this usage, *habitus* is a system of socially acquired propensities, inclinations, or dispositions, which provide the individual with 'intuitive' responses to situations similar to the situations or spaces in which they were generated (Shirley, 1986, p.96). Bourdieu was, however, careful to insist that he was not describing reflexive responses to conditioned stimuli or other similarly determinist processes:

[In choosing the word *habitus*] I wanted to insist on the generative capacities of dispositions, it being understood that these are acquired, socially constituted dispositions. . . I wanted to emphasize that this "creative," active, inventive capacity was not that of a transcendental subject in the idealist tradition, but that of an active agent. . . I wanted to insist on the "primacy of practical reason" that Fichte spoke of, and to clarify the specific categories of this reason. (Bourdieu, 1990a, pp.12–13).

While *habitus* is often employed in discussing such broad social structures as class systems (in the sense of *habitus* being a grammar of actions appropriate to one's class), it is also useful as a sensitizing notion for examining the ways in which people relate to the spaces around them; in the way individuals feel 'at home', or 'out of place' in a space. Both a legally-unencumbered graduate student and an injecting drug user with a court summons will feel a certain 'out of placeness' while standing around in the cavernous waiting spaces of the Hall of Justice at 850 Bryant street awaiting the latter's court case; both will have 'intuitive' reactions to the space which will be generative of how they feel about the space, the meanings they ascribe it, the 'weight' of the space in their mental maps of the city, and the ways in which they behave while in it.

In the late 1960s and into the 1970s Gould and White ([1974] 1986), Sack (1980), and others developed a comprehensive body of work around the concept of cognitive maps,

or “Mental maps”, in which they studied perceptions of space. They noted, for example, that individuals had ideas about the relative desirability, convenience, and importance of buildings, towns, and nations, and that these perceptions had measurable influences on the spatial understandings people had of their world. As a simple example, a resident of Oakland may think of San Francisco as nearby and ‘important’ as a city, whereas a resident of San Francisco may think of Oakland as distant and unimportant—the two individuals are both describing the same geographic locations and the fixed physical distances between them; however, if rendered diagrammatically, their mental maps of the San Francisco Bay Area would look notably different. Likewise, understandings of the relative safety or danger of specific locations were also beginning to be understood as significantly influencing the ways in which people made spatial sense of the world. One of Gould’s students, David Ley, used this notion in his work on the role of perceptions of crime and violence in people’s understandings of the spatiality of the areas in which they lived (Ley, 1972). Ley’s maps of the North Philadelphia neighborhoods in which he conducted his work show how understandings of streets, blocks, and areas as prone to violence and other dangers alter people’s mental maps of those areas.

The notion of mental maps overlays with the notion of embodiment: the ways in which we experience cities or other built or ‘natural’ environments is shaped by the geography and geology of the city itself: as Grosz (1995, p.108), suggests, hilly cities write themselves on the body; they shape our calves and muscles in ways that are different from the ways in which flat cities and locales impact on our bodies. The nature of our regular forms of transport within a city also fundamentally affect the ways in which we understand

a city; they shape our mental maps in a profound way. The *flâneur* who walks San Francisco (and later I will be reflecting on the notion of the *flâneur* as it relates to the street-based injecting drug user in San Francisco) has a different mental map of the city from the housed resident of the outer sunset who uses a car as her or his primary mode of transport: places that are easily accessed and ‘close’ for the walker are often deeply inconvenient for the car owner; places that are ‘close’ and easy to reach for a car owner are often ‘distant’, not merely in terms of physical distance but, more importantly, in terms of the time it would take to reach them on foot.

Other modes of transport also shape the mental maps of those who rely on them: cyclists, for example, see the landscape in terms of hills, so much so that cycling maps of San Francisco show streets color-coded by the grade of the street (San Francisco Bicycle Coalition, 2006), and San Franciscan cyclists even have names for specific routes which allow gains in elevation while avoiding steep hills. Figure 4.5, p.176 shows ‘the wiggle’, a dog-legged route from Market street to the Upper Haight which follows old creekbed lines and hence is notable for its series of gentle rises (Carlsson, 2002). Such a route is as notable for what it avoids as what it passes through—in San Francisco, the very rich live on hilltops; someone who only cycles might therefore develop a conception of the city as having less extremes of wealth than someone who drives.

Likewise, and perhaps more pertinently for discussions of homeless injectors, public transport is a heavy shaper of mental maps. As the beautiful maps of London published by mysociety.org show (Figure 4.6, p.177), locales which may be physically distant become conceived of as being close and convenient if they are near stopping points for rapid forms

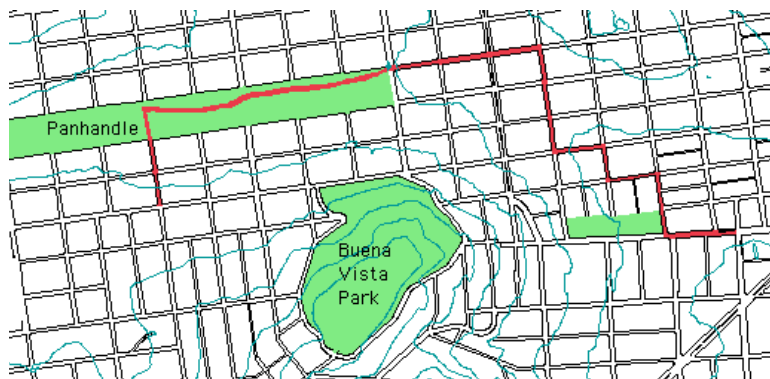


Figure 4.5: “The wiggle”. 50’ contours are shown in light blue, the route itself in red. The route climbs 150’ but with never less than six city blocks for each 50’ of rise. Map by the author from SFGIS data (HJW GeoSpatial, 2001; Department of Public Works, City and County of San Francisco, 2002) based on a map by the San Francisco Bicycle Coalition (2006).

of mass transit; locales which might be relatively close in terms of physical distance become ‘far away’ because there is no quick way to access them via public transport (Lightfoot and Steinberg, 2006).

The Haight and Civic center are ‘close’ in San Francisco because they are joined by multiple and frequent public transport¹⁸; by contrast, the Mission and the Haight, roughly the same physical distance apart, are ‘distant’ in that they are directly joined by a single, infrequent bus line¹⁹. These examples serve to demonstrate some of the ways by which the physical features of a city (and we include the modes of transport available in a city in these ‘physical features’) ‘write’ themselves onto the body and hence to the mental maps an individual will have of the city.

Before continuing, we should also note that mediums of communication are also in many respects technologies of ‘transport’: with the advent of cheap, prepaid cellphones, the

¹⁸The 6, 7, 66, and 71 bus lines all join the two and all run frequently; the N route on the light rail network also runs frequently and stops within two blocks of the Haight.

¹⁹The 33, which runs more sporadically and takes a torturous route through multiple neighborhoods.

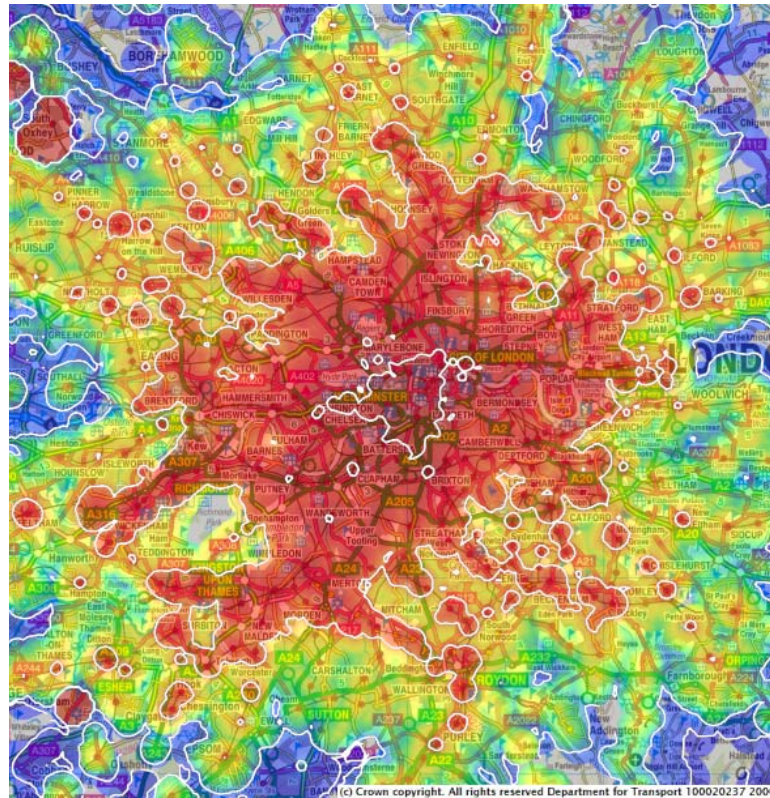


Figure 4.6: London, half-hour increments via public transport (Lightfoot and Steinberg, 2006)

shape of the city changes once again. Economically marginal injectors may be constrained by the availability of public transport and their own ability to walk the city; the ‘geography’ of the city may indeed write itself upon them; however, a cellphone is also a kind of ‘vehicle’ by which geography is flattened and distance reduced. Someone in possession of a cellphone may come to see the Outer Sunset district as ‘close’ because she speaks to her drug dealer who lives there every day.

Another theorist working with the concept of embodied spaces is Nancy Munn. In her work on Aboriginal Australians, she brings together several of the above concepts, locating the body as the center of a “mobile spatial field”; a series of overlapping ‘spatial

forms' through which individuals understand their presence in landscapes (Munn, 1996). Of particular interest in this is the notion of the body as *mobile*—unlike much of the public health and sociological literature on injecting drug use, in which the injector is located as a static resident (of a city or town or, particularly in the United States, a 'neighborhood'; in any case, of a delimited and externally definable area). In Munn's usage, the 'spatial field' stretches out from the body; a culturally-defined sensibility which interacts with the locale the individual is in, and which moves through locales with the individual.

Adding this idea to Gould's mental maps we have the idea that individuals carry with them understandings of their surrounding environment (or 'locales' in Munn's usage) which are fluid—which can be influenced by the locale in which the individual is currently positioned. Injecting drug users may perceive the Haight in a specific way while they are standing at the corner of Haight and Stanyan in the early afternoon; they may perceive it quite differently when they are waking up in the morning several miles away in China Basin. Likewise, Munn foregrounds the role of action and status, particularly when transgressive behaviors are being pursued: the same person may feel very differently about standing at Haight and Stanyan when panhandling compared to when she's selling pot to tourists; the relative comfort of the act may change still further if the individual concerned is on probation with a 'no probable cause' clause²⁰.

Finally, Munn has a specific interest in the ways in which certain spatial forms become exclusionary, in that they represent "a space of deletions or of delimitations constraining one's presence at particular locales" (Munn, 1996, p.448). In Munn's work, the

²⁰Probation conditions in California for drug-related offenses frequently involve the probationer waiving their 4th Amendment right to a 'probable cause' requirement for the police to search them. The practical effect is that the police can search the individual without cause at any time (Pishko, 1976).

example sources of ‘danger’ or restriction are Aboriginal religious law, law which limits who and under what circumstances people can pass through specific locales. In this usage, the term ‘space’ refers to a physical locale (which may also have a temporal dimension); ‘place’ refers to the more complex overlay of meaning ascribed to spaces by humans²¹. However, Munn also argues that when people avoid locations (by, for example, detouring widely to get around a proscribed locale), they are carving out a “negative space”—ie that space creation (or the creation of mental maps) is ongoing and fluid and maps are ‘written’ through peoples acts. In the same sense, when Davie describes avoiding a given store because he’d previously had a conflict with a store detective, he is also describing how he is subject to a ‘danger’ or a restriction which proscribes his movement through that space; that by avoiding proscribed locations he carves out Munn’s “negative spaces”. One of the most useful aspects of this concept of negative space is the way in which places are not static, fixed objects; they are repeatedly made and remade through the passages of individual ‘spatial fields’ through the environment.

4.9.2 Embodied spaces and making money

At the beginning of this conclusion, I stated that I wanted to argue that how we make money is, in contemporary San Francisco, deeply entwined in how we, in Basso’s terms, ‘know our country’. As each of the sections above have demonstrated, any of the ways of making money described in detail by interview respondents has both spatial and social dimensions. All require socially-acquired knowledge, be it the knowledge of the locations and workings of street-based markets for goods, or the locations and formulisms of successful

²¹The following section will address issues of ascribed meaning directly.

panhandling. All have spatial components, whether the stores from which people shoplift or the building sites from which people strip scrap metals.

More fundamentally, the means by which people made money clearly shaped how they had come to ‘know’ the city. The obvious, if extreme example of the different maps of the city produced by Fred the social security recipient and Erica the scrapper shows how radically differently their experiences of the city were: Erica’s wide, weekly sweeps literally from one side of the city to the other; Fred’s three-block-radius movements centered on his SRO hotel. More subtly however, making money caused people to *go* places: panhandlers went to parts of the city such as the Financial District that otherwise seemed to have little to offer them, in order to access the daytime foot traffic in that area; shoplifters developed “routes” that took them all over the city and sometimes surrounding counties in order to find safe places to work (or, in another interpretation, to avoid the “negative spaces” they’d created through their earlier work). More subtly still, people ‘learned their city’ through the eyes of those who pursued the same methods of making money. Jess’ mental maps of the Market street strip altered as her then-boyfriend introduced her to the workings of the secondary goods markets²², just as I expect the mental maps of the readers of this work to change next time they travel past the entrance to Civic Street BART and notice the clusters of people dealing in goods, now knowing what exactly is going on²³. Knowledge *is* how you ‘know’ the city. Jess’ socially acquired propensities, inclinations, and dispositions, which give her ‘intuitive’ responses to situations similar to (and emergent from) the situations or spaces in which she acquired them (ie *habitus*) are heavily intertwined with the economic

²²Market/market. Yes, yes, already.

²³At least those of you who hadn’t been down there selling your unwanted GPS gadgets already.

structuring of those situations and spaces. How Jess, how all those above who shared something of their lives, think about and 'knows' their worlds are shaped by how they makes money in those worlds.

In earlier chapters of this dissertation, I explored the role of policing practice on people's movement through the city, before concluding that these alone are demonstrably not enough to understand people's relationships with the city. In this chapter, I have argued that how people make money appears to be far more influential in shaping their movements than their judicial status.

In the following chapter, I will further explore *how* UFO participants see the city, looking both at the spaces through which they move and the constructions they build around them, as well as other major influences on those constructions that emerged in the interviews and observational data collected during this project.

Chapter 5

Making places: Inscribed spaces, created places, and contested places

In this chapter, I want to look specifically at ways in which young injectors relate to geographic space: to their movements through, uses of, and meaning-creation around both specific locales and more generalized neighborhoods or areas. The emphasis will be on ‘public’ spaces, by which I mean spaces which are, in a key definition from the United States Supreme Court, “freely accessible and open to the people in the area and those passing through” (*Marsh v. Alabama*, 326 U.S. at 326 U.S. 508 (1946)), a definition which encompasses spaces whose legal title is invested in private hands, such as shopping malls, as well as those (usually) held by government entities, such as street sidewalks.

I will first talk about the theoretical notions of inscribed spaces and created places, before continuing to describe a specific example of a created place: the “Grey Wall”, a section of boarded-up street front located on Market street. I will then discuss three neighborhoods

as they appear through the eyes of young injectors who frequent them. I will then discuss the theoretical notion of ‘contested’ spaces and places and describe specific examples of such contestation.

5.1 Inscribed and created places

5.1.1 Inscribed spaces

‘Inscribed space’ refers to the processes by which humans ascribe meaning to spaces or to the creation of ‘place’ by inscribing or writing meanings onto spaces. Places are thus “politicized, culturally relative, historically specific, local and multiple constructions” (Rodman, 1992, p.641). Such inscription might be as simple (and as individualized) as the association of a memory or collection of memories with a specific place, such as the house one grew up in, or might be a broader collection of perceived properties of given environments which are transmitted at the level of culture: for example, the collection of signifiers which indicate to contemporary American urbanites that they have just walked into a slum area. Such inscription of meaning can clearly be multiple—the meanings someone might ascribe to the house they grew up in would clearly be different from the meanings ascribed to the same physical space by, say, a paramedic attending a 911 call at that location. Kuper ([1972] 2003) sees such ascription as ‘experiential ascription’ whereby values are attached to spaces though social and/or personal experiences. Kuper sees the power of places as lying in their role as symbols for communication. Places can thus be seen to have unique realities for every individual involved. Inscribed meanings can be shared or communicated, and hence can also clearly be the subject of contestation: one person’s slum renewal project is another

person's destructive gentrification of a beloved neighborhood, and the contestation over such ascriptive meanings can and often is an extremely public process.

5.1.2 Creating places

In a sense, therefore, inscription could be seen as a form of Goffmanian framing (Goffman, [1974] 1986). As such, a key method by which inscription takes place is narration. Keith Basso's work is of considerable use here, in its conception of narrative as a tool for understanding "what humans take their environments to mean", and, particularly, the role of narrative in creating "symbolic reference points for the moral imagination and its practical bearings on the actualities of lives" (Basso, 1988, p.102).

In this reading of the notion of 'narrative', telling stories about spaces turns them into places; however in Basso's work it frequently goes still further, integrating Places back into understandings about cultural or behavioral norms. Landscapes (or spaces) become available in symbolic terms; "they can be 'detached' from their fixed spatial moorings and transformed into instruments of thought and vehicles of purposive behavior"(Basso, 1988, p.108). We reference place to communicate meaning repeatedly—when we explain a friend's brusque behavior with "oh, don't mind him, he's from New York", we access the symbolic landscape of 'New Yorkness', a shared set of notions of what it means to come from New York.

John Gray argues for the addition of praxis (in the Marxist sense of the term) to narrative as a way in which place is made. In this understanding, people build up a detailed knowledge of a locale by repeatedly traveling through it; engaging with it; forming one's own identity through engaging with it (in this sense, his work is reminiscent of ideas of

Grosz’s work on embodiment, in that the physical landscape ‘writes’ itself on the body): “A pedestrian appropriates the city kinesthetically through practices that resist the normative meanings of the anonymous subjects presumed by cartographers and city planners” (Gray, [1999] 2003, p.224). Citing de Certeau, he continues “‘space is a practiced place’ where historically and culturally situated people create a locality of *heres* and *theres* in the same way that speakers act out language systems in the creation of vernacular meanings” (Gray, [1999] 2003, p.224, original emphasis). As discussed in Chapter 4 (pp.175ff), cyclists, people who use public transport, and people who drive automobiles all understand the city in different ways; in different terms. Praxis thus produces places, in that understandings of places, particularly those shared within a group, are dependent at least in part on the shared experience of, well, experiencing them; of understanding them as a specific set of “heres and theres”.

5.2 Carving out place: re-imagining the city and creating spaces

5.2.1 “Named places”

One of the earliest open codes used in coding qualitative interview data from this project was ‘named places’, a code I used for all references to places or locations which would not appear on an ‘official’ map of San Francisco—the ‘Grey Wall’ (a boarded-up street front at approximately 967 Market street); ‘Hep C pond’ (Alvord Lake at the East end of Golden Gate Park); the ‘White Wall’ (opposite the Grey Wall); and so on. On one level, this is simply the ascription of meaning to place, in the sense used by Rodman (1992, p.641), or the

creation of “symbolic reference points for the moral imagination and its practical bearings on the actualities of lives” (Basso, 1988, p.102).

In the following section, I will describe one specific ‘named place’ in more detail, the “Grey Wall”.

5.2.2 Created places: the Grey Wall

The Grey Wall is a section of boarded-up street front located at approximately 952 Market Street (Figure 5.1, p.187) . The ‘grey’ in the name comes from the grey paint used to repaint the wall on a regular basis to cover up the graffiti and posters (city ordinance requires property owners to paint over graffiti or face fines which exceed the cost of the city doing the work (San Francisco Public Works Code, Article 23)). The Wall was used as a gathering place by people in or connected to the broad universe of UFO participants and their associates—mostly homeless, mostly under thirty years old.

As part of my work between 2002 and 2008, I’d ride from the Mission to Downtown several times a week for meetings or to go to field sites, and would usually go past the Grey Wall. Sometimes there’d be no-one there at all, sometimes half a dozen people I didn’t recognize, but at least half the time I’d at least recognize someone sitting there who I’d met through UFO. If someone saw me and called out, I’d stop to chat and sometimes hang out. Most of the time people were simply taking a breather—sitting back against the wall, often drinking, sometimes panhandling (although rarely with the focus of someone doing it as their sole, solitary activity, at least while I was present), mostly just socializing, occasionally having verbal arguments, occasionally conducting ‘business’ (buying or selling or otherwise transacting something of an illegal nature), occasionally taking the opportunity to sleep,



Figure 5.1: The Grey Wall

surrounded by friends, backpacks, and dogs.

On a similar note, street outreach workers from multiple agencies found the Wall a convenient place to find young people. Between May of 2006 and March of 2008, UFO outreach workers documented every location in the city where they had conversations with UFO participants or potential participants. Figure 5.2, p.188 shows a 'heat map' of the area around the Grey Wall (the Wall is indicated in red), showing the relative density of street contacts in the area.

The Wall was also the site of memorials to people who'd died (and continues to be, even after its demise as a hang-out location). Memorials were often arranged with the assistance of social service agencies who'd worked with both the person who'd died and

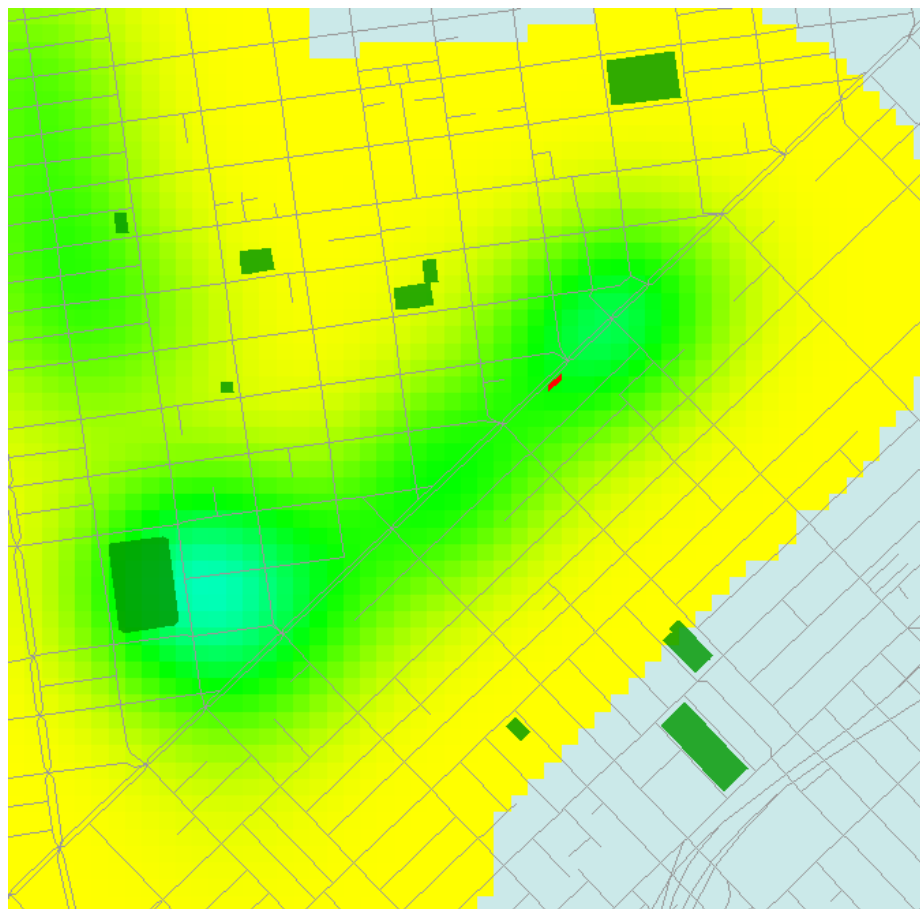


Figure 5.2: UFO outreach near the Grey Wall: heat map

their friends—for this group, the Homeless Youth Alliance and At the Crossroads—who'd post flyers about it in the week prior and otherwise get the word out, as well as assembling collections of photos of the person and, usually, arranging some food. Everyone gathers and drinks a lot and eats and adds their own materials to the collection of photos; someone usually takes some photos of the assembled people and photos and related materials, both as a general record and often to send to family to show that the person had friends and a community who cared that they died. Being at memorials at the Wall and elsewhere was one

of the ways I initially made connections with people working for services which served the population—for direct service workers, to see and be seen at such events is a way to establish to ourselves, to each other, and to the people who we work with that we *are* engaged with the community in question.

References to the Grey Wall appeared in many of the qualitative interviews conducted as part of this project. A typical example is Austin's comment below:

Austin: Yeah, well, I got a couple friends that live down here [in the Tenderloin] that I come to see too. Like they stay in hotels around here and shit. I'm friends with a couple people who hang out down at the Grey Wall also. I'll stop by periodically to come see 'em but it's not like an everyday thing.

The Grey Wall is bounded on one side by Pearl Art and Craft Supplies and on the other by a 7-11 convenience store. The 7-11 was clearly one of the attractions of the site, since it provided easy access to alcohol, cigarettes, and cheap food. The site is close to the Tenderloin and a block away from a major shopping district, both key resources depending on one's drug use and financial strategies. One of the key reasons for the stability of the site was that neither the 7-11 or Pearl seemed to regard the presence of young people so close as a significant problem. Having said that, the highly public nature of the location appeared to ensure that police were a regular presence.

INT: Do you get—this is sort of a change of topic but do you get stopped by the police much?

Sarah: Yeah, a lot.

INT: Every week or every day or –

Sarah: Especially—well, no not every day but if I—if I'm sitting at the Wall a lot of times they'll come up and stuff but other than that usually they'll just come up and tell me to move from wherever I'm panhandling.

INT: So it's mostly about panhandling or sitting on Market?

Sarah: Yeah, or sleeping. They wake—they'll wake you up sleeping.

INT: During the day or during the night or both?

Sarah: Um—at night, early morning..

INT: Are there any particular areas that you sort of find particularly bad for that or –

Sarah: For sleeping?

INT: Or for being bothered by the cops at all? Anything –

Sarah: The Wall.

INT: The Wall.

Sarah: [chuckle]

Likewise, customers of Pearl clearly noticed the Wall and its denizens. Yelp, a website dedicated to providing customer reviews of businesses, had 97 reviews of Pearl at the time of writing, and nearly a third mention the neighborhood:

So I got what I needed and only had to deal with fifty seven tramps and weirdos on the way there and back. Score. (Yelp reviewer Sarah J. 1/3/2009)

Or, slightly more disturbingly:

I used to love Pearl. I'll still go back because their prices are better than Flax, the selection is adequate, and the crack cocaine-fueled freakshow outside makes any trip there amusing. After all, where else could you pick up vast quantities of Liquitex and India ink, all while checking out the crackwhores showing off their ashy A-cups or dropping trou and taking a dump in a doorway? If matters get out of hand, you could easily bash them over the head with a metal easel (\$20) or a hefty pre-stretched canvas (\$10). You could even fashion a shiv out of a pen (\$4) and its sundry tips (\$7) if you wanted to draw some tainted blood. Yeah, take that you toothless, aggro, flip-flop-on-one-foot biyatch! *ahem*

Crackhead-slaying fantasies aside, Pearl has lost its luster.

People thought this was:

- Useful (5)
- Funny (13)
- Cool (8)

(Yelp reviewer Omid T. 11/22/2006)

Likewise, between 2/5/2003 and 9/16/2008 in 1,934 quantitative interviews, UFO participants were asked whether they'd been stopped by police for any reason in the past thirty days and if so what the nearest intersection or cross-street was. Figure 5.3, p.192 shows a 'heat map'¹ of police stops in the area around the Grey Wall (the Wall is indicated in red). Note that respondents were asked for the "nearest intersection"; the intersection of Market and 5th Streets is the closest on the South side of Market (the cluster at 7th and Market is adjacent to the Civic Center/UN Plaza area, a space associated with both hanging out and with street sales of stolen goods described in Chapter 4, p.129 and p.144 ff.

The only area in the entire city with a greater density of police stops was the Upper Haight (see Figure 5.4, p.193).

By Spring of 2008, however, the Wall had noticeably quietened—riding past on a weekly basis, I went from always seeing five to fifteen people hanging out to none at all. Jess explained it to me:

Jess: . . . The police make it hard everywhere but especially on Market, they're trying to clean Market up too and they're giving not panhandling tickets but loitering tickets and stupid—like if you're panhandle—everybody always panhandled in front of 7-11. The people in 7-11—unless we're being rowdy or way too drunk or there's too many of us, they're totally fine with it, it's part of their whatever [chuckle], you know.

INT: That's that 7-11 beside the Grey Wall or –

Jess: Yeah. Yeah, right there. I mean we—nobody can panhandle there anymore because the police, they—if you're within thirty feet—which I swear to God was twenty feet but now it's thirty²—of an ATM, which I don't think you are because

¹A heat map is a raster density map calculated from vector points data using a moving 2D isotropic Gaussian kernel (GRASS Development Team, 2006). The vector points in this case are the intersections indicated by participants.

²San Francisco Police Code Sec 120-2 d(2) states that it's twenty feet, but twenty from the front of the facility *if* the facility is "an automated teller machine facility". A search for publicly available case law failed to find any rulings specifying whether a store with an ATM machine in it constituted "an automated teller machine facility", possibly because the ordinance has almost never been used "likely because the diversion program that forms part of the statute has not been implemented. The diversion program requires that city officials offer services in place of fines." (Flynn, 2005, p.10).

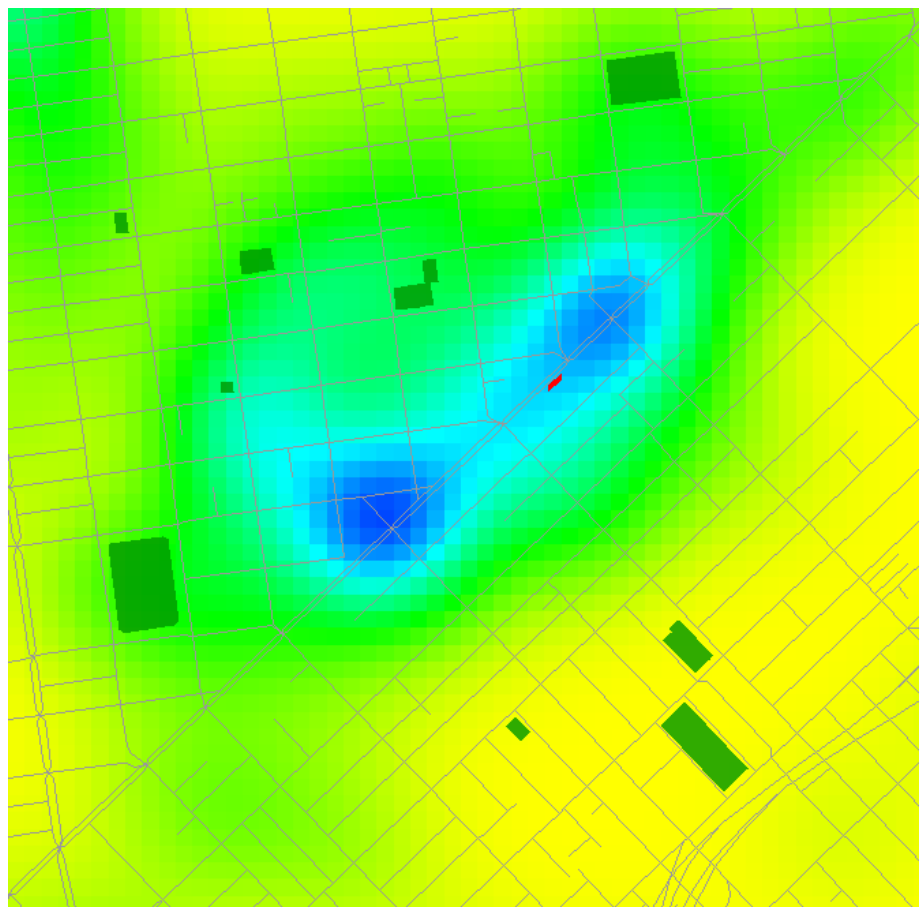


Figure 5.3: Downtown police stop heat map

it's in the back of 7-11 or sitting against the road but whatever. So they give you a ticket for that. If you get one of those tickets and you're there again you get a stay away order, like it's trespassing. Oh, they trespass you for that. You get trespassing and a stay away order the second time and the third time they'll start taking people to jail. Like they're finding any reason—I don't think they can write a panhandling ticket but that's basically what they are. They're [..?.] everywhere, you know, obstructing pedestrian thoroughfare. There's a big-ass sidewalk and I'm really little [chuckle] and I was standing, you know. But I don't know.

INT: You got a ticket for that?

Jess: No, but I, fucking—I was with... [whispers] "A girl."

INT: "A friend", just an associate.

Jess: She's like.. She's my size, we were both standing. She got a ticket, I didn't

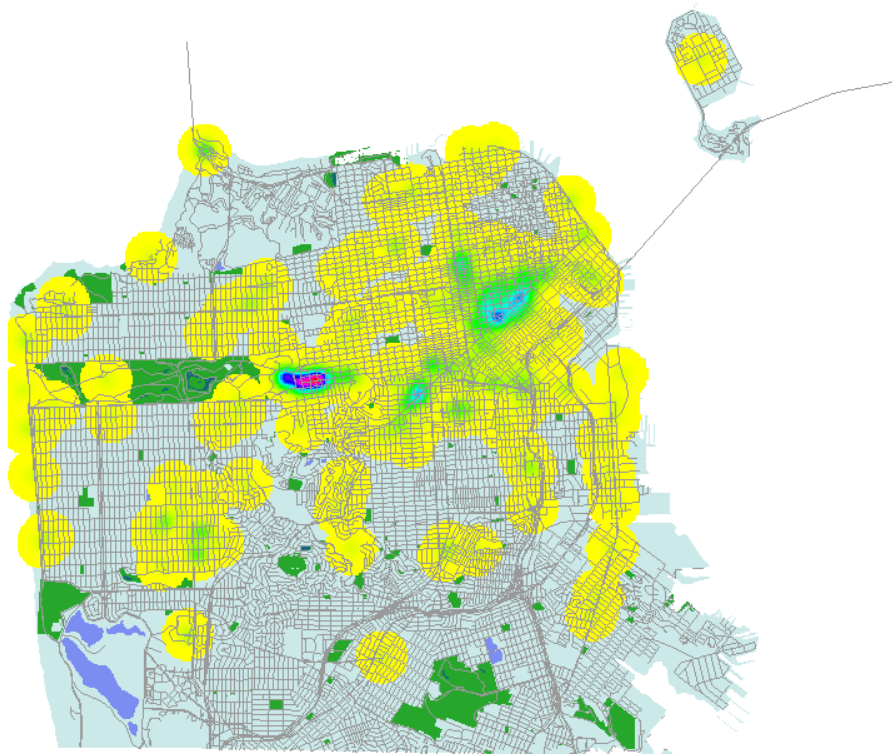


Figure 5.4: City-wide police stop heat map

so –

INT: How long ago was that?

Jess: They've only—they've been doing this like maybe three months that they've been really hard on Market. I don't even—I hardly ever go to Market anymore unless it's Powell to Civic Center. Like I don't stop on Market anymore. That's why everyone's fucking sitting across the street, there's the closed down shops. Now we got the White Wall.

INT: Where's the White Wall?

Jess: Across the street from the Grey Wall.

INT: [laughter]

Jess: [laughter] Yeah. I don't understand that.

The White Wall's location is no accident. It needs to be across the road, in order for others to continue to find them. The whole point of the Grey Wall is to be a place where

people can find you and be found; the population who created it are still in something of a pre-cellphone universe in which to meet someone means to agree in advance, or to simply wait at a location you know they'll eventually be³. And by choosing a location across the road, people who show up at the old location in ignorance of the new situation can still be 'found'.



Figure 5.5: The White Wall

And finally, even the Yelp/Pearl customers noticed a change:

You know, people talk about the abundant crack supply and dodging human excrement and being confronted by schizophrenics in this neighborhood, but going to Pearl today. . . I don't know. . . this area is really changing. (Yelp reviewer Maureen F. 8/20/2008, ellipses in original)

In this section, we see a 'created place', a place which has come to have meaning

³Many UFO participants do have cellphones—sometimes. They also have minutes on those phones—sometimes. But in an environment in which money is in short supply and often immediately absorbed by more pressing needs, cellphones as a tool for organizing one's social life are too, too unreliable.

ascribed to it, a place created by the praxis of simply utilizing the space repeatedly and of having the place become 'known' to a community of people. It could be argued that a part of making place was the exertion of physical control (by occupation, in a way which, reading the Yelp comments, made others feel excluded), however tenuously. I argue, however, that the core element of 'making place' demonstrated by the social expression of the Grey Wall was the creation of place through knowledge. Two types of knowledge are present in every referent to the place given above: the naming of the place, and the linking of a physical location to the name. "Meet me at the Grey Wall" becomes a shorthand for "Meet me at that boarded up streetfront on Market street just near where Turk street meets Market". It also gains cultural significance, as a place where experiences have been had (interactions with the police, with other street youth) and a place where memorials have been held, tying location to the memory of friends who have died.

In the following section, I will look more broadly at understandings of place and space as they apply to broader areas of the city.

5.3 Through their eyes: young injectors and neighborhoods

In the application to UARP which ultimately funded this project, I argued against a notion of neighborhood effect, specifically suggesting that this literature was kind of irrelevant in the context of a highly mobile population who wake in one neighborhood, spend most of the day in other/s, and wind up sleeping in a third, even before considering those who spend their year moving from city to city. That argument still stands; the idea of ascribing a specific neighborhood to someone who does not have a fixed residence is diffi-

cult (it is difficult enough for those who are housed and in regular employment, as many of them will spend most of their waking hours in other locations due to employment or other extra-familial obligations). Having said that, I now want to argue that ‘neighborhood’ *is* an important concept, in that even the most highly mobile of injectors have a mental map of the city at least partially organized around the neighborhood unit; that they ascribe characteristics to neighborhoods which include things like patterns of policing; the tenor of relationships with housed residents, shopkeepers, and other denizens of the neighborhood; the activities of other injectors in the neighborhood; and the presence and nature of social services. These ascriptions in turn affect how they move around the city.

In this section I will describe specific characteristics of neighborhoods as they emerged from interviews with young injectors, and describe the impacts these conceptual characteristics have on the ways young injectors ‘think about’ the city.

5.3.1 Specific neighborhoods

Three neighborhoods were discussed repeatedly by participants in the qualitative interview series: the Upper Haight, the Castro, and the Tenderloin/Market area. Other areas which were mentioned from time to time in ways which included specific characteristics of the area included the Embarcadero, Sunset, Richmond, the area near the Zoo, Bayview/Hunter’s Point, the Mission, Ocean Beach, the Presidio and Land’s End, Oceanview, Potrero, the Marina, and SOMA. A number also mentioned Bay Area locations outside San Francisco itself as places they spent time: Vallejo, Oakland, Fruitvale, Walnut Creek, San Bruno, and South San Francisco.

In the following sections, I will look specifically at the three main neighborhoods

discussed by participants. For each of the three, I will first discuss some of the meanings each area has for broader society, derived from primary and secondary historical sources, tourist guides, city documents, and real estate guides I will then present the neighborhood as described in qualitative interviews by UFO participants.

5.4 The Tenderloin

San Francisco is a forgetful metropolis. In most large cities, there is a sense held, at least by residents, that their streets are full of locations in which one can stand and say “this, this historic event, happened *right here* where I stand”. San Franciscans are strangely forgetful, at least of events which occurred before the 1960s. The history of the central business district, the core of the gold-rush era city, is a forgotten land, even though many of the central locations and monuments still stand. Portsmouth Square, the public plaza in front of the original city hall on Kearny Street, in which duels were fought, men were hung as part of the vigilantism of the 1850s, and the discovery of gold was announced is one such place—but it is hard to find a San Franciscan who can even say where the square is located, let alone anything about what happened there. As the historian Helen Purdy put it in 1924, “What Boston Common is to Bostonians, Portsmouth Square is, or should be, to San Franciscans—a place to be regarded with affection and deep interest. . . . If all the historical spots in its neighborhood were properly marked, the Square could be fenced by [memorial] tablets, and a part of its surface paved as well.” (Purdy, 1924)

5.4.1 The stain of the unreal

There is, in Australian historiography, the notion of “the Stain”; a Lamarkian notion in which convict ancestry marks an individual as having a propensity to criminality. For much of European Australian history, hiding (or at least not mentioning) convict ancestry was socially normative. Since the 1960s, a social reversal has led to proud boasting about convict origins as a kind of claim to ‘authenticity’ as an Australian (Lambert, 2002; Tranter and Donoghue, 2003)⁴

The Tenderloin is in some ways the Stain of San Francisco. It is that part of the city about which the city as a social organism seems both most fixated with and most in denial about. On the one hand, the Tenderloin does not exist at all—in the official map of neighborhood boundaries defined by the Department of City Planning for the City and County of San Francisco (Department of City Planning, City and County of San Francisco, 2005), and on the map of the city produced by the San Francisco Municipal Transportation Agency (MUNI) (San Francisco Municipal Transportation Agency, 2008), the Tenderloin literally does not exist. It is part of ‘Downtown’. Or an extension of ‘Cathedral Hill’ or ‘Nob Hill’. Real estate agents are known for producing neologisms such as ‘the Tendernob’ or ‘the Trendyloin’ to blur location and neighborhood definition, or simply erase it with inventions such as ‘Lower Pacific Heights’, but ironically the official map of neighborhood boundaries produced by the San Francisco Association of Realtors (San Francisco Association of Realtors and Department of Public Works and Department of Public Affairs, City and County of San

⁴My parents’ generation, for example, went to some lengths to trace family history and managed to establish that one ancestor had been transported on the Second Fleet in 1790, and another had been a sex worker in early Sydney. My maternal grandmother remained uncomfortable that such things were even discussed, let alone boasted about in polite company.

Francisco, 2005) actually includes a “Downtown/Tenderloin” neighborhood, unlike those produced by the City.

A number of neighborhoods share similarly ambivalent statuses—Chinatown exists on Department of Planning and MUNI maps, but not on the Association of Realtors map; the Castro was ‘Eureka Valley’ on the MUNI map until 2008 (which must have confused tourists greatly), and is present on Department of Planning maps, but is still ‘Eureka Valley/Dolres Heights’ on the Association of Realtors map. As authors such as Wood (1992) and Short (2004) have argued (and as the title of one of Wood’s books states), “maps have power”. Leaving an area off a map is an explicit statement by those who claim a voice in defining what the city *is* about what they wish to enact or at least state as real, and maps themselves are a way of expressing symbolic orders (see below, p.249 for a discussion of Foucault and Rabinow’s work on urban planning as a “regime of space”).

Other City departments formally acknowledge the existence of the neighborhood—the Health Department uses the label and a working definition of the area routinely (see for example the AIDS Atlas: (McFarland, 2002)), and one of the San Francisco Police Department’s ten Police Districts is called, simply ‘Tenderloin’ (San Francisco Police Department, City and County of San Francisco, 2003). On a broader level, the Federal National Park Service added the “Uptown Tenderloin Historic District” to the National Register of Historic Places in early 2009 (Selna, 2009). Community groups also ‘claim’ the neighborhood—see for example the explicit claims of ‘neighborhoodness’ claims embedded in Waters and Hudson (1998) or almost any edition of *Street Sheet*, the monthly tabloid written primarily by homeless and formerly homeless people and published by the Coalition on Homelessness.

City residents also know the area by name—a search of the website of the *San Francisco Chronicle* on February 25, 2009, turned up 35 mentions of the Tenderloin without further description within the past 30 days (a full third in reference to a shooting).

At the same time, the Tenderloin is also seen and understood as a modern day remnant or inheritor of the Barbary Coast, an 1860s mini-neighborhood in which saloons, dance halls, brothels and similar activities were concentrated during the gold rush era⁵. While the modern day Tenderloin and the Barbary Coast pseudo-neighborhood are more adjacent than overlapping geographically, the sense that an area close to the financial center of the city has been a more or less permanent and unpreventable hotbed of dissolute behavior since the early days of the city provides an interesting backdrop for contemporary understandings of the area. As an example, the very first sentence of the *San Francisco Chronicle's* online guide to San Francisco Neighborhoods states “Repeatedly described in most tourist guides as ‘the worst neighborhood in San Francisco,’ the Tenderloin thrives despite its bad rap.” (Lisick and Jopling, 2001).

By many arguments, the Tenderloin is a holding zone for the lumpenproletariat (Katzman, 2008; Robinson, 1995; Waters and Hudson, 1998; Huey, 2007), one which is both more heavily policed (in terms of numbers of officers per square kilometer) and more lightly policed (in terms of the focus of policing being finding and processing people with warrants, rather than preventing breaches of public order) than almost all parts of the city (Huey, 2007). Having said that, there is a significant community activism in the Tenderloin, interested in both public order and the location of social services (with associated explicit

⁵In a nice irony, the area was believed to be run by gangs of Australians, most of whom were presumed to be ex-convicts (Asbury, 1933, p.50).

claims that the Tenderloin is being used as a human dumping ground), often with interesting results: Tenderloin-based community groups are among the most enthusiastic supporters for safe injecting rooms⁶ in San Francisco, because they see them as mechanisms to reduce public injecting (Barahona et al., 2007).

In the next section, I will describe the neighborhood through the eyes of UFO participants.

5.4.2 Through their eyes

In qualitative interviews with UFO participants, a number of neighborhoods or areas served as both geographical reference points and as referents to a broader idea of place. The three neighborhoods being discussed extensively in this chapter were all in this double category. The Tenderloin in particular appeared to serve as a shorthand reference for something broader. In this, respondents have something in common with most other residents of the city, although the complexity of their understanding of the Tenderloin as a place was obviously far greater than that of someone who spends little or no time in the area.

As this project was methodologically driven by grounded theory, throughout the project I was writing memos, some of which attempted to engage with exactly what it was that was invoked when the term “the Tenderloin” is brought into a conversation. Following on this memo, as described in Chapter 1.4, p.29, I spent a couple of days walking up and down every street in the Tenderloin, and halfway down each block gave the block a completely

⁶Safe injecting rooms are facilities in which injecting drug users can inject drugs where medical assistance is available if they overdose. Originally designed to reduce overdose, they are increasingly popular outside the United States as a way of reducing the ‘public nuisance’ aspects of street-based injecting. At the time of writing, approximately 62 such facilities exist in eight countries (Davidson, 2007).

subjective rating on a scale of 0 to 9 as to “how Tenderloin is this block”.

Figure 5.6, p.202 shows the map produced by this exercise. Obviously this exercise did not represent an unpacking of the notion of “what is the Tenderloin” so much as a highly subjective reification of the concept, but it nonetheless was extremely helpful in forcing me to think about what kinds of visible, public behaviors, architectures, organizations of material objects and so on make up the physical manifestations of the image of disorder that people invoke when they refer to “The Tenderloin”.

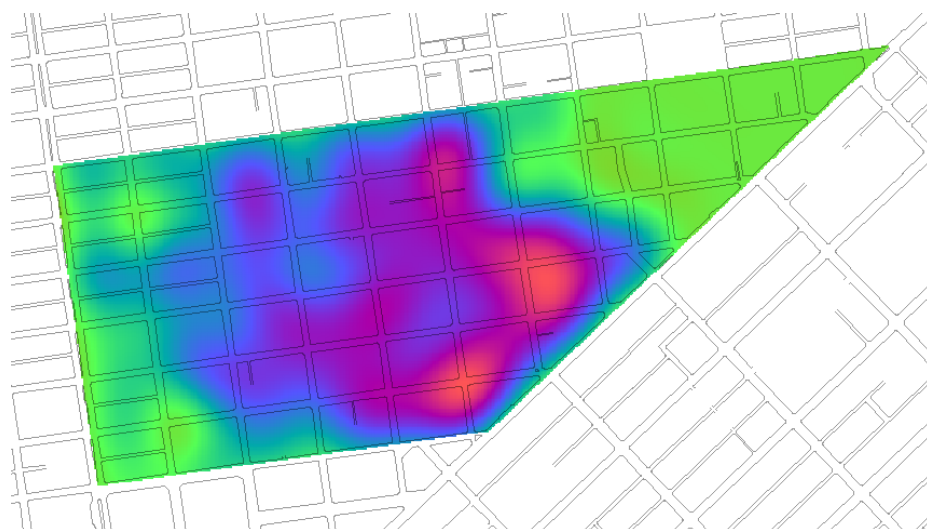


Figure 5.6: The Tenderloin mapped by subjective ‘Tenderloin-ness’. North is at the top of the figure. Redder shades equal ‘more Tenderloin’. Clockwise from the left, the bounding streets are Van Ness, Geary, Market, and McAllister.

Moving on to describe UFO participant understandings of the Tenderloin, as mentioned above, people’s understandings of the Tenderloin as a place were complex. For one thing, while none of the respondents described the Tenderloin as a ‘good’ area, for some, at least, it was a safe and familiar environment:

Jess: [chuckle] But like the Tenderloin, some people don’t like going to the Tenderloin but I’m really comfortable with it because I’m familiar with who’s where and what’s going on in certain parts so I know—I know what’s going on

so I feel safe that I can judge my actions accordingly but the Mission I don't—I don't even know like where certain things are so I –

INT: Who does what –

Jess: – I'm not as comfortable there at nighttime.

In describing her familiarity with the workings of street life in the Tenderloin, Jess contrasts this familiarity with another neighborhood and how that lack of familiarity makes her feel less comfortable. She then went on to describe the kinds of things she saw going on on the street and how she related to them:

Jess: Like—like the—like prostitution tracks, you know, to kind of like if you dress a certain way or whatever just kind of watch—you know, keep an eye out for what's happening there. I was going to say the drug parts of the Tenderloin but, be honest [chuckle], condensed drug parts of the Tenderloin, at least you know what's going on there like. And it just makes it easier because when someone approaches you if you're familiar with what part of the area you're in and like just pretty much by the looks of them [chuckle], whatever, like their style is, you can pretty much tell where that conversation's going and choose whether you want to be in it or not. [chuckle]

INT: Like “Do you want to buy some *x*” or, I mean –

Jess: Yeah⁷. If it's a nicer-dressed older man or even—or like if it's an older man that doesn't look like he's trying to sell you drugs, you pretty much know what he's going to say in certain parts. If it's a young loud-mouth kid [chuckle] he's probably trying—probably doesn't have drugs if he's a loud-mouth but, you know, trying to get money out of you somehow. [chuckle] I don't know, that's kind of the division in a couple of streets whether they're either trying to give you money –

INT: Or take your money.

Jess: Or.. Yes! I don't know. I'm never comfortable if I don't know an area because I don't—I'm not tough, for sure, but like I can—I know how to watch my back and like avoid a lot of shit if I know what's going on. In areas that I don't know what's going on, I get really uncomfortable because I can't.

The specific street activities she discusses are sex work, drug sales, and scams or potential robbery of various types, and she describes avoiding it by a nuanced reading of the

⁷By *x* I meant 'insert drug or object of choice', but I think she thought I meant specifically the drug ecstasy.

situation which is highly spatialized—part of how she reads each event is through *where* it is occurring, so much so that when she’s in an unfamiliar area she explicitly says she can’t read what’s happening.

Others also described the Tenderloin as a good place in the sense that it had a lot of resources they needed:

INT: So you spend a lot of time around the Tenderloin. What’s there that makes that a place that you end up spending a lot of time?

Steven: My house. And, uh—I—well, I go to Roaddawgz [a drop-in funded by Pacific News Service] to write Tuesday, Wednesday, and Thursday. Uh—I have classes in the South of Market. And then AA meetings in the Mission. A lot of my meetings are either in the Mission or in the Haight. Um—or Potrero. So really just—it’s where I live so it’s home base. Plus I know the Tenderloin so well. You know, everything I need to do is in the Tenderloin. Yeah.

For Steven, who had an SRO hotel room in the Tenderloin, “everything I need” was in the Tenderloin (although two of his listed activities—AA meetings and classes—were in other areas). Like Jess, he also evoked *knowing* the area as a desirable characteristic.

Finally, Jess also mentioned the micro-climate as a desirable aspect of the area:

INT: Are there places that you used to hang out when you first got to the city that you don’t hang out in anymore?

Jess: Haight Street.

INT: Haight Street. [chuckle]

Jess: I didn’t realize that there was so much warmer parts of the city.

INT: [laughter]

Jess: Parts where if you sleep outside you don’t wake up wet even if it wasn’t raining. Yeah, Haight Street –

INT: How long did it take you to achieve that realization? [chuckle]

Jess: Six months.

INT: [chuckle]

Jess: Hey, actually, I can thank you guys [the UFO study]. You guys had—you guys were down on Leavenworth, I think, yeah. I ain’t going down to the Tenderloin, fuck you. [chuckle]

INT: [chuckle]

Jess: I want some money, yeah. And you had a hep C test too so I came. I was like “Man, it’s *warm* down here.”

In this narrative, she describes her initial resistance to even visiting the Tenderloin, based on its reputation (“I ain’t going down to the Tenderloin, fuck you.”), however once she had a sufficiently good reason (a research study offering to pay her money to take a test she wanted anyway), she made what may have been her first trip to the area and, at the very least, became more comfortable with the location.

For an area infamous for being the most run down part of the city, some of those who had housing in the Tenderloin had noticed attempts to gentrify the area:

INT: Yeah, seriously. So in the time you’ve been coming into San Francisco have you noticed anything sort of like changing at all about the city or different parts of the city?

Fred: Yeah.

INT: Like –

Fred: Well, the TL is becoming really gentrified. Them landing a cop shop and then a federal building has kind of made them—they’re claiming the TL right now it seems and trying to take it over, which is stupid ‘cause they have to put these people somewhere.

...

INT: Okay. And you said like the TL’s gentrifying, like the cops and the federal building’s moved in. Like what other kind of stuff’s happened in the TL that’s –

Fred: The white people are moving in and what they don’t like they want to get rid of. You know, I’ve noticed one thing just the other day is when I clean up my dog’s shit I don’t have anywhere to throw it, there’s no garbage cans anymore. I’m thinking that maybe their whole thing is no more garbage cans, less bums. Where do you throw your garbage away?

One of the classic hallmarks of gentrification is the introduction of significant ‘anchor buildings’ to an area, in an attempt to bring in large numbers of people from outside the area and make the immediate area ‘safe’ for further development such as other businesses

and residential development (Davis, 1992; Smith, 1996). Fred notices both the introduction of new buildings and an influx of new people (“the white people are moving in”)—Fred is white, but is clearly referencing an ‘other’ in this use of ‘white’. He also suggests that the Tenderloin serves the social function (“they have to put these people somewhere”) of being a place for people who no-one else wants. He references this again, with his tying of the removal of trash cans to a desire to remove ‘trash’ people⁸.

Another respondent, talking about a recent increase in police activity, also ascribed this shift to gentrification:

Jake: Do you have any—like have you heard anyone talking about why it’s getting hotter in the TL at the moment or –

Jake: Um—my understanding of it is that they’re trying to slowly—apparently they’ve got plans for that area and that they’re trying to make it, you know, suitable. Good luck with that.

[chuckles]

Jake: But, uh, so that’s what they’re trying to do, you know, is clean it all up so I guess that would be step one. But I don’t see it happening.

INT: Has anyone like said, “And this is where you’re supposed to go instead,” or is it just like “Yeah, we’re just going to turn the heat up and that’s it”?

Jake: [chuckle] I don’t know. Like it seems to me like, yeah, they’re just going to turn the heat up.

[chuckles]

Jake: Or I’ve had a couple—I’ve had a couple cops actually tell me, you know, “Man, you can’t do that shit. Go to the space toilet.” They say, “You know, that’s kind of what they’re there for”, you know.

[chuckles]

Jake: “Keep it out of sight of the tourists.”

INT: Hm. Is that recently or is that just, you know, [..?..]

Jake: No, that’s fairly recently. But, you know, that was only one cop’s opinion too. I’m not sure Gavin Newsom [the mayor] sees it the same way.

⁸Six months prior to this interview the mayor ordered the removal of six percent of all trash cans in the city on the grounds that there were so many trash cans that people were using them for household and business rubbish. The project was citywide, however. (Vega, 2007)

Like Fred, Jake sees the increase in police activity as essentially pointless, as, potentially, do the police he describes as telling him to take whatever illegal activity he is doing out of sight. I will discuss police discretion and its application in the Tenderloin further below.

Jess actually saw gentrification as increasing risk of violence, both to current residents and to others who might be moving through the area:

Jess: It's not going to—you know, it's not going to push the bad whatever—I'm making quote marks. Quote-unquote bad element out, it's just going to make the bad element angrier and give them more, um –

INT: Compact them into a smaller space so there's more craziness.

Jess: Yeah. I was trying not to use the word “victims.” [chuckle]

INT: You were trying not to use the what?

Jess: Wait, [..?..]. [..?..] it gives them more –

INT: Victims. [chuckle]

Jess: Uh—yeah. And it's exposing like—[pause] The vast majority consider it a bad element, whatever it is, like what goes on in the Tenderloin. And so—if you—okay, I don't—it's not my viewpoint but if you're looking at it from that viewpoint, it's exposing people that for other reasons wouldn't be exposed to all that, you're putting hotels there, you're putting like tourists. It's the old ladies walking around looking lost [chuckle] on Third and Taylor. I've walked so many people to wherever it is they're going. I'm not tough, it's not like somebody wouldn't do something because I'm there but I can also be like “You don't want to walk on this street, scoot over to that,” or whatever. Like people should not—for other reasons that are not exposed to that and it's probably better for them.

Here she points out that deliberately using tourist hotels as anchor buildings in a gentrification scheme acts to place a potentially vulnerable group (tourists and “old ladies”) in a potentially hazardous environment. Earlier in the same interview she also describes one specific effect of more responsive policing to public disorder such as fighting:

Jess: And even not the cops, the fucking—people don't fight anymore because I've seen more knives or like people backing up being like “I will fight you, I will

fight you, put that knife away,” like at least once a day. People are not fighting anymore, they’re just pulling knives and that’s not great. I can’t fight for shit but I can take an ass-whooping like a champ. [chuckle] But I don’t think I—you know, I’m not really like “Oh, I can take a stabbing.”

INT: You can take a stabbing like a champ. [chuckle]

Jess: No. And it’s—I honestly think that—okay, I’m sure there’s way tons of other reasons for that but because of the fucking amount of police that they’re pouring into the Tenderloin [chuckle] you don’t have time for a fight. As soon as a fight starts it’s going to be police there, so, knife.

INT: So if you want to sort something out with someone you just –

Jess: A knife is short.

INT: – stab them and that’s it.

Jess: Yeah. And I’m not blaming cops for the amount of stabbings, I’m just saying like I think that’s a huge factor in the amount of—I don’t know, and it’s making it more dangerous for other people who actually live there.

INT: Hm. That’s not a theory I’ve heard before. I kind of like it.

Jess: I just came up with it. That’s what I think but I just thought of that.

INT: This is why I’m interviewing you.

Jess basically makes the argument that people respond to increased policing by altering their behavior to achieve the same end result within the constraints of the new situation—in this case, switching to a quicker way of inflicting violence than the more time-consuming modality of weaponless fighting (or beating).

Other adaptations to policing were also noticed by respondents. In the following quote, Jake has just indicated that he often uses drugs almost immediately after buying them and often in highly public locations:

INT: Yeah. Are there particular like—you know, like that—like if you’re thinking about a street. “Oh,” you know, “I think I’ll get high right here.” Like is there particular things about that street that makes it different from places where you look around and go “No way”?

Jake: Well, take Turk Street for example.

[chuckles]

Jake: I mean everybody’s doing it, which is always a good reason to do something and it’s also a one-way street though too so –

INT: So you've only got to watch one direction.

Jake: Yeah.

INT: Gotcha.

Jake: And I've noticed a lot of the streets where they deal drugs on are one-way streets.

INT: Ah –

Jake: I think that's why. You know, and then like Market Street, you know, it's—you know, you got people there to keep eyes on your stuff. You know, I'm like not going to go to the fancy neighborhoods and do it for pretty obvious reasons. All those people. I don't know what it is about rich people with money but they're always scared and peeking out their blinds.

INT: Calling the cops and saying, "There's a young man smoking crack out my window."

[chuckles]

INT: So on those one-way streets and stuff, do you get much like, you know, cops on foot kind of shit or is it all cars?

Jake: Yeah, kind—kinda. It varies. Like I've noticed on the whole the TL has been getting hotter and hotter like collectively. Not like—not like "Oh, today it was hot." It's, you know, kind of like global warming, you know, it's -

INT: Right, right. Compared to six months ago it's hotter, right?

Jake: Yeah. Yeah.

INT: Yeah.

Jake: And it's—so there's—there's been more and more of it but, you know—and that's a good thing about streets like Turk Street 'cause, you know, you can hear someone going "one time" or [..?..] or whatever the word they want to use for them long before they get there usually.

INT: Yeah.

Jake makes mention of a number of personal and community responses to policing. Firstly, he mentions smoking crack in locations where other people are visibly doing the same thing. In biology, the "selfish herd" hypothesis predicts that an animal species subject to predation will cluster in the presence of predators to essentially pool risk—a prey animal alone will become the target of a predator 100% of the time; a prey animal in the company of twenty others will become the target of a predator one twentieth of the time (see Hamilton

(1971) for the original definition of “selfish herd” and Morton et al. (1994) for a summary of the relevant literature derived from this concept). I argue that this concept can be a useful analogy for explaining why some types of illegal activities occur in clusters. In the case of smoking crack, clustering (herding) in one location means when a less-numerous predator appears suddenly (ie the police), the chance of any one individual being arrested is relatively low. By comparison, if someone is the only person on a block to be smoking crack, the sudden appearance of the police means that person is highly likely to be arrested. Obviously this is merely an analogy, and does not take into account other advantages and disadvantages of smoking near other people, or the far more complex social environment in which such activities are occurring. The following fieldnote indicates something as to both the complexity and normality of street-based drug consumption in the Tenderloin:

While carrying out that ‘mapping the Tenderloin’ process last week: the woman and her baby in a stroller walking around the corner and yelling ‘baby on the block!’ as some sort of announcement to the people dealing and smoking crack in a group just around the corner. Didn’t see anyone do anything obviously different afterwards, but no-one was doing much dramatic to start with. (Fieldnotes 2/26/2008)

Returning to Jake’s quote above, he mentions that Turk street in the Tenderloin is a one-way street. Unfortunately, during the interview instead of asking him what this meant to him, I jumped to an implication myself—that you only have to watch for police in one direction. Jake agreed, and then mentioned that he’s noticed that a lot of streets with street-based drug sales are also one way, and that “I think that’s why”, which all strongly suggest he was also thinking of the police implication. However it is also possible he was initially thinking of another implication and was distracted by my suggestion. In either case, he’s clearly referencing an aspect of the role of terrain in facilitating an activity. Likewise,

at the end of the quote, Jake describes the presence of people calling out warnings as police cars come down a street (see also the fieldnote cited in Chapter 4 on p.139 describing the same warning system).

Finally, Jake mentions “and then like Market Street, you know, it’s—you know, you got people there to keep eyes on your stuff”—again, he’s describing the social context of space. In this case, he’s referring to the fact that his peers hang out on Market street and he can usually find someone to watch his belongings there if needed.

In short, across this extended quote we see someone describing, in Basso’s terms, how he “knows” his “territory”, how he interacts with its social and physical terrains, how he uses that knowledge to pursue activities. Like Jess describing how an ability to ‘read’ an environment can make a hazardous area feel safe, and another area of less familiarity can seem unsafe.

In another example of knowing terrain, Steven describes an element of cityscape:

INT: Are there any parts of the city that you kind of avoided just ‘cause it was—or any times of day you avoided places just ‘cause it was—you know, you knew there’d be cops there or you knew something like that would be -

...

Steven: I wouldn’t—you know, I would avoid alleys at all costs, um, because cops like alleys.

INT: Um-hm. They like to hang out in them or they like to check them out all the time or -

Steven: Both.

INT: Yeah.

Steven: Cops like shady alleys as much as the addicts do because they know how much the addicts like shady alleys, you know. They’re all about that shit.

In this, we see Steven taking a macro approach to the same issues of ‘how to be safe’ that Jake engages with in describing specific streets and their characteristics. In his

case, he describes a *type* of environment (alleys⁹) and, in contrast to Jake's description, creates it as a 'negative space' to be avoided.

In all of these descriptive moments, we see a territory delineated, of places to do things and to avoid doing things; of locations associated with activities which have implications for the individual concerned. In short, we see the sharing of elements of these respondents' mental maps of a specific area.

To some degree, we also see changes to mental maps of individuals—Steven was not using illegal drugs at the time he was interviewed, and described salient aspects of the Tenderloin from both the period he had been using drugs (such as the comment about alleys) and the period in which he was interviewed (such as his listing of resources in the neighborhood).

Despite arguments made elsewhere in this dissertation against the utility of the neighborhood effect concept when talking about highly mobile young people, for at least some of the people interviewed qualitatively, their lives had become oriented around one area or another to a degree where 'neighborhood effect' seems to again become a meaningful term. More generally, of all the neighborhoods discussed by participants, the Tenderloin seemed to evoke stories about depressing aspects of street life:

Justin: It's just a very depressing people, man. [putting on a nasally high pitched voice] "Hey, what's your name?" [normal voice] "My name's Nicholas, I like -"

INT: Walks in the park.

Justin: "Walks in the park and smoking crack by the dock of the bay. What's your name?" [putting on the voice again] "Hey, can I get a hit, can I get a hit." Fuck, man. These people are fricking—I don't want to be like that. I don't want to end up like some of these motherfuckers out here.

INT: So –

⁹Etymologically, 'alley' was an early introduction from Norman French into English, and refers to walking or a passage (Oxford English Dictionary, 1989).

Justin: I know I'll be—I know I'll be Bird Shit man, for sure, you know. You can tell when you just bend down to the sidewalk 'cause every little piece of bird shit is burnt to a crisp [..?..].

INT: What's he do?

Justin: He crawls around on his hands and knees and he's covered head to toe in this white and dusty bird shit. And he burns and smokes bird shit like it's crack and sometimes, man, [..?..] will come up. [..?..] [chuckle]. I'm like "Man, cut that shit out. [..?..]" [imitating someone's voice] "Nah man, this is it, this is real".

Justin describes a cluster of behaviors and conditions which he finds distressing to witness, and expresses the fear he will, if he continues his current life path for long enough, end up performing those same behaviors and hence being viewed with the same mix of pity and disgust as he currently has for others.

Scott had similarly ambivalent attitudes to those he saw around him on the street:

Scott: If you're in the Tenderloin you can't—what, you can't go, you know—you can't go to Embarcadero. It's like people are crazy. They won't even go like farther than three blocks 'cause they can't—fucking rock cocaine ain't there. I hate drugs, man.

INT: What's the main drug you're using yourself?

Scott: I shoot rock cocaine [laughs]

...

Scott: But—no, there isn't really any parts that—I mean just the Tenderloin. I hate it. The Tenderloin is so depressing. It's just human—people that have given up and can't see. It's just—it's so sad. And then I also like look at it and I'm like "I'm part of that, you know" I'm giving these dope dealers money. It's sick. It's fucked up.

Scott talks about how appalled he is that some of those around him never seem to leave the area, even to go a few blocks to the waterfront, because their lives are so thoroughly organized around drug use, and also about how depressing it is to see "people that have given up". But in both comments, he is also immediately reflexive: he uses the same drug as those

who don't ever seem to leave the area, and he directly participates in social and economic systems which he sees as productive of this depressing situation.

In other parts of this dissertation, the role of race in aspects of life in the Tenderloin has been described (see for example Chapter 4, pp.121 and 139). In the quote below, Melissa again addresses what she sees as the effect of race on her lived experience of residing in the Tenderloin:

INT: One is sort of—this is kind of like—well, you mentioned like when we were talking about the stuff about getting beaten that the women you beat you up were African-American or whatever and—you know, like the Tenderloin is much more diverse than a lot of parts of the city. I'm wondering if you sort of feel like there's—there's a lot—there's any like tension or particular shit around race in the Tenderloin..

Melissa: Oh, yeah. Oh, definitely. It's definitely—I don't know if you would call it reverse racism or just racism because racism is that. But it's definitely—the African-Americans, blacks, or whatever you want to call them, the Negroes look down on the whites in the Tenderloin. I mean I've been told so many times to get out of their neighborhood, get off of their street. And it's like I—you know, when I first came here in '90—this is where I lived in '93, I lived on Turk and Taylor was my first apartment, you know. And so it's like I've been here for how many years is that, you know, sixteen years I've been living here. I've been living here longer than some of them have. I've been living—I have these little kids telling me, "Get out of my neighborhood," little black kids telling me to get out of their neighborhood. It's like "I've been living here longer than you've been alive." It's just—you know, they feel that it's their—because this is a poverty-stricken area, that it's a poor part of town, that it's their right to it and that because I'm white that I should go elsewhere, you know. And it's like, "you don't understand, I can't get an apartment." They probably have an easier job—an easier time getting an apartment elsewhere than I would because they can get a Section 8, they can get this and that, and they can get an apartment somewhere else whereas I've got evictions on my record, I can't get an apartment somewhere else. You know, I'm pretty much stuck here until I get help from outside agency, you know.

In this, Melissa describes a disjunctive sense of both belonging to a neighborhood and being alien in that same neighborhood due to what she sees as issues of 'ownership' around the neighborhood organized around perceived race. In the 2000 census, 10.9% of

residents of the Tenderloin identified as Black, higher than the city-wide 6.9% but not dramatically so; it is interesting that Melissa sees the neighborhood as being a black neighborhood. One also wonders if the children yelling for her to leave their neighborhood were referring to a more micro sense of neighborhood (a block or a street), or if the reason for wanting her to leave *was* due to her perceived race (she looks white), or because she had been identified as an injecting drug user or possibly a sex worker. Finally, while I initially assumed her references to Section 8 housing were reflecting the idea that minority groups somehow have an easier time accessing governmental programs targeting poverty, a closer re-reading also suggests that she might be assuming others do not have the criminal record and history of eviction that make accessing either government programs or the rental market generally more difficult. None of which is to suggest that neither she nor the children yelling at her are not also acting out racialized scripts around claiming territory and perceived entitlement.

Returning to the notion of neighborhood labels (such as “the Tenderloin”) as markers or shorthand for larger bodies of meaning, we see emerging from these descriptions a collection of ‘Tenderloins’ (for each is both a collective product and unique to the individual who produces it, and each is also a chronologically mutable ‘Tenderloin’, liable to be altered and become different as each day’s experiences write themselves upon it). As in the broader population, these notions of ‘Tenderloin-ness’ have within them the notion of the Tenderloin as a dumping ground for a physically, mentally, and socially ground-down population (the Bird Shit men of American society). However, they also have within them notions of home, familiarity, and safety; experientially ascribed through the lived experiences of being on the

street in a complex environment.

5.5 The Castro

5.5.1 Community and exclusion

During the early 1970s the blocks surrounding the intersection of Castro and 18th streets in the Eureka Valley neighborhood (a neighborhood itself defined by the parish boundaries of Most Holy Redeemer) became a center for the emergent gay community, driven in part by gay men and women who had originally been attracted to San Francisco by the social and cultural events which culminated in the Summer of Love. Like the Haight, part of the attraction of the area was extremely low housing prices following two decades of white flight beginning in the 1950s. Homophobic backlash from both local residents and city police, as well as from national political figures helped consolidate an emergent, dynamic sociopolitical movement oriented around sexual identity. Wright (1999, p.179) argues “it was a predominantly middle class movement in its social values as well, although the hippie movement created space for inclusion of genderfuck drag as political statement, and out of this tradition came the likes of the Cockettes, the Angels of Light and the Sister [sic] of Perpetual Indulgence.” Police repression, the assassination of openly gay Supervisor Harvey Milk, and the emergence of AIDS all arguably served to further consolidate an active, politically oriented sense of community centered on the Castro (Wright, 1999; Armstrong, 2002). By 2005, the *San Francisco Chronicle*’s online guide for travelers could state:

Today, the Castro’s queer identity is itself a tourist attraction, beckoning throngs of pilgrims and revelers from all over the world. Since the introduction of the F Market street car, shuttling unsuspecting Midwestern families down from Fisherman’s Wharf, denizens have been lamenting the demise and dilution of the gayest

spot on earth. Yet the unabated proliferation of shops selling, ahem, adult accessories sporting neon signs touting “Lube 4 Less” tips off even the most untrained eye to the deeply entrenched community here. (Timberlake, 2005)

5.5.2 The other view

Ten of seventeen respondents specifically discussed the Castro as a neighborhood, often but not universally in response to interviewer questioning. Four things were discussed in relation to the neighborhood: panhandling and police response; a perception that the neighborhood was generally ‘anti-homeless’ following gentrification; the neighborhood name as a proxy for sex work, specifically MSM sex work; and the conceptualization of the neighborhood as a specific, bounded community with a sense of itself;

For most respondents I interviewed, the Castro was a little-travelled area. On the one hand, the neighborhood was known for good panhandling, but on the other this sense of ‘good panhandling’ was tied to aggressive policing of panhandling:

INT: Uh-huh. What about in the Castro? Is that any good for that?

Justin: Not really. It’s good for panhandling.

or:

INT: What about the Castro? Do you ever go there?

Austin: Um—not very often. Once in a blue moon I go there. Like my friend Jill likes panhandling out there and sometimes we’ll go out there. I don’t know, the cops are pretty much assholes to me there.

INT: Okay.

Austin: They’ve ran me out quite a few times so I’m just like “Eyyy—” I’d rather kick—stick to my main spots. Like when I go there with a cute girl she usually makes a lot of money so I’ll go out there once in a while for that.

[chuckles]

Austin: But when I try to go out there with one of my guy friends or whatever it’d be like—the cops always run us off right away.

Although one person contested the notion of it being good panhandling:

Slash: Yeah. That's the place I avoid going. I went there once, twice - no, probably like five times total. Within five minutes of being there I've been thrown out.

INT: Yeah, the cops just..

Slash: That's the only place I don't go. [chuckle] I avoid going to the Castro.

INT: [chuckle] How long ago was the last time you were there?

Slash: It's been like a year. I just—I refuse to go. Everybody's like they make hella money there but I can't make shit.

INT: Right, right. So when the cops throw you out of a place, like what's that? I mean this is going to sound a bit naïve but what do they actually do or say?

Slash: Toss your ass out.

INT: Yeah. Just get out of here.

Slash: "You leave now or you're getting arrested."

INT: Yeah, okay.

Slash: I'd rather leave than get arrested. [chuckle]

While being interviewed, Slash also drew on a map of San Francisco showing where he did and did not spend time (Figure 5.7, p.219) , and explicitly marked the commercial heart of the Castro (at Castro and 18th Streets) as "No go—cops").

Two people explicitly identified the neighborhood community itself as the source of this policing practice, for example:

INT: Okay. Do you ever—like are there any other areas that you don't go to because of the cops or –

lou: Hm—No. When I first moved out to the Castro they were pretty bad back then and people calling out, or blocking the sidewalk or for sleeping on the sidewalk.

and:

INT: Are there any particular areas that you really avoid for that sort of stuff?

Davie: I avoid the Castro.

INT: How come?



Figure 5.7: The Castro. The green area is the commercial core of the Castro, centered on 18th and Castro; the pale blue area is the Realtor's Association 'Eureka Valley/Dolores Heights' neighborhood boundary.

Davie: Because in my experience with the Castro is that, uh—I'm going to sound like a fucking homophobe here and I'm not at all, you know what I mean. I even consider myself bisexual but like—[chuckle] uh, they're elitist motherfuckers down there. I mean that neighborhood is horrible and it's not only my opinion as far as—well, you know, I'm stealing their shit but like the first—they're the first neighborhood to have a no panhandling, you know, policies and just like that and like—and I think it goes deeper than that too because the gay community—they have a lot of pull in San Francisco, obviously, which is cool, you know, but—so if you get popped anywhere in the Castro they take it personal, I guess, and you're going to jail, you know.

Others also referenced the neighborhood in terms of gay community and how this had changed over the years:

INT: Has there been any other like—as well as just the place has gotten richer and more gentrified, can you think of any other ways that things have changed since you were first here?

Scott: Oh, wow, it—the whole city, I think, seems less—a little less vibrant. Castro definitely seems way less vibrant. Castro and Mission are—I would say

are what's hit the hardest by that. It just doesn't seem like a—you know, a crazy cool place as much as just like –

INT: – average –

Scott: – another place. Yeah. Exactly. It's like what the fuck, don't rich white people like to have fun too?

The gay community and the historic notion of acceptance of difference was sometimes seen as an explicit attraction, such as:

INT: What's in the Castro?

Fred: Um, it's just a different place to go and panhandle, whatever, and like—I don't know, gay people are fun so, you know, I end up meeting somebody and having some whacked out conversation, you know.

INT: Good street scenery? [chuckle]

Fred: Yeah, the jolly little fellows.

or, for this man who had spend time engaged in MSM sex work in the area:

Critter: I mean both—both the Haight area and like the Castro area are real accepting of like so many different like personalities and lifestyles, um, which is like really different from the whole other city because either other parts of the city are, um—um—how shall we say, um, ghettos, um, where nobody honestly really cares about the next person and so it doesn't really matter about trying to even accept you or it's an area where it's, you know, obviously well-to-do so so only accepting of those well-to-do.

The Castro was occasionally referenced as a proxy or synonym for sex work, although, as discussed in Chapter 4, on p.155 ff, few respondents explicitly discussed their own participation in sex work.

INT: So are there any other ways you use to make money like maybe that you're not doing at the moment?

Jeremy: I used to steal a lot of bikes, man, that was—stealing bikes. The breaking into car thing I really wasn't big on. I never—I never worked the Castro, I never did nothing like that.

Critter, who referenced his (past) participation in MSM sex work obliquely (“Um—I used to go there a lot at nighttime when I was—well, the last time I was here but I haven’t really been there that much lately.”) also saw the neighborhood as a refuge from other parts of the city where police knew him well (although also a negative place because of the availability of a drug he was trying to avoid):

Critter: Um—I mean once again, case in point, there’s a lot of speed in the Castro, which is something I’m trying not to do. So I mean if I do go over there it’s like late night and that’s because it’s the only place where the cops are not going to arrest me.

INT: Right.

Finally, two people mentioned resources that were available in the neighborhood, specifically food and AA (Alcoholics Anonymous) meetings:

Scott: Yeah. Um—I’m in the Castro maybe once a week. I went to an AA meeting there last night. That was nice.

Or:

Critter: I mean like at different parts of the week I’ll go and I’ll like go to a couple of other drop-ins or like churches that are feeding. . . . there’s another spot on Wednesdays that’s up at the top of the Castro.

While Critter didn’t mention it, the Wednesday night meal served by Most Holy Redeemer Church on the corner of 18th and Collingwood Streets is also a suitcase clinic of SOS, a San Francisco Clinic Consortium mobile health clinic providing free primary care to indigent San Franciscans. Another key resource in the Castro is the Walgreens on the corner of Castro and 18th Streets, which has consistently sold needles twenty four hours a day since the passage of Senate Bill 1159 in 2005, which allowed needle sales through pharmacies. Having said that, young injector’s experiences of buying needles at pharmacies,

even those with considerable experience working with injecting drug users, has been uneven, as was described in a fieldnote in Chapter 2 (p.43).

In short, the neighborhood is seen as containing some useful resources—good pan-handling, the availability of sex work, food services, a specific modality of drug treatment, amphetamines, and, to some degree, an acceptance of social difference. On the other hand, the neighborhood is clearly seen as generally being intolerant of the ‘visibly homeless’, and local police are seen as actively enforcing this intolerance.

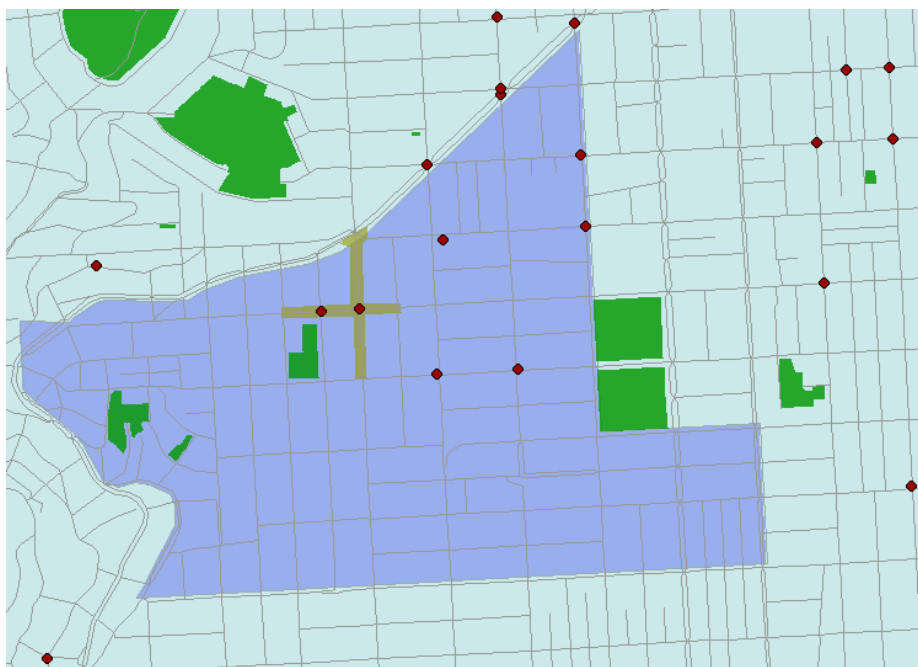


Figure 5.8: The Castro. Pink dots are police stop locations (multiple stops can and do appear on each location); the green area is the commercial core of the Castro; the pale blue area is the Realtor's Association 'Eureka Valley/Dolores Heights' neighborhood boundary.

In the quantitative interviews conducted with UFO Study participants, respondents were asked if they'd been stopped by police for any purpose in the past 30 days, and if so, what the nearest intersection was (Figure 5.8, p.222). Only fifteen of the 592 police stops documented among 1934 interviews among 473 individuals conducted between 2/5/2003 and

9/16/2008 took place within the area defined by the San Francisco Realtor Association as ‘Eureka Valley/Dolores Heights’. Compared to the huge numbers of police stops occurring in the upper Haight or in the Tenderloin/Market corridors, this tiny number suggests that UFO participants *are* in fact avoiding the neighborhood compared to other areas in the city.

Again, referring to the idea of neighborhoods as shorthand for larger bodies of meaning, in the Castro we see a neighborhood both less travelled by these respondents, and hence a neighborhood where the idea of what “the Castro” means is more similar to that of the broader population, experiences of policing excepted.

5.6 The Haight

5.6.1 A history in one thousand words

During the late 1960s, large numbers of young people came to San Francisco attracted by a conception that social and cultural movements were being generated there, culminating (by some accounts) in the Summer of Love in 1968. The Upper Haight area (loosely Haight Street from Buena Vista Park to Golden Gate Park, bounded by the Panhandle on the North and an arbitrary five or six streets to the South) was at the time a moribund residential area containing a large number of poorly maintained Victorians and a tiny commercial strip. The cheapness of the rents and the proximity to Golden Gate Park led to the area becoming one of the geographical centers for the cluster of social and cultural activities around which young people were arranging themselves. A range of services emerged to meet the basic food, shelter, medical and social needs of those who found themselves needing assistance, with the most successful (or at least the most famous) being those

developed and structured in whole or in part by those from the community they served, and almost all containing the embedded ideal of providing non-judgemental services, particularly in arenas (such as the treatment of sexually transmitted infections) which had traditionally been stigmatized (Smith and Luce, 1971; Staller, 2006).

In the *San Francisco Chronicle's* online guide for travelers, the area is described as a commercial center with a few remaining “relics” of the Summer of Love:

If there's any area of San Francisco that evokes images of the long-gone '60s hippie culture, the Haight is it. Fragments of that flower-power, incense-burning, acid-dropping, tie-dye-wearing, peace-and-love-vibing era can be purchased at smoke shops and Eastern-influenced outlets bearing names like Dreams of Kathmandu, Pipe Dreams and The Love of Ganesha. But save for a few hippie relics, the Haight today is a whole new scene. Exclusive boutiques, high-end vintage-clothing shops, second-hand stores, Internet cafés and hip restaurants have all settled in, making the Haight one of San Francisco's commercial centers. (Goldman and Ducklow, 2001)

5.6.2 Another view

The Haight was the single most discussed area in the city on qualitative interviews. This was despite the fact that only approximately four of the sixteen people qualitatively interviewed appeared to spend much time there at the time of their interview. However all had at some point clearly spent time there and knew others who did spend time in the area.

A number of people complained about the social scene among young homeless people who based themselves in the Haight:

Sarah: Um—I went up to the Haight but I really don't like it up there.

INT: Yeah. How come?

Sarah: Uh—I just don't like the people up there that hang out up there much.

INT: Like what sort of things do they do or not do or -

Sarah: They're just—I mean—they've never been rude to me but they've been rude to my friends and stuff and just kind of like—they have a whole like—I

don't know how to explain it, like high school kind of like cliquey mentality [chuckle] kind of thing going on. I think that's what bothers me.

Another respondent who used to spend more time in the Haight references specific subculture:

Fred: You won't catch me out in the Haight.

INT: Right, right. You don't like the Haight or it's just out of the way or—

Fred: I like the park but I don't really like a lot of the people.

INT: Like the other people on the street or the neighbors or—

Fred: Yeah. A lot of the kids annoy me with their butt flaps¹⁰ and patches of bands they don't know. I'm kind of—I've got a bit of an ego because I'm old and so it's like I've got enough friends, you know what I mean? So it's just kind of like that. It reminds me of my childhood and I'm like "Wow, could you guys figure out something different to do. We already did this dirty dumb thing." It's burned out, you know.

In this case, Fred, who was thirty six at the time of his interview, also references the 'childishness' of the social scene, as well as referencing the "butt flaps and patches of bands they don't know"—the visual signifiers of being an anarchopunk or gutter punk.

While both Sarah and Fred generally expressed distaste for the social scene on Haight street, both also indicated they went there for social reasons:

INT: Do you ever get—when was the last time you went up to the Haight?

Sarah: Probably a month ago.

INT: Do you remember why you actually went up there?

Sarah: Um—my friend I was hanging out with wanted to go up there and one of my friends I've known from out of town came into town and he was up there. I go to see him for a bit.

INT: He was just hanging out up there or—

Sarah: Yeah, selling weed.

¹⁰A butt flap is a square of heavy cloth or sometimes leather a little over a foot on edge, attached to one's belt or top of the pants so it hangs down over the buttocks. As well as being an obvious sign of subculture, it has utility in that it protects worn (and possibly worn through) clothes, and when sitting on cold and possibly wet pavement or grass provides a drier and more comfortable seat.

Another person who talked about the social scene in the Upper Haight and adjoining Golden Gate Park was Austin, who at the time of this interview was living in a squat in the avenues but commuting to the Haight on an almost daily basis to make money and hang out.

INT: So when stuff goes crazy like what's—what kind of things are you thinking about specifically?

Austin: Um—all the park drama pretty much.

INT: So you mentioned that—

Austin: Just people fucking on power trips, thinking they're better than other people. Doing stupid shit, spitting blood in girls' faces and shit like that. Like every time that happens I get into a fight 'cause if no one else stands up then I do even—even if I don't know the person. If I know somebody's in the wrong then I fight usually.

INT: Yeah, yeah.

Austin: I'm usually the first one to jump up and fight.

INT: [chuckle]

Austin: It's funny 'cause I'm a pretty little guy but –

INT: Yeah.

Austin: Everybody in that area will tell you. [chuckle]

INT: Yeah. So is like some of this shit about people thinking they own this little part of the park or that little park?

Austin: Yeah, kinda. And then there's like summertime all these travelers show up and they just do really stupid shit.

INT: [..?..] back [..?..] and that kind of thing?

Austin: Yeah. Like an example, fucking—coming in and fucking shattering forty bottles¹¹ in pathways and shit. Like we've got dogs, dude, you know. You don't just fucking shatter glass, you know what I mean, that's fucking dumb. Fucking shooting up, leaving dirty rigs laying all over the place, fuck, no. If I see someone shoot up and throw their fucking rig on the ground and leave it, dude, I'll fucking smash on them. Or I might talk to them the first time and tell them not to do it again, if I catch them doing it again then smash on them, you know. 'cause I'm usually one of the people that ends up picking up all the fucking dirty rigs.

INT: Totally.

Austin: Like I go to the needle exchange up in the Haight all the time and I help them with cleanups and all that.

¹¹Austin is referring here to liquor bottles which come in a forty ounce size, not to the number of bottles.

INT: Yeah. I've seen you around there, yeah.

Austin: I usually stop by the needle exchange Monday, Wednesday, and Friday usually. I'm trying—kind of trying to sober up right now though so I haven't been on the Haight as much for the last like—since the 4th of July.

INT: Is that—like when you want to take a bit of a break from shit, is that usually how you do it is to stay away from—

Austin: Uh—no, not usually. Like right now like I got engaged to this chick, she has a 7-year-old kid so I'm kind of trying—trying to like get my shit together because we got this—we got this place now but we have no money and our—we have \$600 rent due at the end of the month and we have no fucking money and her kid's supposed to be moving in with us like in the middle of next month so—

INT: Gotcha.

Austin: So, yeah. That's kind of why I'm staying away from—all that. 'cause I don't need to go to jail right now. I'm not scared of going to jail but I just got like important shit to do right now, you know.

In this long quote, Austin covers a number of aspects of his social situation and relations. Firstly, he talks about what he sees as negative aspects of the social scene he is connected to: “people .. on power trips”. He describes a situation in which external agency (such as police) is completely absent and responses to outrage take the form of immediate violence. He locates himself in this situation as someone both willing and able to participate in this process. He also brings gender into the discussion, although it's unclear whether he is describing something normative or a specific case (for a more detailed treatment of interpersonal violence along gender lines among UFO participants based in the Upper Haight, see Bourgois et al. (2004)). For the purpose of this project, however, the really interesting components of this quote relate to the Park as a site for apparently unmediated interaction. In his description of assault and normative (or at least valorized) response (ie more violence), no external agency appears to be present to intervene. Likewise, when Austin describes the problematic behaviors of people who show up during the summer months and the response to those behaviors, he appears to be describing a situation in which external agencies are not

present. However, at the very end of the quote, he mentions avoiding the Haight so he isn't involved in fights because he has a concern that this would lead to more jail. While he talks about jail with a casualness which evokes Pettit and Western's evocation of incarceration as a life stage (Pettit and Western, 2004, p.154), he is effectively also acknowledging that the Park is *not* an area where the only 'policing' is that provided by the community itself.

Descriptions of actual police activity in the Haight varied considerably. Some saw it as particularly focussed on young visibly homeless people:

Davie: No, and I'm not—yeah. I'm not worried about them. They're not going to do anything to me if I'm not doing anything, you know, and cops will. Yeah, the cops—the cops up on Haight are just—again, there's this line of like undercovers and it's so amazing too because all these kids are doing up there now—back in the '80s you could go up and you'd be speed, you'd get some heroin, just like on the street kind of. A lot of crack and a bunch of [..?..] Polk. It ain't nothing up there anymore except pot. Some of the kids, of course, might have their own little stashes of whatever. That's all they do up there is sell pot and still they have these hardcore fucking undercover cops up there, man. It's so retarded. But that just shows you—that's the merchant thing and that, you know, that I was talking about. And, uh, like the kind that just go to every single—you know, you have a possession case because you had twenty dollars worth of heroin on you and they're like every court date type of thing, you know. Just like way into it and are not above taking you into the park and taking your weed and like, you know, punching you up a little bit or something. That shit happens all the time. "I'm selling weed, dude, come on."

INT: What are they trying to do when they do that do you think?

Davie: I don't know.

INT: Get you out of the area or -

Davie: They want you to get out of the area, yeah. Like I say, I think it's a merchant thing, you know. The merchants are fucking assholes is what it comes down to for the most part. They want their tourist money, you know and they think these kids are scaring them away. And I don't even think that's really—you know, I mean every once in a while you might be, but..

INT: They're there to see the kids.

Davie: That's what I'm saying totally. You go up to Haight Street, you want to see some fucking dirty hippie kids, you know.

INT: [chuckle]

Davie: You know.

INT: Yeah.

Davie: So all of that is just blown way out of proportion and it's fucked up and there—and there's a funny side to it like that but there's a really serious side too because these kids are going to fucking prison, you know, just because these cops are assholes.

In this quote, Davie characterizes policing in the Haight as out of proportion to the level and category of crime, and as being based in part on pressure from merchants, who he sees as regarding homeless youth as affecting their business. Others, however, particularly those who had more recently spent time in the Haight on a regular basis (Davie visits occasionally but generally avoids the area), saw the police as in many ways milder than in other parts of the city:

INT: So what are the cops like in the Haight? Like do you notice differences—like there's this big difference between like New Orleans and here but is there like little differences in different parts of San Francisco?

Austin: Uh, no. Actually—I usually don't get fucked with cops in any part of the city except for like Oceanview. Like the Haight Street cops used to fuck with me all the time but they've been seeing me around for so long and they know that like I just drink all the time so—They know they're not going to scare me out of the city. As long as I'm not an asshole to them they pretty much leave me alone. Like it's kind of like an unwritten truce with me and my friends and everybody like if we don't get drunk on the street, like if we don't sit there and drink on the street, if we take our booze to the Park and if we don't get in fights every night on the street like we used to all the time –

INT: [chuckle]

Austin: – and we take our fights to the Park then they don't fuck with us as much 'cause like there's not tourists seeing it and there's not locals seeing it, you know.

Austin is essentially describing here a situation in which police are policing for visible order, rather than actively trying to move people out of the area. He also appears to be describing a situation of mutual accommodation—he has modified his behavior substantially

(“we don’t sit there and drink on the street, if we take our booze to the Park and if we don’t get in fights every night on the street like we used to all the time”) and the police have accepted his presence as inevitable and leave him alone as long as he keeps his public behavior within certain bounds.

Perhaps because of this, and despite the ambivalence of some respondents about the social scene in the Park and the Upper Haight more generally, a number of people saw the Haight in general and the Park particular as something of a refuge; a place to go to take a break from stressors present elsewhere in the city:

INT: Are there any other places you go like just for fun like that? Like “Let’s go do such-and-such.”

Davie: Um –

INT: You said going to punk shows, right?

Davie: Yeah. Uh—[chuckle], well, back to the Haight, you know. Yeah, I will do that once in a while ‘cause once in a while the Haight’s cool. Like I said, I’ll go into the park, the park’s cool. And me and Sharon’ll [his girlfriend] just kind of like—it’ll be a, you know, let’s see something different. Let’s go up to the Haight and just fucking not worry about all this shit. A little bit away because it’s different. Um, we’ll also go to like, um—we’ll go the museum or something or we’ll go to some—some bookstores or, you know, something like that or, you know, shows too.

Others also mentioned going to the Haight as a way of getting away from easy access to specific drugs that were seen as harder to get in that neighborhood:

INT: Uh-huh. And what about the Haight?

Justin: I used to go up there so we could get stoned and try to get away from the crack. I could stay there but this monkey on my back tells me what to do and I don’t really argue a whole lot ‘cause he’s bigger than me.

INT: [chuckle] So you go out to the Haight sometimes to get away from crack for a little while?

Justin: Yeah, I just go up there. Try to get back to some kids, away from the motherfucking TL life, you know. I need somebody to get me out the TL. [chuckle]

One theme that emerged when people talked about the Haight area was being in the public eye. As noted above by Davie, tourists to some extent *expect* to see homeless people on the street. In the following quote, Jess describes interactions between homeless youth and tourists more explicitly:

INT: So up in the Haight you go at stupid shoppers or residents or whatever giving you lip.

Jess: Um-hm. [yeah] .

INT: Is that residents or is it like touristy shoppers or is it both or you can't even tell?

Jess: It's a lot more residents than touristy shoppers. But a lot of the—like you can even tell by the way some of the tourists dress that they don't realize that it's not that San Francisco anymore and it's not. I mean Haight Street's a little closer but it's not—it's not that anymore. And when they come and they see a bunch of, I don't know, homeless kids that aren't –

INT: Dressed in tie-dye shirts.

Jess: Exactly. And they're, you know, got studs or leather or drinking. Like it—[chuckle]

INT: They're all disappointed. [chuckle]

Jess: Yeah. And they—sometimes like their reactions seem like it's—that that stuff is still going on and that we're—like I don't know, like we're somehow going against what's happening but it's just not happening. Like the hippie movement, whatever it was, is not happening anymore so what we're doing is just something different, it's not something opposed to what –

INT: It's almost like you're interfering with that or..?

Jess: Yeah.

INT: – you're making that go away or something?

Jess: Yeah, like maybe we're the reason that it's not—I don't know. I was like that shit was over *long* before I got here, and that head band you're wearing, uh uh..

INT: [chuckle]

Jess: [chuckle] But this tie-dye, no, sorry. [chuckle] But I don't know. And the residents for sure is—somehow they think that if they can –

INT: Buy a million dollar house they've got a right to –

Jess: Yeah. I'm like “you guys..”. They moved to that neighborhood for a reason. They spent that much money on a house in that neighborhood for a reason and it's because—I mean now—I mean I understand that they grew up and they're

having families and jobs and less pot maybe is their problem? I don't usually condone that but [chuckle] maybe that's their problem, they seem a little stressed out. [chuckle] But it just—now that their lifestyle has changed it seems like they expect everything has changed too and they're not as welcoming of travel—to travelers like but—Like trying to clean up the park. I don't know why anyone cares that everyone's sleeping really far into the park because if you clean the park out everyone's going to be sleeping on your streets. I don't know. I'm not sure what this is supposed to be so I don't know if I'm rambling about things that have nothing to do with it.

INT: No, no, this is all good for me.

Jess describes two specific sets of relations here: one with the tourists, who she sees as arriving in the Haight with a specific idea in mind about what it should look like, based on understandings of the events of the late 1960s; and one with housed residents of the neighborhood. She seems surprised that tourists might expect to see the Haight functioning as a late-60s theme park, and describes their reactions to contemporary homeless youth.

I'd like to argue that one of the implications of this is that at least some tourists are paying *attention* to homeless youth, in a way they might not pay attention to homeless individuals in other areas. They are actively assessing the dress (“studs or leather”) and behavior (“drinking”) of those they see against preconceived notions of what homeless youth in the famous Haight-Ashbury district *should* look like. Secondly, Jess describes something of what she sees of the attitudes of housed residents toward homeless youth. Interestingly, she also sees their presence in the Haight as consequent to the area's history: “they moved to that neighborhood for a reason”, but unlike the tourists (who are expecting something specific), she sees the housed residents as having undergone changes in worldview in ways which no longer locate homeless youth as a signifier of whatever attracted them to the area originally. Interactions between homeless youth and housed residents in the haight will be discussed below, p.237 ff.

Finally, the Haight was seen by many respondents as an area containing a lot of highly accessible and valued resources:

Slash: I mean there's really no—there's no reason for me to leave Haight Street. I know that sounds pretty sad but I mean I got fifty blocks. Four feedings within this area, fucking two drop-ins. And then on Thursdays a hot shower, fucking hot food. At the Larkin, the fucking youth center, at the drop-in somewhere, um, you get—and laundry money! Like three dollars in quarters which goes to the dealer but it doesn't matter. [chuckle] And they give me socks. You know, like there's really no reason for me to leave. I feel sorry for people that are, you know—but I'm happy for them 'cause it's less crowded.

Food, places to spend time out of the public gaze, high-value resources such as socks¹² and financial resources are all described here. Both drop-ins (HYA and Larkin) also provide case management services to help people get off the street, and HYA also runs a needle exchange. Both HYA and Larkin are explicitly oriented towards youth and have age limits for receiving services (twenty five for Larkin and thirty for HYA, although HYA in particular will continue to work with people who entered case management before turning thirty). Other resources mentioned in association with the Haight are ease of panhandling and it being a good location to sell cannabis.

5.7 'Neighbors' and civilians

In the previous sections, I have described aspects of the relationships the people interviewed for this project had with the parts of the city in which they spent much of their time. Looking at comments made by respondents about these locations as a collective body,

¹²For a sense of why socks are such high-value, imagine wearing one pair of socks all winter while living outside and getting damp feet on a daily basis and having nowhere to dry them. Fungal and similar foot problems make up a surprisingly large component of basic nursing care delivered at UFO field sites, particularly in winter (Axelson et al., 2006).

it is striking how few characteristics are shared with those used by (for example) middle-class graduate students—we find no mention of rent levels, housing style, or convenience of public transport or shops. Instead, neighborhoods are defined in terms of the nature of police activity (or rather the types of activities that police do or don't exercise discretion around), economic activities that can be pursued, social services which are present, and (and here we do see some overlap with characteristics that our putative graduate student might be interested in) the tenor of street life (is it comfortable or uncomfortable to be on the street). This is not inherently a problem—any city is, as Simmel ([1903] 1950) reminds us, a series of overlapping social worlds which are sometimes quite invisible to one another. However, in this section I will look more closely at what happens when understandings of place are disjunctive in ways which do lead to contestation, by looking at a series of events in the Haight in late 2007, in which the understandings of the meaning of the Haight alluded to in many of the comments made by respondents in the previous section clashed with the understandings of the meaning of the neighborhood on the part of some of the housed residents of the area.

5.7.1 Background

In late 2007 the Homeless Youth Alliance (HYA), a small nonprofit serving homeless youth in the Upper Haight attempted to move its physical base of operations from a streetfront on Haight Street to a church-run community center on Hamilton Street, one block away. The reaction of the housed community was vocal and organized, attracting media attention and resulting in a series of heated and acrimonious community meetings. Ultimately, the planned move was cancelled. In this section, I will describe these events in

more detail, as they provide a useful exemplar of both ideas about space and place held by all parties, and about the nature of community power in San Francisco as it relates to homelessness in general and UFO participants in particular. My role in this series of events was highly participatory—I am the Chair of the HYA’s Advisory Board, and was an active participant in most of the described events. The data for this section was largely drawn from fieldnotes made at the time.

Institutionally, HYA began as two separate services in the late 1990s, one an underground needle exchange and the other an outreach program of the Haight Ashbury Free Clinic. The needle exchange program later became a program of the Clinic, and eventually functionally merged with the youth outreach program, since the staff and clients of both programs were for the most part identical. In early 2007 the advisory board of the needle exchange sought and found a new fiscal sponsor (Tenderloin Health, formerly Tenderloin AIDS Resource Center), and applied for City needle exchange funding under the name Homeless Youth Alliance. The director and staff of the program resigned their positions at the Free Clinic and were employed by HYA (for a considerably more detailed version of this history, see Appendix C, p.274 ff).

5.7.2 Housed community initial reaction

The City ordinance enacted by Proposition I requires that any program run by the City, or any program receiving more than \$50,000 per year in funding from the City must notify surrounding residents of any plan to begin or move a program into their neighborhood. Notification usually takes the form of a posted sign on the proposed new premises, and can also include notification by mail or leaflet. The notification must give details of the program,

and give a date and time for a ‘community meeting’ to discuss the proposed move. Any outcome from the meeting has no legal force—all the ordinance requires is that the meeting be held (City and County of San Francisco, 1998).

After posting the signs required, the Executive Director of HYA almost immediately began hearing about potential opposition from some residents of the neighborhood through friendly community members. The core issue among those opposed to the move appeared to be the idea that our service was poorly run, acted to attract young homeless people to the Haight, and led to young homeless people ‘hanging out’ in the vicinity of the service to the detriment of those living nearby.

A group of housed community residents began attempting to organize their immediate neighbors to attend the Prop I meeting *en-masse*, with the intention of presenting a united front opposing the move. This organizing took place largely via blogs and mailing lists, which also had the presumably unintended effect of galvanizing community members who saw HYA as an important community service to also decide to attend, and to begin to make their opinions known as well on the same mailing lists. As the event approached, those opposed to the move appeared to recognize their opinions were not universally held, and moved their organizing discussions into less public forums.

In the same period, the *San Francisco Chronicle* columnist Chuck Nevius wrote a series of columns on homelessness and on discarded needles in Golden Gate Park, apparently inspired by a story from a fellow-parent about having their infant child tread on a needle in the park¹³. In the articles, Nevius characterized HYA in general and the needle exchange in particular as “out of control” and unresponsive to community needs, as well as being the

¹³Personal communication, 8/23/2007.

“obvious” source of needles found discarded in Golden Gate Park (Nevius, 2007).

As the date for the first meeting came closer, it became clear that another unrelated issue connected to the Church was likely to be a major issue. In brief, the Church had at this time a largely Tongan congregation, most of whom lived in Bayview/Hunter’s Point. A church member had died approximately a month prior, and, following common Tongan practice, the extended family had moved into the church for a period of communal mourning. The size and extended nature of the event produced a range of problems for surrounding residents, ranging from the mundane—problems with parking space—to the alarming— young men gathering on the church steps drinking heavily and verbally abusing female passers-by. In the midst of this apparent never-ending event involving the presence of a large, alien population in the middle of a demographically homogenous neighborhood, the church for all intents and purposes announced that they would be adding something else to the mix: the addition of a needle exchange and drop-in for homeless youth.

5.7.2.1 Prop I meeting

Approximately 250 people attended the Prop I meeting, held at the church and moderated by Department of Public Health (DPH) employees (as a city-funded health program, the Health Commission had the legal ability to cancel the contract if HYA moved without their approval, normally a rubber-stamp process). Almost all were housed residents of the immediate neighborhood surrounding the church, along with some current and former clients of HYA, some police, and the Supervisor for the district. The meeting opened acrimoniously, with several participants immediately attempting to shout down the DPH moderator’s explanation of the format with demands for “us” (ie those opposed to the pro-

posed move) to be allowed to run the meeting. Myself and the pastor from the church spoke for about ten minutes each, explaining what we were proposing to do by bringing the program into the church, with frequent interjections from the crowd. The next two hours were devoted to open-mike statements from 42 people. Approximately a third of those who spoke did so in support of HYA, often to jeers and interjections; slightly over half spoke against HYA moving to the church, usually to cheers and applause; with the remainder making neutral comments or asking essentially neutral questions about the Church or HYA. The atmosphere remained extremely heated, and included shouted comparisons of housed residents to Nazis, homeless people to dogs, and HYA staff to the mentally ill. However, by the end of the meeting some tension had been relieved by the simple voicing of complaints. On behalf of HYA and the Church, myself and the pastor told the meeting that we would not to proceed with the move until further meetings could be held to address some of the concerns raised. Another community meeting date was set.

From the statements of those who spoke against the proposed move a number of themes emerged. The first speaker introduced herself in terms of what block she lived on, and how many years she'd lived there, a format that most of the speakers through the night continued¹⁴. Many were relatively recent arrivals to the neighborhood, and often to the city as a whole: "I'm a first-time homeowner from New York City". Almost all were homeowners rather than renters. And many if not most expressed considerable distress at having bought into an extremely expensive neighborhood only to find that the same neighborhood was an internationally famous Mecca for homeless youth. A constant theme was having to "deal

¹⁴To the rhetorical detriment of those who spoke in HYA's defense, as many were no longer residents of the neighborhood.

with” the consequences of pervasive homelessness: public defecation, public intoxication and fighting, discarded needles in gardens, theft, defecation, being threatened or abused by homeless youth, garbage, urine on sidewalks, defecation, homeless people sleeping in doorways, and violent dogs kept by the homeless. And defecation¹⁵.

Those who specifically addressed HYA’s mission usually did so in terms which gave lip-service to the basic concept: “I’m not opposed to needle exchange, but..”, with the ‘but’ being often quite literally “but I don’t want it right next to me.” One speaker caused an unintentional moment of levity by stating without apparent irony “I’m not a NIMBY, but I really don’t want this service right in my backyard.” Others evoked the presence of a pre-school across the street and other schools in the immediate neighborhood, or described their “two babies at home who shouldn’t be exposed to this sort of thing.” One woman, the partner of one of the organizers of the ‘anti-’ group, stated “I’m not sure if I’m going to have children, but if I was to have children I’d like to think the neighborhood they grew up in would be a safe place for them, and having a needle exchange here would be a bad thing for that.” Many simply attacked either the basic concept behind needle exchange or attacked specific practices such as giving needles out to people who had none at all, instead of insisting that people bring in a used needle to exchange (counter to current Department of Public Health policy). One person literally asked if there was any data on whether needle exchange affected property values.

Many people spoke about the neighborhood, and what it meant to them. Many spoke of the ‘residential’ character of ‘their’ neighborhood, which caused me some confusion

¹⁵Amusingly, several of those who spoke about the problems of defecation had also virulently and consistently opposed the installation of a public bathroom at Masonic and Haight for the previous five years (Fishman, 2006).

at first (the Church is located one block from the center of the main Haight commercial strip), until I realized they were defining ‘neighborhood’ in a micro-sense: the Haight commercial strip was one neighborhood, the streets they lived on (one block away) was a *different* neighborhood¹⁶. Several people mentioned that at community forums in years past, the Executive Director of HYA and the then-Captain of the local police district had jointly “promised” residents that the needle exchange would never be moved “into a residential area” and that the proposed one-block move violated this promise¹⁷.

Slightly more broadly, several asserted that “the neighborhood has changed”: that the only reason homeless people continued to “come to” the Haight was because of the services that had been set up in the Sixties, and that if social services were removed from the neighborhood, the homeless would also leave. Many complained that there was a disproportionate number of social services in the neighborhood. At a later meeting, one person stated “City Hall has decided the Haight is always going to be funky” and hence would always have to “suffer” from having social services “dumped” on it.

5.7.3 Consequence

Two other community meetings were held over the next month, with rapidly decreasing attendance (one person attended the final meeting). Additionally, as this was during the period leading up to the 2007 mayoral elections, the Haight Ashbury Neighborhood Council (HANC) invited all mayoral candidates to a community meeting where they

¹⁶My notes from that night include the line “‘Residential’—one block from the street [Haight] is important to them”.

¹⁷The Executive Director told me she had indeed made that promise, but by ‘residential neighborhood’ she was referring to the Avenues to the west of the Haight, “not one block away!”. (Mary Howe, Executive Director HYA, 9/26/2007).

were asked to speak to the question of what to do about the proposed needle exchange move from Haight street to the Church¹⁸.

While the remaining meetings were being held, the Church requested HYA postpone the move until they had a chance to regain the trust of their neighbors following the problems surrounding the funeral that had been being held prior to these events. However, HYA's lease difficulties at the existing premises were resolved, and it also became clear that internal fiscal and political conditions at the Church made the proposed move a poor choice for long term stability, and the project was abandoned. On the constructive side, in the months after the Prop I meeting, HYA received several thousands of dollars in donations from housed residents in the neighborhood who, in their donation letters, expressed high levels of distress at the reception HYA had received at the Prop I meeting.

Five of the qualitative interviews with UFO participants were conducted after these events, and three people made comments which made it clear that they were at least somewhat aware that HYA had been at the center of some dispute with neighbors. One respondent had attended the Prop I meeting, and made this comment about the experience:

INT: Do you think—I mean are there some residents who are still pretty mellow or nice to people or—

Jess: There are some rad residents. Like when we had all those meetings when we were trying to move to that church, there was quite a few of them who stood up for us. There was this lady—she came and she cooked so much—it was Thanksgiving or Christmas or something. One of the neighbors and she made so much food that everyone was sitting around stuffed—like the whole drop-in and it was packed that day.

INT: I think her name's Susan or something.

Jess: It was so rad. She—I don't remember her name but she—she made— And like there's one that comes and volunteers at the needle exchange, she's

¹⁸All but the sole Republican candidate spoke cautiously in favor of needle exchange on principle but wisely dodged the actual question. The incumbent (and subsequently re-elected) Mayor was the only candidate not in attendance.

rad. Neighbors that donate stuff, you know, like they—there’s a couple that just don’t get it but most—I don’t know. Mary [the Executive Director] explained that it’s the ones that are on our side aren’t as loud about it.

As Jess indicates, one longer-term consequence of the Prop I meeting was ongoing volunteerism from the wider community, which has continued to the present day (mid-2009).

5.7.4 Interpretation

In 2009, the novelist Jonathan Franzen, in a fiction piece in the *New Yorker*, described life for middle-class families moving into a run-down, but slowly gentrifying neighborhood:

In the earliest years .. the collective task in Ramsey Hill was to relearn certain life skills that your own parents had fled to the suburbs specifically to unlearn, like how to interest the local cops in actually doing their job, and how to protect a bike from a highly motivated thief, and when to bother rousting a drunk from your lawn furniture, and how to encourage feral cats to shit in somebody else’s children’s sandbox, and how to determine whether a public school sucked too much to bother trying to fix it. (Franzen, 2009, p.79)

Unlike Franzen’s fictional yuppie families, who were aware they were moving into a run-down neighborhood, for at least some of those who attended the Prop I meeting, at least part of their outrage seemed to be that they believed they were moving into a well-to-do neighborhood, one they had paid large sums to buy into, only to find that they had moved into *two* neighborhoods. One the well-to-do, walkable neighborhood with good schools and nice shops that they had sacrificed so much to join; the other a chaotic floating community of homelessness and social service agencies who, unlike those in many other communities in America, actively asserted their right to be present based on a shared history of the neighborhood.

Returning to the theoretical work on contested spaces, one aspect of contestation over meanings that needs specific attention is the notion of ‘rightful producers’. The anthropologist Margaret Rodman uses the term to sensitize her fellow anthropologists to the need to see place in terms of the meanings inscribed by those ‘in’ the place; specifically, the inhabitants of a locale (Rodman, 1992, p.644). Clearly, however, this oversimplifies: even in a case where only a small group occupy a locale, there will be multiple overlapping understandings and constructions of place, whose relative preeminence in public spheres will be predicated on any number of social forces including but not limited to the relative social power of each ‘producer’. In terms of more complex locales, in which there are many groups, narratives, and counter-narratives of place, who is the “rightful producer”? In the Haight, for example, the merchants who participate in the formal economy of that location, the housed residents of the location, the homeless or marginally-housed individuals who participate in less formal economies, and the service agencies who work with them all ‘produce’ the Haight as a ‘place’ in their narratives about the history of the space and the relationships of current events to that history. For street youth, contemporary narratives of overdose deaths, inter-group fighting, relationships with police and their economic and social activities are in many ways narratives which they see as historically contiguous with the late 1960s (Strickland, 2006). By contrast, it could be argued that for merchants and recently-arrived housed residents, ‘history’ ended somewhere around the Autumn of 1968 (Smith and Luce, 1971, p.3) and (Strickland, 2006) and the space is now rightfully a place in which tourism and the economic activities which derive from tourism occur; an ascription which locates the homeless youth as (at best) distracting nuisances, and at worst, an

impediment to a reasonable enjoyment of one's neighborhood (Strickland, 2006).

Further, Massey and Jess (1995, p.2) argue that the "identities of places are frequently contested. The meaning of a place may vary between different groups and such meanings may be mobilized in battles over the material future of places." In this case, Massey and Jess are specifically addressing "material futures" such as new forms of development, however this can easily be broadened to include such 'material futures' as needle exchanges, drug treatment agencies, mental health clinics, and other services designed to explicitly provide for stigmatized communities.

Neighborhood protests about the introduction of services such as needle exchanges are often, I would argue, nothing more than a form of contestation over the mental map residents have of 'their' neighborhood. Home owners may admit if asked directly that open drug use occurs in their community; however, to open a service for drug users is an admission of the integral nature of drug use to that community and the unlikelihood of it disappearing. It makes it less ignorable. In the most extreme cases, as with that described above, residents may claim that the proposed service will act as a "honeypot", drawing in undesirables who would not otherwise enter the community in order to access the proposed service. This example serves to demonstrate Massey and Jess' point about the relationships between identities of places and their utilization by groups to articulate something about the future of a place. As Low and Lawrence-Zúñiga (2003, p.18) put it, "Spaces are contested precisely because they concretize the fundamental and recurring, but otherwise unexamined, ideological, and social frameworks that structure practice."

Several authors have written about contestation around space and meanings of place through the lens of power relationships and in particular class relationships, for example see Wright (1997), Castells (1983), Harvey (1993, 1985), and Davis (1990). These cited examples also have in common (as any class-based analysis must) that they center on the physical resource—control of the physical space. Lefebvre ([1974] 1992) argues that control over physical space is usually so central because it also significantly confers control over social relations produced by the space in question—that what is at play in contested situations is the conceptualizations of space which legitimate one party or another's claim to the physical space and (more importantly) which may reify the sociospatial relations central to these contestations—ie the class or other power relations.

This is not to argue that these newer residents of the Haight are powerless to affect what happens in the broader neighborhood, far from it. Power, in this context, is largely expressed through proxies. The resident who systematically calls the local police station every time he sees a homeless person sleeping on his stoop, or who rallies her neighbors to attend a Prop I meeting is exercising power just as forcefully as the police officer who forces the young people on the strip to move back into the park to beat each other senseless (decreasing the likelihood of external intervention if a beating looks likely to cause permanent physical damage), or the public servant who decides not to allow a service program to expand its services.

Massey also points out the ways in which places do not exist in isolation—they are dependent on the economic and social relationships with a wider world. Massey utilizes Edward Said's discussion of *Mansfield park* and the impossibility of that comfortable place

even existing without relations of oppression with the wider world—in this case, with return from investments made in slavery. “The very character of the area, *the very possibility of its being as it is*, rests on relations with a place on the other side of the world.” (Massey, 1995, p.62, original emphasis). The obverse is also obviously true: the slave forts of West Africa, the hulls of slave trade ships, and a vast array of other not-so-savory ‘places’ were also created by those same economic relations. In a more contemporary if less extreme example, places such as the Tenderloin could not exist in their current form without the war on drugs (which, to pick but two community-defining characteristics, make the Tenderloin a place rich in both recently-released prisoners and in police).

Massey discusses boundaries, primarily as a social construct which “are one means of organizing social space. They are, or may be, part of the process of *place-making*” (Massey, 1995, p.68, original emphasis). Boundaries determine what services you receive—in her original formulation, Massey refers to local government boundaries, but the principle applies with respect to informal boundaries such as neighborhood in San Francisco, or areas of greater or lesser safety at various times of the day, week, month, and consequent to the services that can be accessed dependent on an individual’s ability to cross those boundaries during the times the services are available.

One way to interpret the ‘hyper-neighborhoodism’ expressed in the claims that the street on which the Church stood was a separate neighborhood from that containing the Haight street commercial strip a block away is as a defensive re-definition of place. By carving out a new definition of the bounds of neighborhood, those who could not be relied upon to agree with the narratives of safety, cleanliness, and orderliness being established;

those who had pre-extant narratives (and the not-inconsiderable weight of history) about the Haight as a refuge for the weird, the wonderful, and the outcast, could simply be excluded as ‘outsiders’ with no legitimate voice in the community. They are, in Massey’s terms, reorganizing their social space.

Finally, Massey cites Sibley’s (‘Outsiders in society and space’ in Anderson & Gale *Inventing places: studies in cultural geography* 1992, pp.114-115) notion of “strongly and weakly classified spaces”:

Generally, strongly classified spaces will also be strongly framed, in that there is a concern with separation and order, as there is, for example, in many middle-class suburbs. Weak framing would suggest more numerous and more fluid relationships between people and the built environment that occur with strong framing. Buildings may have multiple uses, either simultaneously or at different times of day, for example. Using this schema, it is possible to see how space contributes to the social construction of the outsider... I would argue, therefore, that there is a connection between strong classification of space and the rejection of social groups who are non-conforming (Massey, 1995, cited on p.74).

In this light, the contestation over space and service provision in neighborhoods such as the Haight becomes one of residents wanting to maintain (or create, if one looks at it from the perspective of post-1960s history) a ‘strongly classified space’; the existence of a needle exchange and other service agencies serving the stigmatized representatives of a very fundamental sort of disorder threatens this framing; threatens to make the Haight a weakly classified space noted for the fluidity and transience of a weakly classified space. For some residents who had been in the neighborhood longer, such ‘developments’ are potential markers for a return to the bad old days—see for example David Smith’s brief history of the Haight following the Summer of Love (Smith and Luce, 1971, pp.3 ff.), with “hard” drug use problematized as a significant player in what he describes as an almost unlivable urban blight. Such contestation can be palpable: residents have been vigorous in their opposition

to a public toilet being located at the corner of Haight and Masonic (Fishman, 2006)—it's not the location, it's the role the toilet plays in breaking down the framing of space that the residents would prefer.

Some literature on contested spaces focuses on struggles between social and political elites with other groups who also have interests in the future of a specific space/place. For example, see Castells (1983) on urban redevelopment schemes and Harvey (1985) on urban 'sacred spaces'. This literature usefully focuses on the often complex responses of groups and individuals to pressure to change. However, a useful addition to this literature would be the notion of a discombobulated refusal to participate: in many respects the young injectors who spend time in the Haight mentioned above are not actually 'participating' in a contestation with merchants, homeowners, and other interested parties over the meanings the Haight should have; they are simply reproducing their understandings of the meaning of the Haight on a daily basis, both ignoring and sometimes in ignorance of the alternate meanings being put forward by their opposition. It is not so much a resistance as a parallel universe.

5.8 Conclusion

In this chapter, I described three things: place-making by young injectors; the experiential ascription of understandings of three neighborhoods among those individuals; and, finally, an example of contested notions of place in one of those neighborhoods.

From these three, we can make a number of points. Relating to the first two, I will first discuss the notion of 'spatial tactics'; relating to the last two, I will discuss the relationships between neighborhood history and the ways young injectors experience them.

5.8.1 Spatial tactics

The historians Brechin (1999) and Ethington (1994), among others, have described San Francisco as a city built to express certain aspirations, an often deliberate and explicit process of attempting to shape the meaning of the city through the vehicles of urban planning and architecture.

Following from this idea of deliberately using the tools of urban planning and architecture to produce place, Low and Lawrence-Zúñiga (2003, p.30) describe the notion of ‘spatial tactics’ as being any “use of space as a strategy and/or technique of power and social control.”

One major theorist to work extensively with notions of space is Michel Foucault. Foucault’s key focus in this area is the use of space or spatial arrangements as technologies for control. Foucault breaks down ways in which spatiality is or has been used to exert control into three broad, loosely chronological “regimes of space”: the sovereign (power expressed through physical control, such as the King laying out a town or city as an expression of his ability to do so, frequently also expressing symbolic orders in the process, such as the expression of hierarchical social orders via the layout of houses); the disciplinary (the control of bodies through spatial ordering, as in Bentham’s panopticon¹⁹); and biopower (where power is exerted “at the level of the species as a natural and historical population to be *known* and controlled” (Rabinow, [1982] 2003, p.356, my emphasis)).

Rabinow ([1982] 2003) extends on this work by arguing for the emergence of “urbanism” as a professional form on par with physicians and other professionals described

¹⁹To Foucault, the *ne plus ultra* of architectural mechanisms for the control of bodies, in that the physical arrangement of the space produces a self-imposition of control on the part of the ‘resident’ due to the necessity of assuming that they are under external surveillance (Foucault, [1975] 1995).

by Foucault. Rabinow describes this professionalization as emerging in the late 19th century and combining ‘spatial planning’ (ie the deliberate planning of space with disciplinary and/or sovereign aims in mind) with an understanding of space as ‘not empty’. Citing the example of the growth of the merchant city of Nantes,

... space was not taken as a neutral ground to be ordered *ex nihilo*,... Rather—and here the specific components of bio-power enter in—space was continually analyzed and manipulated as something to be known and used. It had to be considered in empirical relation to a specific site; to the demographic, commercial, and social characteristics of the *already existing population*; and, most importantly, to the potential future development of those diverse human and geographical particularities, now understood as resources to be known, regulated, and maximized. (Rabinow, [1982] 2003, pp.359–360, my emphasis)

We thus see, in the work of Foucault and Rabinow, the idea of a historically emergent series of techniques for the use of space as an expression of power. In the simplest (sovereign), power is not so much derived or produced as expressed—the sovereign can demonstrate power by delineating the use and layout of space. Additionally, the sovereign can express ideas about social order through hierarchical arrangements of buildings or the use of architectures which serve as symbolic representations of the social order/s the sovereign wishes to see understood as *the* social order. Later, space and architecture come to be seen as tools which can be used to shape human behavior (disciplinary power)—the panopticon, for example, or more generally the layout of hospitals and barracks in ways which “canalize” the available options people have to behave (Foucault, [1975] 1995, p.198). Both such understandings see pre-extant space as ‘empty’, however, blank slates on which to write (assuming one has the power to do so). In Rabinow’s work we see a final form, one which sees spaces as already occupied, as already constitutive of place, and which seeks to use those existing elements as resources to be manipulated in the pursuit of new goals.

An example of such a usage, to recall earlier references to the history of the Haight-Ashbury neighborhood, would be the use by merchants of the public notions of the history of that area in the mid-late 1960s to create a landscape of consumption, a marketing of the past to the leisured classes of the present. Already extant elements (such as historic events) are selectively expressed to create a specific narrative of Place, one which locates social disruption safely in the past, while nonetheless retaining access to the commercially-exploitable *frisson* of rebellious history.

While some of Foucault's later work looks at resistance to power²⁰, his work on space comes from an earlier period in which his understandings of power seem at times all-encompassing. One author who specifically addresses this omission with respect to Foucauldian notions of spatial tactics is de Certeau (1984, [1984] 1993). de Certeau argues that people's everyday practices of walking through, narrating, naming, and remembering the city comprise a "lived space" which eludes the discipline of urban planning (de Certeau, 1984, pp.xiv–xv). In de Certeau's nomenclature, the 'weapons' of the powerful are classification, division, delineation—power lies in holding territory; in the establishment of boundaries. The weapons of the weak are shortcuts, furtive movements—boundary-breaching acts which resist the spacialized constraints of the powerful. de Certeau also references Walter Benjamin's ([1939] 1997, pp.37–38) notion of the *flâneur*, a figure both produced by and aloof from the spacialized crowd of consumers in the Parisian Arcades, a figure characterized by *wandering*, by aloof knowledge and by lack of spacialized constraint. de Certeau sees the *flâneur* as an exemplar of a type of resistance to spacialized control: the *flâneur* walks through, narrates and recreates the city in ways which are difficult for urban planners to

²⁰His work on sexuality in particular, for example see (Foucault, 1980).

access, let alone control. The homeless injector, who wanders the city on a daily basis, who, with her peers creates narratives replete with named spaces, who gains detailed knowledges of how to pass through the city, is also a *flâneur*, in that she is characterized by ‘aloof knowledge and by lack of specialized constraint’.

The language of ‘boundaries’ and ‘weapons’ of course also brings to mind Deleuze and Guattari (1986) and their distinguishing of the “war machine”: the ordered and hierarchical machinations of the state, versus the “nomad”, who moves by “lines of flight” instead of place to place, in doing so slipping through the “striated spaces” of power, an undisciplined metaphor for forces which resist discipline. The homeless injector is, in the imaginings of American society, almost an epitome of the ‘undisciplined metaphor’. The frustration of (some) housed residents of the Haight is in the inability of police and service agencies to suitably enmesh them in the striated, chamfered, channeled, grooved constraints of broader society.

5.8.2 Experiential neighborhoods,

Finally, one of the key findings to emerge from the work described above on how young homeless people relate to neighborhoods, and how housed residents react to their presence is the idea that the social history of a place shapes notions of neighborhood and neighborhood activism, and these in turn impact the shape of policing and other responses to the ‘social disorder’ represented by homeless youth. More specifically, in thinking about the three neighborhoods described by respondents (the Castro, the Haight, and the Tenderloin), we have the Castro (heavily policed, apparently at least partially in response to neighborhood pressure, without any real history of being a refuge for young (straight) people

on the run), the Haight (also heavily policed, but in a different style and concentrating on different things—panhandling is normative, for example—and has a long history of being a place for people to go for a kind of sanctuary (and is still talked about that way by some young injectors) and still has many residents who seem to see themselves as recipients of, and participants in that legacy. The Haight also has a long history of being a home to agencies which serve those in the population, so active efforts to drive people away from the catchment areas of those agencies are resisted by both agencies and their community supporters. All of this together means that despite gentrification, despite the opposition of *arriviste* homeowners who have little sense of the *ongoing* history of their neighborhood, there is still a sufficient sense of the appropriateness of both services and individuals in the neighborhood to prevent the ‘Castroization’ of the Haight—the heavy policing for order and social nuisance. This is not to say that policing is not ‘heavy’ in the Haight—witness the map of police stops conducted with UFO Participants on p.193—or that such policing is not at times heavy-handed (see the comments made by Davie and others about the ‘enthusiasm’ of police in the Haight for their work on p.228), just that the ultimate goal of such policing seems to be subtly different, with significant results for those subject to it.

Part III

Making sense of it all

Chapter 6

Conclusion: Space and Place Redux

In this dissertation, I have traced an ‘alternative topography’ of San Francisco, in which the roles of past and current judicial status, locations of key resources, economic strategies, the locations of usable public spaces, and recent and current relationships with others have become the crucial contours shaping the movements and practices of daily life for young injectors. These movements and practices have been contrasted, at least by allusion, with the ‘movements and practices’ understood as desirable from the perspective of public health, such as regularly visiting a needle exchange.

In Chapter 2, I described quantitative relationships between ‘judicial status’ and a measure of needle acquisition. ‘Judicial status’ was defined as the relationship an individual has to judicial systems (or, more broadly, one key aspect of the individual’s relationship to the state). I differentiated between *de jure* and *de facto* judicial statuses, defining the former as documented and documentable judicial statuses, such as having a warrant out for one’s arrest, and the latter as elements of identity which may come into play in events in

which police or other legal adjudicators have discretion, but which could not be considered *de jure* legal statuses. A measure of needle acquisition was constructed by subtracting the self-reported number of needles obtained from the number of injections reported in the past thirty days, such that a positive indicator suggests obtaining more needles than required for one's own use. In statistical analysis of the experiences of a large cross-sectional sample of young people who reported having injected drugs in the past thirty days, no *de jure* legal status had a statistically significant relationship with the injecting indicator. However, being 'stopped by police' in the past three months was significantly associated with the injecting indicator, in a manner which suggested that being stopped by police was associated with obtaining more needles than required for one's own use. However, on removing individuals who appeared to be distributing large volumes of needles to others, the association reversed, and being stopped by police in the past thirty days was significantly associated with a negative indicator value.

These quantitative analyses, while useful as exploratory work, did not readily lend themselves to improved understandings of the situation being analysed.

In Chapter 3, I provided a history of the problematization of heroin use in the United States, along with an analysis of the major processes involved in this problematization. I then examined three major trends on understanding and responding to problematized drug use since World War II: medicalization, the 'war on drugs', and harm reduction. Looking at these three through the lenses of risk society and governmentality literatures, I found that all three have significant overlaps in intent, and differ largely through the locus of control of human behavior: harm reduction tends toward the micro, such as the detail of

injecting practice; the war on drugs tends towards the macro, such as seeking to control access to and use of drugs in the first place.

In Chapter 4, I moved back to the substantiative work undertaken for this dissertation project, and described in detail a number of key methods by which UFO participants sought to make money, and, more pertinently, the ways these methods of obtaining income shaped the way those involved in them thought about the city and moved through it. I argued that ways of making money are central to the production of *habitus*: to the production of a system of socially acquired propensities, inclinations, or dispositions, which provide the individual with ‘intuitive’ responses to situations similar to the situations or spaces in which they were generated (Shirley, 1986, p.96). In short, I argued that how you make money shapes how you know your city and how you move through it and understand its spaces and places.

Continuing from this line of thinking, in Chapter 5 I looked at a range of aspects of how people ‘know’ and ‘create’ places. By looking at an example of a created place (the Grey Wall) and by looking at the understandings UFO participants had of three specific neighborhoods, I essentially described processes of inscription, by which locations come to have meanings through narratives about place and through the lived experience of walking through and participating in ‘place’ and placemaking. I also looked at contestation over the meaning of place through the specific example of a series of events in 2007 in which a service agency attempted to move its activities by one block in the Haight neighborhood. This process revealed contestation over who the “rightful producers” of the neighborhood were, as well as critically divergent understandings of what ‘makes’ a neighborhood. Ultimately,

however, it revealed something of a parallel understanding of the meanings associated with the area: UFO participants were, for the most part, relatively unaware of these contested notions; the core of the contestation was between understandings held by one group of housed residents (largely but not completely comprised of relatively recent arrivals), and another group allied to existing service providers (again, largely but not entirely comprised of residents with longer term connections to the area). Finally, I argued that the histories associated with various parts of the city had played a discursive role in shaping a number of key aspects of the ways UFO participants had experienced those areas: for example, the versions of the history of the Haight which emphasized its role as a refuge for youth might be seen to have shaped the particular nature of police responses to homelessness in that neighborhood, when compared to other neighborhoods with different histories such as the Castro.

In the next section, I will briefly describe some of what I see as the key implications arising from this work.

6.1 Implications

Firstly, I will discuss an additional way to approach differences in ‘war on drugs’ and ‘harm reduction’ responses to problematized drug use, derived from a re-reading of Chapter 3 based on the framings developed for analytic purposes in Chapter 2.

Secondly, I will briefly discuss what I want to call ‘detritic power’, a concept that I see as emergent from a reading of the materials presented in Chapters 4 and 5 when referenced against the historic background of drug use in the United States presented in the

first half of Chapter 3.

Finally, I will discuss what I see as a methodological implication of this dissertation, around the incorporation of concepts of spatiality generally, and the use of GIS specifically, into both qualitatively and quantitatively oriented research.

6.1.1 *Cepi corpus* (I have the body): the legal body and the law

Returning to the concept of judicial status outlined in Chapter 2, it can be seen that a judicial status is ascribed to a body; it does not exist without a body for the law to act upon. The notion of the body as a site of action is deeply embedded in common law jurisprudence: the first recorded use of a writ of *habeus corpus* (you [shall] have the body) dates to 1305, and the right to that writ (the “great writ”) codified in 1679 (Blackstone, 1791 [1765], p.135)¹. As mentioned above, in Chapter 3, I described trends in framing and consequent responses to problematized drug use, with a particular focus on those that have become dominant since World War II.

While the statistical findings of Chapter 2 may have been inconclusive or at least difficult to interpret in a useful way, by framing the issue for analysis as one containing ‘judicial status’, I suggest we have a new lens through which to explore post-war framings of problematized drug use: the notion of the ‘legal body’.

I argue that both harm reduction and war on drugs approaches to problematized drug use do work on the legal body. Harm reduction seeks, in its lowest formulations,

¹A co-constituent element of the emergence of the modern nation state has been the codification of core bodies of law as superior to all other law, often in the explicit format of a constitution; in many of not all cases of nation states with a common law heritage, the writ of *habeus corpus* is described in these documents as a core right. In the United States, *habeus corpus* is enshrined in Article 1, Section 9: “The privilege of the writ of habeas corpus shall not be suspended, unless when in cases of rebellion or invasion, the public safety may require it.”

to give an extraterritoriality to as much of the moment around injecting as possible—to legalize the equipment, to provide sanctified moments around, say, reviving one’s peers who have overdosed (removing the judicial gaze from these moments in the name of the greater good) and, more generally, to invoke the ‘greater good’ in as many facets of the injection process as possible. More broadly, harm reduction has (largely successfully) sought to extraterritorialize the putative state of addiction. The pre-war criminalization of the state of addiction represented a claim on the body by the state, an evocation of status which makes everything about the person ‘illegal’. Likewise, the incorporation of drug treatment into the criminal justice system, although encouraged and even fought for by some harm reductionists, has the flaw that it turns the body into a site of legitimate intervention and gaze (ie ‘treatment’), one which can potentially remain for the rest of an individual’s life—witness the Alcoholics Anonymous principle that you remain an alcoholic for life, even if you haven’t touched a drop in twenty years.

The contemporary war on drugs is at its most successful in claiming the substance as the point of intervention or legitimated control. Possession is the *ne plus ultra* of legal breach; the substance (heroin) is *inherently* illegal (US Code, title 21 chapter 13 subchapter I part B section 812). Where harm reduction has made inroads on this has been substance specific (notably cannabis) and is fought on a substance by substance battleground, with few links being made between them. Where links do occur, they are around the language of prohibition; the analogizing of the failure of both the forms and function of alcohol prohibition and the failures of contemporary prohibitions. War on drugs proponents frequently invoke ‘thin edge of the wedge’ as an argument against decriminalization of cannabis, and

rightly so—such changes do not merely alter the regimes of truth built up around responding to problematized drugs; they attack the very notion that the use of these substances needs to be problematized in the first place.

Finally, this line of reasoning also suggests that one of the reasons needle exchanges are so contentious is that they revolve around injecting—one of the major sites of contention around the control of the body. By getting needle exchange legalized or at least decriminalized, harm reduction advocates have excised a key component of control from the legal domain; made it a medicalized or at least pragmatic moment, rather than a judicial moment. Note that the act of injecting itself has never been illegal in the United States—it has been the acquisition or possession of the implements needed to inject, and the acquisition or possession of the substances being injected which have been illegal.

6.1.2 Power as detritus

A common question asked of graduate students is “where is power in this?” It’s a trite question on some levels, but also a useful one. In the case of this dissertation the short answer is “everywhere”. In one of its simpler formulations, extending from physics or engineering, power is simply a measure of the capacity to do work. By analogy, political power is the capacity to get something done. In this dissertation, I argue that a huge number of highly influential parts of young injectors lives are the leftover consequences of past expressions of power, which continue to ‘do work’ in the world, regardless of the original intent or context of that expression. The former mayor of San Francisco, Willie Brown, exercised power in 2001 when he had the Department of Public Works grind the concrete seats out of UN Plaza in an attempt to reduce homeless loitering (Lelchuk, 2001;

King, 2003; Adams, 1996)—everyone who has used UN Plaza as a public space since then lives with the detritus of that expression of power. When the Department of Transport made all the Streets in the Tenderloin one-way Streets in the 1950s, they surely did not anticipate people crouched on Turk Street smoking crack, every one of them oriented towards the East to observe for oncoming police vehicles. Most of all, as described in Chapter 3, we have a hundred and fifty years of social responses to heroin and other drugs which have left us with a myriad of legislative, structural, and social institutions which continue to do enormous work in the lives of people who use those drugs—everything from the Federally-mandated clinic structure of methadone treatment to the throw-away lines shouted by housed residents of the Haight when they opposed needle exchange in ‘their’ community, to the incarceration and permanently labeling as ‘criminal’ of two generations of young black men is work being done, much of it the detritic expression of decisions made decades ago.

Further, as emphasized throughout this dissertation, issues of space and place permeate the ways in which power is expressed: the history of the Haight as a place which provides refuge to young homeless people mediates how other elements of the situation act and relate to one another. It affects how and whether housed residents attempt to alter the nature of service provision to young people. It influences policing practice. It affects many things, and does so in ways which are *different* from the ways those same factors play out in other parts of the city (let alone other parts of the country or the world).

6.1.3 Spatiality, GIS, and the research gaze

The topographical orientation of this dissertation lends itself to an endless series of metaphors (the “crucial contours” in the opening paragraph of this chapter, to name but

one); I want to add one more, in the form of an evocation of ‘-scapes’ in something of the sense used by Appadurai (1996, p.33): as a perspectival dimension or element of the “imagined worlds” we necessarily inhabit.

6.1.3.1 Why is spatiality important?

The single largest ‘finding’ of this dissertation project has been that spatiality permeates situations. The disjunct between the ‘real’ and the map in our heads is as important as any other disjunct between the real and that which is imagined to be real, and, like any understanding of reality, it is real in its effects (Thomas and Thomas, 1970). As such, any research effort which has at its heart an attempt to understand a situation needs to be sensitive to understandings of the places and spaces involved in the situation. How the people at the center of this dissertation expressed their understandings of the spaces through which they moved; how they went about creating places as both individual and collective actors had, I argued, a fundamental mediating impact on the ways other elements in the situation affected them.

I want to make the additional point that this need for spatial sensitivity is as true for more applied research projects, such as those at the heart of public health research, as it is for sociological research oriented toward theory-generation.

Having said that, concepts of spatiality, and engagement with spatial understandings of social worlds have had a long history in both sociological and public health research. The ‘father of epidemiology’, John Snow, famously mapped cholera outbreaks in 19th Century London, leading to an understanding of cholera as a water-bourne disease (Snow, 1855). The ‘neighborhood effect’ literature described elsewhere in this dissertation makes obvious

use of spatiality to arrange and analyze health effect data. The very term ‘GIS’ (Geographic Information Systems) speaks to the notion of storing, analyzing, creating and, most of all, *managing* spatial data and associated attributes. However, I argue that these understandings of spatiality are largely top-down; they approach the arrangement of space through an unreflexive ‘top down’ lens that Haraway (1991, pp.189–195) has labeled the “God’s eye view”, which produces only a partial perspective. I want to argue for an approach more grounded in seeing the world through the eyes of *all* the actors in a situation. Any situation contains, as this dissertation has shown, a multiplicity of maps; a multiplicity of ways of conceiving, understanding, and organizing spaces. This multiplicity of overlapping, contesting, conflicting, and constraining ways of seeing the world are what, collectively, makes up a situation. Counting and mapping the bodies, as John Snow did with cholera deaths in the 1850s (and as I and my colleagues did with overdose deaths in the early 2000s (Davidson et al., 2003)) is a valid and highly useful process. But it does not tell us how those that died saw the places they died, and understanding that perspective has both theoretical and practical implications, as such perspectives have much to say to us about *why* people died.

6.1.3.2 Directions for future research: How do we ‘do’ spatiality?

Finally, I want to reflect briefly on techniques for exploring spatiality. In describing this dissertation to others as I conducted fieldwork, I often used the term ‘methodological fishing trip’, meaning that I knew *what* I was trying to get at, but was unsure *how* to get at it, and hence was utilizing as many ways of getting at the question as possible in the hopes that some would bear fruit. In short, every approach attempted, from extended qualitative interviews, to spending time with people on the street, to quantitatively count-

ing and geocoding discrete elements of lives such as police stops, to subjectively mapping Tenderloin-ness, produced some valuable insights.

The major direction I see for future methodological development in this arena is to draw the work more towards a participatory action research model, in which the research project is conceptualized and carried out collaboratively with those who are central to the situation (Cornwall and Jewkes, 1995; Coupland et al., 2005). Understanding spatial aspects of a situation requires the overt participation of those who are involved in the creation and manipulation of spatial understandings of a situation. Incorporating notions of spatiality, like much of sociology, means incorporating ways of thinking and approaching an issue. Techniques, such as mapping and interviewing are merely tools to such ends.

Appendix A

Qualitative probes

The following seven probe questions were used as a loose guide to qualitative interviewing. The second set of items were added sporadically as additional questions or topics during the data collection period.

- What neighborhoods or parts of the city do you spend most of your time in on a normal day? Do you move around a lot during the day, or spend most of your time on one area?
- Tell me what a normal day looks like to you, in terms of your movements around the city—where do you often start your day, which other areas do you go to at different times of the day, and what kinds of things are you trying to do or achieve by going to each of these different areas?
- Are there any parts of the city you visit for one reason or another but don't like to spend much time in? What kinds of reasons get you to visit there areas, and what kinds of things are going on that you don't want to spend more time there?

- Are there parts of the city you spend a lot of your time in? What makes those areas attractive to you?
- Have any of these ways you think about the city changed over time since you first arrived in San Francisco? What kinds of things happened that made you think differently about those areas or cause you to spend more or less time there?
- Do you find that you get stopped by police more in some neighborhoods or areas than others? Does this affect your willingness to spend time in those areas? Have you noticed any changes to which areas you have more contact with the police since you were first on the street in San Francisco?
- Are you currently on probation or parole? If so, does this change the way you think about different parts of the city in terms of whether you feel comfortable going there or not? In what ways?

Additional probes added later:

- Role of race in people's maps..
- Role of gender in people's maps..
- How much time do you spend each day 'in the public eye'..
- Have a pet? How does this change things?
- Have a partner? How does this change things?
- UFO consent process—what do you remember about it?

- Overdose—setting: what did the room/space look like?
- Straight economy jobs—ever had one?
- Neighbors and interactions with them.

Appendix B

Quantitative instrument

As described in Chapter 1.4 (p.19ff), a quantitative interview was conducted cross-sectionally with young (under 30) injecting drug users recruited via street outreach and snowball sampling. The instrument is interviewer administered with questions being read from, and responses recorded via a Palm Pilot. The complete interview takes approximately 45 minutes to administer. The following questions are just those utilized in this dissertation project, principally in the analysis of the relationships between judicial status and needle acquisition relative to needle use described in Chapter 2, p.34ff.

- What is your date of birth?

- How would you describe your sex or gender?
 - Male

 - Female

 - TG - MtF

- TG - FtM
 - Intersex
 - Other
- How would you describe your race or ethnicity? (Check all that apply)
 - Asian/Asian-American
 - Black/African-American
 - Filipino/a or Pacific Islander
 - Latino/a or Hispanic or Latin American
 - Native American
 - White or caucasian or European American
 - Other

* If 'other', describe:

- Now I will ask you about several different drugs you might inject.
- In the last 30 days, how many DAYS have you injected speedballs, if any?
- In the last 30 days, how many DAYS have you injected goofballs, if any?
- In the last 30 days, how many DAYS have you injected heroin, if any?
- In the last 30 days, how many DAYS have you injected speed, if any?
- In the last 30 days, how many DAYS have you injected cocaine, if any?

- In the last 30 days, how many DAYS have you injected crack, if any?
- Have you injected anything else in the last three months I haven't mentioned already?
 - If yes:
 - * What other substance have you injected most?
 - * In the last 30 days, how many DAYS have you injected that substance?
- In the last 30 days, on how many DAYS did you shoot up anything including medication?
- How many times a day did you usually inject, on the days that you injected? (Times per day)
- In the last 30 days how many new rigs did YOU PERSONALLY get from a needle exchange?
- In the last 30 days, how many new rigs did you personally get from a pharmacy?
- In the last 30 days, how many new rigs did you personally purchase on the street?
- In the last 30 days how many new rigs did you get from these other sources? [Previously defined as “any other source, for example kickdowns, from outreach workers, or from friends”]
- Have you ever been on probation or parole at any time in your life?
- Are you currently on probation or parole, or have you been on probation or parole in the last 3 months?

- Are there any warrants out for your arrest right now that you know of?
 - If yes:
 - * In which state/s? (check all that apply)
 - California
 - Tri-state (Oregon, Nevada, Arizona)
 - Other US

- Do you currently have any stay away orders in the bay area?
 - If yes:
 - * From what neighborhood/area/s (list all)?

- Have you ever been held overnight or longer in a jail, prison or juvenile hall?
 - If yes:
 - * When was the first time you were locked up? (By date OR age)
 - * How much total time have you spent locked up in your life?

- In the last 3 months, have the police stopped you for any purpose?
 - If yes:
 - * What was the nearest intersection/cross streets?

- In the last 3 months, what were all your sources of income? (Check all that apply)
 - Job or jobs

- SSI/disability/VA
- GA/welfare/food stamps/AFDC
- Unemployment benefits
- Family/friends/partner
- Panhandling
- Selling drugs
- Selling sex
- Stealing
- Other

* If 'other': What was the 'other' income source?

Appendix C

A brief history of the Homeless Youth Alliance

During the late 1960s, large numbers of young people came to San Francisco attracted by a conception that social and cultural movements were being generated there, culminating (by some accounts) in the Summer of Love in 1968¹. The Upper Haight area (loosely Haight Street from Buena Vista Park to Golden Gate Park, bounded by the Panhandle on the North and an arbitrary five or six streets to the South) was at the time a moribund residential area containing a large number of poorly maintained Victorians and a tiny commercial strip. The cheapness of the rents and the proximity to Golden Gate Park led to the area becoming one of the geographical centers for the cluster of social and cultural activities around which young people were arranging themselves. A range of services emerged to meet the basic food, shelter, medical and social needs of those who found them-

¹Give some standard social history cites, but also include Smith and Luce (1971).

selves needing assistance, with the most successful (or at least the most famous) being those developed and structured in whole or in part by those from the community they served, and almost all containing the embedded ideal of providing non-judgemental services, particularly in arenas (such as the treatment of sexually transmitted infections) which had traditionally been stigmatized (Smith and Luce, 1971; Staller, 2006).

One of the earlier and more successful of these was the Haight Ashbury Free Medical Clinics (HAFCI), initially a single clinic operating in borrowed space; later a series of medical and social services. HAFCI was successful both in engaging with a population that other medical services then available in the city had difficulty engaging with; with promulgating the concept of ‘free health care for all’ funded largely or completely from private donations; and with attracting global media attention and the public and financial support of key pop culture figures such as the Rolling Stones².

The clinic’s founder, David Smith (at the time a resident at the University of California, San Francisco), was quickly drawn to illicit drug use as a key issue driving medical and social problems in the population the clinic served. Smith and colleagues began drug treatment services under the framework of addiction as a disease³, embracing the model so thoroughly that Smith later claimed to have invented the field of addiction medicine⁴

At the same time, Smith and two colleagues began purchasing property for use by HAFCI, and founded a legal entity, Happening House Ventures, to hold the property. HAFCI, as a separate entity, invested some money in the trust, with the idea being that

²Cites.

³Crosslink to the section in the history chapter about disease vs judicial framings of addiction and ideas of addiction generally.

⁴Cite the talk he gave in 2000, and some of the published stuff from the clinic; also give the prior art citations.

HAFCI would hold the master lease on the properties and over time would slowly buy out the three shareholders in Happening House Ventures and end up owning the property being used to house service delivery. Over time, however, the inevitable periodic financial crises associated with non-profit medical services led to HAFCI instead selling back its investment in Happening House Ventures to the original stakeholders. One of the three original investors also sold out his share to Smith and the remaining partner.⁵

In the early 1990s, continuing HAFCI's founding tradition of serving young homeless people in the Haight, HAFCI founded the Haight Ashbury Youth Outreach Team (HAYOT). Initially simply a street outreach service (consisting of peer educators roaming the streets and parks of the Upper Haight, providing basic supplies and referrals to other services), HAYOT later expanded to run a drop-in and more formalized case management (working individually with people to assist them to gain housing, medical care, education, deal with legal issues, seek work and so on).

In 1997, independently of HAFCI and HAYOT, a small group of people from the punk rock community responded to the threat of HIV infection to the injectors in their community by founding the first needle exchange in San Francisco (San Francisco Needle Exchange, or SFNE). Initially this literally consisted of volunteers with a backpack of needles and a biobucket delivering needles to people in the panhandle a couple of evenings a week. Shortly afterwards the Department of Public Health began its own needle exchange service and, in order to help reduce police pressure on the SFNE volunteers (who were being arrested on a regular basis, despite the City's Attorney refusing to press charges), offered to

⁵Need to dig up the Guardian and Chronicle pieces documenting all this (either that or describe my insider perspective).

incorporate SFNE as a program of HPP⁶ While the program remained autonomous, HPP required more documentation and, in the words of Matthew McLeod (aka Matty Luv), one of the two founders, “thought they’d co-opted us”⁷, ultimately leading to a desire to find a new organizational home. By 2000, SFNE drew many of its volunteers from current and former HAYOT employees, and many of the advisory board members also had extensive links with HAFCI, so a decision was made to convert SFNE to being a program of HAFCI, with the understanding that HAFCI would simply be a fiscal sponsor⁸ and not interfere in the running of the program. In 2004 the director and sole employee of SFNE was also named interim director of HAYOT. The director also asked the community advisory board of SFNE to extend their role and become an advisory board for both programs⁹. As one consequence, the two programs, now both being run by the same individual, began to operate as a single entity; as another, the director now came under the formal management of HAFCI (as HAYOT had not been an independent program but rather a direct service of HAFCI).

Unfortunately, by 2005 HAFCI was in considerable financial difficulty, following a combination of decades of mediocre financial management and an incident in which the Chief Financial Officer embezzled an estimated seven million dollars¹⁰ Additionally, the original founders of HAFCI (and, as shareholders in Happening House Ventures, owners of most of the buildings out of which HAFCI programs operated) were by this time locked

⁶Prevention Point, need to find the original full name.

⁷Cite Matty Luv 1998 notebook p.3.

⁸A common arrangement for small non-profits is to find a larger non-profit organization to be a ‘fiscal sponsor’—in this arrangement, all incoming monies (such as grants or donations) go through the sponsor, who then takes responsibility for managing payroll, employee benefits, third-party insurance (often a big issue for needle exchanges), paying invoices and similar fiscal functions, usually in exchange for an indirect of 12–15%.

⁹The author joined the SFNE advisory board shortly before this change.

¹⁰Cite the Guardian stories on this.

in acrimonious personal disputes with HAFCI's management, and began legal proceedings to regain the master leases on buildings, selling each as they did so. SFNE was asked by HAFCI to vacate 409 Clayton street, where needle exchange had been conducted since the late 1990s, and share premises with HAYOT in a shopfront at 1696 Haight Street, essentially completing the merger of the two services in functional terms. HAFCI also began to regard HAYOT as a low priority for funding, and, despite strenuous protests from the advisory board, banned the director from writing grant applications citing lack of support staff to process grant applications. Due to its fiscal problems, HAFCI also began to fail to pay invoices for crucial supplies and in some instances delayed payroll. Private foundations who had directly funded SFNE began to indicate that they were not willing to renew grants as it was clear that money handled by HAFCI would not necessarily be used for the services for which they were intended.

In early 2007 the advisory board sought and found a new fiscal sponsor (Tenderloin Health, formerly Tenderloin AIDS Resource Center), and applied for City needle exchange funding under the name Homeless Youth Alliance (HYA). The director and staff of HAYOT and SFNE resigned their positions at HAFCI and were employed by HYA. HAFCI, somewhat relieved to have divested themselves of what they now regarded as small side projects without having to formally fire the staff involved, agreed to continue to sublet the ground floor of 1696 Haight Street to HYA. As of January 2009, the organization now receives approximately half a million dollars per year in funding from a combination of City and State grants, private Foundations, and direct donations.

Due to the inherent instability in being housed in a building in which the master

tenants were in legal conflict with the owners in a neighborhood in which commercial rents are far higher than they were in the late 1960s, HYA began seeking a new landlord in early 2007. Hamilton United Methodist Church, located on Hamilton Street, parallel to and one block south of Haight Street expressed a willingness to house the program and in September 2007 HYA and the Church posted a community notice of intent to move, as required by 1998's Proposition I (sponsored by then-supervisor Leeland Yee and ordained as the "Citizen's Right-to-Know Act of 1998" (City and County of San Francisco, 1998))¹¹.

¹¹The actual wording of the ordinance can be read as a masterpiece of nimbyism and the performance of moral panic around homelessness.

Appendix D

Tenderloin coding ‘map’

The following chart was used by the author and two outreach workers employed by the University of California, San Francisco, to map the bounds and ‘intensity’ of the Tenderloin area of San Francisco. Pages were cut from a master sheet and stapled into booklets. Streets are laid out in sequence, with each block along the street being delineated by cross streets rather than street numbers. The methodology required the user to travel to the center of the block, look around, and record a value based on the ‘Tenderloinness’ of the block. Some streets were done in a single pass, others were done piecemeal as both the author and outreach workers were frequently in the area for other purposes and could only record values for blocks they would otherwise have been traveling down. On page 284 a scan of a completed chart page is shown.

East/West	
McAllister	
Market -> Leavenworth	_____
Leavenworth -> Hyde	_____
Hyde -> Larkin	_____
Larkin -> Polk	_____
Polk -> Van Ness	_____
Golden Gate	
Market -> Jones	_____
Jones -> Leavenworth	_____
Leavenworth -> Hyde	_____
Hyde -> Larkin	_____
Larkin -> Polk	_____
Polk -> Van Ness	_____

East/West	
Turk	
Market -> Taylor	_____
Taylor -> Jones	_____
Jones -> Leavenworth	_____
Leavenworth -> Hyde	_____
Hyde -> Larkin	_____
Larkin -> Polk	_____
Polk -> Van Ness	_____
Eddy	
Market -> Mason	_____
Mason -> Taylor	_____
Taylor -> Jones	_____
Jones -> Leavenworth	_____
Leavenworth -> Hyde	_____

East/West	
Eddy	
Hyde -> Larkin	_____
Larkin -> Polk	_____
Polk -> Van Ness	_____
Ellis	
Market -> Powell	_____
Powell -> Mason	_____
Mason -> Taylor	_____
Taylor -> Jones	_____
Jones -> Leavenworth	_____
Leavenworth -> Hyde	_____
Hyde -> Larkin	_____
Larkin -> Polk	_____
Polk -> Van Ness	_____

East/West	
OFarrell	
Market -> Stockton	_____
Stockton -> Powell	_____
Powell -> Mason	_____
Mason -> Taylor	_____
Taylor -> Jones	_____
Jones -> Leavenworth	_____
Leavenworth -> Hyde	_____
Hyde -> Larkin	_____
Larkin -> Polk	_____
Polk -> Van Ness	_____
Geary	
Market -> Grant	_____
Grant -> Stockton	_____

East/West	
Geary	
Market -> Grant	_____
Grant -> Stockton	_____
Stockton -> Powell	_____
Powell -> Mason	_____
Mason -> Taylor	_____
Taylor -> Jones	_____
Jones -> Leavenworth	_____
Leavenworth -> Hyde	_____
Hyde -> Larkin	_____
Larkin -> Polk	_____
Polk -> Van Ness	_____

North/South	
Grant	
Geary -> OFarrell	_____
Stockton	
Geary -> OFarrell	_____
OFarrell -> Ellis	_____
Powell	
Geary -> OFarrell	_____
OFarrell -> Ellis	_____
Ellis -> Market	_____

North/South	
Mason	
Geary -> OFarrell	_____
OFarrell -> Ellis	_____
Ellis -> Eddy	_____
Eddy -> Turk	_____
Taylor	
Geary -> OFarrell	_____
OFarrell -> Ellis	_____
Ellis -> Eddy	_____
Eddy -> Turk	_____
Turk -> Golden Gate	_____

North/South	
Jones	
Geary -> OFarrell	_____
OFarrell -> Ellis	_____
Ellis -> Eddy	_____
Eddy -> Turk	_____
Turk -> Golden Gate	_____
Golden Gate -> McAllister	_____
Leavenworth	
Geary -> OFarrell	_____
OFarrell -> Ellis	_____
Ellis -> Eddy	_____
Eddy -> Turk	_____
Turk -> Golden Gate	_____
Golden Gate -> McAllister	_____

North/South	
Hyde	
Geary -> OFarrell	_____
OFarrell -> Ellis	_____
Ellis -> Eddy	_____
Eddy -> Turk	_____
Turk -> Golden Gate	_____
Golden Gate -> McAllister	_____
Larkin	
Geary -> OFarrell	_____
OFarrell -> Ellis	_____
Ellis -> Eddy	_____
Eddy -> Turk	_____
Turk -> Golden Gate	_____
Golden Gate -> McAllister	_____

North/South	
Polk	
Geary -> OFarrell	_____
OFarrell -> Ellis	_____
Ellis -> Eddy	_____
Eddy -> Turk	_____
Turk -> Golden Gate	_____
Golden Gate -> McAllister	_____
Van Ness	
Geary -> OFarrell	_____
OFarrell -> Ellis	_____
Ellis -> Eddy	_____
Eddy -> Turk	_____
Turk -> Golden Gate	_____
Golden Gate -> McAllister	_____

East/West

Turk

Market -> Taylor	<u>8</u>
Taylor -> Jones	<u>7</u>
Jones -> Leavenworth	<u>8</u>
Leavenworth -> Hyde	<u>9</u>
Hyde -> Larkin	<u>6</u>
Larkin -> Polk	<u>7</u>
Polk -> Van Ness	<u>4</u>

Eddy

Market -> Mason	<u>2</u>
Mason -> Taylor	<u>3</u>
Taylor -> Jones	<u>5</u>
Jones -> Leavenworth	<u>4</u>
Leavenworth -> Hyde	<u>3</u>

Bibliography

Acker, Caroline Jean. 2002. *Creating the American junkie: Addiction research in the classic era of narcotic control*. Baltimore: Johns Hopkins University Press.

Adams, Gerald D. 1996. "City commission told granite seats are attracting crime: City spruce-up called a failure." *San Francisco Chronicle* p. A.

Alien Meth Fiend. 1998. *Tips for smoking and shooting crack*. San Francisco.

American Society of Addiction Medicine. 2006. "ASAM history." Website. Accessed November 12, 2006.

Appadurai, Arjun. 1996. *Modernity at large: Cultural dimensions of globalization*. Minneapolis: University of Minnesota Press.

Armstrong, Elizabeth A. 2002. *Forging gay identities: organizing sexuality in San Francisco, 1950–1994*. Chicago: University of Chicago Press.

Asbury, Herbert. 1933. *The Barbary coast: an informal history of the San Francisco underworld*. New York: A. A. Knopf.

Axelson, Pamela, Peter Davidson, Paula Lum, and Kimberly Page-Shafer. 2006. "UFO

- Clinical Care for Young Street Based Drug Injectors.” In *Poster presented at the 17th International Conference on the Reduction of Drug Related Harm*, Vancouver, Canada.
- Barahona, Luis, Dina Hilliard, Yolandra Interian, Julian Davis, Valerie Schwartz, and Paul Boden. 2007. “A Safer San Francisco.” In *Safer Injection Facilities Symposium - October 18, 2007 San Francisco*.
- Barreras, Ricardo E, Ernest M Drucker, and David Rosenthal. 2005. “The concentration of substance use, criminal justice involvement, and HIV/AIDS in the families of drug offenders.” *Journal of Urban Health* 82:162–170.
- Basso, Keith H. 1988. ““Speaking with names”: Language and landscape among the Western Apache.” *Cultural Anthropology* 3:99–130.
- Basso, Keith H. 1996. *Wisdom sits in places: Landscape and language among the Western Apache*. Albuquerque: University of New Mexico Press.
- Becker, Howard. 1963. *Outsiders*. London: The Free Press of Glencoe.
- Beckett, G. H. and C. R. Alder Wright. 1875a. “Action of the organic acids and their anhydrides on the natural alkaloids. Part II. Butyryl and benzoyl derivatives of morphine and codeine.” *Journal of the Chemical Society* 28:15–26.
- Beckett, G. H. and C. R. Alder Wright. 1875b. “On the action of the organic acids and their anhydrides on the natural alkaloids. Part III.” *Journal of the Chemical Society* 28:312–325.
- Beckett, G. H. and C. R. Alder Wright. 1875c. “On the action of the organic acids and

- their anhydrides on the natural alkaloids. Part IV." *Journal of the Chemical Society* 28:689–699.
- Beckett, G. H. and C. R. Alder Wright. 1876. "On the action of the organic acids and their anhydrides on the natural alkaloids. Part V." *Journal of the Chemical Society* 29:652–659.
- Belenko, Steven R. (ed.). 2000. *Drugs and drug policy in America: A documentary history*. Westport, CT: Greenwood Press.
- Benjamin, Walter. [1939] 1997. "On some motifs in Baudelaire." In *Rethinking architecture: A reader in cultural theory*, edited by Neil Leach. London: Routledge.
- Berridge, Virginia. [1981] 1999. *Opium and the people: Opiate use and drug control policy in nineteenth and early twentieth century England*. London: Free Association Books.
- Blackstone, William. 1791 [1765]. *Commentaries on the laws of England*. London: A. Strahan and W. Woodfall, 11 edition.
- Blendon, R. J. and J. T. Young. 1998. "The public and the war on illicit drugs." *Journal of the American Medical Association* 279:827–32.
- Blumer, Herbert. 1971. "Social problems as collective behavior." *Social Problems* 18:298–306.
- Bluthenthal, R. N. 1998. "Syringe exchange as a social movement: A case study of harm reduction in Oakland, California." *Substance Use and Misuse* 33:1147–71.
- Bluthenthal, R. N., A. H. Kral, J. Lorvick, and J. K. Watters. 1997. "Impact of law enforcement on syringe exchange programs: A look at Oakland and San Francisco." *Medical Anthropology* 18:61–83.

- Bonnie, R. and C. Whitebread. [1974] 1999. *The marijuana conviction: A history of marijuana prohibition in the United States*. New York: Lindesmith Center.
- Bose, Rohit and Stephen W Hwang. 2002. "Income and spending patterns among panhandlers." *Canadian Medical Association Journal* 167:477–479.
- Bourdieu, Pierre. 1990a. *In other words: Essays toward a reflexive sociology*. Stanford: Stanford University Press. Translated by Matthew Adamson.
- Bourdieu, Pierre. 1990b. "Structures, habitus, practices." In *The logic of practice*, chapter 3, pp. 52–65. Stanford, CA: Stanford University Press.
- Bourgois, Philippe, Bridget Prince, and Andrew Moss. 2004. "The everyday violence of Hepatitis C among young women who inject drugs in San Francisco." *Human Organization* 63:253–264.
- Boyne, R. 2001. "Cosmopolis and risk: A conversation with Ulrich Beck." *Theory, Culture and Society* 18:47–63.
- Brechin, Gray A. 1999. *Imperial San Francisco: Urban power, earthly ruin*. Berkeley: University of California Press.
- Broadhead, R.S., Y. Van Hulst, and D.D. Heckathorn. 1999. "The impact of a needle exchange's closure." *Public Health Reports* 114:439–447.
- Brooks, J. 1952. *The mighty leaf: Tobacco thru the centuries*. Boston: Little, Brown and Co.

- Buning, E. C. 1991. "Effects of Amsterdam needle and syringe exchange." *International Journal of the Addictions* 26:1303–1311.
- Bureau of Justice Statistics. 1997. "The criminal justice system flowchart." Website. Accessed April 4, 2009.
- Burris, Scott. 2004. "Harm reduction's first principle: "the opposite of hatred"." *International Journal of Drug Policy* 15:243–244.
- Burrows, D. 1998. "Injecting equipment provision in Australia—the state of play." *Substance Use and Misuse* 33:1113–1127.
- Cain, Carole. 1991. "Personal Stories: Identity Acquisition and Self-Understanding in Alcoholics Anonymous." *Ethos* 19:210–253.
- California Department of Justice. 2008. "Crime in California, 2007." Technical report, Office of the Attorney General, California Department of Justice, Sacramento.
- Carlsson, Chris. 2002. "Bicycling over the rainbow: Redesigning cities—and beyond." In *Critical mass: Bicycling's defiant celebration*, edited by Chris Carlsson, pp. 235–238. Oakland: AK Press.
- Castells, Manuel. 1983. *The city and the grassroots*. Berkeley: University of California Press.
- City and County of San Francisco. 1998. "San Francisco Municipal Code, Part I (Administrative Code) Chapter 79."
- Clarke, Adele E. 1998. *Disciplining reproduction: Modernity, American life sciences, and the problems of sex*. Berkeley: University of California Press.

- Clarke, Adele E. 2005. *Situational analysis: Grounded theory after the postmodern turn*. Thousand Oaks, CA: Sage.
- Conrad, P. [1992] 2000. "Medicalization and social control." In *Perspectives in medical sociology*, edited by P. Brown. Prospect Heights, Illinois: Waveland Press.
- Cooper, Hannah. 2004. "Medical theories of opiate addiction's aetiology and their relationship to addicts' perceived social position in the United States: an historical analysis." *International Journal of Drug Policy* 15:435–445.
- Cornwall, A. and R. Jewkes. 1995. "What is participatory research?" *Social Science and Medicine* 41:1667–1676.
- Corothers, T.D. 1893. *The disease of inebriety from alcohol, opium and other narcotics*. New York: EB Treat. Republished by Ayer Co Publishing in 1981.
- Corothers, T.D. 1897. "Reformed men as asylum managers." *Quarterly Journal of Inebriety* 19:79–80.
- Corothers, T.D. 1912. "A review of the history and literature of inebriety. The first journal and its work to the present time." *Quarterly Journal of Inebriety* 33:139–151.
- Cotten-Oldenburg, N. U., P. Carr, J. M. DeBoer, E. K. Collison, and G. Novotny. 2001. "Impact of pharmacy-based syringe access on injection practices among injecting drug users in Minnesota, 1998 to 1999." *Journal of Acquired Immune Deficiency Syndromes* 27:183–192.
- Coupland, Heidi, Lisa Maherb, Jarliene Enriquez, Khanh Le, Vanessa Pacheco, Anh Pham,

- Clive Carroll, Greg Cheguelman, David Freeman, Darren Robinson, and Kerri Smith. 2005. "Clients or colleagues? Reflections on the process of participatory action research with young injecting drug users." *International Journal of Drug Policy* 16:191–198.
- Courtwright, David T. 1982. *Dark paradise: A history of opiate addiction in America*. Harvard University Press.
- Courtwright, David T. 2001. *Forces of habit: Drugs and the making of the modern world*. Cambridge, MA: Harvard University Press.
- Crawford, Robert. 2004. "Risk ritual and the management of control and anxiety in medical culture." *Health (London)* 8:505–528.
- Crofts, N. and D Herkt. 1995. "A history of peer-based drug-user groups in Australia." *Journal of Drug Issues* 25:599–616.
- Darke, S. 1998. "Self-report among injecting drug users: A review." *Drug and Alcohol Dependence* 51:253–263.
- Davidson, Peter J. 2007. "SIFs as public policy: lessons from around the world." In *Safer Injection Facilities Symposium - October 18, 2007*.
- Davidson, Peter J, Rachel L McLean, Alex H Kral, Alice A Gleghorn, Brian R Edlin, and Andrew R Moss. 2003. "Fatal heroin-related overdose in San Francisco, 1997–2000: A case for targeted intervention." *Journal of Urban Health* 80:261–273.
- Davidson, P. J. and P. Morse. 2006. "Medicalization and harm reduction: A policy dead

- end?" In *Poster presented at the 17th International Conference on the Reduction of Drug Related Harm*, Vancouver, Canada.
- Davidson, Peter J, Kristen C Ochoa, Judith A Hahn, Jennifer L Evans, and Andrew R Moss. 2002. "Witnessing heroin-related overdoses: The experiences of young injectors in San Francisco." *Addiction* 97:1511–1516.
- Davis, Mike. 1990. *City of quartz: Excavating the future in Los Angeles*. New York: Vintage Books.
- Davis, Mike. 1992. "Fortress Los Angeles: The militarization of urban space." In *Variations on a theme park: The new American city and the end of public space*, edited by Michael Sorkin, pp. 154–180. New York: Hill and Wang.
- de Certeau, Michel. 1984. *The practice of everyday life*. Berkeley: University of California Press. Trans: Steven Rendall.
- de Certeau, Michel. [1984] 1993. "Walking the city." In *The cultural studies reader*, edited by Simon During, pp. 126–133. London: Routledge.
- Dean, Mitchell. 1999. "Risk, calculable and incalculable." In *Risk and sociocultural theory: New directions and perspectives*, edited by Deborah Lupton, pp. 131–159. Cambridge: Cambridge University Press.
- Deleuze, Gilles and Felix Guattari. 1986. *Nomadology: The war machine*. New York: Semiotext(e).

- Department of City Planning, City and County of San Francisco. 2005. "Neighborhoods Plus Treasure Island." Website.
- Department of Public Works, City and County of San Francisco. 2002. "Planimetric Features - Curbs, Islands within Right of Way." Website.
- Dillon, P. 2002. *Gin: The much lamented death of Madam Geneva*. Boston: Justin Charles.
- Douglas, Mary. 1966. *Purity and danger: An analysis of concepts of pollution and taboo*. London: Routledge and Kegan Paul.
- Douglas, Mary. 1970. *Natural symbols*. Harmondsworth: Penguin.
- Douglas, M. 1985. *Risk acceptability according to the social sciences*. New York: Russell Sage Foundation.
- Douglas, M. 1990. "Risk as a forensic resource: From "chance" to "danger"." *Daedalus* 119:1-16.
- Duster, Troy. 1970. *The Legislation of Morality: Law, Drugs, and Moral Judgment*. New York: Free Press.
- Earle, Charles W. 1880. "The opium habit: A statistical and clinical lecture." *Chicago Medical Review* 2:442-446.
- Ethington, Philip J. 1994. *The public city: The political construction of urban life in San Francisco 1850-1900*. Berkeley: University of California Press.
- Fanon, F. [1959] 1967. "Medicine and colonialism." In *A dying colonialism*, pp. 121-145. New York: Grove Press.

- Fischer, B. 1995. "Drugs, communities, and "harm reduction" in Germany: The new relevance of "public health" principles in local responses." *Journal of Public Health Policy* 16:389–411.
- Fishman, Kimberly. 2006. "Haight Street Toilet: Residents, Chief of Police, Heather Fong & Director of DPW, Dr Fred Abadi weigh in..." *Haight Asbury Improvement Association Newsletter* Fall:6.
- Flynn, Alexandra. 2005. "Out of bounds: San Francisco's homeless policies." *bepress Legal Series* Working Paper 581:1–29.
- Fosket, Jennifer. 2004. "Constructing "high-risk women": The development and standardization of a breast cancer risk assessment tool." *Science, Technology, and Human Values* 29:291–313.
- Foucault, Michel. [1975] 1995. *Discipline and punish: The birth of the prison*. New York: Vintage Books. Translator Alan Sheridan.
- Foucault, Michel. [1976] 1978. *The history of sexuality Volume 1: An introduction*. New York: Random House.
- Foucault, Michel. 1980. "Two lectures." In *Power/Knowledge: Selected interviews and other writings 1972–1977*, edited by C. Gordon, pp. 78–108. New York: Pantheon Books.
- Frank, B. 2000. "An overview of heroin trends in New York City: Past, present and future." *Mount Sinai Journal of Medicine* 67:340–346.
- Franzen, Jonathan. 2009. "Good neighbors." *The New Yorker* June 8 & 15:79–89.

- Freidson, Elliot. 1970. *The profession of medicine*. New York: Dodd Mead and Co.
- Galliher, John F., David P. Keys, and Michael Elsner. 1998. "Lindesmith v. Anslinger: An early government victory in the failed war on drugs." *Journal of Criminal Law and Criminology* 88:661–682.
- Gayle, Helene D., Joseph F. O'Neill, Steven W. Gust, and Adolfo Mata. 1997. "HIV prevention bulletin: Medical advice for persons who inject illicit drugs." Technical report, Combined statement of the CDC, Health Resources Services Administration, National Institute on Drug Abuse, and Substance Abuse and Mental Health Services Administration, Atlanta.
- Glaser, Barney and Anselm Strauss. 1967. *The discovery of grounded theory: strategies for qualitative research*. Chicago: Aldine.
- Goffman, Erving. [1974] 1986. *Frame analysis: An essay on the organization of experience*. Boston: Northeastern University Press.
- Goldman, Marlene and Christina Ducklow. 2001. "San Francisco: The Haight." Website. Accessed June 14, 2009.
- Gould, Peter and Rodney White. [1974] 1986. *Mental maps*. Boston: Allen & Unwin, 2nd edition.
- GRASS Development Team. 2006. *GRASS 6.2 Users Manual*. ITC-irst, Trento, Italy.
- Gray, John. [1999] 2003. "Open spaces and dwelling places: Being at home on hill farms in the Scottish Borders." In *The anthropology of space and place: Locating culture*, edited

- by Setha M. Low and Denise Lawrence-Zúñiga, chapter 10, pp. 224–244. Malden, MA: Blackwell Publishing.
- Grosz, Elizabeth. 1995. “Bodies-cities.” In *Space, Time and Perversion: Essays on the Politics of Bodies*, pp. 103–110. Routledge.
- Grund, J. P., S. R. Friedman, L. S. Stern, B. Jose, A. Neaigus, R. Curtis, and D. C. Des Jarlais. 1996. “Syringe-mediated drug sharing among injecting drug users: Patterns, social context and implications for transmission of blood-borne pathogens.” *Social Science and Medicine* 42:691–703.
- Hahn, Judith A, Kimberly Page-Shafer, Paula J Lum, Philippe Bourgois, Ellen Stein, Jennifer L Evans, Michael P Busch, Leslie H Tobler, Bruce Phelps, and Andrew R Moss. 2002. “Hepatitis C virus seroconversion among young injection drug users: relationships and risks.” *Journal of Infectious Diseases* 186:1558–1564.
- Hall, Edward T. 1968. “Proxemics.” *Current Anthropology* 9:83–108.
- Hall, Stuart, Charles Critcher, Tony Jefferson, John Clarke, and Brian Roberts. 1978. *Policing the crisis: mugging, the state, and law and order*. New York: Holmes and Meier.
- Hamilton, W. D. 1971. “Geometry for the selfish herd.” *Journal of Theoretical Biology* 31:295–311.
- Haraway, Donna J. 1991. *Simians, cyborgs, and women*. New York: Routledge.
- Harm Reduction Coalition. c.2003. *The need for harm reduction*. New York. Accessed March 16, 2005.

- Harvey, David. 1985. *Studies in the history and theory of capitalist urbanization, consciousness and the urban experience*. Oxford: Basil Blackwell.
- Harvey, David. 1993. "From space to place and back again: Reflections on the condition of postmodernity." In *Mapping the futures: Local cultures, global change*, edited by Jon Bird, Barry Curtis, Tim Putnam, George Robertson, and Lisa Tickner, pp. 3–29. London: Routledge.
- Henman, A. R., D. Paone, D. C. Des Jarlais, L. M. Kochems, and S. R. Friedman. 1998. "From ideology to logistics: The organizational aspects of syringe exchange in a period of institutional consolidation." *Substance Use and Misuse* 33:1213–1230.
- Herel, Suzanne. 2005. "Syringes can be sold without prescription." *San Francisco Chronicle* p. B2. Accessed May 3, 2007.
- HJW GeoSpatial. 2001. "Elevation Contours." Website. Accessed May 21, 2003.
- Ho, H. L. 2003. "The Legitimacy of Medieval Proof." *Journal of Law and Religion* 19:259–298.
- Hochschild, Arlie Russell. 1983. *The managed heart: Commercialization of human feeling*. Berkeley, CA: University of California Press.
- Huey, Laura. 2007. *Negotiating demands: The politics of skid row policing in Edinburgh, San Francisco, and Vancouver*. Toronto: University of Toronto Press.
- Hughes, Everett Cherrington. 1945. "Dilemmas and Contradictions of Status." *American Journal of Sociology* 50:353–359.

- Hunt, A. and G. Wickham. 1994. *Foucault and law: Towards a sociology of law and governance*. Pluto Press.
- Jaworski, Adam and Adam Coupland. 1999. "Perspectives on discourse analysis." In *The discourse reader*, pp. 1–44. London: Routledge.
- Johnson, TP. and JA. Parsons. 1994. "Interviewer effects on self-reported substance use among homeless persons." *Addictive Behaviors* 19:83–93.
- Joseph, H., S. Stancliff, and J. Langrod. 2000. "Methadone maintenance treatment (MMT): A review of historical and clinical issues." *Mount Sinai Journal of Medicine* 67:347–364.
- Katzman, Seth. 2008. "It can't happen here: Spatial policing strategies and harm reduction." In *Towards a National Policy: The 7th National Harm Reduction Conference*, p. 21, New York, NY. Harm Reduction Coalition.
- Keane, Helen. 2002. *What's wrong with addiction?* New York: New York University Press.
- Kelley, Margaret S., Howard Lune, and Sheigla Murphy. 2005. "Doing syringe exchange: Organizational transformation and volunteer Commitment." *Nonprofit and Voluntary Sector Quarterly* 34:362–386.
- King, John. 2003. "A vision revision: U.N. Plaza plan lacks attractions for visitors." *San Francisco Chronicle* pp. A–13.
- Kittikraisak, W, P.J. Davidson, J.A. Hahn, P.J. Lum, J.L. Evans, A.R. Moss, and K. Page-Shafer. 2006. "Incarceration among young injectors in San Francisco: Associations with risk for hepatitis C virus infection." *Journal of Substance Use* 11:271–281.

- Klems, J. c. 2001. "Medical drug interactions with street drugs." Technical report, Needle Exchange Emergency Distribution, Berkeley.
- Kobler, John. 1973. *Ardent spirits*. New York: Da Capo Press.
- Kolb, Lawrence and A.G. Du Mez. 1924. "The prevalence and trend of drug addiction in the United States and factors influencing it." *Public Health Reports* 39:160–173. As reprinted in 2006 Supplement 1 Volume 121 pp.160–173 with commentary by Caroline Jean Acker.
- Kral, Alex H., Rachel Anderson, Neil M. Flynn, and Ricky N. Bluthenthal. 2004. "Injection risk behaviors among clients of syringe exchange programs with different syringe dispensation policies." *Journal of Acquired Immune Deficiency Syndromes* 37:1307–1312.
- Kuper, Hilda. [1972] 2003. "The language of sites in the politics of space." In *The anthropology of space and place: Locating culture*, edited by Setha M. Low and Denise Lawrence-Zúñiga, chapter 11, pp. 247–263. Malden, MA: Blackwell Publishing.
- Lambert, Ronald D. 2002. "Reclaiming the ancestral past: narrative, rhetoric and the 'convict stain'." *Journal of Sociology* 38:111–127.
- Lankenau, Stephen E. 1999a. "Panhandling repertoires and routines for overcoming the nonperson treatment." *Deviant Behavior* 20:183–206.
- Lankenau, Stephen E. 1999b. "Stronger than dirt: Public Humiliation and Status Enhancement among Panhandlers." *Journal Of Contemporary Ethnography* 28:288–318.
- Lasagna, Louis. 1964. "The clinical evaluation of morphine and its substitutes as analgesics." *Pharmacological Reviews* 16:47–83.

- Lefebvre, Henri. [1974] 1992. "Plan of the present work." In *The production of space*, pp. 1–67. Blackwell.
- Lelchuk, Ilene. 2001. "Benches in U.N. Plaza cleared by city to discourage burgeoning drug trade: Farmer's market vendors are pleased." *San Francisco Chronicle* pp. A–16.
- Lenton, Simon and Peter Davidson. 1999. "Raves, drugs, dealing and driving: Qualitative data from a West Australian sample." *Drug and Alcohol Review* 18:153–161.
- Lenton, S. and E. Single. 1998. "The definition of harm reduction." *Drug and Alcohol Review* 17:213–220.
- Ley, David Frederick. 1972. *The black inner city as a frontier outpost: Images and behavior of a North Philadelphia neighborhood*. Phd, Pennsylvania State University, University Park, PA.
- Lightfoot, Chris and Tom Steinberg. 2006. "Travel-time Maps and their uses." Website. Accessed September 29, 2006.
- Lindesmith, Alfred R. 1940. "Dope fiend mythology." *Journal of Criminal Law and Criminology* 31:199–208.
- Lindesmith, Alfred Ray. 1965. *The Addict and the law*. Bloomington, IN: Indiana University Press.
- Lisick, Beth and Jasmine Jopling. 2001. "San Francisco: The Tenderloin." Website. Accessed April 15, 2009.
- London Metal Exchange. 2009. "Non-ferrous metals." Website. Accessed June 7, 2009.

- Low, Setha M. and Denise Lawrence-Zúñiga. 2003. "Locating culture." In *The anthropology of space and place: Locating culture*, edited by Setha M. Low and Denise Lawrence-Zúñiga, pp. 1–47. Malden, MA: Blackwell Publishing.
- Lupton, D. 1999a. *Risk*. London: Routledge.
- Lupton, Deborah. 1999b. "Risk and sociocultural theory." In *Risk and sociocultural theory: New directions and perspectives*, edited by Deborah Lupton, pp. 1–11. Cambridge: Cambridge University Press.
- Lynam, D. R., R. Milich, R. Zimmerman, S. P. Novak, T. K. Logan, C. Martin, C. Leukefeld, and R. Clayton. 1999. "Project DARE: No effects at 10-year follow-up." *Journal of Consulting and Clinical Psychology* 67:590–593.
- Massey, Doreen. 1995. "The conceptualization of place." In *A Place in the world? Places, cultures and globalization*, chapter 2, pp. 45–86. Oxford: Oxford University Press.
- Massey, Doreen and Pat Jess. 1995. "Introduction." In *A Place in the world? Places, cultures and globalization*, chapter Introduction, pp. 1–4. Oxford: Oxford University Press.
- McCoy, Alfred W. 1972. *The politics of heroin in Southeast Asia*. Harper and Row.
- McFarland, Willi (ed.). 2002. *Atlas of HIV/AIDS in San Francisco 1981–2000*. San Francisco, CA: City & County of San Francisco.
- Moatti, J. P., D. Vlahov, I. Feroni, V. Perrin, and Y. Obadia. 2001. "Multiple access to sterile syringes for injection drug users: Vending machines, needle exchange programs and legal pharmacy sales in Marseille, France." *European Addiction Research* 7:40–45.

- Moore, L. D. and L. D. Wenger. 1995. "The social context of needle exchange and user self-organization in San Francisco—possibilities and pitfalls." *Journal of Drug Issues* 25:583–598.
- Morley, Jefferson. 1989. "The great American high: Contradictions of cocaine capitalism." *The Nation* 249:341–347.
- Morton, Thomas L., James W. Haefner, Vasudevarao Nugala, Robert D. Decino, and Lloyd Mendes. 1994. "The Selfish Herd Revisited: Do Simple Movement Rules Reduce Relative Predation Risk?" *Journal of Theoretical Biology* 167:73–79.
- Munn, Nancy D. 1996. "Excluded spaces: The figure in the Australian Aboriginal landscape." *Critical Inquiry* 22:446–465.
- Musto, David F. 1999. *The American Disease: Origins of Narcotic control*. Oxford: Oxford University Press.
- Musto, David F. (ed.). 2002. *Drugs in America: A documentary history*. New York: New York University Press.
- Nadelmann, E. 1993. "Should we legalize drugs? History answers yes." *American Heritage* February–March:42–48.
- Narcotics Anonymous. nd. *Twelve steps and twelve traditions*. Accessed March 10, 2005.
- National Institute of Standards and Technology/SEMATECH. 2009. "e-Handbook of Statistical Methods." Accessed April 3, 2009.

- Nevius, C.W. 2007. "Golden Gate Park sweep—Can City make it stick?: 'March of junkies': Haight's residents fume over needles." *San Francisco Chronicle* p. A1.
- Newsom, Gavin. 2002. "Pro: Care not cash." *San Francisco Chronicle* p. A17.
- Obadia, Y., I. Feroni, V. Perrin, D. Vlahov, and J. P. Moatti. 1999. "Syringe vending machines for injection drug users: An experiment in Marseille, France." *American Journal of Public Health* 89:1852–1854.
- Ochoa, Kristen C, Peter J Davidson, Jennifer L Evans, Judith A Hahn, Kimberly Page-Shafer, and Andrew R Moss. 2005. "Heroin overdose among young injection drug users in San Francisco." *Drug and Alcohol Dependence* 80:297–302.
- O'Donnell, J. A. and J. P. Jones. 1968. "Diffusion of the intravenous technique among narcotic addicts in the United States." *Journal of Health and Social Behavior* 9:120–130.
- Office of National Drug Control Policy. 2005a. *Healing Americas drug users*. Accessed March 8, 2005.
- Office of National Drug Control Policy. 2005b. *Stopping use before it starts*. Accessed March 8, 2005.
- O'Malley, Pat and Mariana Valverde. 2004. "Pleasure, Freedom and Drugs: The Uses of 'Pleasure' in Liberal governance of Drug and Alcohol Consumption." *Sociology* 38:25–42.
- O'Neil, John. 1985. *Five bodies: The shape of modern society*. Ithaca: Cornell University Press.

- Parsons, J., M. Hickman, P. J. Turnbull, T. McSweeney, G. V. Stimson, A. Judd, and K. Roberts. 2002. "Over a decade of syringe exchange: Results from 1997 UK survey." *Addiction* 97:845–50.
- Parsons, Talcott. 1975. "The sick role and the role of the physician reconsidered." *Milbank Memorial Fund Quarterly / Health and Society* 53:257–278.
- Pendergrast, M. 2000. *Uncommon grounds: The history of coffee and how it transformed our world*. New York: Basic Books.
- Petryna, Adriana. 2002. *Life exposed: Biological citizens after Chernobyl*. Princeton, NJ: Princeton University Press.
- Pettit, Becky and Bruce Western. 2004. "Mass imprisonment and the life course: Race and class inequality in U.S. incarceration." *American Sociological Review* 69:151–169.
- Pishko, David C. 1976. "Fourth Amendment Limitations on Probation and Parole supervision." *Duke Law Journal* 1976:71–94.
- Purdy, Helen Throop. 1924. "Portsmouth Square." *California Historical Society Quarterly* 3:30–44.
- Rabinow, Paul. [1982] 2003. "Ordonnance, discipline, regulation: Some reflections on urbanism." In *The anthropology of space and place: Locating culture*, edited by Setha M. Low and Denise Lawrence-Zúñiga, chapter 17, pp. 353–362. Malden, MA: Blackwell Publishing.
- Remis, R. S., J. Bruneau, and C. A. Hankins. 1998. "Enough sterile syringes to prevent

- HIV transmission among injection drug users in Montreal?" *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology* 18 Suppl 1:S57–9.
- Riley, E. D., M. Safaeian, S. A. Strathdee, M. A. Marx, S. Huettner, P. Beilenson, and D. Vlahov. 2000. "Comparing new participants of a mobile versus a pharmacy-based needle exchange program." *Journal of Acquired Immune Deficiency Syndromes* 24:57–61.
- Ritter, Alison J, Alex D Wodak, and J. Nick Crofts. 2004. "Reducing drug-related harm: Australia leads the way." *Medical Journal of Australia* 181:242–243.
- Robinson, Tony. 1995. "Gentrification and grassroots resistance in San Francisco's Tenderloin." *Urban Affairs Review* 30:483–513.
- Rodman, Margaret C. 1992. "Empowering place: multilocality and multivocality." *American Anthropologist* 94:640–656.
- Rose, Nikolas and Carlos Novas. 2005. "Biological citizenship." In *Global assemblages: Technology, politics, and ethics as anthropological problems*, edited by Aihwa Ong and Stephen J. Collier, chapter 23, pp. 439–463. Malden, MA: Blackwell.
- Sack, Robert David. 1980. *Conceptions of space in social thought: A geographic perspective*. Minneapolis: University of Minnesota Press.
- Safaeian, M., R. Brookmeyer, D. Vlahov, C. Latkin, M. Marx, and S. A. Strathdee. 2002. "Validity of self-reported needle exchange attendance among injection drug users: Implications for program evaluation." *American Journal of Epidemiology* 155:169–175.
- San Francisco Association of Realtors and Department of Public Works and Department of

- Public Affairs, City and County of San Francisco. 2005. "Neighborhoods - SF Assoc. of Realtors." Website.
- San Francisco Bicycle Coalition. 2006. *SF Bike Map & Walking guide*. San Francisco, 8th edition.
- San Francisco Department of Public Health. 2000. "Resolution: Adopting a Harm Reduction Policy for Substance Abuse, STD and HIV, Resolution No. 10-00."
- San Francisco Municipal Transportation Agency. 2008. "San Francisco Municipal Railway Map." Map.
- San Francisco Police Department, City and County of San Francisco. 2003. "Police Districts." Website.
- San Francisco Police Department Public Affairs Office. 2005. "Press release: San Francisco Police Chief At Safe Shopping Press Conference November 18." Website. Accessed June 1, 2009.
- San Francisco Safe Incorporated. 2009. "San Francisco Safe: Safety awareness for everyone." Website. Accessed June 1, 2009.
- Scheper-Hughes, Nancy and Margaret M. Lock. 1987. "The mindful body: A prolegomenon to future work in Medical Anthropology." *Medical Anthropology Quarterly* 1:6-41.
- Schiller, NG, S Crystal, and D Lewellen. 1994. "Risky business: The cultural construction of AIDS risk groups." *Social Science and Medicine* 38:1337-46.

- Schivelbusch, W. 1992 [1980]. *Tastes of paradise: A social history of spices, stimulants, and intoxicants*. New York: Pantheon Books. Translator David Jacobson.
- Sears, C., J. R. Guydish, E. K. Weltzien, and P. J. Lum. 2001. "Investigation of a secondary syringe exchange program for homeless young adult injection drug users in San Francisco, California, USA." *Journal of Acquired Immune Deficiency Syndromes* 27:193–201.
- Selna, Robert. 2009. "History loves the 'Loin.'" *San Francisco Chronicle* .
- Shapiro, S. S. and M. B. Wilk. 1965. "An analysis of variance test for normality (complete samples)." *Biometrika* 52:591–611.
- Shenassa, Edmond D, Jeanne M McCaffery, Gary E Swan, Taline V Khroyan, Sohaila Shakib, Caryn Lerman, Michael Lyons, Michelle Mouttapa, Raymond S Niaura, Stephen L Buka, Frances Leslie, and Susan L Santangelo. 2003. "Intergenerational transmission of tobacco use and dependence: A transdisciplinary perspective." *Nicotine and Tobacco Research* 5 Suppl 1:S55–S69.
- Shirley, Dennis. 1986. "A critical review and appropriation of Pierre Bourdieu's analysis of social and cultural reproduction." *Journal of Education* 168:96–112.
- Short, John Rennie. 2004. *Making space: Revisioning the world, 1475–1600*. Syracuse, New York: Syracuse University Press.
- Simmel, Georg. [1903] 1950. "The metropolis and mental life." In *The sociology of Georg Simmel*, edited by Kurt H. Wolff. Simon and Schuster. Translated by Kurt H. Wolff.
- Singer, M., H. A. Baer, G. Scott, S. Horowitz, and B. Weinstein. 1998. "Pharmacy access

- to syringes among injecting drug users: Follow-up findings from Hartford, Connecticut.” *Public Health Reports* 113 Suppl 1:81–89.
- Smith, David E. and John Luce. 1971. *Love needs care: A history of San Francisco’s Haight-Ashbury Free Medical Clinic and its pioneer role in treating drug-abuse problems*. Boston: Little, Brown and Company.
- Smith, Neil. 1996. *The new urban frontier: gentrification and the revanchist city*. Routledge.
- Snow, John. 1855. *On the mode of communication of cholera*. London: John Churchill, 2nd edition.
- Snyder, John P. 1987. “Map Projections: A Working Manual.” Professional Paper 1395, United States Geographical Survey.
- Staller, Karen M. 2006. *Runaways: How the sixties counterculture shaped today’s practices and policies*. New York: Columbia University Press.
- Stark, K., A. Leicht, and R. Müller. 1994. “Characteristics of users of syringe vending machines in Berlin.” *Sozial und Präventivmedizin* 39:209–216.
- Strauss, Anselm L. 1987. *Qualitative analysis for social scientists*. Cambridge: Cambridge University Press.
- Strauss, Anselm L. and Juliet M. Corbin. 1998. *Basics of qualitative research: Techniques and procedure for developing grounded theory*. Thousand Oaks, CA: Sage.
- Strickland, Eliza. 2006. “Whose Haight?” *SF Weekly* 25:17–25.

- Swanson, C. and K. Koczab. 2004. *Hotties of harm reduction calender 2005*. Points of Distribution/Hotties of Harm Reduction.
- Swift, W., L. Maher, and S. Sunjic. 1999. "Transitions between routes of heroin administration: A study of Caucasian and Indochinese heroin users in South-Western Sydney, Australia." *Addiction* 94:71–82.
- The Retail Owners Institute. 2009. "Overview: Benchmarks and Store Statistics." Website. Accessed June 5, 2009.
- Thomas, W.I. and Dorothy Swaine Thomas. 1970. "Situations Defined as Real are Real in their Consequences." In *Social Psychology Through Symbolic Interaction*, edited by Gregory P. Stone and Harvey A. Farberman, pp. 154–155. Waltham, MA: Xerox College Publishing.
- Timberlake, Sean. 2005. "San Francisco: The Castro." Website. Accessed April 15, 2009.
- Tracy, Sarah W. and Caroline Jean Acker (eds.). 2004. *Altering American consciousness: The history of alcohol and drug use in the United States, 1800–2000*. Amherst, MA: University of Massachusetts Press.
- Tranter, Bruce and Jed Donoghue. 2003. "Convict ancestry: a neglected aspect of Australian identity." *Nations and Nationalism* 9:555–577.
- Trowbridge, C. C. 1913. "On fundamental methods of orientation and "imaginary maps"." *Science* 38:888–897.

UNHCR Media Relations and Public Information Service. 2007. "Protecting Refugees and the role of the UNHCR." Geneva.

United Nations, Department of Social Affairs (Now Office on Drugs and Crime). 1953. "History of heroin." *Bulletin on Narcotics* 5:3–16.

United Nations, Department of Social Affairs (Now Office on Drugs and Crime). 1954. "The Traffic in narcotics: An interview with the Hon. Harry J. Anslinger United States Commissioner of Narcotics." *Bulletin on Narcotics* 6:1–6.

Upham, J.H.J., S.E. Lambert, LeRoy Crummer, Franklin E. Murphy, and J.E. Lane. 1920. "Report of the committee on the narcotic drug situation, Minutes of the Seventy-First annual session of the American Medical Association, Held at New Orleans April 26–30, 1920." *Journal of the American Medical Association* p. 1318.

Valente, T. W., R. K. Foreman, B. Junge, and D. Vlahov. 1998. "Satellite exchange in the Baltimore Needle Exchange program." *Public Health Reports* 113 Suppl 1:90–96.

Vega, Cecilia M. 2007. "Trash cans cut back on city streets: Mayor defends policy but supervisors, residents complain." *San Francisco Chronicle* p. B1.

Verma, Anjuli. 2006. "Drug War Pin-Up Girls: How Women's Bodies and Faces are Used to sell the Drug War." In *Presented at the National Harm Reduction Conference*, Oakland, CA.

Voorhees, Harvey Cortlandt. 1915. *The law of arrest in civil and criminal actions*. Boston: Little, Brown, and Company, second edition.

- Walmsley, R. 2003. "World Prison Population list." Technical report, Home Office Research, Development and Statistics Directorate, London. 5th Edition.
- Waters, Ron and Wade Hudson. 1998. "The Tenderloin: What makes a neighborhood." In *Reclaiming San Francisco: History, politics, culture*, edited by James Brook, Chris Carlsson, and Nancy J. Peters, pp. 301–316. San Francisco: City Lights Books.
- Weber, Max. [1904] 1992. *The Protestant ethic and the spirit of capitalism*. London: Routledge. Translator Talcott Parsons.
- Weinstein, Matthew. 2008. *TAMS Analyzer user guide*. Mayday Softworks, Tacoma, WA.
- Welsh, Christopher J, Thomas Cargiulo, Devang H Gandhi, Joseph Liberto, and Eric Weintraub. 2004. "The role of diagnostic systems in the continued stigmatization of patients with opioid dependence." *Psychiatric Services* 55:86–87.
- White, Lynn. 1974. "Death and the devil." In *The darker vision of the renaissance: Beyond the fields of reason*, edited by Robert Kinsman. Berkeley, California: University of California Press.
- White, William L. 1998. *Slaying the dragon: The history of addiction treatment and recovery in America*. Chestnut Health Systems/Lighthouse Institute.
- White, William L. 2002. "Addiction treatment in the United States: Early pioneers and institutions." *Addiction* 97:1087–1092.
- Wood, Denis. 1992. *The power of maps*. New York: Guilford Press.


- Wright, C. R. A. 1874. "On the action of organic acids and their anhydrides on the natural alkaloids. Part I." *Journal of the Chemical Society* 27:1031–1043.
- Wright, Les. 1999. "San Francisco." In *Queer sites: Gay urban histories since 1600*. Routledge.
- Wright, Talmadge. 1997. *Out of place: Homeless mobilizations, subcities, and contested landscapes*. Albany, NY: State University of New York Press.
- Young, Jock. 1971. *The drugtakers: the social meaning of drug use*. London: MacGibbon and Kee.

Publishing Agreement

It is the policy of the University to encourage the distribution of all theses, dissertations, and manuscripts. Copies of all UCSF theses, dissertations, and manuscripts will be routed to the library via the Graduate Division. The library will make all theses, dissertations, and manuscripts accessible to the public and will preserve these to the best of their abilities, in perpetuity.

Please sign the following statement:

I hereby grant permission to the Graduate Division of the University of California, San Francisco to release copies of my thesis, dissertation, or manuscript to the Campus Library to provide access and preservation, in whole or in part, in perpetuity.



Author Signature

7/9/2009

Date