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Visual and Narrative Representations of Mental Health and Addiction by Law Enforcement

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In Vancouver, British Columbia, Canada's third largest city, the local municipal police force, the Vancouver Police Department (VPD), has positioned itself as being at the forefront of mental health and addiction regulation. The VPD problematization of the "mental health crisis" in Vancouver draws on discourses of dangerousness, mental illness, and addiction. This is partially achieved by emphasizing the twinning of mental health with addiction (dual diagnoses) and a focus on illegal drug consumption, and is supported through law enforcement's role as active claims-makers. Mental illness is thus framed as encompassing addiction. It is also achieved through a framing of Canada's most impoverished urban neighbourhood, the Downtown Eastside (DTES) of Vancouver, as a deviant space predominantly populated by people with mental health and addiction problems. Drawing from an earlier textual analysis of four Vancouver Police Department reports (from 2008 to 2013) (Boyd & Kerr, 2015), this article extends our focus to *images* and *discursive framing* in the first two VPD reports (the last two reports do not include images). The two early VPD reports (Wilson-Bates, 2008 & VPD, 2009) are particularly significant because they introduce the DTES, problems of addiction, mental illness, and dangerousness, as well as policy recommendations. They also provide a framework for later VPD reports on mental health and addiction.

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The VPD note that their first report in 2008 stemmed from an increase in police encounters with people with mental illness and addiction in Vancouver, especially in the DTES (Wilson-Bates, 2008). The reports reflect the VPD's response to what they perceive as a "mental health crises." Through our analysis of the VPD reports, we illustrate how social problems are constituted by the police and how solutions proposed are in keeping with their institutional priorities. We also highlight how social problems such as mental illness, addiction and dangerousness, are not given or natural; rather they are constituted in social processes and could be understood in other ways. The following sections provide a discussion of our theoretical and methodological approach in relation to analyses of visual and narrative representations, context, and a summary of the two VPD reports. The second half of the paper provides an analysis of personal narratives, visual imagery, and the construction of the DTES in the VPD reports. Lastly, we question the framing of mental health, addiction, and dangerousness in the VPD reports, and query the absence of the voices of those most affected.

Theoretical and Methodological Approach

We approached the analysis of the VPD reports on mental health and addiction by drawing on critical sociological perspectives that demonstrate how social problems are socially and culturally produced and constructed through representation and vocal claims-makers (Best, 1995; Fraser & Moore, 2011a; Reinerman & Granfield, 2015). A social constructionist approach reveals the "social dynamics that help constitute conditions as problems" (Fraser & Moore, 2011a, p. 3). Thus concepts of addiction and mental health are social constructions, "built by actors and deployed by institutions that have specific cultural locations, interests, and ideologies" (Reinerman & Granfield, 2015, p. 16). Fraser and Moore assert that "addiction, in *both* its conceptual and material senses, is produced by the times ... and produced through social and cultural practices" such as news media, popular culture, medical practice, policing, and texts (2011a, p. 7). Since the early 1960s, critical scholars have questioned constructions of mental illness, biomedical therapeutic discourse, policy, and practice in western nations (Menzies, LeFrançois, & Reaume, 2014). Researchers have also explored constructions of dangerousness, institutionalization, and the impact of neoliberalism on policies (Cambiano, 2014; Knowles, 2000; Menzies, LeFrançois, & Reaume, 2014; Morrow et al., 2010).

Critical scholars have also noted the role of police in regulating and creating representations of people who use criminalized drugs (Kerr et al., 2005); those who are labeled mentally ill (Menzies, 1987); and the spaces of the DTES (Jiwani & Young, 2006; Liu & Blomley, 2013; Pitman, 2002; Woolford, 2001). It is argued that the police are significant cultural producers communicating dramatized stories about urban space, crime, drugs, and mental illness (Boyd & Carter, 2014; Linnemann & Kurtz, 2014; Menzies, 1987). Similar to the VPD reports we examine, oftentimes police and media stories are accompanied by visual images. Thus, our theoretical and methodological analysis draws from the work of scholars such as Stuart Hall, an early pioneer contributing to perspectives on representation, who investigates the ideological significance of images and texts, and how readers and viewers engage with this material (Hall, 1981, 1997).

Hall and other visual scholars examine how meaning is produced or constructed through both language and visual representation in different sites, such as popular culture, media, and other mediums. Hall uses the notion of “preferred meaning” to make clear how some meanings of an image are privileged over others. He asserts that the meaning of a specific photo “does not lie exclusively in the image, but in the conjunction of image *and* text” (Hall, 1997, p. 228, italics in the original). Furthermore, he argues that the “discourse of written language and the discourse of photography – are required to produce and ‘fix’ meaning (Ibid.). Hall demonstrates how images also accumulate meanings and play off one another, where one image is repeated over and over again in texts and visual representations with some variation in a particular historical era (such as the iconic image of illegal drug injection). He refers to the accumulation of meaning as inter-textuality (Hall, 1997, p. 232). Meaning and inter-textuality are based on representational practices and longstanding stereotyping that reduce people to “simple, essential characteristics” (1997, p. 257).

Hall notes that stereotyping “is part of the maintenance of social and symbolic order” in that “it sets up a symbolic frontier between the ‘normal’ and the ‘deviant,’ the ‘normal’ and the ‘pathological’” (Hall, 1997, p. 258). Stereotyping is accomplished partially through representation and discourse and occurs most often when there are “*gross inequalities of power*” (italics in original, Ibid, 1997, p. 258). Hall’s analysis can be extended here to illustrate that what we think we know about mental health, addiction, and dangerousness in a specific era shapes how we understand these issues. Audiences and readers have to work hard to resist longstanding stereotypes and preferred meanings about mental illness and addiction circulating in media, research, and popular culture. The VDP reports investigated in this paper include tragic case studies and graphic photos that are familiar devices used in other texts, such as newspapers and in popular culture, to demarcate ‘difference’ and ‘otherness’ in relation to people with mental illness and addiction.

We also draw on Carol Bacchi’s (2009) framework for critical policy analysis to investigate how concepts of mental health and addiction advanced by the VPD give shape to, and are central to, the problem of the mental health crisis in the city of Vancouver, especially the DTES. Bacchi’s theoretical and methodological framework provides a critical approach to thinking about public policy and offers an “opportunity to question taken-for-granted assumptions that lodge in” policing, government, and health policies related to mental health and addiction by “interrogating (problematizing) the problem representations it uncovers within them” (2009, p. xv). She asserts that specific policy proposals “reflect (and hence reveal) how you understand the ‘problem’” (2009, p. xiv). For example, if you call for more police presence to regulate criminalized drugs or mental illness, you understand the ‘problem’ as primarily a “law and order issue.” How addiction, illegal drugs, dangerousness, and mental health are conceptualized or represented “has important implications for the particulars of the policy recommended or adopted” (Ibid., p. 127). Bacchi’s methodological and theoretical framework differs from Hall in that she is examining public policy and problematisations. She argues that “problematisations are central to governance,” and that “policies *give shape* to ‘problems’; they do not *address* them” (2009, pp. xii, x). In her 2009 text, Bacchi investigates health and drug policies and recently a number of critical researchers have drawn to varying degrees from her in their analyses of representations of

diverse drug and health issues and policies (see Boyd, 2013, 2014; Fraser & Moore, 2011b; Lancaster, 2014; Lancaster & Ritter, 2014, Moore & Fraser, 2013; Seear & Fraser, 2014).

In this study we draw on Bacchi (2009), Hall (1981, 1997), and critical drug and mental health perspectives to analyze representations, assumptions, and presuppositions of “the problem” – mental illness and addiction – in the VPD reports and their effects. We also consider what is left unproblematic in the VPD reports. In order to do so we identified prominent thematic codes in the VPD reports -- specifically discourses of mental illness and addiction, dangerousness and representations of the DTES, all of which are addressed in the analysis that follows. We then applied Bacchi’s methodological framework in our second reading of the data with a focus on the production of the problem of mental illness and addiction and the implications or effects of these particular visual and textual discursive representations. Drawing on Hall and other visual scholars we examined each photo and illustration independently, including its location in the text. We then applied Hall’s notion of inter-textuality and preferred meaning to our analysis of both text and visuals in the two VPD reports.

Context/Setting

The mental health crisis as identified by the VPD arises at a time following the Province of B.C.’s slow process of deinstitutionalization with the final closure of B.C.’s largest psychiatric hospital, Riverdale, in 2012. Since the 1970s/80s Canada has moved towards deinstitutionalization partially in response to demands by rights activists and the growing body of research on the negative impact of institutionalization. Deinstitutionalization involves a complex shift in B.C., where community-based care programs have been intended to replace institutionalization. However, the necessary supports for community-based services remain inadequate, while funding (from federal to provincial) has shifted as part of this move (Cambiazo, 2014; Morrow et al., 2010). Policies of deinstitutionalization have also served neoliberal agendas through federal down-scaling to the provinces and the increased privatization of social services. This has resulted in a dearth of proper housing and care for many deinstitutionalized people, a process that, for some, results in increased contact with the criminal justice system (Cotton & Coleman, 2014, p. 304). This has been compounded in B.C. where neoliberal policies (political and economic) are central, with an emphasis on privatization, deregulation, declining government benefits, and a shift of responsibility from the state to the individual (and charities) (Carroll & Little, 2001; Teghtsoonian, 2003).

The problems of mental health and addiction are often believed to converge in B.C. most dramatically in Vancouver’s Downtown Eastside (or skid row), an area in the downtown core marked by urban decay and more recently by rapid gentrification, and home to a diverse population (e.g. a large Aboriginal and immigrant presence), a significant number of single room occupancy hotels (SROs) and many social support services (City of Vancouver, 2012). The DTES also includes a large open drug scene where a range of illicit drugs can be easily purchased (Wood & Kerr, 2006). This setting often becomes equated with the issues of mental health and addiction (including poverty, homelessness, violence, and disease) and

is also used as a bounded spatial example of the ‘failures’ of deinstitutionalization and drug policy. In the next section, a summary of the two VPD reports is provided.

Lost in Translation: How a lack of capacity in the mental health system is failing Vancouver’s mentally ill and draining police resources

Lost in Translation (Wilson-Bates, 2008) is the first report in a series of four (see VPD, 2009; Thompson, 2010; VPD, 2013) produced by the VPD about mental health and addiction. The 58-page report details the VPD concerns regarding what are described as the failures of the mental health system in Vancouver, B.C. Foremost is the assertion that the significant amount of time police spend dealing with people with mental illness and addiction is draining police resources with negative consequences. The report supports its claims by drawing upon anecdotal narrative accounts, 12 images, and a survey conducted in 2007 that quantifies police incidents involving people presumed to be suffering from mental illness. ‘Corey’s Story,’ a profile of the “most tragic of situations” (Wilson-Bates, 2008, p. 1) featuring one man impacted by the health system’s failures, is a central narrative in the report that also serves to visually illustrate many of the VPD assertions. The report provides seven recommendations for dealing with Vancouver’s “mental health crisis,” most notably: (re)institutionalization (e.g., an extended term mental health care facility for those who are mentally ill and addicted), along with the ability to more easily detain people considered a threat under the provincial Mental Health Act (Wilson-Bates, 2008, pp. 2, 55); increased information tracking by the mental health system and sharing with the police the details of an individual’s mental health history (Ibid., p. 56); and dual diagnosis services for people struggling with both mental illness and addiction (Ibid., p. 55).

Project Lockstep: A united effort to save lives in the Downtown Eastside

Project Lockstep (VPD, 2009) is the VPD’s second report on mental health and addiction. The 60-page report introduces a combination of issues the VPD is concerned with that impact the DTES. These issues include mental health and addiction, public disorder, crime and to a lesser degree: poverty, homelessness, sex work, among other things. The VPD argues that these ‘problems’ are unique in the DTES in that they are concentrated and converged. The report therefore proposes that these “deeply entrenched” problems (VPD, 2009, p. 31) would be best addressed through information sharing and inter-agency collaboration (i.e., between the provincial and municipal governments, the police, the health system, and income assistance agencies) as well as by increased police presence in the area. The VPD report is punctuated with several unreferenced and presumably anecdotal narrative synopses, or “case studies” which emphasize the potential negative consequences for individuals suffering from mental illness and addiction when there is lack of agency coordination. These include short case studies, including the stories of Bill (VPD, 2009, p. 12), Ann (Ibid., p. 32), and Cheryl (Ibid., p. 32). Scattered throughout are also 18 non-captioned photographs seemingly documenting evidence of degradation, the sources of which are absent.

The following section provides a discussion of mental health and addiction discourses identified in the two VPD reports. This section serves to contextualize our later analysis of

the personal narratives, visual imagery, and spatial constructions (of the DTES) which serve to further frame the VPD's reports.

Mental Health and Addiction Discourse

Complicating the framing of mental illness in the VPD reports (visually and discursively) is the twinning of mental health and addiction. Mental health and addiction were primarily addressed as separate issues until more recently. In British Columbia, government ministries, funding channels, research centres, treatment, and services have since been reconfigured to encompass both mental health and addiction (Carter & MacPherson, 2013). In B.C., a framework conflating addiction to substances and mental health was introduced in a 2004 report, *Every door is the right door: a British Columbia planning framework to address problematic substance use and addiction* (Reist et al., 2012). In this document, the authors explain that addiction should be understood on a continuum, from nonproblematic to problematic use, including substance use disorders (Reist et al., 2012, p. 8). However, since the report was published, and as is evident in the VPD reports examined, mental illness and substance use are generally conflated, rather than understood as a continuum. In addition, the VPD reports exaggerate and over-highlight the connection between mental illness and addiction.

Although the VPD reports convey concern for people with mental illness, people who consume illegal drugs are categorized as criminal by law enforcement and Canadian federal drug law (*Controlled Drugs and Substances Act*). However, a little over a century ago, drugs like opium, heroin, and cocaine were legal and consumed in patent medicines by law-abiding citizens attending to their health needs. The properties of the drugs did not change; rather, political and social factors led to their criminalization. Thus, our drug laws and the expansion of law enforcement that accompanied drug legislation were not due to scientific evidence of harm related to the pharmacological properties of these specific drugs. Rather, the motivation was (and remains) political (Boyd, 2015; Fraser, valentine, Roberts, 2009). Canada's federal drug policy, a policy that is primarily based on law enforcement, shapes how we perceive people who use, produce, and sell criminalized drugs—they are labelled as criminals. This shapes how mental health is viewed when coupled with addiction discourses. However, not all drug use is portrayed as bad by the VPD; "medicine" prescribed by doctors is constructed as good and as a tool to modify undesirable and frightening behavior (e.g. see Wilson-Bates, 2008, pp. 45, 46).

The first VPD report has a section on the dual diagnosis of mental health and addiction, and argues that there is a significantly disproportionate number of people with dual diagnosis in the DTES (Wilson-Bates, 2008, p. 22–23). Noting that the DTES is "home to B.C.'s largest street level drug market," the report argues that "the temptation to self medicate together with the predatory nature of drug dealers finds many of the city's mentally ill becoming addicted to illicit drugs such as crack cocaine and heroin" (Wilson-Bates, 2008, p. 16). Crack cocaine and heroin are the primary drugs of concern in the two VPD reports. The VPD 2008 report cites the claim of a clinical psychiatrist and director of the schizophrenia program at the University of British Columbia that "60 to 70 per cent of the mentally ill treated" at a hospital located in Vancouver's downtown also have "multiple addictions"

(Wilson-Bates, 2008, p. 22). Noting the lack of “empirical data about women who are mentally ill in Vancouver,” the 2008 VPD report states that a veteran VPD officer who attended a women’s non-profit organization in the DTES for “survival sex workers” notes the link between addiction and mental illness and states that “85 to 90” percent of the women she met “appear to be suffering from a mental illness” (Wilson-Bates, 2008, p. 24). Not only are mental health problems and addiction to criminalized drugs conflated in contemporary VPD reports, but there is also an attempt to portray these concerns as longstanding.

The second VPD report states that in the DTES “mental illness and substance use have been prevalent problems since the early 1900s” (VPD, 2009, p. 13). However, the two City of Vancouver reports cited to support this claim by the VPD (Graham, 1965; McRae, et al., 1965) actually focus on alcohol use in the early 1960s in the DTES. Both early reports recommend housing, treatment, and support for people who drink alcohol, noting that the mostly male population in the DTES (at that time) was poor, with a high concentration of pensioners and physically disabled people (Graham, 1965, p. 21). Both early reports cited are critical of the police and the use of imprisonment as a strategy to curtail drinking; in fact they note that imprisonment serves to perpetuate rather than “reduce the problem” (Graham, 1965, p. 32; McRae et al., 1965, p. 14). Contrary to the VPD’s claim in the 2009 report, mental health and drugs are not conflated in these earlier City reports. The VPD’s over emphasis in linking mental health and addiction also extends beyond the confines of the DTES. For example, the 2009 VPD report states that “dual diagnosis of mental illness and drug addiction is not uncommon” and references a 2005 Canadian Mental Health Association paper, “that over 50% of people with a mental illness have a dual diagnosis” (VPD, 2009, p. 32).ⁱ

There are a number of problems related to the unitary conceptual framing of mental health and addiction and the integration of mental health and substance use services. First, it assumes that most people who use illegal drugs have mental health problems. However, this is not the case for many people who use drugs (Carter & MacPherson, 2013, p. 32; see also Keane, 2002; Manning, 2007; Moore, 2008; Reinerman & Granfield, 2015). Secondly, it ignores the evidence noting that “trauma, poverty, racism, and drug policy itself” shape drug use (Carter & MacPherson, 2013, p. 32). In contrast to the estimate of 85 to 90 percent of women cited in the 2008 VPD report, or 50 percent in the VPD 2009 report, Rush and Nadeau (2011, p. 156) state that “among people seeking treatment and support from mental health services, mental health-substance use disorders are, in fact, the exception rather than the rule” unless sub-populations are accounted for. In addition, they note that recent survey estimates of co-occurring problems for adults are much lower than previously reported due to “more stringent and accurate protocol for defining substance use disorders” (Rush & Nadeau, 2011, p. 155).

The VPD states that “the unique challenges experienced by the DTES have been exacerbated by the concurrence of multiple problems,” including a reduction in drug offence charges beginning in 1992 and “the Federal Crown’s lack of capacity to prosecute ‘minor’ drug charges” (VPD, 2009, pp. 28, 15). Interestingly, the VPD does not include “evidence” of drug offence statistics in the reports even though drug offences have risen in B.C. since

1972 with some minor fluctuations and drug offences have steadily risen in Vancouver over the last 15 years (Boyd, 2013, p. 11), an increase largely due to police profiling of people who use drugs, especially cannabis. In fact, most often it is visible and poor drug users arrested for possession and those who are selling to support their use who are most vulnerable for arrest (Boyd & Carter, 2014; Kerr et al., 2008). Throughout the VPD reports, the police claim that illegal drug use, especially cocaine and injection drug use, is related to mental illness, and this claim is furthered by the accompaniment of three graphic photographs of injection drug use in the 2009 VPD report in a section on the need for change and new police directives in the DTES (2009, pp. 31, 33, 38). The open-air drug market and the exploitation of “innocent victims” by “predatory drug dealers” are also blamed for the exacerbation of mental health and addiction problems (VPD, 2009, p. 33).

Compounding mental health and addiction discourses in the VPD reports is the conventional linking of mental illness to dangerousness (Foucault, 1988; Knowles, 2000; Menzies, 1986, 1987). Menzies discusses psychiatric predictions of dangerousness and argues that “the history of dangerousness has run parallel to the history of *power* (society’s capacity to eradicate its most threatening members), *knowledge* (the development of “experts” in the identification of danger), and *ideology* (the mobilization of legitimating images and messages that strengthens the perceived need for official action)” (1986, p. 183). Drawing on similar discourses of dangerousness, several dangerous offenders are highlighted as case studies in the VPD reports to support the department’s claims and proposed policies in relation to mental health and addiction. Further, the VPD argues that “those individuals with serious mental illness, and frequently with addictions, create considerable demands for police services, and destabilize communities” (Wilson-Bates, 2008, p. 16).

In the pages below we analyze the inter-textuality of both narrative and images presented in the first two VPD reports, with a focus on the narratives of Corey, Bill, Ann, and Cheryl, whose stories intersect with the spaces of the DTES (Wilson-Bates, 2008; VPD, 2009). The personal narratives about Corey and Bill are significant because they are carried through in later VPD reports (Thompson, 2010; VPD, 2013). Many of these anecdotal stories have weight in that they are general enough to be representatively drawn upon in different instances to illustrate a range of points and also to convey VPD themes through personalized stories and images that invite subjective identification, appraisal and emotion in a manner that has the potential to impact the reader far beyond ‘objective’ accounts. Corey’s Story, in particular, exemplifies the VPD’s discussion of the mental health crisis in Vancouver, and how drug use and mental health come together through examples of inter-textuality.

Corey’s Story

As mentioned previously, “Corey’s Story” is introduced in the first VPD 2008 report and is referenced in later reports (Wilson-Bates, 2008, pp. 39–51). Corey’s story is told through his mother’s narrative, as interpreted by the VPD.¹ In introducing Corey, the VPD claims it is a “true story” that illustrates the main points addressed in their report (Wilson-Bates, 2008, p.

¹Corey’s father’s perspective is not included. In fact, it is unclear if Corey knew or had a relationship with his father. Midway into Corey’s story, his mother Kate refers to her partner Craig.

39). Narrative claims in the 2008 VPD report identify the problem as a failing mental health system unable to meet the needs of people with mental illness and addiction and their families, resulting in tragedy, crime, and the draining of police resources. Covering 13 pages of the report, Corey's story then exemplifies the VPD problematization of the "mental health crisis." In total, six unlabelled photographs of Corey and one photo of his artwork are interspersed throughout the narrative accompanying Corey's story. "Before" and "after" photos of Corey work to illustrate the textual claims by the VPD about mental illness, the failure of the health care system, and the results—death.

Corey O'Brien is introduced in the VPD report as an only child born in 1981 in Moncton, New Brunswick. The report claims that his mother, Kate O'Brien, found him to be a "'dream to raise,' an easy baby and a calm, thoughtful and polite child" (Wilson-Bates, 2008, p. 39). Corey is represented as experiencing a privileged white middle-class upbringing, from "a solid family" (Ibid., p. 42). The VPD highlights Corey's "success story" through a number of family photos depicting conventional rites of passage (Ibid., p. 41). It is noted in the report that Corey had an "admirable history of achievements" prior to the onset of his mental illness (Ibid., p. 41).

In the "before" photos of Corey, prior to his "descent" into mental illness, he is depicted as a seemingly happy child. The first family photograph of Corey included in the report shows him as a healthy, smiling, pudgy baby standing in his crib with a t-shirt that reads: #1 son (Wilson-Bates, 2008, p. 39). Another photo depicts Corey in a green field as a young boy in a baseball uniform and cap holding a bat (Ibid., p. 40). Corey's high school graduation photo is also included. In the photo Corey is conventionally well groomed; he has short neat hair and is wearing a grad gown and white dress shirt and tie (Ibid., p. 41). The narrative explains that following graduation Corey moved to a smaller city outside of Vancouver and began working. The VPD report notes that his mother Kate "was very proud that Corey was well on his way into successful adulthood" (Ibid., p. 41). Yet, shortly afterwards, "without explanation" Corey quit both his jobs and moved back home. From there on, his life begins to "unravel" (Ibid., p. 42).

Corey is then represented as sliding into mental illness and moving in and out of the DTES. The VPD states that one of the first "missed opportunit[ies] for intervention would prove devastating for Corey and his family, as he fell further into the confusion of living with an untreated mental disorder" (Wilson-Bates, 2008, p. 43). However, contrary to VPD claims, Corey's story also chronicles many encounters with mental health providers and periods of stability. Corey is finally diagnosed with schizophrenia in 2004 (Ibid., p. 44). A photo of Corey accompanies this text; he has a moustache and goatee and appears to be squinting into the camera, with pursed lips, in a manner that could be interpreted as an angry stare (Ibid., p. 43). According to the report, Corey was assessed and involuntarily admitted (under Section 28 of the provincial Mental Health Act) to hospital, released, and re-hospitalized several times. He is described in the report as now "hostile and argumentative" (Ibid., p. 46). The following head shot of Corey included in the report may be a police photo. Corey is staring into the camera; he has a cut lip and close cropped hair (Ibid., p. 47).

Several times in Corey's Story the VPD claims that he denied using illegal drugs and that drug tests supported his statements. However, the department notes that in 2006 a drug test was finally positive for cocaine and cannabis (Wilson-Bates, 2008, p. 49). Thus, five years after the VPD's first suspicions about illegal drug use, the claim throughout the report that there was a definitive link between illegal drug use and mental health was substantiated. In November 2006, Corey committed suicide by jumping off the Granville Street Bridge in Vancouver. The police noted the suspicion that "street drugs" were a contributing factor in Cory's suicide; yet no toxicology test was done by the coroner (Ibid., p. 50).

Through Corey's story, a sense of missed opportunity and tragedy is portrayed. The report concludes that Corey's mother believed that if he had been institutionalized for a longer period of time and given "medicine" to treat his illness, "he could have spent time learning how to cope with his illness" (Wilson-Bates, 2008, p. 51). The VPD report states that Corey's mother believed that "her son was failed by the mental health services in Vancouver ... a dysfunctional system that is unrealistic in regards to institutionalization and the sharing of information" (Ibid., p. 51). Institutionalization is presented as a solution to Vancouver's mentally ill and addicted. The provision of adequate social and economic supports, including harm reduction and diverse community and health services, is not considered (see Morrow et al., 2008; Carter & MacPherson, 2013). Corey's story makes no mention of social or familial factors that might contextualize his illness or his suicide, or the fact that people who suffer from mental health problems and illness have periods of stability followed by instability (MHCC, 2012), nor that services and mental health care are subject to budget cuts while policing funding has remained stable and/or has increased (City of Vancouver, 2014). Thus, the narrow focus of Corey's Story renders invisible political, economic, and social factors, the diverse trajectory of mental illness, and the complexities of the lives of Corey and other people with mental illness in DTES. Rather, the narrative tells a story of an innocent boy's descent into mental illness and illegal drug use and a lack of mental health supports, resulting in a tragic death.

Similar to the personalized case studies, images are viewed as "facts" that speak for themselves (Hall, 1981; Huxford, 2001) in the 2008 and 2009 VPD reports. Critical scholars note that the photographic image or the "camera's eye" is conventionally understood as a "true image of the world," "inherently objective," rather than selective, subjective, and (re)constructed (Hamilton, 1997, p. 83). Watney draws our attention to the power that institutions, such as policing bodies, "possess to define and organize the rhetoric of photography" (1999, p. 149). He notes that through photography, "lives are continually being broken down and reconstructed" (Ibid., p. 159). In other words, meaning is produced within language and representation. Nevertheless, isolated photos may have multiple meanings for diverse viewers; therefore, narrative that accompanies a photo produces meaning by anchoring it with words that privilege a preferred meaning (Hall, 1997, p. 228).

The "before" and "after" photographs of Corey in the report are easily understood by readers for they are a common photo technique (Tagg, 1999). The temporal dimension of these photos makes immediate cross-associations between mental illness and incontrovertible evidence of physical and mental decay. In other words, the reader is invited to witness firsthand the physical effects of mental illness and addiction on Corey. As Hall (1997) notes,

each photo in isolation tells us little about the meaning of the photograph, but all of the photos together in Corey's story create a timeline—from health to mental illness and addiction—that is supported by the narrative framework. In this context, photographs used to illustrate accompanying narrative “provide a particularly effective shorthand form of discourse” that readers have come to recognize through not only the VDP reports, but through different texts, including news media and popular culture (Boyd & Carter, 2010, p. 228; Hall, 1997). As Hall (1997) notes, visual representations accumulate meaning through repetition. The stories about mental illness and addiction as reported by the VDP (draining police resources, mental health system failure, crime, and tragedy) and the visual images accompanying them resonate with longstanding stereotypical representations. Such claims ignore the broader social, cultural, and economic factors that might have affected Corey's life, including familial factors.

The Stories of Bill, Ann, and Cheryl

Bill Taylor is introduced in the 2008 (Wilson-Bates) report; however, in contrast to Corey who is presented as an innocent young man and a victim of a failing mental health system, Bill is presented as an adult chronic offender. Bill is described as a “crack cocaine addict” diagnosed with schizophrenia and bipolar disorder (Ibid, p. 37). He is also described as physically disabled; however, his disability, along with his family background, is invisible in the report. Bill is presented as a violent offender who spent ten years in a psychiatric institution after he attempted to murder someone. The VPD states that Bill has had “145 documented incidents with police between 2003 and 2007” (Ibid., p. 37). Rather than incorporate Bill's family history or family photos of him as was the case with Corey, the VPD report includes a colourful image of a ten-month calendar showing the number of Bill's contact with the police and time spent in jail or a psychiatric ward over this period in 2007. In the report the police state that given Bill's repeated contact with them, he is unable to successfully live in the community.

The VPD concludes that there are “two distinct groups of individuals” who make up the majority of “mental health related police incidents in Vancouver”—those who are “severely drug addicted, mentally ill, hard to house, chronic offenders like Bill” and those who are mentally ill, but are not a “danger to themselves and others” (Wilson-Bates, 2008, p. 38). Summoning a simplistic victim/predator binary that runs throughout the VPD reports, Corey's story is framed in such a way that it invokes sympathy because he is represented as having the potential for redemption. Although in need of institutionalization, Corey is represented as more often a danger to himself than others. In contrast, Bill is represented as the faceless, unredeemable dangerous offender also in need of institutionalization. In the VPD reports, dramatic worst-case scenarios are represented as the norm, distorting both mental health and addiction issues, as well as the broad continuum of drug use behaviour and mental illness that exists within society (see Reinerman & Duskin, 1999). In addition, readers are already familiar with these representations because popular culture and media have also narrowly focused on dangerousness and mental health.

As previously mentioned, in the VDP reports the DTES is constructed as a space where mental health and addiction problems flourish. Referencing the 2008 VDP report (Wilson-

Bates, 2008), the 2009 VPD report notes again that it is “well documented that the DTES is home to a large-scale open-air drug market. The availability of drugs in the DTES and the predatory nature of drug dealers have led to a co-occurrence of mental illness problems and drug addiction in the area” (VPD, 2009, p. 15). To illustrate how addiction and mental illness impact women in the DTES, two stories about Ann and Cheryl are included in the 2009 report. Ann is presented as a 24-year-old from the suburbs of Vancouver who used “drugs recreationally” as a teenager. However, the report states that over a year she “swiftly” descended into “full-scale addiction to hard drugs” (Ibid., p. 32). The report notes that Ann was soon living in a single room occupancy hotel in the DTES and struggling with mental illness. In order to support her addiction to drugs, the VPD notes that she began working in the “sex trade” and now has “100 documented interactions with the police, including being charged 31 times” (Ibid., p. 32). The VPD report concludes that Ann’s life continues to decline and her “future is limited by the reality that there is no integrated framework to deal with the concurrent issues that have resulted in her current dismal circumstances” (Ibid., p. 32). No photos or family history are provided to contextualize Ann’s story. Nor does the VPD provide details of the 31 charges that have been laid against Ann. Drug charges, especially for possession, and sex trade charges are directly related to both the law and police profiling. Canada’s prohibitionist drug laws and sex trade laws are controversial. In 2013 the Supreme Court of Canada unanimously ruled that “three criminal laws that prohibit various aspects of adult prostitution are unconstitutional because they violate sex workers’ right to security of the person” (Pivot, 2014). In addition, there is a growing global consensus that drug prohibition is a failed policy that disproportionately impacts the marginalized and poor (Carter & MacPherson, 2013; Global Commission on Drug Policy, 2011; London School of Economics, 2014; Room & Reuter, 2012; Werb et al., 2011).

Cheryl’s story follows Ann’s. Similarly, no family photos or background family history are provided. The VPD states that Cheryl is an Aboriginal mother of five children. Travelling from northern B.C., she came to the DTES to visit relatives in 2008. The VPD claims that being exposed to the “large open-air drug market” there led her to “experiment with hard drugs” and she quickly “found herself addicted” (VPD, 2009, p. 33). The report notes that soon “predatory drug bosses” coerced her into trafficking for them and she was arrested for drug trafficking twice in 2008 (Ibid., p. 33). The VPD states that Cheryl maintained that she was unable to return home because of her drug charges and because she did not want to “expose the children to her drug use” (Ibid., p. 33). The VPD asserts that the current environment and the lack of an integrated system to deal with multiple complex issues in the DTES combined to trap Cheryl in the area and quickly erode her quality of life.

In Jiwani’s analysis of Canadian media representations from 2000 to 2007, she found that coverage of Aboriginal women clustered around negative stories of violence, poverty, sex work, alcohol and drug abuse, and “inept mothering” (n.d., pp. 5, 6). She notes that little social or historical context is ever given to explain the causes or circumstances of these narrow and stereotypical representations, and she argues that this kind of representation “seals a particularly criminalizing representation of Aboriginal identity,” portrayed as both culpable and helpless (Jiwani, n.d., p. 7). Similarly, the VPD reports draw on conventional media representations of Aboriginal women; they are both decontextualized and represented

as criminals, even when portrayed as victims of the DTES. The VPD narrative assures that alternative understandings of Aboriginal women are absent. Razack problematizes simplistic delineations of normal/abnormal bodies and suggests that instead of a “politics of rescue” and a focus on the vulnerabilities of women, we need to “acknowledge our complicity in oppressing others and consider how to take responsibility for the oppressive systems in which we as women are differently and hierarchically placed” (Razack, 1998, p. 132). She notes that the stories of women with disabilities (broadly conceived) “must be told, not as stories of vulnerability, but as stories of injustice” (Ibid., p. 156).

The VPD concludes that the cases of Ann and Cheryl “highlight the gaps in a system that fails to assist people with integrated” services (VPD, 2009, p. 33). On the same page as the above quote and Cheryl’s story, there is a photographic image of injection drug use by a woman sitting on the ground in what appears to be an alleyway. The image is not captioned; however, right above it the VPD states, “Not everyone falls prey to these outcomes but the problems faced by these individuals and others are common in the DTES” (2009, p. 33). Thus, Cheryl’s story, the narrative, and the image work to “seal” a conventional stereotypical representation of Aboriginal women and addiction. In addition, the image of injecting, understood through the surrounding text and readers’ familiarity with it through other texts and popular culture, signifies moral deprivation.

Not surprisingly, the VPD fails to problematize injection drug use or the arrest of people at the lowest echelon of the drug and sex trade. Crime incidents are also a reflection of drug laws and police profiling, especially in the case of activities in the DTES such as ‘intoxicated in public’ and drug offences, and by-law infractions (such as ticketing for vending, jaywalking, and panhandling (King 2013)). Since the 2009 VPD report was written, the federal government enacted the *Safe Streets and Communities Act* (2012) that includes harsh mandatory minimum sentences for a wide array of drug offences. Critics point out that the *Safe Streets and Communities Act* will exacerbate the disproportionate arrest of poor and Aboriginal peoples in B.C. (Office of the Provincial Health Officer, 2013).

Framing the DTES as a space in need of increased police intervention

The VPD and the media are dominant claims-makers in the framing of the DTES (Jiwani & Young, 2006; Liu & Blomley, 2013; Pitman, 2002; Pratt, 2005; Woolford, 2001). The neighbourhood is predominantly represented as violent, hostile, disordered, immoral, crime ridden, and as a contaminated space that is separate from (though threatening to) the rest of the city (Woolford, 2001). Similar depictions of the DTES are evidenced in the 2009 VPD report through visual and discursive iterations and these spatial constructions also frame the stories of Ann and Cheryl. The report begins, for example, with the following description of the DTES as a document ‘highlight’:

The lives of many of the people residing in Vancouver’s Downtown Eastside (DTES) are negatively affected by mental health issues, illicit and licit substance abuse, drug trafficking, alcoholism, physical health issues like HIV and Hepatitis C infections, substandard and insufficient housing, illegitimate businesses, crime and public disorder, an entrenched survival sex trade, and a historical reduction of

police presence. There is a disproportionately high number of aboriginal people affected. These problems, crime and public disorder in particular, harm surrounding Vancouver neighbourhoods, the metro region, and the Province of BC (VPD, 2009, p. 2).

The negative portrayals of the DTES outlined above are further framed through imagery. The 2009 VPD report is particularly visual in that it includes numerous grainy photographs and charts dispersed throughout—even more than the first VPD report (see Wilson-Bates, 2008). In the 2009 report, charts and one map serve to further legitimate VPD claims by anchoring data in numbers and providing a “heightened aura of objectivity” (Jiwani, n.d., p. 7). For instance, two colourful graphs cover statistics of crime rates in the DTES (VPD, 2009, p. 23) and the use of emergency services at SROs (Ibid., p. 21), and one map of greater Vancouver lists the addresses of the 50 top chronic offenders, the overwhelming majority of which are clustered in the DTES (Ibid., p. 35).

The front cover of the 2009 VPD report sports a colourful and gritty photograph of a person lying with their back to the camera on a mattress in an alley debased by graffiti, litter, and industrial-sized garbage bins. Additional photographs within the report are suggestive of homelessness, disability, and criminality through sex work and injection drug use—topics covered in the report that serve to contextualize the photos. Specifically, there are two further photographs of people asleep on the street, indicating homelessness—one person on a bench (VPD, p. 37), and one person lying in a large cardboard box (Ibid., p. 15). Two other images imply disability, one of a person mid-fall on the street (the photo is above the subheading, Mental Illness) (Ibid., p. 13) and another of a person sitting in a puddle with a crutch lying nearby (the text prior to the photo states “a number of individuals in the DTES suffer from physical disabilities (such as missing limbs)...” (Ibid., p. 18). One image is used in reference to the sex trade, of a person with bleached hair wearing sandals and leopard print pants sitting on the street with their head down in front of an empty building. The narrative above the photos states “Aboriginal women are disproportionately represented as sex trade workers” (Ibid., p. 25). There are also three faceless images of needle injection in the report, one up-close and graphic of needle penetration in the vein of an arm, one of a person in an alleyway (previously referenced above in Cheryl’s story), and another of a person in a hoodie crouched in a doorway injecting themselves in front of graffiti that reads “SKID ROW” (Ibid., pp. 31, 33, 38). Though textually the VPD reports discuss primarily heroin and cocaine (especially crack cocaine), visual depictions of drug use are restricted solely to images of injection.

In every photo the face of the subject is obscured, except for one photo that stands out in its suggestiveness of the role of police officers as coordinated caretakers. The image depicts a police officer in the background, and what may be a paramedic in a small barren room leaning over a shirtless man sitting on a bed. The narrative surrounding the photo discusses solutions to gaps in the system and strategies for care for vulnerable people in the DTES (VPD, 2009, p. 46). Two further photographs in the report depict the space of the DTES. One of the images is of a dark alleyway covered in litter. The other photo is of a local and iconic hotel/pub, the Balmoral. Absent are images of social housing, including cooperative housing, community and art events, and law-abiding local residents. Also absent are photos

of successful harm reduction programs in the area such as the supervised injection site (Insite). Menzies notes that, “in their role as institutional gatekeepers, police are able to control the distribution of salient facts and images about crime to other legal authorities” (1987, p. 430). Indeed, the images in the 2009 VPD report convey a selective and sensationalized framing of the people and spaces of the DTES. These now familiar and repetitive images are associated with preferred meaning -- mainly degradation.

The seemingly decontextualized photographs of people in the DTES also intersect with the brief, yet personal, anecdotal stories (such as those of Ann and Cheryl), working together to construct an imagined space beyond the geographic surface (Massey, 2005). Together, image, chart, text, and personal anecdote mark the DTES as a stigmatized discursive space, a “space that not only is geographic and physical but also evokes cartographies of the imaginary, emotional, mnemonic and psychological” (Hjorth & Sharp, 2014, p. 130). The DTES is filtered through VPD representations creating a conceptual place of dangerousness, deprivation, and contagion, that complements media depictions of the neighbourhood and the people who live there (marked as mentally ill, addicted, and dangerous), which serves to substantiate a need for policing solutions/interventions. However, the meaning of spaces (as lived and imagined) are multifaceted and contested, and some articulations are privileged while others are excluded (Massey, 2005). Groups within the DTES (as opposed to those situated outside) offer alternative and more complex representations of the neighbourhood, with attention to a community rife with strengths, political activism, creativity, and diversity while also recognizing the multiple structural factors that shape people’s lives in the area (including rapid gentrification, policing and private security, and a provincial government that has since 2001 advanced neoliberal policies, such as cuts to social services) (See, for example, Carnegie, 2014; Gallery Gachet, 2014; Strathcona Residents Association, 2014; Vancouver Japanese Language School and Japanese Hall, 2014; Vancouver Area Network of Drug Users, 2014).

Conclusion

The Vancouver Police Department has positioned their personnel as key spokespersons in the framing of mental health. The department’s reports integrate a complex interplay of narrative, anecdotal stories, and images, to (re)construct a discourse of mental illness, addiction, and dangerousness, and the residents of the DTES are framed as both deviant and criminal, and therefore in need of police surveillance and control. This contrasts with the need, for example, for increased funding to social services, broad social and structural interventions, or an analysis of systemic injustice. More than this, the two VPD reports examined in this paper also position the readers as spectators, inviting not only imaginings through the text but also inviting their gaze as active witnesses of the narrative through seemingly realistic photo documentation (of already familiar and stereotypical images represented in other media and text). It is important to note that photographs and/or visual representations can be used as “a strategy to maintain hegemony” (Halasz, 2013, p. 89). The dominant political history of visibility, as a discursive practice that classifies and segregates, can also reinscribe knowledge in ways that legitimate established power structures (Mirzoeff, 2011). The VPD has the power to determine, select, alter, and censor images in specific contexts as part of an inter-textual process of meaning-making that organizes the

reader/spectator's ways of seeing or interpreting the reports. Though image and anecdotal narrative (such as Corey's Story and the cases of Bill, Cheryl and Ann) serve to represent particular circumstances of mental illness and addiction, markedly absent in the texts are the *voices* of those represented or acknowledgement of the larger historical, social and structural context that shapes the lives of residents of this community.

The representation of the DTES as a space of deviance, populated with undesirable people in need of governance together with the twinning of mental health and addiction have contributed to a broadening of police and professional regulation of people who are deemed problematic. At the same time, these concepts—addiction, mental illness, and dangerousness—are poorly defined though symbolic in their consequences. There is a mobilization of resources to identify, discipline, and contain people labelled mentally ill and addicted without examining more closely both the textual and visual discourses that serve this purpose. Categories of normal/abnormal, pathologized/non-pathologized remain unquestioned. Through inter-textual representations that invite subjective identification augmented by seemingly objective truth claims, the Vancouver Police Department reports construct a 'problem' (the mental health crisis) for which policing responses (such as (re)institutionalization and increased policing) are offered as the only plausible solutions.

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Highlights

- Twinning of mental health and addiction
- Police representations of mental health and addiction
- Policing marginalized populations in urban space