Historicizing Vancouver’s Liquor License Moratorium for the Downtown Eastside
as Dispossessory Public Health Practice

By

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Master of Science

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Abstract

Drug users have organized in Vancouver’s Downtown Eastside (DTES) for decades to change public health policy. People who use non-beverage alcohols and people who are criminalized for drinking in public, or “illicit drinkers”, have been excluded from the harm reduction movement. Meanwhile, policies that limit access to alcohol in the DTES drive people living with dependencies towards unsafe substitutes. One such policy is a 1988 moratorium on liquor licenses in the DTES, identified through historical research I completed with the Eastside Illicit Drinkers Group for Education (EIDGE). Working with EIDGE over 3 years, I used archival research to investigate the political history of the moratorium to support EIDGE's alcohol harm reduction work. Simultaneously, EIDGE and I wrote the Vancouver Alcohol Strategy (VAS), a policy document informed by drinkers' experiences and historical research. I argue that the 1988 moratorium is best understood as a continuation of alcohol policy’s colonial history in B.C. The idea for the policy emerged from the Downtown Eastside Residents Association (DERA), an activist group that mostly excluded drinkers, around 1980. Around this time, more Indigenous people were moving into the DTES, likely changing the demographics of illicit drinking. Council passed the moratorium after being granted new powers in 1987. DERA worked with the City of Vancouver, who sought to upgrade “problematic” Single Room Occupancy Hotels (SROs) that house DTES pubs, to implement the policy between 1982 and 1990. Around 1000 licensed “seats” left the DTES between 1988 and 2021, likely making affordable alcohol harder to find. I suggest that the moratorium and its antecedents contribute to the construction of a contemporary alcohol-specific cordon therapeutique in Vancouver’s DTES - an ostensibly public health-informed and regime of liquor control that frames DTES drinkers as pathological, therefore warranting the creation selective prohibition around them while
neoliberal logics of individual risk management dominate health promotion discourses elsewhere.

**Keywords:** Illicit Drinking, Eastside Illicit Drinkers Group for Education, Cordon Therapeutique, Alcohol Policy, SRO, Harm Reduction, Urban Planning, Public Health, Downtown Eastside
To my grandfather, Robert “Skip” Bailey, my Gumpy, whose love, humanity, and curiosity I hope to take up with every action.
Acknowledgements

This thesis is a collective effort undertaken by myself and dozens of others who have provided me with support, grace, mentorship, and criticism. I cannot list everyone who I would like to thank here, but wish to extend my gratitude to those I haven’t named here.

Firstly, I’d like to express my love and appreciation for my mother Karen, my father Tim, my sister Jordyn, and my grandmothers, Joyce and Dorothy, and my late grandfather, Robert “Skip” Bailey. I would not be here, sitting in my Vancouver apartment and entering a field that I cannot see myself outside of, fulfilled, without the 25 years of love, sacrifice, and support that you have shown me. I’d also like to thank my partner Rachel Naiberg for her steadfast care, advice, and belief in me. I feel capable when we work together, and I love you.

Sincere thanks to my supervisor and mentor, Jeff Masuda, who has demonstrated to me the radical potential of public health research as organizing, and whose faith in me and willingness to support my learning as a new scholar at every turn was an essential part of orienting me in this community, City, discipline, and my politics of health.

To Dani Aiello, the Right to Remain Research Collective, and the tenant leaders and staff at the Downtown Eastside SRO Collaborative, I cannot express my appreciation for the welcome I have received and your willingness to teach. I have grown as a person, researcher, and organizer as a result.

Finally, I’d like to thank my comrades and friends at the Vancouver Area Network of Drug Users and the Eastside Illicit Drinkers Group for Education, including Myles, Henry, Cecil, Earl, Dave, Curtis, George, MJ, Rhoda, Varun, Sammy, Vince Tao, Hannah Dempsey, Brittney Graham, Nate Crompton, Isak Boyd, Elsa Boyd, Gurjap Kaur, Tintin Yang, Ryan Sudds, and all others who I do not have the space to mention here.

I would like to close by acknowledging all of those lost to the drug war. Solidarity can and will overcome the present despair.
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<th>Abbreviation</th>
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<tbody>
<tr>
<td>AFBC</td>
<td>Alcoholism Foundation of British Columbia</td>
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<td>B.C.</td>
<td>British Columbia</td>
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<td>BCHA</td>
<td>British Columbia Hotels Association</td>
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<tr>
<td>BC&amp;YHA</td>
<td>British Columbia and Yukon Hotel Association</td>
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<tr>
<td>CMAP</td>
<td>Community Managed Alcohol Program</td>
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<tr>
<td>COPE</td>
<td>Coalition of Progressive Electors</td>
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<tr>
<td>COV</td>
<td>City of Vancouver</td>
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<tr>
<td>DEOD</td>
<td>Downtown Eastside-Oppenheimer District</td>
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<tr>
<td>DERA</td>
<td>Downtown Eastside Residents Association</td>
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<tr>
<td>DTES</td>
<td>Downtown Eastside</td>
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<td>EIDGE</td>
<td>Eastside Illicit Drinkers Group for Education</td>
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<tr>
<td>LCB</td>
<td>Liquor Control Branch</td>
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<tr>
<td>LCLB</td>
<td>Liquor Control and Licensing Branch</td>
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<td>LPR</td>
<td>Liquor Policy Review</td>
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<td>MAP</td>
<td>Managed Alcohol Program</td>
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<td>NIP</td>
<td>Non-Partisan Association</td>
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<td>NCCS</td>
<td>Neighborhood, Cultural, and Community Services</td>
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<td>PHS</td>
<td>PHS Community Services Society</td>
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<td>PPA</td>
<td>Peoples Prohibition Association</td>
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<td>RRAP</td>
<td>Residential Rehabilitation Assistance Program</td>
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<td>R2R</td>
<td>The Right to Remain</td>
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<tr>
<td>SRO-C</td>
<td>SRO Collaborative</td>
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<tr>
<td>SRO</td>
<td>Single Room Occupancy hotel</td>
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<td>TORO</td>
<td>Tenant Overdose Response Organizers</td>
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<tr>
<td>VANDU</td>
<td>Vancouver Area Network of Drug Users</td>
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<td>VAS</td>
<td>Vancouver Alcohol Strategy</td>
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<td>VHD</td>
<td>Vancouver Health Department</td>
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<td>VLLC</td>
<td>Vancouver Liquor Licensing Commission</td>
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<tr>
<td>VPD</td>
<td>Vancouver Police Department</td>
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<tr>
<td>WCTU</td>
<td>Women’s Christian Temperance Union</td>
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Prologue: Drinking in the Park

The Vancouver Park Board first considered legalizing alcohol consumption in parks in 2018. Park Board staff had focused their energies on designing a workable program, and the appropriate resolutions to study the matter were passed, but no movement on this policy front occurred until the spring of 2020. The COVID-19 pandemic was a turning point, when traditional public drinking spaces including bars, nightclubs, cabarets, and restaurants were quickly closed to limit viral spread. As a result, all Vancouverites were left unable to socialize and consume alcohol at local bars, restaurants, nightclubs, patios, and cafe’s. Council’s attention was soon turned back towards developing a workable plan for municipally-sanctioned public drinking spaces. The Vancouver Park Board and City of Vancouver recognized that expediting the nearly forgotten efforts to examine drinking in parks might provide city residents with an opportunity to gather safely outdoors after months of intense isolation. Easing restrictions on designated public spaces where alcohol could be consumed would also have the effect of supporting, if not subsidizing, business operators holding Food Primary licenses, many of whom had previously been newly permitted to offer off-premise alcohol sales. Two distinct but interrelated programs began to take shape: The Alcohol Consumption in Parks Pilot, administered by the Vancouver Park Board, and the Alcohol Consumption in Public Plazas Pilot, administered by several departments within the City of Vancouver including Engineering and Social Planning. This prologue describes the events leading up to and following the inequitable design of the Alcohol in Parks Pilot, although the analysis I present is relevant in both cases. I focus on the former because the Alcohol in Parks Pilot provides a powerful and timely case study of inequitable alcohol planning that is currently being challenged directly by illicit drinkers in Vancouver’s DTES. It is an important case study of the spatial management of a particular type
of alcohol user, driven by public health planning and urban design orthodoxies that will be interrogated throughout this thesis. Primarily, though, the Alcohol in Parks pilot impacts a form of public space that illicit drinkers have openly occupied for decades. While the same inequities and historical contingencies I discuss here can be applied to plazas, the Park Board’s exclusion of DTES greenspaces from its pilot program ought to be viewed in relation to a much longer arc of displacement.

The Vancouver Park Board holds a unique position as the sole elected body in North America that is both entirely responsible for the governance of park lands and legally distinct from other institutions of civic government. It is an entity with unique standing under provincial law. Therefore, in order to allow the Pilot program to proceed, the Board decided to pursue an amendment to the Liquor Control and Licensing Act to grant the Park Board the authority to sanction public alcohol consumption in parkland areas falling under its jurisdiction. With the amendment secured, the board could now alter its own Parks Control By-law to include the legal framework of what would become the Alcohol in Parks Pilot Program, and it did. Vancouverites could drink in select parks at select times under select conditions. Of course, public alcohol consumption was common practice throughout the city of Vancouver prior to the enactment of the Park Board’s pilot program, and it will continue to be long after the current commissioners have left office. Critically though, the enforcement of existing statutes pertaining to the public consumption of alcohol is far from equitable. Low-income, racialized, and precariously housed drinkers are frequently subjected to ticketing and liquor confiscation by the Vancouver Police...
Department and bylaw officers.¹ This is the experience of many illicit drinkers living in the Downtown Eastside (DTES).

The Vancouver Park Boards repeated and vague references to equity considerations throughout the site selection process rang hollow. There was no Alcohol Consumption in Parks Pilot site in the Downtown Eastside in 2020 or 2021. Consulting the map of selected sites, it was clear that great care had been taken to ensure that pilot sites were distributed evenly throughout the city - or at least, most of it. The northeast corner of the downtown core, that stretch of grid between Carrall and Clarke, between Union and Alexander, was devoid of the characteristic red star used by Park Board communications staff to denote a participating park (Figure 1). This gap confused neighborhood residents and angered the membership of the Eastside Illicit Drinkers Group for Education (EIDGE), a group of harm reduction activists with lived experience of illicit alcohol use in the neighborhood. Illicit drinking refers to the consumption of non-beverage alcohol substitutes, including mouthwash and rubbing alcohol, or drinking that is. In many cases, illicit drinkers are coerced into the use of public space by residence in a Single Room Occupancy (SRO) hotel, extreme housing precarity, and the absence of neighborhood amenities like secluded places to sit. In a place where both private and sanctioned public drinking was already in desperately short supply, the DTES did not get a park where drinking was permitted. The ongoing criminalization of illicit drinking in the neighborhood continued unchanged.


This was surprising for a few reasons, but deeply unsurprisingly for others. Access to public space comes at a premium in the Downtown Eastside, and there are already a limited number of green spaces and public plazas scattered throughout the densely populated neighborhood. Residents rely on parks as essential neighborhood infrastructure, as living rooms, as harm reduction interventions, connection points through which mutual aid is provided, and for many, as a place for shelter. Oppenheimer Park, the neighborhoods central green space and historic gathering place for residents, was completely enclosed behind a blue metal fence for much of 2020, when residents needed it the most. It did gradually re-open, but the fence was not removed until the spring of 2022 in the wake of a devastatingly hot summer. The shade of its cherry trees was frantically missed by SRO tenants suffering in their 100 square foot rooms. The Park Board had undertaken a remediation process of the Park after violently clearing an
encampment there in June of 2020, and the popular understanding was that the fence would remain to allow the space to be quickly sealed off should another encampment emerge. The same would happen at CRAB Park at the top of Main Street, the DTES’ only waterfront park. Despite their importance to the community, the decisions to restrict access to these spaces were made entirely for residents rather than with them. This does not go unnoticed in the DTES.

Outdoor spaces are uniquely important in the DTES, where the majority of residents reside in privately owned SROs and supportive housing administered by non-profits. SRO accommodation is characterized by small, non-air conditioned single rooms, often approximating 120 square feet or less. The buildings themselves are former short-stay hotels, many of which are more than 100 years old, which provide shared washrooms and sometimes kitchens on each floor. Buildings that once included some form of common space, whether it be a kitchen or gathering place, are unlikely to have one now - they’ve largely been converted into additional units to maximize profits and minimize communication between tenants. The SROs are effectively dormitories, and they’re the only part of Vancouver’s housing stock that is remotely in reach of a low-income person living on social assistance. That the majority of SROs are concentrated in the DTES as a result of the neighborhoods past as a downtown hub for resource workers in search of a room and a place to spend their pay. For the tenants who live in these buildings today, neighborhood parks are often the only accessible venues for socialization beyond their immediate living space. Quite reasonably, tenants can be quite hesitant to gather in their private spaces. Parkland in the DTES is therefore an extension of personal space in many ways, forming a sort of new commons on which decision making power is wrested back and forth between residents, non-profits, and local government. The importance of the parks became acutely visible in the early months of COVID-19 pandemic, when mandated closures of Liquor
Primary licensed establishments led to the disproportionate shuttering of DTES bars, the other popular outlet for socially isolated SRO tenants. Since the onset of the pandemic, if one wished to sit in peace and socialize outside of the often chaotic environment of an SRO, they have been forced to make use of a Park or other outdoor space. This has been particularly true for illicit drinkers, who have congregated in Oppenheimer Park, CRAB Park, Pigeon Park, and Victory Square for decades. According to people who use alcohol in the neighborhood, gathering in this way serves several purposes. Neighborhood parks and other public drinking venues provide illicit drinkers with community and a sense of safety. They bring people out of their rooms and out of thealleys to connect with old friends who are willing to offer them a drink or two to stop their shakes and allow them to carry on with their day. They do this under threat of police observation and bylaw enforcement so long as they remain outside of the protection of the Park Board’s sanctioning powers. Often precariously housed or unhoused, illicit drinkers speak of a longstanding culture of community and mutual aid, where drinking alone is discouraged and public gatherings occur as a form of alcohol harm reduction. Additionally, frequent discrimination and denial of entry to drinkers who are visibly intoxicated is common practice at neighborhood social service organizations, where staff are not prepared to address drinkers’ different and often complex needs. This means that many indoor program sites are not accessible for drinkers. Considering this context, the DTES had been excluded from the Alcohol Consumption in Parks Pilot program despite being the most in need of a safe, outdoor space for people to use alcohol.

The exclusion looked familiar to me as a graduate student and activist researcher as I began my work with EIDGE. Archival research that I had completed prior to beginning my graduate thesis work had shed light on the construction of the DTES as a selectively
prohibitionist alcohol policy landscape, echoing decades-old forms of public health coloniality. I began working as EIDGE’s Program Coordinator in the spring of 2022, following two years of volunteer research support for, and relationship building alongside, the membership. At the time of writing in the spring of 2022, the majority of the group's advocacy, activism, and programming efforts are related to the implementation of the Vancouver Alcohol Strategy (VAS), a collection of 47 unique alcohol policy recommendations designed by members of EIDGE and the PHS Drinkers Lounge Community Managed Alcohol Program. After submitting its recommendations and receiving funding to hire a Program Coordinator, advocacy to secure a safe, outdoor public drinkers space in the DTES was identified as a priority. Soon after, EIDGE began a guided participatory planning process, discussing at length how such a site should work, and who it should serve. We sketched maps, listed supplies, and debated difficult questions of land stewardship and encampment support. We gained the Park Boards attention, made clear our demands for Oppenheimer’s consideration, and were pleasantly surprised to realize that the Boards planning staff were open to discussing our proposal further. Cautiously, EIDGE began encouraging Park Board staff to consider this policy change. While Park planning staff and neighborhood nonprofits have expressed interest in supporting EIDGE’s to decriminalize drinkers in Oppenheimer Park, potential gains are constantly being undermined by new developments in other spatial struggles. Benches frequented by illicit drinkers continue to be removed from Strathcona’s Maclean Park, likely in response to complaints from the owners of newly renovated detached homes. While two popular outdoor spaces for drinkers have been opened in the northeast corner of the DTES, the City of Vancouver’s transit provider, TransLink, and its contracted police detachment continue to push for the consolidation and removal of the bus stop at East Hastings and Hawks Avenue. At present, they continue to struggle for the
realization of drinkers' material right to the places they live and have lived. This struggle includes, but is not limited to, access to a drinkers park.

The relationships that inform my work as EIDGE’s Program Coordinator and organizer concerned with the reclamation of public space for illicit drinkers in the DTES cannot be separated from my work as a graduate student and early career scholar. EIDGE’s nascent campaign to decriminalize drinking in Oppenheimer Park is one of several initiatives that has informed my analysis as I have undertaken my masters research project. The critical policy history that will comprise the majority of this thesis has subsequently been designed to advance the organizational goals and ongoing advocacy efforts of EIDGE; namely redressing decades of selectively prohibitionist alcohol planning in the DTES insofar as it causes harm to illicit drinkers. Therefore, it cannot and should not be considered objective, impartial, and politically neutral. Instead, I would like to declare my position as a community-aligned researcher embedded within the community of the Vancouver Area Network of Drug Users (VANDU).

While a tremendous amount of time and effort has been directed towards making this graduate thesis an original, captivating, and meaningful piece of scholarship, that is not its primary intention. Rather, I have approached this project similarly to how a bargaining agent for a labor union might approach a fact finding mission pertinent to securing a favorable collective agreement. That is to say that the work that I do must be beneficial to the health and safety of the members of the organization that they represent as my foremost aim. My primary concern is furthering the interests of my friends and colleagues, the EIDGE membership. The archival research and theoretical investigation that this project has involved has therefore served multiple purposes at once. While the findings of each investigation of primary source material would eventually find their way to these pages, they would make many stops along the way. These
stops would include informal strategic conversations with EIDGE members as well as presentations to a network of public health professionals working in Vancouver’s alcohol services sector, planning staff at the City of Vancouver, and a graduate planning class at Queen’s University. I believe that scholarly research of this type, in this community in particular, is legitimate and justifiable insofar as it is conducted in the context of authentic, long-term relationships and able to contribute to improving material conditions for the residents of a neighborhood that has been at the center of magnified policy violence for over a century. If this thesis project will, in any way, contribute materially to the realization of the recommendations of the Vancouver Alcohol Strategy, including decriminalized drinking in Oppenheimer Park and the addition of amenities to the DTES to be used by drinkers, it will be worthwhile.

Postscript: The above prologue was written in the Spring of 2022. In the time since, conversations between EIDGE and the Vancouver Park Board have continued and progressed towards the goal of securing a drinkers park for the DTES. As of January 2023, work to identify potential steward organizations for a safe, sanctioned drinkers park has been discussed. EIDGE has lost several beloved members who helped to lead this effort in the interim period. We continue to struggle for policy change in their memory.
Chapter 1. Reading Alcohol into Vancouver’s Harm Reduction History

Introduction and Background

This thesis explores a particular moment in the history of alcohol control and urban planning in the Downtown Eastside. The event in question is the passage of a moratorium on the creation, expansion, and relocation of liquor licenses in the neighborhood between 1988 and 1990. Although the 1988 moratorium, as it will be termed throughout this thesis, is a single policy pursued by local government during a specific time period as a response to contemporary pressures, I aim to draw attention to it as a clear and acutely visible example of a differential, and likely harmful, regime of alcohol governance that has been applied to the Downtown Eastside and the people who reside there for over a century. By exploring the historical and political origins of this representation of selectively prohibitionist alcohol planning in downtown Vancouver, this thesis is intended to directly support the ongoing policy struggles of EIDG, a peer-governed harm reduction organization. In order to properly contextualize the space on which the moratorium has been applied, I will begin with a short introduction to the historical geography of Vancouver’s DTES. Then, I discuss the moratorium’s emergence as a topic of interest from previous work I conducted alongside an organized community of illicit drinkers living in the DTES today who are actively responding to disturbingly high rates of policy-induced harm. Lastly, I establish the specific objectives of this thesis and outline the manuscript that follows.

The DTES is the oldest neighborhood in Vancouver, British Columbia and loosely bordered by Alexander St. to the North, Keefer St. to the South, Abbott St. to the West and Clarke Drive to the East.\(^2\) The neighborhood rests on unceded Sḵwx̱wú7mesh (Squamish), and

Səl̓ílwətaʔ (Tsleil-Waututh) and xʷməθkʷəy̓əm (Musqueam) lands, and continues to be home to the one of the largest urban Indigenous populations in Canada. The DTES’ past is marked by the violent dispossession of Indigenous peoples, the systematic ghettoization of Chinese-Canadians, militant labor disputes, state-sanctioned expulsion of Japanese Canadians and theft of their property, and continued displacement of low-income people and People Who Use Drugs (PWUD), with each respective community maintaining close ties to the neighborhood today. After the second world war, the area was termed a post-extractive “Skid Road” with a population consisting of aging and economically unproductive resource workers and Single Room Occupancy (SRO) Hotels as Vancouver’s Central Business district began to drift westward, aided by the closure of critical infrastructure like streetcar lines. The advent of the Downtown Eastside Residents Association (DERA) in the early 1970s gave the

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12 Travis Lupick. Fighting for space: How a group of drug users transformed one city’s struggle with addiction. arsenal pulp press, 2018
16 Campbell et al., A Thousand Dreams, 2009.
neighborhood its current name as an accompaniment to militant struggles for political representation and improvements to the material conditions of the neighborhood (Hasson & Ley, 1994). Tenant protections, civic action on neighborhood safety, and resources for area residents were borne from the struggles that marked the 1970s and early 1980s. Facing a simultaneous influx of residents abandoned by an austerity-driven provincial social service administration, the concurrent arrival of injectable cocaine and HIV/AIDS to the neighborhood, high rates of Hepatitis C amongst residents, and the continued loss of the precariously affordable SRO stock, the DTES soon became a space of radical public health activism. In the late 1990s and early 2000s, civil disobedience and the politicized organization of People Who Use Drugs (PWUD) under the banner of the VANDU resulted in substantial civic action to address Vancouver’s HIV/AIDS crisis and the eventual opening of North America’s first supervised injection site, Insite.

The DTES exists at the nexus of structurally violent forces of settler colonialism, extractive resource capitalism, racialized drug prohibition, revanchist urbanism, police violence, the commodification of housing, the retrenchment of the welfare following decades of neoliberal

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18 Ibid.
20 Boyd et al., *Raise Shit*, 2009
21 Lupick, *Fighting for Space*, 2018
22 Ibid.
23 Boyd et al., *Raise Shit*, 2009
26 Ehsan Jozaghi and Kevin Yake, ”Two decades of activism, social justice, and public health civil disobedience: VANDU.” *Canadian journal of public health* 111, no. 1 (2020): 143-144.
austerity, and encroaching gentrification.\textsuperscript{27} \textsuperscript{28} \textsuperscript{29} Subsequently, the neighborhood has been portrayed for decades by popular discourses, development interests, media outlets, and governmental officials as a defined space of abject poverty, blight, social contamination, and rampant crime despite its rich history of community activism, art, and collective resistance to violent oppression. \textsuperscript{30} \textsuperscript{31} \textsuperscript{32} Simultaneously, the construction of the neighborhood and its residents as pathological and ripe for biomedical and anthropological investigation has resulted in the repeated exploitation and over-researching of DTES residents in a paternalistic and otherwise unethical manner.\textsuperscript{33} \textsuperscript{34} \textsuperscript{35} While useful to the end of singling out the DTES and its residents as a discrete grouping for study, displacement, and recapitalization, such discourses willingly ignore the realities of the DTES as a space of healing, activism, community connection, and intergenerational rootedness.\textsuperscript{36} \textsuperscript{37}

The DTES has, however, historically been deliberately constructed as an enclosed urban landscape upon which structural violence generated by colonial capitalism is concentrated and

\begin{itemize}
\item \textsuperscript{27} Sikee Liu and Nicholas Blomley, "Making news and making space: Framing Vancouver's Downtown Eastside." \textit{The Canadian Geographer/Le Géographe Canadien} 57, no. 2 (2013): 119-132.
\item \textsuperscript{28} Masuda and Crabtree, “Environmental justice in the therapeutic inner city” 2010.
\item \textsuperscript{29} Magnus Nowell and Jeffrey R. Masuda. “‘You need to just provide health services’”: navigating the politics of harm reduction in the twin housing and overdose crises in Vancouver, BC.” \textit{International Journal of Drug Policy} 82 (2020): 102774.
\item \textsuperscript{30} Liu and Blomley, “Making news and making space” 2013
\item \textsuperscript{31} Masuda and Crabtree, Environmental justice in the therapeutic inner city, 2010
\item \textsuperscript{33} Isabelle Aube Linden, Marissa Y. Mar, Gregory R. Werker, Kerry Jang, and Michael Krausz. "Research on a vulnerable neighborhood—the Vancouver Downtown Eastside from 2001 to 2011." \textit{Journal of Urban Health} 90, no. 3 (2013): 559-573.
\item \textsuperscript{34} Susan Boyd, Dave Murray, and Donald MacPherson. "Telling our stories: heroin-assisted treatment and SNAP activism in the Downtown Eastside of Vancouver." \textit{Harm reduction journal} 14, no. 1 (2017): 1-14.
\item \textsuperscript{36} Masuda and Crabtree, “Environmental justice in the therapeutic inner city”, 2010
\item \textsuperscript{37} Andrew Ivsins, Cecilia Benoit, Karen Kobayashi, and Susan Boyd, "From risky places to safe spaces: Re-assembling spaces and places in Vancouver's Downtown Eastside." \textit{Health & place} 59 (2019): 102164.
\end{itemize}
Subsequent to these same forces of state-centered policy violence, DTES residents have borne the brunt of British Columbia’s (B.C.) housing and overdose epidemics since 2015. In 2021, 2224 people were killed by the unregulated illicit drug supply in the province, with 524 deaths occurring in Vancouver, the highest recorded total on record. Since 2011, 2642 total deaths in Vancouver have been attributable to illicit drug toxicity, the majority of which are caused by the incentivized adulteration of the illicit drug supply with highly potent synthetic opioids including fentanyl, fentanyl analogues, and clandestinely produced benzodiazepines. While the internationally recognized rollout of low-barrier harm reduction services including Supervised Consumption Sites (SCS), Overdose Prevention Sites (OPS), drug checking services, clean supply distribution and take-home naloxone by community groups has resulted in thousands of lives saved since 2015, these resource constrained tertiary interventions have not been sufficient to address the crisis in full. Harm reduction activists and PWUD have stated that the total number of illicit drug toxicity deaths in the neighborhood will surely rise in the absence of widespread access to safe, regulated, and community-governed supply of opioids.

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38 Masuda and Crabtree, “Environmental justice in the therapeutic inner city”, 2010
44 Ibid.
and stimulants.\footnote{Drug User Liberation Front and the Vancouver Area Network of Drug Users, The DULF and VANDU Evaluative Compassion Club: A Strategic Framework for Preventing Overdose Deaths due to the Unpredictable Illicit Drug Supply. Revision 2.1. 2022. Retrieved from: https://www.dulf.ca/_files/ugd/fe034c_d16d82483593406da4d4459d6f7aa63e.pdf?index=true} \footnote{Andrew Ivsins, Jade Boyd, Leo Beletsky, and Ryan McNeil, “Tackling the overdose crisis: the role of safe supply.” International Journal of Drug Policy 80 (2020): 102769.} Facing mass death and negligent state inaction, the community is once again tasked with designing and implementing harm reductionist drug policy on its own. As of March 2022, the Drug User Liberation Front (DULF) and VANDU have conducted several safe supply giveaways and are collaboratively developing and preparing to implement a community-led form of compassion club to provide safer, tested, and adulterant-free heroin, methamphetamine, and cocaine to PWUD.\footnote{DULF & VANDU, The DULF and VANDU Evaluative Compassion Club, 2022} It is becoming increasingly likely that Canada’s present regime of drug prohibition will end in the DTES, the same site where it began in the wake of the racist violence of Anti-Chinese riots in 1907.\footnote{Catherine Carstairs, Jailed for Possession: Illegal Drug Use, Regulation, and Power in Canada, 1920-1961. Toronto: University of Toronto Press, 2017.}

The incorporation of non-abstinence based, activist-oriented harm reduction approaches to the mitigation of drug-related harms into mainstream public health practice DTES is internationally renowned, if presently inadequate as a result of governmental inaction, resource limitations, and the operational constraints of leading nonprofits. However, alcohol in particular is noticeably and problematically absent from drug policy development processes and harm reduction programming in Vancouver. This is especially problematic given the acutely high rates of alcohol-related harm and instances of drug toxicity where alcohol is involved seen amongst illicit drinkers. The Eastside Illicit Drinkers Group for Education (EIDGE), a drinker-led harm reduction organization operating in the DTES, defines illicit alcohol as “alcohol not meant for human consumption; illegally produced homemade alcohol; and store-bought alcohol that is used
in an illegal way (e.g. drinking alcohol in public spaces)”.

The high incidence of preventable morbidity and mortality amongst people who use alcohol in Vancouver’s DTES, and particularly amongst illicit drinkers, has made clear the need for the implementation and scaling of alcohol harm reduction services in the neighborhood. In a 2018 chart review of illicit drug toxicity deaths conducted by Vancouver Coastal Health, alcohol was implicated in 1/3rd of all deaths. Illicit drinkers are at particularly elevated risk of seizures and injury resulting from alcohol withdrawal, Traumatic Brain Injury (TBI) due to falls and accidents, cirrhosis of the liver, cognitive impairment, and gastrointestinal injury owing to both heavy, long term consumption of beverage alcohol and the regular use of non-beverage alcohol substitutes. According to data from 2018, 2/3rds of surveyed EIDGE members reported visiting the emergency room in the previous year. That same year, 87% of the surveyed membership had experienced a serious injury while using alcohol, and 75% have been arrested as a result of their illicit drinking. According to membership data collected by EIDGE, which remains the only peer-directed advocacy group for illicit drinkers in Vancouver, as many as 60 current and former members were lost in the first 5 years of the organization’s operations. This high rate of preventable death amongst EIDGE

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56 Ibid.
members is among the highest mortality rates of any peer-governed harm reduction organization operating in Vancouver’s DTES.

The roots of the acute structural vulnerability of illicit drinkers in Vancouver’s DTES are multifaceted and intersecting. Illicit drinkers residing in the DTES are among the community’s most marginalized residents owing to their experience of structural violence, having experienced recurring homelessness, chronic physical and mental health concerns, social isolation, interpersonal violence, police harassment and intergenerational trauma related to the ongoing violence of settler colonialism in Canada. More than 80% of membership of EIDGE and the PHS Drinkers Lounge Community Managed Alcohol Program (CMAP) identifies as Indigenous, and members are disproportionately likely to experience health harms resulting from systemic and interpersonal racism. Stigma towards people who use illicit alcohol also creates and reinforces significant barriers to accessing health care, harm reduction services, housing and social supports. Many health care providers are not equipped to address the often complex and co-occurring mental and physical health needs of drinkers in the DTES, and perceived cultural conflicts between drinkers and people who use other drugs have prevented the integration of the former with the DTES’ rich history of harm reduction activism and drug user unionism. According to the membership of EIDGE and the PHS Drinkers Lounge CMAP, many health and

58 Crabtree et al., “Results of a participatory needs assessment” 2016.
60 EIDGE, “Understanding EIDGE” 2018.
61 Ibid.
63 Crabtree et al., “Results of a participatory needs assessment” 2016.
64 Crabtree et al., “Perceived harms and harm reduction strategies” 2018.
65 Crabtree et al., “Results of a participatory needs assessment”, 2016.
social service organizations explicitly prohibit drinkers from their premises and demand for alcohol harm reduction programs and services far exceeds their current availability.66 67

Facing high rates of preventable injury and premature death and amongst people who use illicit alcohol in the DTES, mainstream models of alcohol control fail to account for the vertical, sociopolitical determinants of their health or mobilize effective tertiary interventions to reduce alcohol-related harm. Traditional, population-focused, and evidence-based approaches to alcohol policy in the City of Vancouver & throughout British Columbia are informed by a supply-side logic of alcohol control that is concerned largely concerned with decreasing alcohol’s physical and cultural availability through the mechanisms of pricing, taxation, licensing, outlet density limits and advertising restrictions.68 69 70 71 72 73 74 Despite the effectiveness of supply-side alcohol regulation at reducing alcohol-related harms including hepatic injury, cancer risk, automotive accidents, interpersonal violence and associated health care costs at the level of the population,

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67 Brown et al. Research into action, 2018


decreasing the accessibility of potable alcohol can create harm for people who live with alcohol dependence. This is particularly true of alcohol policies that restrict the availability of alcohol in Vancouver’s DTES, where many drinkers choose to live in part due to the relative availability of low cost housing, access to support services and a strong sense of community connection. In the absence of affordable beverage alcohol, illicit drinkers are made to seek out unsafe alcohol substitutes including mouthwash, rubbing alcohol and hand sanitizer in order to avoid potentially fatal alcohol withdrawal symptoms. Therefore, supply-side alcohol policies are not consistently appropriate methods of reducing alcohol-related harm in the place-specific and historically contingent environment of the DTES.

Previous research has illustrated that the DTES has, at several times throughout history, been subjected to discriminatory alcohol control regimes that applied spatially-specific, sometimes prohibitionist alcohol policies and that are likely to have contributed to an ongoing and harmful scarcity of affordable beverage alcohol and the related displacement of illicit drinkers.

One such policy history pointed to by previous work conducted by myself and EIDGE that remains understudied is the apparent passage of a formal moratorium on the issuance, expansion, and

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75 Bailey & EIDGE, Alcohol Prohibition Never Ended in Vancouver’s Downtown Eastside. We See Another Way Forward, 2021.
76 EIDGE, “Understanding EIDGE” 2018.
80 Bailey & EIDGE, Alcohol Prohibition Never Ended in Vancouver’s Downtown Eastside. We See Another Way Forward, 2021.
81 Aaron Bailey, “‘Back to my room / And the bottle’”: Historical Perspectives of Alcohol Control, Problematisation and Harm Reduction in Vancouver’s Downtown Eastside”, (Honors Thesis, School of Kinesiology and Health Studies, Queen’s University, Kingston, ON, 2020).
relocation of Liquor Primary license in the Downtown Eastside Oppenheimer District (DEOD) by Vancouver City Council in October of 1988, a decision that is documented in City Council minutes but rarely acknowledged by civic officials today. To date, the 1988 moratorium has not been the subject of critical historicization as a form of spatially selective alcohol prohibition or as a relevant contributor to alcohol-related harms for illicit drinkers in the DTES today. Between 2020 and 2022, the exclusion of the DTES from the Vancouver Parks Board Alcohol in Parks pilot, as described in the prologue to this thesis, further suggested the existence of both informal and formalized geographical inequities in contemporary alcohol planning throughout Vancouver’s downtown core. This decision is consequential; Without access to legally sanctioned public drinking spaces, illicit drinkers in the DTES remain at disproportionate risk of police harassment, liquor pour-outs, and further criminalization related to non-payment of bylaw infractions. Therefore, a critical historical examination of the 1988 DEOD moratorium holds scholarly and activist potential to support a depth of understanding of the conditions under which this highly racialized and exclusionary alcohol control regime was imposed on the formerly alcogenic landscape of the DTES. More importantly, returning a previously obscured yet highly relevant policy history to the community of illicit drinkers residing in the DTES today in the form of a well-developed and historically-grounded understanding of these conditions is an expressed interest of the EIDGE membership, and may point community activists towards policy-based means of redress for planning-induced alcohol-related harm.

Research Objectives

Subsequently, this thesis project will fulfill three objectives:

1) Theorize the political, economic, social, and historical conditions that made possible Vancouver’s selective 1988 moratorium on the issuance, expansion, or relocation of liquor licenses in Vancouver’s Downtown Eastside-Oppenheimer District.

2) Explore the relationship between the moratorium as a spatially-organized prohibitionist alcohol policy regime and public health’s historical use of liquor law as a colonial tool for the surveillance, regulation, and dispossession of structurally marginalized persons in British Columbia.

3) Contribute materially to the harm reduction-oriented activist work of illicit drinkers residing in Vancouver’s Downtown Eastside today.

Thesis Outline

This thesis will proceed as a series of related essays, each restricted to a single subject but addressing a key methodological feature of my study of the City of Vancouver’s 1988 moratorium on the issuance of Liquor Primary licenses in the DEOD. The second chapter of this thesis provides a literature review of existing work to theorize the colonial biopolitics of alcohol control. I begin with a general overview of public health history and its deployment in settler colonial settings as a technology for constructing racial differences via the segregation of white and non-white populations on the basis of culturally specific notions of hygiene informed by Bashford’s *racialized cordon sanitaire*. Then, I explore how Vancouver’s urban development
was assisted by the use of public health science as a technology of civilization, control, and differentiation from non-white populations, making possible settler expansion. Focusing specifically on alcohol and drawing from the work of Mariana Valverde, Renisa Mawani, and Robert A. Campbell, I will then move into an extended discussion of the use of alcohol policy as a colonial technology of social control in British Columbia. Specifically, I highlight racialized selective prohibitions and the development of the post-prohibition beer parlor as key examples of biopower at work in service of the white settler state. Finally, I briefly summarize the emergence of alcohol science and how it was imported into Vancouver to support urban renewal discourses, liquor store closures, and the development of a supply-side oriented public health approach to alcohol control. I describe how the incorporation of alcohol policy into the public health state laid the foundations for the production of a *cordon therapeutique* surrounding the DTES that would rely restrictive control measures and medicalized surveillance to selectively pathologize, surveil, and coercively rehabilitate DTES drinkers.

In Chapter 3, I provide a detailed project history in order to situate this thesis, its motivations, and my own positionality as a graduate student in the context of nearly three years of community involvement and relationship building with EIDGE and the PHS Drinkers Lounge CMAP. By doing so, I convey the depth of this project's relational dimension and argue that my current positionality as an activist researcher with established ties to a community of peer harm reduction activists could not have been achieved within the prescribed two-year period of a masters-level program of study. The Fourth chapter of this thesis will provide methodological context that surrounds this project and describes the archival research methods used to produce a critical policy history of the 1988 DEOD moratorium. I will describe the position of this work within broad methodological debates surrounding the archive, where I will situate this project
within the novel archival research-as-praxis approach developed by the R2R Research Collective of which I am a part. Informed by Masuda and the Right to Remain Collective\textsuperscript{86}, I aim to ground Foucault’s concept of biopolitics in the DTES’ present alcohol control regime by applying Bashford’s\textsuperscript{87} historico-theoretical work on imperial public health. Finally, I close chapter four by describing the archival research methods used to produce a critical policy history of 1988 DEOD moratorium, beginning with the selection of the City of Vancouver Archives as a primary institution of focus, spanning the data collection and organization processes, and ending with the form of critical policy analysis and discourse analysis applied to all historical source materials.

The fifth chapter of this thesis is a narrative policy history of the 1988 DEOD moratorium which applies archival analysis to theorize the socio-political origins of the moratorium itself. Reflecting on this policy history, the fifth and final chapter of this thesis will assess empirical changes to the drinking landscape of the DTES, drawing clear through lines between the passage of the moratorium and its colonial antecedents. To this end, I suggest that the passage of the moratorium accelerated local government’s attempts to produce and subsequently eradicate the concentration of licensed “non-conforming hotels” from the DTES. In the ensuing vacuum emerged a new incentive to produce market-rate housing and the increasingly gentrified drinking spaces that accompanied them. The turnover of the alcogenic landscape introduced in this manner a new form of selective spatial exclusion that has subsequently helped make possible disturbingly high rates of alcohol-related harm and housing precarity amongst structurally marginalized illicit drinkers.

\textsuperscript{86} Masuda et al., “Abandoning the SRO” 2021.
Chapter 2: Colonial Alcohol Policy and the Downtown Eastside’s Cordon Therapeutique

Introduction

This chapter outlines historical literature to frame the imposition of a targeted form of spatialized alcohol control onto Vancouver’s DTES in 1988 as a continuation of an extensive history of spatialized public health surveillance and the highly racialized governance of drinkers in Canada. This background sets the stage for my subsequent analysis of the regime of alcohol control imposed on the DTES in 1988 in the form of the moratorium. Drawing largely from important work on the history of colonial public health in Vancouver and existing social histories of alcohol regulation in B.C., I extend on a presently siloed literature to argue that a public health-dictated, spatially defined and prohibitionist policy regime for the biopolitical management of problematized, often racialized, drinkers deemed incapable of self-governance, a *alcohol-specific cordon therapeutique*, emerged in Vancouver in the 1950s. The creation of the *alcohol-specific cordon therapeutique* is attributable, in part, to the convergence of alcohol control’s moral and eugenic crusade, beyond the domain of sanitary science until the first world war, adopting the spatial focus of sanitary planning as it was gradually absorbed into governmental population health promotion efforts. I point to the alcohol-specific *cordon therapeutique* as evidence for the ongoing impact of such medicalization, and as a starting point for understanding the present day regime of alcohol policy in the DTES in the form of the 1988 DEOD moratorium.

This review will lend support to this claim by tracing the intersection of the sanitary tradition’s scientized ordering of public and private space, imported to Vancouver from Britain’s Imperial core, with early temperance-informed regulatory efforts towards alcohol consumption in the 19th and 20th centuries. First, I suggest that Alison Bashford’s *racialized cordon sanitaire*
and its material contributions to settler colonial projects in the British Commonwealth are visible in the history of public health in Vancouver. Then, I draw on existing work from the fields of health and cultural geography to propose that Vancouver’s colonial public health system adopted the highly racialized technologies of spatial regulation from the sanitary tradition throughout the 19th and 20th centuries to restrict the drinking, intoxication, and reproduction of racialized, often poor, persons as a means of governing select bodies deemed threatening to the white settler populace. Finally, I document how the eventual arrival of “alcohol science” in Vancouver in the decades that followed the second world war drew from both Vancouver’s colonial, urban planning-centric sanitarian tradition and eugenic history of temperance politics to make scientifically legible a new slate of methods for classifying and differentiating drinkers throughout the City through the language of health, responsibility, and risk following World War Two. This convergence is a key antecedent moment of the 1988 DEOD moratorium’s passage, and I draw on Masuda’s analysis of public health history in the DTES to suggest that alcohol and the governance of drinkers played a critical role in the transition of the neighborhood’s racialized \textit{cordon sanitaire} towards a more medicalizing, but still differentiating and racialized, \textit{cordon therapeutique}. I conclude this review by introducing my analysis of the 1988 DEOD moratorium, which I argue is a continuation of a previously existing selectively prohibitionist alcohol landscape in Vancouver, \textit{a cordon therapeutique} maintained through alcohol policy, which has functioned to construct the DTES and people within it as incapable of liberal self-governance within the neoliberal paradigm of health promotion.
Governance Through Boundaries of “Hygiene” in Frontier Vancouver

Sanitary science, originating in Britain’s Imperial core as a means of managing class tensions inherent to rapid urbanization, served new and specific functions in settler colonial contexts like Canada. In *Imperial Hygiene: A Critical History of Colonialism, Nationalism, and Public Health*, Alison Bashford completes a thorough study of the medico-juridical contributions of cleanliness, hygiene, and public health law to Australia’s project of white nation building between 1901 and the post-war period. Bashford offers a key distinction between the early British and Australian adoption of state medicine:

“The pursuit (at many levels) of health, hygiene, and cleanliness was one significant way in which the ‘whiteness’ of white Australia was imagined, as well as technically, legally, and scientifically implemented: purity was the project of public health, as well as the project of a nation. In this way, questions of race and racialized geopolitics structured and shaped the knowledge, practice, and bureaucracy of public health in Australia in the same fundamental way that questions of class and urbanization shaped British public health in the nineteenth century.”  

In early colonial Australia, discourses of cleanliness and hygiene were important social and legal tools for the medico-juridical segregation of white settlers from Indigenous peoples and non-white immigrants, particularly Chinese laborers. The cultivation of healthy, white citizens in the image of British imperial and technological supremacy, an identity sought for Australia by colonists, was dependent on contrasts drawn through the exclusion of “unclean” bodies from entering the state and circulating amongst white settlers within it. Where British sanitary reformers sought primarily to administer the health and lives of the poor and working classes, central and state-level Australian governments sought to define the new country as a civilized nation, placing cleanliness as primarily a proxy for whiteness.

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88 Bashford, *Imperial Hygiene*, 2003. Pg. 3.
89 Ibid.
90 Ibid.
In Canada as in Australia, 19th century public health policies reflected and reinforced racist ideas about the biogenetic inferiority of Indigenous populations and were used to justify the selective usage of techniques of exile-enclosure, referring to the separation of select population groups through the construction of legal borders for the supposed benefit of the nation’s health. Discourses of contagion framed Indigenous and non-white populace as continuously threatening, warranting segregation beyond external and within internal borders under colonial laws like Australia’s Contagious Diseases Act of 1879. Bashford explains that hygiene and health

“signal[ ] the constant need for purification from the ever present contaminating threat over the border, however imagined... [in late 19th century Australia,] hygiene became a primary means of signification by which those borders were maintained, threats were specified, and internal weaknesses managed.”  

To Bashford, practices of selective quarantine and the spatial separation of bodies through the carceral usage of defined urban spaces deemed contaminated, or racialized cordon sanitaires, were used to establish racialized boundaries of rule around and within settler colonial holdings. Anti-Asian exclusion acts, the administration of quarantine islands to house non-white deportees, and Western Australia’s segregated “Leper Line” along the 20th parallel intended to stop the movement of Indigenous persons and facilitate white settlement on the grounds of a racist association between Indigenous peoples and the spread of leprosy to white citizens, are all illustrative example of the racialized cordon sanitaire. In Australia, public health held the discoursal and legal power to enforce both conceptual and physical boundaries contingent on observable “biological” characteristics, positioning the new scientific field as a leading edge of white supremacist statecraft. Imperial Hygiene argues persuasively that widely accepted

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91 Bashford, Imperial Hygiene, 2003, Pg. 5
92 Ibid.
genealogy of public health, which trace the linear progression of the field from reliance on quarantine towards the promotion of healthy lifestyles over time, are inadequate, suggesting that such a linear genealogy fails to account for the ways in which both sovereign (i.e. quarantine) and disciplinary (i.e. behavior change) power are enacted simultaneously and into the present.\textsuperscript{93} Instead, Bashford contests that disciplinary public health’s association with discourses of cleanliness, racial purity, citizenship, and whiteness is dependent on the simultaneous production of racialized cordon sanitaires both within and beyond colonized space. The application of the cordon sanitaire to colonized bodies in service of population health, in contrast to the responsibilization of a white general population of a precariously founded nation, is intentional. 

Cordon sanitaires, be they geographical, physical, or intergenerational, functioned to produce specific and racist assumptions about colonized populations and perpetrators of imperial violence, drawing impermeable lines of citizenship, cleanliness, and contagion.\textsuperscript{94} In sum, Bashford’s racialized cordon sanitaire, alongside the co-constitutive measures of the new public health, is productive: it is an exercise of biopower used to classify, separate, pathologize, and differentiate the racialized and untreatable other from a general populace granted responsibility to survey itself.

\textbf{The Cordon Sanitaire as Biopolitics}

Early systems of quarantine in Britain, Australia, and Canada aimed to shape the bodies of poor and working class persons deemed incapable of self-regulation, yet necessary for accelerated industrialization, while protecting the growing middle class from dirt, miasma, and associated contagion. The settler state was, therefore, concerned with administering the life

\textsuperscript{93} Ibid.
\textsuperscript{94} Bashford, \textit{Imperial Hygiene}, 2003
processes, health behaviors, disease states, reproductive capacities and affective states of specific populations. Poststructuralist scholars describe such processes as “biopolitical” in nature, in reference to the phenomenon of biopower most recognizably theorized by Foucault beginning in *The History of Sexuality, Volume 1*. To Foucault, the concept of biopolitics is used to explain a gradual building of state or sovereign ability to “foster life, or disallow it to the point of death” through techniques of administrative power.\(^{95}\) Power in this sense does strictly not manifest as state monopoly on the use of violence or direct political oppression. Rather, biopower is enacted through a more subtle, often regulatory mode of programmatic state interest in enhancing and preserving the normative functioning of the subjective body. This body is:

> “... imbued with the mechanics of life and serving as the basis of biological process: propagation, births and mortality, the level of health, life expectancy and longevity, and all the conditions that cause these to vary.” \(^{96}\)

Classical understandings of public health are concerned with each of Foucault’s “mechanics of life” described here, with interventions ranging from water systems improvement, sanitation and hygiene, sex education, vaccination for endemic illness, health behavior change education, smoking cessation, and food safety inspection, each reflecting state intention to positively manage, enhance, or otherwise influence the aggregate life processes of a defined “risk” population. Such an interest is enabled by conceptualizations of human biological process as segmented and mechanized, and by situating human life itself as a subunit of a larger, organic “social body”, requiring the optimal functioning of its various components.\(^{97}\) The motivations of this post-enlightenment valorization of the productive social body remain material in nature to Foucault, and inseparable from processes of capitalist accumulation. This is the objective of the


\(^{96}\) Ibid, Pg. 139.

\(^{97}\) Ibid.
exercise of biopower to Foucault, however diffuse its concentration: “[the development of
capitalism] would not have been possible without the controlled insertion of bodies into the
machinery of production and the adjustment of the phenomena of population to economic
process.” 98 Sanitary science, the drawing of boundaries, and imperial violence are inextricably
linked through their mutually reinforcing production of biopower through the technical and
political work of the public health state. In the proceeding section of this review, I point to how
this nexus was imported to early Vancouver, a precarious western frontier within Canada, to
specify how this nexus of state medicine touched down around the DTES through the
differentiating, and biopolitical, logic of the *racialized cordon sanitaire*.

**The Governance of the “Civilized” Nation’s Health in Early Vancouver**

The practical and organizational expertise required to carry out large-scale preventative
sanitary planning and respond to epidemic disease in so-called Canada was imported from
Britain following an 1832 cholera epidemic, but would not develop in earnest until the period
between 1880 and 1920.99 Like Victorian Britain, early state medicine in Canada was
predominantly composed of localized regulatory efforts at “smoothing over co-existence”100 in
growing urban centers by means of waste disposal bylaws, building standards, road
improvement, securing potable water, and restricting where and how animals could be kept.
Recently immigrant white, European professionals populated the emerging bureaucracy required
to produce and enforce these regulations, concerned largely with managing “problem”

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98 Ibid, Pg. 141.
100 Ibid, Pg. 279.
Rapid responses to disease outbreaks, likely to rely on emergency quarantine measures, were also organized by local health boards on an emergency basis. The management of space and urban life remained a central feature of local health boards’ regulatory foci, recognizing the potential for newly forming cities to become spaces of contact, contagion, unrest, and efficient regulation. Cassels (1994) notes that local boards of health also concerned themselves with the conditions of slums and informal settlements, viewing low-income housing and the poor conditions within it as blighted spaces for the incubation of diseases which could impact the landowning middle class. The construction of parks, neighborhood planning, and the enforcement of housing codes granted health inspectors of elected officials an opportunity to court residents of “the better sort”, aiming first to produce a specific, often racialized, urban social order first and improve health second. Canadian state medicine differed from Great Britain in its close relationship with the genocidal dispossession of Indigenous persons from unceded traditional territories. The introduction of disease, orchestrated neglect by federal health services for eugenic ends, the installation of the reserve system, the systemic deprivation of viable agricultural lands, the creation of residential schools, starvation campaigns and nutrition studies, familial separation, and the violent social dislocation of Indigenous persons from cultural traditions have all implicated the Canadian state’s “health promoting” apparatus between first contact and the present day. Broached in the language of health and civilization, public

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101 Ibid.  
105 Ibid.  
health intervention assisted and enabled both assimilation and extermination for Indigenous Peoples in Canada.

The formalization of public health infrastructure through aggressive sanitary reform began immediately after Vancouver’s incorporation in 1886 and served a critical role in the construction of the new frontier city as a civilized, white, and attractive frontier for westward settlement. To-date, Margaret Andrews provides the most comprehensive study of Vancouver’s public health services between 1886 and 1914.\textsuperscript{108} \textsuperscript{109} Placing Andrews’ work in conversation with Bashford illustrates that sanitary science and public health planning served as primary colonizing forces in early Vancouver. Vancouver’s population grew exponentially during the years after its incorporation, rising from around 500 residents to approximately 8000 by 1888, placing serious pressure on local officials to secure a reliable water supply, manage waste, establish a city hospital, and regulate dwelling conditions.\textsuperscript{110} Vancouver’s geographic positioning as a terminal frontier city, reliant on and crucial to trade and extractive industry in the pacific northwest, meant that this population boom was not preceded by the establishment of religious or philanthropic ventures capable of providing basic health services to white settlers. Accordingly, the government of B.C. and Canadian Pacific Railway supported the construction of a major hospital, and the city’s first council quickly passed a Health Bylaw, thereby creating the positions of Health Inspector and Medical Health Officer by March 1887.\textsuperscript{111} The first Health Bylaw concerned the disposal of garbage and human waste, included measures to prevent the accumulation of “filth”, created enforcement mechanisms to combat “unsanitary housing”, and

\textsuperscript{111} Ibid.
oversaw basic food safety.\textsuperscript{112} Massive public investment led to the installation of sewers, drainage infrastructure, and a permanent water system in 1889.\textsuperscript{113} Writing in a report to the health committee in 1888, Medical Officer of Health Lefevre explained that

> “An extended system of sewerage and a supply of pure water are absolutely essential; and when these are secured, as we may reasonably expect them to be within a short timeframe, Vancouver will have utilized to the utmost advantages of her position from a hygienic standpoint, and will owe still more to the teachings of sanitary science than she does to the natural salubrity of her surroundings and her climate.”\textsuperscript{114}

Lefevre points to the social reformist ideals underpinning sanitary science. In Vancouver’s case, said “advantages” included seaport access and speculative investment in land controlled predominantly by the Canadian Pacific Railway.\textsuperscript{115} Civic officials' desire to use state investment to bolster Vancouver’s position within the colony of Canada and beyond is evident in the fervor with which these developments occurred. Andrews notes that between 1891 and 1915, “forty-five health-related bylaws were put before the public and all were carried”.\textsuperscript{116} Vancouver’s explicit aim of economic growth through health investment “distinguished Vancouver from other nineteenth century port cities”, with each project completed on a short time frame, with popular support, and at great scale.\textsuperscript{117} Local reporting said as much by claiming that “the greatest and best advertisement a city can have is its health,”\textsuperscript{118} referring to this unique prioritization of public expenditure on health infrastructure as an attractive asset for settlers, commerce, and development, would entice “…capitalists who desire to invest their money in a growing city of importance.”\textsuperscript{119}

\begin{thebibliography}{99}
\bibitem{112} Ibid.
\bibitem{113} Ibid.
\bibitem{114} Ibid, Pg. 26.
\bibitem{116} Ibid, Pg. 20.
\bibitem{117} Ibid, Pg. 20.
\bibitem{118} Ibid, Pg. 25.
\bibitem{119} Ibid, Pg. 25.
\end{thebibliography}
While providing settlers with basic public services and effectively reducing infectious
disease mortality, early public works projects, land use ordinances, and property inspection
campaigns were used strategically by local government and land speculators to promote the
continued dispossession of the city’s surrounding lands and the capitalization of space.¹²⁰
Andrews quotes a contemporary civic official who, reflecting on the relationship between
sanitary infrastructure, the enhancement of life, and the demand for settler expansion stated that:

“...if we desire others to make their homes with us, we must give them streets and sidewalks, water and
light, sewerage and protection from fire, schools and hospitals; and all these essentials to our health, our
prosperity and our comfort should be provided as rapidly as our means permit.”¹²¹

To the first board of health, further settlement could be facilitated by sanitary science itself as a
shibboleth of progress that was able to make population growth, and specifically the migration of
white European settlers to Vancouver, possible. Public health’s growth in Vancouver also served
to place the city within the British Empire and stake claims to civilized, white space. In 1913,
seeking to develop a standalone bylaw for the regulation of Lodging houses, Medical Officer of
Health F.T. Underhill looked directly to Britain and its colonies for guidance to define and
properly eradicate housing deemed to be substandard.¹²² Underhill remarked that “What other
countries have done, Canada can do, nay must do, if she is to retain her place in the foremost
ranks of the peoples of the World.”, signifying sanitary science’s use as a means of marking
Vancouver as white and civilized using explicitly eugenic language.¹²³

The enforcement of the eventual Lodging Bylaw in 1921 demonstrates the practical
workings of this ideology and reflects the making of Bashford’s racialized cordon sanitaire.

¹²⁰ Ibid.
¹²¹ Ibid.
¹²² Masuda et al., “Abandoning the SRO” 2021.
¹²³ Ibid, Pg. 4.
Kay Anderson’s seminal writing on the history of Vancouver’s Chinatown explains that Chinese migrants were viewed as corrupting influences to white Vancouver.\textsuperscript{124} \textsuperscript{125} The 1882 Chinese Exclusion Act, 1885 Chinese Immigration Act and Royal Commission on Chinese Immigration, and the creation of a largely Chinese-Canadian leper colony on D’Arcy Island in 1891 had embodied the Canadian state’s racist concerns surrounding the influence of Chinese migrants on white Canada’s future, casting them as threatening to a carefully cultivated white majority.\textsuperscript{126} Single Chinese men in particular were cast as culturally alien to Anglo-Vancouver, with predilections to vice including opium, alcohol and gambling, preference for unsanitary living conditions, immoral sexuality, and leprosy that threatened the racial health of white Vancouverites. The image of Chinese men preying upon white women in Chinatown opium dens was propagated by the Asiatic Exclusion League, who would led a violent uprising against Chinese and Japanese residents of Vancouver’s downtown core during the 1907 Anti-Asian riots.\textsuperscript{127} \textsuperscript{128} \textsuperscript{129} Canada’s subsequent prohibition on the production and sale of opium in 1908 was a direct response to racist concerns over Opium’s dangerous association with Chinese culture and men.\textsuperscript{130} Chinese workers were also viewed as undercutting white settler labor through their “tolerance” for difficult work and exploitative wage, thereby disrupting the prosperity of white British Columbians and, in concert with perceived cultural immorality, the nuclear family.\textsuperscript{131} \textsuperscript{132}

\textsuperscript{125} Anderson, \textit{Vancouver's Chinatown}, 1991.
\textsuperscript{126} Ibid.
\textsuperscript{128} Carstairs, \textit{Jailed for Possession}, 2006.
\textsuperscript{130} Carstairs, \textit{Jailed for Possession}, 2006.
Sanitary inspection became a means of marking Vancouver’s Chinese community and its occupied spaces as immoral, different and insular, while also contributing to the material dislocation and exile-enclosure of Chinese-Canadian settlements in the area surrounding Dupont St., now East Pender St. Chinese-Canadian worker’s moral fortitude and the sanitary condition of state-neglected dwellings were inseparable to local officials, who sought to protect the white population from perceived racial and bacteriological contagion. To this end, Chinatown was appointed its own administrative category within the board of health, and was targeted for intensive building inspection in an attempt to destroy Chinese dwellings determined to be non-conforming to settler ideals and therefore physically and morally threatening to the health of the white population. Discourses of hygiene, cleanliness, citizenship, whiteness, and public morality merged and overlapped, serving political functions in the colonial province. In his examination of the history of SRO governance in Vancouver, Masuda and the Right to Remain Collective write that:

“The Lodging House Bylaw set a disciplinary frame of reference for constituting a “healthy” urban infrastructure premised upon minimum standards of habitability in accordance with British North American ideals. In mandating an orderly approach to housing design and maintenance dictated by sanitary considerations, the bylaw designated existing housing as inherently problematic and often on the basis of the assumed lifestyles of its residents.”

The words of the newly created army of street-level bureaucrats tasked with enforcing such bylaws reflect the observed incompatibility of Chinese-Canadian settlements with Vancouver’s newly imported principles of sanitary planning. In 1895, a Medical Health Officer documented that:

“All the cabins on the foreshore should be condemned and destroyed. In no other way is it possible to abate the nuisance arising from the constant deposition of filth and refuse by the occupants. At present they cannot be other than a standing menace to public health”

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134 Masuda et al., “Abandoning the SRO” Pg. 4.
To be sure, living conditions in many segments of the community were in fact dire - dangerous low wage work, familial immigration restrictions, legislated and tacit racism in hiring practices, and a noted lack of civic investment in basic water and sanitation infrastructure to make the north shore of False Creek suitable for habitation had produced serious environmental and habitational health hazards. However, members of the Chinese community actively resisted this civic neglect, mobilizing their own resources to prevent and rectify public health concerns in the neighborhood as they arose, signifying an understandable lack of complacency.\textsuperscript{136} The rigorous Health and Lodging House Bylaw inspection campaigns were intended to discipline Chinese residents and provide justification for the destruction of their settlements, justified by conditions that, in many cases, resulted from being deprived of basic services. While serving to attract white settlers and investors, early sanitary science in Vancouver was violently mobilized to survey, frame, regulate, and displace Asian and Indigenous persons. The pretense of enforcing cleanliness in the new urban landscape was achieved through the import of imperial strategies for managing urban space, leading to intensive ghettoization, with sanitary planning itself taking the position of scientized conduit for racist civilizing discourses.\textsuperscript{137 138 139} The product of this relationship was the construction of a defined and racialized \textit{cordon sanitaire} in Vancouver’s downtown core, upheld and justified by the inspection technologies of public health and appearing in lockstep with the city’s sanitary planning agenda. Chinatown’s construction and surveillance embodies the overlap between the precarity of colonial settlement, racialization, vice, and public health governance that marked early Vancouver and justified the production of

\textsuperscript{136} Ibid.
\textsuperscript{139} Masuda et al., “Abandoning the SRO” 2021.
cordon sanitaires. In the following section of this chapter, I trace how colonial public health’s practices of spatial management drew from BC.’s temperance movement, gradually expanding to include alcohol in particular as an object for state-intervention through the construction of new borders and separations. I draw from Masuda’s analysis of public health history in the DTES to suggest that this convergence formed the basis for a newly rationalized and medicalized method of exile- enclosure - an alcohol-specific cordon therapeutique, in the early 1950s.\textsuperscript{140}

The Social History of Alcohol Control in British Columbia

To colonial authorities beginning in the 1850s, the imperative of cultivating self-sustaining, physically fit, white citizenry in a precariously settled space was threatened by alcohol’s purportedly racially corrupting effects. In this sense, the establishment of alcohol-specific legislation and regulatory enforcement in B.C. marked the introduction of a new technology of biopolitical governance. While the biopolitical nature of alcohol policy has been documented and theorized upon elsewhere,\textsuperscript{141 142 143 144 145 146} this analysis must be applied to B.C. through the lens of material support to the settler colonial project. B.C.’s early regulations related to alcohol attempted to leverage the administrative capacity of the British colonial bureaucracy to manage processes of consumption, affect, intoxication, and sexuality related to alcohol. Local ordinances

\begin{flushleft}
\textsuperscript{140} Ibid.  \\
\textsuperscript{141} Dan Malleck, Try to Control Yourself the Regulation of Public Drinking in Post-Prohibition Ontario, 1927-44. Vancouver, BC: UBC Press, 2012.  \\
\textsuperscript{142} Mark Jayne, Gill Valentine, and Sarah L. Holloway. Alcohol, Drinking, Drunkenness : (dis)orderly Spaces. Farnham, Surrey, England :: Ashgate Pub., 2011.  \\
\textsuperscript{144} Hilda E Kurtz, "Biopower, food and space." \textit{Sociología Histórica} 5 (2015): 195-213.  \\
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and the regulations of the Liquor Control Board related to the licensing of drinking spaces and individuals, land use regulation, density limits on the location of liquor outlets, sin taxes, operational standards for drinking outlets, service practices, public education campaigns, retail monopoly, and the levying of selective prohibitions sought to protect and enhance the individual settler body. The potential for alcohol to render the colonizing body incapable of labor through intoxication or disease concerned colonial officials in Victoria, as a population in such a condition would simultaneously be unable to materially contribute to expanding land acquisition and reproduction while losing self-sufficiency, and become dependent on the state. 147 148 149 150 151 The introduction of the province's first licensing statutes and fees in 1854 in response to perceived social disorder amongst colonists in Victoria were passed to this end. While the regulation of the drinking settler body was prioritized, white European colonists were not the first demographic to be targeted by liquor law. From 1854 until 1962, Indigenous persons in B.C. were governed by a unique and highly discriminatory framework of laws, regulations, and power relationships pertaining to alcohol. The health and welfare implications of liquor control aided the settler states' systematic dispossession of Indigenous peoples from unceded lands that now comprise much of Western Canada. The first of such measures was the selective prohibition of the distribution and sale of “intoxicating liquor to an Indian, or to permit or suffer the same to be given, sold bartered, as aforesaid, to be consumed by any Indian in such persons abode, shop, store, bar-room, boat,

147 Mawani, “In Between and Out of Place” 2000.
canoe, or other premises.” The penalties under this Act were increased significantly in 1866, with first-time offenders facing penalties of $500 or a maximum of 6 months in prison for possessing alcohol in a “Native dwelling”, a stipulation that criminalized Indigenous persons. The passage of the Indian Act in 1876 expanded this form of specific prohibition nationally, prohibiting the sale or usage of liquor on newly created and intentionally carceral reserves and legalizing the arbitrary arrest and detainment of Indigenous persons who are found or believed to be intoxicated. Robert A. Campbell argues that the liquor provisions of the Indian Act were significantly more punitive than previous prohibitionist legislation in that they explicitly applied to anyone who followed “the Indian mode of life”. In effect, the “Indian mode of life” was assessed through racial profiling, the discretion of largely white property owners, and the arbitrary decisions of Northwest Mounted Police constables. This stipulation radically expanded the scope of these prohibitions, as Mariana Valverde notes that “the category of potentially intoxicated Indian was broader than the legally acknowledged Indians.” Selective prohibitions were also designed to coerce the enfranchisement of Indigenous persons with legal Indian status in B.C. after the passage of the Act. For Indigenous persons, enfranchisement entailed both gaining the right to purchase and consume alcohol, which was widely associated with political citizenship more generally, and renouncing all claims to “Indian” status and its associated rights. While upholding racist “biological truths” about Indigenous persons in order to frame their drinking as inherently

152 Hamilton, Sobering Dilemma, Pg. 37.
153 Ibid, Pg. 45.
156 Ibid.
158 Valverde, Diseases of the Will, Pg. 166.
problematic and warranting state intervention, the Indian Act’s provisions also presented the right to drink, central among other rights enjoyed by the white population, as enticements to assist it’s stated purpose of cultural eradication and genocide.  

The flexibility of the Indian Act’s liquor provisions were especially important in the context of B.C., where boundaries of Indigeneity remained permeable and colonial anxieties of racial hybridity and the governance of “half-breeds” guided the enforcement of liquor legislation. This focus on hybridity was material in nature, and has been discussed at length by Renisa Mawani. Colonial officials in the late 19th and early 20th century B.C. feared individuals with one Indigenous parent because they resided in between governable white and Indigenous populations, but were able to move freely through the spaces of both communities. People with one Indigenous parent were viewed as inherently immoral and dangerous to both white and Indigenous persons, with concern centering on their ability to supply Indigenous persons with alcohol on and off reserve and engage in corrupting immoral behavior. The interaction of half-Indigenous persons and white settlers within drinking spaces themselves was also of eugenic concern to social planners. Such spaces were viewed as environments where sexuality and interracial reproduction could occur, further complicating the question of hybridity and growing a population of biogenetically feared persons. However, the governance of said individuals as white citizens would also grant them the right to pre-empt a determined acreage of land and political enfranchisement, materially threatening the settler colonial project in B.C. Renisa

\[160\] Ibid.  
\[162\] Mawani, “In Between and Out of Place” 2000.  
\[163\] Ibid.  
\[164\] Mawani, “In Between and Out of Place” 2000.  
\[165\] Ibid.
Mawani argues that, by legislating into existence a new category of “half-breed” within the Indian Act, “state officials were once again endeavoring to protect their own property interests by legally excluding racially hybrid peoples from making claims to Aboriginal Land.”\textsuperscript{166} Alternatively, recognition as Indigenous would trigger state responsibilities and unique rights to resources to said individuals, including reserve lands, an outcome that the government of B.C. and federal Department of Indian Affairs officials sought to avoid.\textsuperscript{167} The settler government of B.C. noted that alcohol policy, with its ability to use the state’s regulatory apparatus to manage social life at a spatial level, could be used as an intermediary. Despite their exclusion from the legislation itself, the arbitrary extension of selective prohibitions on the possession of alcohol, outright bans on Indigenous persons use of public drinking establishments, and the enforcement of liquor statutes prohibiting the distribution of alcohol to Indigenous peoples or the possession of alcohol in a “Native dwelling” were pursued intensively against part-Indigenous persons. Liquor law then, and the application of selective prohibitions on the grounds of following an “Indian mode of life”, became a strategic means for the government of B.C. to administer the intoxication, movements, and reproduction of persons of Indigenous ancestry with the end goal of limiting interaction with the white populous.\textsuperscript{168, 169}

The nature of selective prohibitions levied historically against Indigenous peoples makes clear the relationship between the biopolitical governance of alcohol and settler colonialism. According to Mariana Valverde, the selective prohibition itself, that is, legal restrictions on access to a stated substance that are applied to a defined population, reflect and shape commentary on the

\textsuperscript{166} Ibid, Pg. 21.  
\textsuperscript{167} Ibid.  
\textsuperscript{168} Ibid.  
agency, will, and physiology of said population. Valverde points to specific age-related prohibitions on the sale of alcohol as a less nefarious example. According to Valverde, Ajzenstadt, and Burch, the creation of selective prohibitions against Indigenous persons propagated myths about the susceptibility to alcohol-related problems in Indigenous populations, conveying further evidence of a belief in juvenility and biogenetic inferiority. Such beliefs, referred to as “Firewater Myths” in the wider scholarship, have no sociological or scientific basis. Instead, Firewater Myths and related selective prohibitions are biopolitical tools that cast Indigenous populations as juvenile, in need of paternalistic wardship, and undeserving of traditional lands that could otherwise be effectively capitalized, justifying their violent dispossession. Moreover, the effects of selective prohibition itself further enforce the false belief in Firewater myths, as the overt exclusion of Indigenous persons from drinking spaces in B.C. and the necessity of clandestine drinking served to reinforce the belief that alcohol tolerance was a racialized characteristic. For example, the Liquor Control Board of Ontario’s Interdiction List, a governmental ledger including the names and personal information of individuals whose behavior, occupation, and race had produced cause for their right to purchase alcohol to be revoked, was colloquially referred to as the “Indian List”, signifying the equation of Indigeneity

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170 Ibid.
171 Ibid.
with intemperance and it’s use to discipline Indigenous drinkers.\textsuperscript{179} In his documentation of the eventual rollback of B.C.’s selective prohibition, historian Robert A. Campbell notes the final federal restriction on Indigenous persons’ right to possess or consume alcohol only ceased to be enforced in 1962, years after the remaining Canadian Provinces.\textsuperscript{181} In this sense, the colonial government of B.C. deployed liquor law to construct an alcohol-centric as well as eugenic barrier around the Indigenous population of the province, rendering said population intelligible to the settler population. According to Bashford, a form of \textit{cordon sanitaire} is visible in the operation of sexual hygiene campaigns, venereal disease control measures, and public health-oriented surveillance and criminalization of sex workers. Rather than physically enclose a specified population, the \textit{eugenic cordon sanitaire} creates a disjunction, a temporal and metaphorical barrier, between generations themselves, proactively severing a potential connection between sexuality termed immoral or dangerous and the birth of a biogenetically “unfit” generation, in eugenic terms.\textsuperscript{182} The historical association between alcohol, racialization, drinking spaces, and unregulated sexuality in Vancouver cast venues of public drinking as crucial points of containment, and eventually orchestrated medical intervention, by public health institutions.

B.C.’s post-prohibition system of liquor control is perhaps the most clear cut example of the Liquor Control Board’s role as a mediator for the management of spaces where intoxicated, sexualized, and raced bodies interacted to create anxieties for a white political elite. Alcohol was only prohibited for the general population between 1916 and 1921 in British Columbia, largely in response to the intersection of popular moral reform movements with the social and economic

\textsuperscript{179} Thompson and Genosko, \textit{Punched Drunk}, 2014.
\textsuperscript{180} Campbell, “Making Sober Citizens” 2008.
\textsuperscript{182} Bashford, \textit{Imperial Hygiene}, 2003.
conditions produced by the first world war and the limited extension of the vote to women.\textsuperscript{183} B.C.’s temperance movement was composed largely of white, Christian social reform organizations like the People’s Prohibition Association (PPA) and the Women’s Christian Temperance Union (WCTU). Restrictions on the sale of alcohol and the abolition of the saloon, to these predominately middle-class groups argued, were key measures to prevent the destruction of “the family, the Canadian Nation, and democracy”.\textsuperscript{184} Prohibitionists argued that the saloons siphoned family incomes, spread venereal disease, broke down marriages, and threatened to corrupt the ability of drinking women to fulfill a mothering role in their communities.\textsuperscript{185} Rising immigration rates from southern and eastern European countries around the First World War also stoked the racial anxieties of middle-class, protestant settlers.\textsuperscript{186} The moral imperative to regulate drinking and drinkers was supported by the number of Canadian men seeking military service during the first world war who had been denied service on the grounds of poor health or physical disability. Writing on the temperance movement in B.C., Azjenstadt and Burch note that the passage of the British Columbia Prohibition Act in 1916 was, in part, aided by advocates’ concerns that “immigrants would fall prey to saloons and spread physical and moral abnormalities amongst Canadians”.\textsuperscript{187} At its most extreme, temperance in B.C. was supported by vocal segments of settler society as a eugenicist intervention to prevent “race suicide” in the precariously colonized dominion. In this sense, protecting and enhancing the biological capability of the white nuclear family to continue to produce itself in service of an expanding frontier province, politically

\textsuperscript{184} Ajzenstadt and Burch, “The Idea of Alcoholism” 1994, Pg. 17.
\textsuperscript{186} Ibid.
\textsuperscript{187} Ibid, Pg. 17.
produced through exclusionary immigration practices and the continued dispossession of Indigenous lands, was a crucial motivation behind the early regulation of alcohol in B.C. B.C’s approach to the post-prohibition regulation, the beer parlor, would open in 1925 as “a strange solution to an odd problem”\(^\text{188}\) that established further connections between the temperance movement and public health’s sanitary tradition. The years prior to the parlors opening were marked by an intensive lobbying campaign by the British Columbia Hotels Association (BCHA) who, claiming expertise in the management of drinking spaces and drinkers and quietly asserting its central role to the province's mobile resource economy, successfully secured a monopoly on the licensing of public drinking spaces.\(^\text{189}\)\(^\text{190}\)\(^\text{191}\) In exchange for this monopoly, a major concession to the politically connected hotel industry, “the hotel industry agreed to follow strict, frequently conflicting and sometimes ludicrous regulations”.\(^\text{192}\) There were several reasons for this decision, and competing motivations within the provincial government and nascent LCB. Primarily, though, the many dimensions of the beer parlor system as it was conceived lent themselves naturally to different scales of spatial ordering that aligned sufficiently with the province's mandate of encouraging (and enforcing) moderation and restrictive forms of public morality through public health intervention. The granting of the license monopoly to SROs had created a de facto concentration of liquor licenses in the DTES and the frequently demonized Chinatown, which by the mid 1920s had long been a space where discretionary and highly racialized policing tactics aimed to contain and tolerate perceived “vices”.\(^\text{193}\) Daniel Francis

\(^{188}\) Campbell, Robert A. *Demon Rum or Easy Money* : Government Control of Liquor in British Columbia from Prohibition to Privatization. Ottawa (Ontario: Carleton University Press, 2014., Pg. 54.

\(^{189}\) Ibid.


\(^{191}\) Ibid.

\(^{192}\) Campbell, *Demon Rum or Easy Money*, 1991. Pg. 54.

explains that asymmetric enforcement practices had previously been used to concentrate sex workers into the area on and surrounding present-day East Pender St.\textsuperscript{194} In 1906, then Chief of Police C.A. Chisholm exemplified the City of Vancouver’s complex relationship with vice, claiming that “ultimately one place, one district remote from respectable streets and centers, will have to be set aside” for sex workers while simultaneously raiding suspected brothels.\textsuperscript{195} Between roughly 1900 and 1920, the city's largest concentration of SROs had amassed in the DTES in order to cater to a largely single and male population of seasonal resource workers. The parlors themselves were socially reproductive spaces essential for Vancouver’s expansion, existing as highly lucrative recreational spaces of homosocial sociability for this population in historical “Skid Rows” throughout the Pacific Northwest, whose employment in seasonal extractive industries demanded transiency, concentration in urban centers between jobs as to remain available, and economic precarity in order to drive wages downward.\textsuperscript{196} \textsuperscript{197} The spatial concentration of beer parlor licenses was also facilitated through more informal yet deliberate planning mechanisms, including discretionary approval by civic bureaucrats and elected councils. By the 1950s, Campbell notes that the City of Vancouver’s newly professionalized planning staff upheld an informal policy of concentration by refusing to grant new licenses south of False Creek, the small body of water forming the south shore of the peninsula that forms Vancouver’s downtown core.\textsuperscript{198} Discretionary approval ensured that morally suspect parlors could not expand southward of the DTES and into growing residential neighborhoods.\textsuperscript{199} Despite the popular demand for public drinking after prohibition, highly racialized fears of the saloon’s morally degrading influence and

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\textsuperscript{195} Ibid, Pg. 24.
\textsuperscript{196} Sommers, “Men at the Margin” 1998.
\textsuperscript{197} Mitchell, \textit{Mean Streets}, 2020.
\textsuperscript{198} Campbell, \textit{Sit Down and Drink Your Beer}, 2001.
\textsuperscript{199} Ibid.
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the pathologic spread of vice through urban space resulted in the careful management of where, when, and how beer parlors could operate. Subsequently, Vancouver and the LCB, produced formal and informal boundaries and alcogenic enclosure in order to dictate where drinking, classed, intoxicated, and racialized persons could move and interact throughout Vancouver. This form of biopolitical management, borrowing from the technology of the *racialized cordon sanitaire* and the public health tradition but not yet framed as medicalized public health intervention, was extended to and amplified within these spaces by restrictive rules of conduct that functioned to discipline patrons toward embodying the LCB’s envisioned form of temperate, civilized drinking.

Robert A. Campbell’s *Sit Down and Drink Your Beer: Regulating Vancouver’s Beer Parlours, 1925-1954* is the leading account of how behavior, sexuality, performance of gender, intoxication, consumption, and affect were carefully policed by the internal workings of the beer parlors prior to the beginning of their gradual reform in the mid-1950s.\(^{200}\) Under the stipulations of the Liquor Act in 1925, beer parlor patrons were not permitted to stand while drinking, and were to be served beer, and only beer, while seated by a waiter. Music, dancing, and the playing of games were not allowed, as was the sale of meals, interesting decor, and alcohol-related advertising of any kind.\(^{201}\) Effectively, as stated by Campbell, there was very little to do in the post-prohibition beer parlor aside from continuing to drink. The LCB intended to create as much conceptual distance as possible between the beer parlors and temperance advocates’ collective memory of the pre-prohibition saloon, often associated with unsanitary conditions, immoral sexuality, overindulgence, violence, and the perceived decline of white settler society. In contrast, the environment of the parlor disciplined drinkers through overt prohibitions and producing

\(^{201}\) Ibid.
“responsibilized” behaviors. This LCB-created but proprietor-enforced surveillance apparatus operated along strictly gendered and racial lines, forming internal boundaries and separations of specific bodies within drinking spaces themselves.\textsuperscript{202} Initially, provincial liquor planners argued that women’s presence in the parlors threatened the purity, moral fortitude and temperate spirit required of white womanhood. The temperance movement had also claimed that the mixing of men with single women, specifically sex workers, within drinking spaces threatened to spread race-corrupting venereal diseases.\textsuperscript{203} By the second world war, the public health threat of sexually-transmitted infection (STIs) was framed as harmful to Canadian military prowess, prompting joint intervention by the LCB, municipal health authorities across B.C., and the BCHA. The spread of STI’s associated with sexual encounters that occurred or were arranged within beer parlors was described by public health actors as “an alien fifth column which is insidiously undermining the health of His Majesty’s Forces.”\textsuperscript{204} By 1944, many beer parlors were equipped with gender-segregated entrances for men and women, as well as a separate internal drinking space for single women and escorts. The logic of health and social planners, now collaborating in the space of the beer parlor, was largely sexist, and eugenic in nature, framing sex workers and racialized women as harmful agents pursuing helpless victims at the expense of the family, public purse, and general fitness of the population. By physically dividing the parlor to reduce potentially sexual contact, the LCB, BCHA, and Vancouver Health Department’s developing regulatory apparatus had constructed an explicitly gendered form of sexual and eugenic \textit{cordon sanitaire} in the process of managing public appetites and attitudes towards drinking. In 1942, the B.C. LCB began requiring that Vancouver’s Parlors construct internal partitions of at least 6 feet in length, and would

\textsuperscript{202} Ibid.
continue to enforce this requirement until 1963.\textsuperscript{205} Simultaneously, public health officials sought to interview men who had reported contracting an STI in a beer parlor setting, threatening to recommend the suspension of a liquor license in instances where a concentration of cases was reported.\textsuperscript{206} To the LCB and VHD, parlor proprietors who could not successfully fulfill the mandate of managing sexuality, sex work, and reproduction in drinking spaces could not be entrusted with overseeing such a morally precarious operation.

This biopolitical, eugenicist “negotiation of decency” was magnified and complicated by the politics of race in B.C. between 1925 and 1954. Reflecting specific prohibitions against Indigenous drinking and popular perceptions of Chinese Canadians as susceptible to vice and immorality, access to beer parlors was further limited for both populations. Indigenous persons were legislatively barred from entering B.C.’s beer parlors, liquor stores, or possessing individual liquor permits under the Indian Act until 1951, when the Act was amended.\textsuperscript{207} Prior to this, such prohibitions had been enforced on anyone arbitrarily deemed to follow the “Indian mode of life”, a deliberately vague definition intended to capture persons with one Indigenous parent.\textsuperscript{208, 209} Once granted the legislative authority to legalize Indigenous drinking, B.C. did so slowly and restrictively, reflecting lingering anxieties surrounding the corrupting influence of alcohol has on the assimilation, health, and economic productivity of Indigenous populations.\textsuperscript{210} Only in 1952, were Indigenous persons would only be permitted to enter beer parlors, and the LCB narrowly interpreted the definition of “public place” so to uphold the close surveillance of Indigenous

\textsuperscript{205} Campbell, \textit{Demon Rum or Easy Money}, 1991.
\textsuperscript{206} Ibid.
\textsuperscript{207} Campbell, “‘A ‘Fantastic Rigmarole’”” 2004.
\textsuperscript{208} Mawani, “In Between and Out of Place” 2000.
\textsuperscript{209} Campbell, “Making Sober Citizens” 2008.
\textsuperscript{210} Ibid.
drinking.\textsuperscript{211} If Indigenous drinking was to be permitted, it was only to be permitted where carefully designed technologies of spatial ordering, moral management, and medical surveillance made possible by public health’s interest in alcohol, \textit{the alcohol-specific cordon therapeutique}, was beginning to be established. While not subjected to formal selective prohibition, Chinese-Canadian drinkers also were not permitted to own or staff private beer parlors, and were often denied entry or service. This decision emanated from the LCB, which leveraged its administrative power over the granting of “Class A” parlor licenses to ensure that proprietors and staff complied with a strict, unquestionably racist, anglo-settler definition of respectability.\textsuperscript{212} \textsuperscript{213} In 1952, the Liquor Inquiry Commission was initiated by the Social Credit government of W.A.C. Bennett, seeking to “modernize” B.C.’s seemingly antiquated liquor control and licensing system. A key component of the 1954 reforms that would follow was the expansion of “public drinking” establishments beyond the beer parlor to include cabarets, cocktail lounges, dining rooms, restaurants, clubs, and gradual changes to the LCB mandates governing conduct within the beer parlor. However, most liquor licenses in the province would remain attached to the hotel industry well into the 1960s.\textsuperscript{214} The original purpose of the beer parlor and its opportunistic usage as venues for health-related intervention by the VHD notably brought together alcohol control, namely in the form of temperance advocacy rooted in moral hygiene, and sanitary planning, which favored the legal construction of \textit{cordons sanitaires} and changes to the built environment to prevent physical and perceived moral contamination.

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\item \textsuperscript{211} Ibid.
\item \textsuperscript{212} Campbell, \textit{Sit Down and Drink Your Beer}, 2001.
\item \textsuperscript{213} Campbell, \textit{Demon Rum or Easy Money}, 1991.
\item \textsuperscript{214} Ibid.
\end{itemize}
The Post-War Construction of Drinkers’ Cordon Therapeutique

The formation of the AFBC by the provincial government of B.C. in 1954 was a significant moment in the convergence of alcohol control, still rooted in the social reformist temperance tradition, with a public health system that was becoming highly reliant on surveillance and targeted therapeutic intervention to improve health-related statistics at the level of the population. After the second world war, new forms of highly medicalized psychiatric intervention on poor drinkers by the public health state replaced discourses of sanitation while continuing to differentiate different people and the neighborhoods they lived in. The AFBC’s policy prescriptions for the DTES, which included the demolition and redevelopment of SRO housing, the closure of neighborhood liquor stores, and the ostensibly therapeutic warehousing of illicit drinkers at the periphery of the neighborhood in order to administer their movements and finances, functioned as a form of exile enclosure now focused on medicalized surveillance and containment of an enclosed urban population - a DTES-centered *cordon therapeutique*, termed by Masuda.215 The AFBC constructed DTES drinkers who lived in the neighborhood between 1954 and 1973 as pathological and productive of blight, offering support to civic efforts at urban renewal and the cordonning off of drinkers of the skid row type in palliative, surveillance-oriented hostels managed by the state. Citing its expertise in the area of alcohol science, this new *cordon therapeutique* was established and maintained by the AFBCs treatment of poor illicit drinkers as beyond the reach of the forms of behavior modification that the foundation attempted to inculcate in middle class drinkers, while still demanding of medical management through spatial management and changes to the environment of “Skid Road”. I suggest that the subsequent examination of the 1988 moratorium represents a presently understudied continuation of a *cordon therapeutique* in the DTES that was

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and continues to be reliant on the differentiating power selective prohibition, creating policy conditions for the 1988 moratorium to be proposed and implemented.

Alcohol science developed in the 1930s and drew conceptually from epidemiology, population health, psychology, and sociology to explain why problematic drinking patterns developed in a small subset of the population while advancing technocratic measures for their containment.\footnote{Room, Robin, “The Idea of Alcohol Policy.” Nordisk alkohol- & narkotikatidskrift : NAT 16, no. 1_suppl (1999): 7–20.} \footnote{Joe Miller, US of AA: How the Twelve Steps Hijacked the Science of Alcoholism, ProtoView. Beaverton: Ringgold, Inc, 2019.} \footnote{Penny Booth Page, "EM Jellinek and the evolution of alcohol studies: A critical essay." Addiction 92, no. 12 (1997): 1619-1637.} \footnote{Miller, US of AA, 2019.} \footnote{Booth, EM Jellinek and the evolution of alcohol studies, 1997.} \footnote{Thomas F. Babor, "The classification of alcoholics: Typology theories from the 19th century to the present." Alcohol Health and Research World 20, no. 1 (1996): 6.} The field itself, also referred to as alcohol studies to capture its interdisciplinary nature, was integral in casting alcoholism as an illness, a belief projected into the early movement as a result of its close relationship to Alcoholics Anonymous (AA).\footnote{Miller, US of AA, 2019.} It did, however, seek to systematically explain the determinants and etiology of problematic alcohol use. The Yale Center for Alcohol Studies, established in 1935 and soon to be privy to dramatic increases in federal social science funding that followed the second world war, functioned as an incubator for physiologists, statisticians, policymakers, and physicians seeking professional training in the treatment and prevention of alcoholism. Researchers and clinicians sought to apply the principles of scientific rationalism to disaggregate the drinking population into discrete categories, with each part of the typology warranting different forms of state intervention.\footnote{Booth, EM Jellinek and the evolution of alcohol studies, 1997.} \footnote{Thomas F. Babor, "The classification of alcoholics: Typology theories from the 19th century to the present." Alcohol Health and Research World 20, no. 1 (1996): 6.} A key component of the Yale Center’s medical-moral model of alcoholism was the distinction between interventions aimed at the general population, who were considered appropriate targets of educational interventions and deemed able to control their drinking, and a small subset of
intensely problematic drinkers who, for reasons of biological predisposition or environmental influence, could not, thereby justifying carceral intervention. The field's initial prescriptions for alcohol control were wide-reaching and grounded in abstinence, a result of the lay-leadership of Alcoholics Anonymous and what remained of the temperance movement. By the early 1950s, the Yale Center on Alcohol Studies had introduced the Yale Plan Clinic to the United States, an in-patient model for the treatment of alcoholism that paired medication-assisted withdrawal management with individual counseling largely handed over to AA. For people living with severe alcohol dependency whose use was especially problematic, influential scholars advocated for incarceration, mandatory treatment, and work camp-like rehabilitative environments. Poor, precariously housed, and racialized drinkers were constructed as a collective drain on civic resources that should be managed through confinement, harsh detoxification and coercive treatment, while more affluent drinkers were directed toward Yale Plan Clinics in hopes that they may be rehabilitated by relearning self-control. Simultaneously, statistical correlations between the geographic availability and relative price of alcohol and increased incidence of alcohol-related harm came to justify the center's support for supply-side controls on alcohol accessibility. The influence of Alcohol Studies’ ascendancy in the American Northeast was felt in Vancouver with the arrival of the Alcoholism Foundation of British Columbia in 1953.

In their critical history of alcoholism’s conceptual development in B.C., Ajzenstadt and Burtch point out that the post-war period saw the gradual fading away of a strictly moral concept of alcohol misuse and towards medical models. This shift in thinking was echoed by the recommendations of the 1952 Social Credit government of B.C.’s Liquor Inquiry. The Commission’s report had recommended that the provincial government legislatively intervene to

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reduce alcohol-related harms at the level of the population, acknowledging B.C.'s concerningly high rates of consumption and morbidity.\footnote{Campbell, \textit{Demon Rum of Easy Money}, 1991.} The medicalization of alcohol control and the refocusing of public health messaging and programming to explicitly exclude severe, long term drinkers (whose problematic presence in urban landscapes would still need to be addressed) was integral to addressing this tension. The creation of the Alcoholism Foundation of B.C. was announced in November of 1953 in response to the Inquiry.\footnote{“Foundation Set Up to Aid Alcoholics”, \textit{Vancouver Sun}, November 4, 1953.} The private, non-profit, and provincially-funded organization was to be based in Vancouver and coordinate the treatment, prevention, and rehabilitation of problem drinkers, thereby becoming the province’s leading medical authority and policy think tank on the topic of alcohol and alcoholism as public health issues. It was to be led by E.D. (Ted) McRae, a Vancouver researcher whose first act as Executive Director of the AFBC was to travel to New Haven to attend the Yale Center’s summer 1954 summer program.\footnote{“‘No Miracles In Treatment of Alcoholics’”, \textit{The Province}, August 18, 1954.} McRae himself sought to export the paradigm of alcohol studies from the American northeast to Vancouver. His success in this regard is evident in several features of the program of research and advocacy that he would direct. A Yale Plan Clinic was announced for Vancouver’s Fairview neighborhood that same year, offering low-cost medical withdrawal management, counseling, and connection to AA. From the outset, the AFBC was highly exclusionary of drinkers it classified as the “skid row type”. The Foundation and the medical professionals that administered its activities believed the Yale Plan Clinic to be a space where self-reliance and an eventual return to heteronormative family life could be cultivated. Acutely marginalized illicit drinkers in the Downtown Eastside, many of whom were precariously housed elderly men with complex physical and mental health concerns, did not fall into this category of...
desirable rehabilitation. Instead, Jeff Sommers suggests that the archetype of the postwar “skid row” man came to represent a failed masculine provider role marked by moral weakness and detachment.\textsuperscript{227} The AFBC endorsed a eugenicist understanding of “skid row”, i.e DTES, drinkers, casting them as beyond reach of mainstream public health efforts and clinical intervention. In an undated pamphlet titled \textit{The Physician and the Management of Alcoholism} published by the Foundation sometime between 1955 and 1959, Clinical Director B.B. Moscovich advised fellow clinicians of the following:

“...the typical Skid Row type of alcohol presents the following picture… He is a person of inferior native ability whose life circumstances have also proved unfavourable… More likely than not, he shows some additional abnormality, whether psychological or physical, inherited or acquired (psychosis, deformity, herald trauma). Life, in short, did not give this man much to work with. Through both heredity and environment he received a less than average endowment. Mentally, emotionally, socially, economically, his equipment is poor. It seems only logical… that rehabilitation will be difficult for the person so totally impoverished that there is only a small chance of substituting other satisfactions for those he derives from alcohol.”\textsuperscript{228}

McRae echoed Moscovich’s sentiments in a 1960 article in the \textit{Vancouver Sun}. Commenting on future research into the conditions faced by illicit drinkers in the DTES, McRae argued that “most of them are incorrigible drunks who can’t be rehabilitated because they were never anything to begin with… It would be much cheaper to establish work camps equipped with facilities for treatment”.\textsuperscript{229} McRae’s moral condemnation of “Skid road” drinkers hinged on the perceived threat of fiscal parasitism directed at both the surrounding neighborhood and the Canadian welfare state. Accordingly, the AFBC’s policy prescriptions for the “skid road” drinker relied heavily on

\begin{thebibliography}{99}
\bibitem{227} Sommers, “Men at the Margin” 1998.
\bibitem{228} B.B. Moscovich, The Challenge of the Skid Row Alcoholic. August, 1956. COV Archives, City of Vancouver fonds, East Unit records. File - Alcoholism, COV-S458--Box: 107-D-04 fld 03. Pg. 22.
\bibitem{229} Don Obe, “Skid Road Aid Picks Pockets Of Taxpayers, Expert Says”, \textit{Vancouver Sun}, December 2, 1960.
\end{thebibliography}
the further production of an alcohol-specific *cordon therapeutique* that relied on increasingly medicalized justifications for the surveillance and management of illicit drinker’s lives.

In contrast to the *racialized cordon sanitaire*, which enforced political differentiation by restricting the right to movement through urban space and medical surveillance without intensive medical intervention, the AFBCs proposed solution to the problem of the Skid Road drunk relied on new forms of quarantine that subjected drinkers to new, carceral, and rehabilitation-oriented variants of the psychiatric gaze. If the AFBC failed to produce healthier, working bodies and minds, it would, at the very least, leverage medical discourses to reduce welfare expenditures. To do so, local policy sought to confine “derelict” drinkers to highly medicalized hostel accommodation in designated SROs, develop a program of mandatory cheque management and meal ticket issuance, and begin strict enforcement of public drinking statutes in the DTES (namely the State of Intoxication in a Public Place, or S.I.P.P charge) through the mid to late 1960s.230 231

Bashford’s description of the selective usage of exile-enclosure for the treatment and control of tuberculosis infection is recognizable in this instance, with a specific focus on managing drinkers through medical means.232 The simultaneous existence and class-dependent application of disciplinary-rehabilitative interventions, like idyllic rural recovery settings, and classic forms of quarantine within highly carceral politics did political work to form and reinforce specific understandings of responsibility and citizenship. To the AFBC, more affluent, working, and potentially reproductive white bodies without significant disability required medical care as a pathway to moral recovery and the strengthening of the individual will. In contrast, the “skid road type” drinker had not proven and could not justify their capacity for liberal citizenship through the

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expression of these values, justifying much more interventionist and paternalistic controls on movement and access to alcohol, namely through containment in hostels, with the end goal of systematic reform and eventual responsibilization (Figure 2). While the AFBC endeavored to promote its Yale Plan Clinic to the citizens of Vancouver as a whole, the equation of the physical blight of the DTES with the medical pathology of the highly visible drinkers living there was mobilized to justify the increasing ghettoization of drinkers to the neighborhood and into new services within it.

Figure 2: An AFBC diagram titled “Rehabilitation Process” illustrates the foundation’s preference for the cordoning of DTES drinkers in “short-stay hostels” as entrance points to a web of social service-facilitated responsibilization. Source: City of Vancouver Archives, File - - Alcoholism. 1955-1959. City of Vancouver fonds, East Unit records. COV-S458, Box: 107-D-04 fld 03.

233 Ibid.
234 Masuda et al., “Abandoning the SRO” 2021.
The AFBC’s policy agenda combined exile-enclosure, the moral management of drinkers, and emergent public health science to attempt the recreation of economically independent subjects. Working closely with local government, AFBC ideology created a conceptual foundation for the 1988 DEOD moratorium by establishing precedent for the differential treatment of the DTES in matters of alcohol policy on the grounds of its population’s supposed pathology and the revitalization of conceptually blighted space. McRae himself would be selected to chair the city of Vancouver’s first joint committee on “Skid Road”, and would table its “Skid Road: A Plan for Action” and “Skid Road: The Chronic Drunkenness Offender”, reports in 1965 and 1966, respectively. The reports recommended that the City of Vancouver adopt AFBC doctrine, centering the therapeutic cording of drinkers as a public-facing justification for accelerating urban renewal efforts in the DTES in Strathcona referred to as “slum clearance”. By this point, language of alcoholic pathology had almost entirely replaced the medico-moral imperative of the temperance movement in Vancouver, marking the beginnings of a transition away from public health’s deployment of the *cordon sanitaire* to something new. Masuda (2021) observes that:

> “The medicalization of the DTES after 1970, corresponding to a sea change in public health discourse and practice, could be construed as the beginning of the end of public health’s historic mandate in the enforcement of a *cordon sanitaire* and its replacement with one inclined toward a *cordon thérapeutique* premised on governmental technologies of behavioral surveillance and control.”

Although the *cordon thérapeutique* would not fully touch down in the neighborhood until the 1970s and 1980s, most notably through the withdrawal of sanitary inspection from SROs, alcohol played a central role in the creation of differentiating public health regimes for the DTES and other

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236 Vancouver City Council Special Joint Committee on Skid Road Problems. Skid Road: The Chronic Drunkenness Offender. 1966. Vancouver Public Library. 362.292 V22s

neighborhoods. The beginning of this transition from *cordon sanitaire* to *cordon therapeutique* in the DTES is made most visible, I argue, through the construction of a highly medicalized and constantly racialized civic infrastructure for researching, surveying, and restricting the movement of poor drinkers residing in SROs while subjecting them to the psychiatric gaze.

Conclusion

By the 1960s, sanitary science’s original regulatory function, the easing of tensions caused by unequal socioeconomic power relationships, had come full circle in Vancouver, having been refracted by its interaction with settler colonialism. As in Australia, I began this review by suggesting that the construction of social and legal boundaries of health and the state-supported enhancement of settler bodies were integral to Vancouver’s settlement. Then, I detailed the first regulations on the possession, sale and distribution of alcohol in B.C. was developed along these same lines, in order to illustrate how the moral imperative of early alcohol control effort sought to manage the movements and life processes of poor, working class, Indigenous, non-male, and Asian-Canadian drinkers. Over time, alcohol policy in B.C. came to adopt interrelated physical and social technologies of biopolitical exile-enclosure between the first issuance of selective prohibitions against Indigenous populations, and the careful management of where and how drinking spaces could operate. Finally, I argue that the temperance and sanitary conditions converged in the wake of the second world war through the establishment of the AFBC and the subsequent formalization of a planning-centric *alcohol-specific cordon therapeutique* in the DTES. The 1970s and 1980s, decades which are the primary subject of the critical policy history that will form the bulk of this thesis, would see this paradigm continue to evolve through the production and reproduction of a selectively prohibitionist landscape within the borders of the
DTES. By 1988, I argue that the DEOD moratorium represents an understudied geographic continuation of a previously existing, discretionarily enforced, and selectively prohibitionist urban alcohol policy landscape in Vancouver. The arrival of the New Public health, grounded in actuarialism and individualized and lifestyle-focused forms of risk management with respect to public health’s response to alcohol use would appear to exclude the DTES, where a sudden focus on the removal of alcohol outlets from the area, a historically-contingent whiplash effect after decades of alcogenic enclosure, became the logical means of continuing the construction of the cordon therapeutique premised on alcohol-related intervention.
Chapter 3: Project History

Introduction

The previous chapters of this thesis have introduced the objectives of this thesis and traced the social history of alcohol policy in B.C to the intersection point of the DTES’ *cordon therapeutique*, which borrowed from the sanitary and temperance traditions to introduce a new, differentiating, and highly medicalized approach for monitoring DTES drinkers. Having established the rationale for this thesis and it’s position relative to the existing body of alcohol-adjacent research that pertains to the DTES, I argue that it is important for the purposes of work to properly portray the relational, historical, political, and epistemic contexts out of which this project emerged. Therefore, this chapter will be divided into two distinct but interrelated parts.

First, I will recall the narrative of this project’s history with particular attention to the extensive process of relationship building, establishing rapport, and familiarizing myself with the needs of illicit drinkers living in the DTES that was undertaken prior to the beginning of my graduate study. I will also discuss the ways in which my involvement with peer-governed harm reduction and organizations in the DTES evolved during this time, further informing my historical work. I will also interrogate my experience of conducting research *in-parallel* to my community partner, summarizing how my thesis research has aligned with the priorities of EIDGE and By doing so, I argue that it would, in fact, not have been possible to complete this project in the two-year period allotted by my institution for the completion of a Master of Science in Health Promotion. Rather, four years of community involvement and two years of direct support for alcohol harm reduction organizing in Vancouver were required to produce a policy history that is focused on explaining present-day conditions of harm in the DTES and responsive to the priorities of illicit drinkers themselves. After I have established the necessity of time, relational work, and community
direction to this study, I will turn to my own theoretical positioning within the archive itself as a
degway to a brief outline of my chosen method for engaging with it. Here, I contextualize the
archive as a vehicle for epistemic and imperial power, from which I am attempting to reclaim
specific and incomplete knowledge of for the purposes of material redress for a structurally
oppressed community of illicit drinkers. Then, I draw on the experience of the Right to Remain
Research Collective to offer a framework for a more liberatory usage of the state archive’s
incomplete and exclusionary holdings that rejects a passive understanding of policy history in
order to resource bottom-up, grassroots harm reduction movements with historically-rooted
rationale and critical precedent. Finally, I will briefly outline my interactions with the City of
Vancouver (COV) Archives, taking time to highlight the specific document retrieval, analysis
methods, and theoretical considerations that have informed this project.

Situating Myself Alongside Community

This thesis project emerged from the work of the Right to Remain Research Collective
(R2R), a community-involved research project primarily hosted within the DTES SRO
Collaborative (SRO-C), a non-profit organization currently working to establish a wide range of
tenant-led maintenance, harm reduction, and building governance initiatives in the 104
remaining privately owned SROs across the Downtown Eastside.238 239 240 Operating as an
partnership between the SRO-C (including tenants involved in their work) and academics from

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239 Magnus Nowell, “Exploring politics, practices, and discourses of harm reduction in the overdose crisis: The case
of the Tenant Overdose Response Organizers and the “therapeutic riskscape”.” PhD diss., Queen's University
(Canada), 2018.
240 Magnus Nowell and Jeffrey R. Masuda, “‘You need to just provide health services:’ navigating the politics of
harm reduction in the twin housing and overdose crises in Vancouver, BC.” International Journal of Drug Policy
82(2020): 102774.
the University of Victoria, Simon Fraser University, the University of Northern British Columbia, and Queen’s University, R2R has utilized tenant-involved archival research and arts-based methods to uncover and reclaim the history of the SRO in Vancouver since 2016. R2R defines the SRO as a site of colonial dispossession and intergenerational struggle, and by doing so mobilizes forgotten histories of policy abandonment and governmental disinvestment to advance SRO tenants rights to safe and habitable housing. Crucially, R2R’s use and reproduction of the archive pursues a political reclamation of historical knowledge by and for tenants, thereby creating conditions under which a nascent SRO tenants’ movement can access, interpret, and curate its own history while building solidarity with other historically dispossessed communities with roots in the DTES.

This thesis project originates from work with the R2R Research Collective (hereinafter, R2R) as an undergraduate student. My engagement with campus-level drug policy advocacy, previous coursework related to harm reduction, an emerging interest in conducting harm reduction-focused research as a graduate student, and R2R’s proximity to the intertwined drug policy and housing activist spheres in the DTES prompted me to connect with the research team. During the summer of 2019, I subsequently became involved with R2R as a Student Archival Research Coordinator tasked with analyzing specific archival materials collected by tenant coresearchers and graduate student team members in Vancouver. My colleagues and I compiled over 3000 individual entries spanning over 50 years, including city council meeting excerpts, memos circulated to city staff, research reports, chains of correspondence, community

242 Ibid.
244 Blomley et al., “Making Property Outlaws” 2021.
publications, poetry, and photography into a living archive of SRO history with the goal of making this less informal resource publicly available for the DTES community. The living archive, “R2R Archive”, continues to grow and inform publications and policy advocacy work. Over time, it became obvious that community efforts to oversee beer parlors contained within SROs, the recurring displacement of drinkers occupying public space, and other attempts to reduce alcohol-related harm were historical priorities for neighborhood organizations and local government, and therefore a worthwhile area in which to pursue research. Conversations with my supervisor and his network directed me towards the organizing work of the Eastside Illicit Drinkers Group for Education (EIDGE), a peer-led subgroup of the Vancouver Area Network Drug Users (VANDU) with a mandate to promote safety amongst illicit alcohol users living in the DTES. Establishing a meaningful and reciprocal relationship with EIDGE would present an opportunity for me to share with the group fragments of its own history, previously hidden by the administrative technologies of the archive, and work together with the membership to determine its relevance to present-day harm reduction activism. EIDGE defines illicit alcohol as “alcohol not meant for human consumption; illegally produced homemade alcohol; and store-bought alcohol that is used in an illegal way (e.g. drinking alcohol in public spaces).“\textsuperscript{246} I was particularly captivated by the radical advocacy work of EIDGE as the peer-led group appeared to be actively resisting illicit drinkers' structurally-rooted marginalization and consequential past exclusion from the otherwise well-documented history of the harm reduction movement in

\textsuperscript{246} Brown et al., “Research into action?” 2017. Pg. 156.
Having been introduced to potential pathways for the collaborative translation of archival research into community-based harm reduction activism, my exposure to R2R’s novel use of participatory archival research-as-praxis and the mobilization of historical policy learnings to advance the material conditions of DTES residents prompted me to consider how such an approach might be applied to alcohol harm reduction in the neighborhood.

**Early Inquiries into Alcohol’s History in the DTES**

I subsequently completed an undergraduate thesis which drew from the narratives found within the R2R archive to produce several distinct historical threads of community efforts to define and reduce alcohol-related harm in the DTES between the 1970s and 1990s.\(^{253}\) I then used these novel research methods to rediscover intersecting histories of the regulation of drinking spaces by neighborhood associations, evidence for early Managed Alcohol Programs (MAPs), and housing programs for drinkers in the DTES with complex histories as both early versions of low-barrier intervention and paternalistic forms surveillance. The primary contribution of this work to EIDGE became my historical analysis of campaigns organized by neighborhood associations to close a B.C. Liquor Store formerly located at 230-232 East Hastings that took place between 1980 and 1981. My undergraduate work supplemented materials from the R2R archiver with retrievals from the City of Vancouver archives to trace a rise in the consumption of non-beverage alcohol substitutes in the neighborhood recorded by community publications.
throughout the 1980s, following the closure, and noted both overt and tacit attempts by neighborhood housing activists to construct illicit drinkers as non-residents without agency in DTES urban planning.\textsuperscript{254} \textsuperscript{255} Finally, my work argued that local officials acknowledged the futility of this prohibitionist regulatory effort, yet responded to the rise in non-beverage alcohol consumption with a heavily racialized program of police-involved inspections largely targeting Chinese-Canadian merchants suspected of selling alcohol substitutes.\textsuperscript{256}

While beyond the scope of the time period of study for this project, city documents suggested an emerging or existing regime of alcohol governance applied to the DTES that emphasized the spatial differentiation of the neighborhood and the application of spatially selective supply-side controls on the availability of alcohol. References to a moratorium on the issuance, expansion, and relocation of liquor licenses in the DTES appeared in the archival record in this context. This finding points to the potential existence of a formalized selective prohibition on the neighborhood that followed the fragmented and activist-led campaigns described in my undergraduate thesis. After discussions with EIDGE and staff at VANDU, it eventually became clear that further inquiry into the existence of such a formal regime, the political conditions that influenced its potential development, and the future made it possible were fruitful areas for future community-based research alongside EIDGE.

**Continuing Relationship Building and Bringing Findings to the Community**

Long Standing relationships between my supervisor, the R2R Research Collective, and the SRO-C allowed me to travel to Vancouver from Kingston, Ontario in February of 2020 to

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\textsuperscript{254} Ibid.
\textsuperscript{256} Bailey and EIDGE, “Alcohol Prohibition Never Ended” 2021.
retrieve documents from the City of Vancouver archive, introduce myself to R2R team members working in the DTES, and share the findings of my thesis project with the alcohol harm reduction community. I was introduced to Samantha Pranteau, a well-respected Two-Spirit Indigenous harm reduction organizer and member of the Western Aboriginal Harm Reduction Society (WAHRS), who, along with SROC staff, was instrumental in establishing and overseeing the Tenant Overdose Response Organizers (TORO) in 2018. Under Samantha’s leadership, the TORO project had begun to expand its reach within the overdose risk environments of private SROs in the DTES, training lead tenants to conduct naloxone training workshops and distribute harm reduction supplies to their peers.\(^{257}\) \(^{258}\) Samantha generously brokered introductions between myself and the neighborhood’s extant alcohol harm reduction services and organizers, including EIDGE and the PHS Drinkers Lounge Community Managed Alcohol Program (CMAP). Each organization invited me to attend a weekly meeting of the membership as a guest, accompanied by Samantha, to present my historical findings, learn more about the daily operations of each group, and meet active community members who used illicit alcohol (Figures 3-5). At EIDGE and the PHS Drinkers Lounge, discussion of prohibitionist and inequitable treatment of the DTES with respect to alcohol policy resonated with attendees, largely because illicit drinkers residing in the DTES and throughout Canada continue to report that the most common reasons for choosing to consume a non-beverage alcohol substitute are its

\(^{257}\) Nowell, “Exploring politics, practices, and discourses of harm reduction in the overdose crisis” 2018.
\(^{258}\) Nowell & Masuda, “You just need to provide health services”, 2020.
lower price, high alcohol content, and geographic accessibility. Members who participated in these discussions concurred that the persistent exclusion of drinkers from the public health policy development process, and the resulting prohibitionist landscape of the DTES were fundamentally unjust and directly related to alcohol-related harm amongst illicit drinkers today. Seeing value in further work to historicize such exclusionary alcohol policy in the DTES, we agreed to continue working together to support the operations of EIDGE and the Drinkers Lounge CMAP and determine a focus for my graduate research that would directly reflect the priorities of both organizations and allow me to begin community-based research. Continued archival work to better understand the construction of the DTES as a selectively prohibitionist drinking landscape and the implications of this history on the present-day availability of affordable beverage alcohol as a harm reduction intervention was identified as an area of interest for group leadership and members.

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260 EIDGE, “Understanding EIDGE” 2018
261 Westenberg et al., “Non-Beverage Alcohol Consumption” 2021.
Figure 3: Sharing my honors thesis project at the February 9th, 2020, meeting of EIDGE. Vancouver, B.C. Photo by Samantha Pranteau.

Figure 4: Sharing my honors thesis project at the February 10th, 2020, meeting of the PHS Community Managed Alcohol Program (Drinkers Lounge). Vancouver, B.C. Photo by Samantha Pranteau.

Figure 5: Myself (left) pictured with Michelle Wishart (centre), Program Manager of the Drinkers Lounge, and Samantha Pranteau (right), leading harm reduction advocate in the Downtown Eastside.
Samantha’s use of their personal and professional networks and willingness to vouch for my credibility as a trustworthy researcher were an integral part of this visit. Despite my involvement in research work related to DTES activism through R2R, I was very much an outsider to the neighborhood; at this point my family’s settler history in Ontario, my life experience as white, economically privileged, securely housed person outside of the DTES without experience of illicit substance use, and my social position as a university-affiliated researcher meant that my presence at the aforementioned meetings and motives could justifiably have been viewed with skepticism by the membership of EIDGE and the PHS Drinkers Lounge. Specifically, my affiliation with academic public health is a potential point of tension between myself and community-based harm reduction organizations in the DTES. Residents have repeatedly expressed clear opposition to the historic exploitation of people who use drugs in the community for extractive and career-advancing purposes by academic researchers. In this context, an introduction from Samantha and their continued support throughout my stay lent me invaluable credibility in these harm reduction spaces and allowed me to establish foundational and trusting relationships. While I continue to remain an outsider to the DTES community in many respects, time spent within the community, participation in solidarity work, shared political convictions, and the opportunity to build personal relationships have afforded me an understanding of my complex insider-outsider positionality.

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268 Emmanuel Akwasi Adu-Ampong and Ellis Adjei Adams, ""But you are also Ghanaian, you should know": Negotiating the insider–outsider research positionality in the fieldwork encounter." *Qualitative Inquiry* 26, no. 6 (2020): 583-592.
The Alcohol Knowledge Exchange and Vancouver Alcohol Strategy

After leaving Vancouver, I remained in contact with EIDGE’s Coordinator, Brittany Graham, and the Drinkers Lounge Program Manager, Michelle Wishart, and sought out further opportunities to support alcohol harm reduction advocacy and activism while designing a future Master’s thesis project. At the time, the organizations had jointly received funding from Vancouver Coastal Health to conduct an Alcohol Knowledge Exchange (AKE) project intended to bridge intersectoral gaps in Vancouver’s fragmented system of alcohol-related health service landscape, which would inform a comprehensive alcohol strategy for Vancouver. I was quickly brought on board to attend AKE meetings and present the findings of my undergraduate thesis to a group of attendees including staff from the City of Vancouver, Vancouver Coastal Health, PHS Community Services Society, Pivot Legal Society, and others. While speaking with policymakers through the channel of the AKE, my emphasis on the historical exclusion of illicit drinkers from alcohol policy developments and resulting harms within the DTES resonated with City of Vancouver staff who recognized an opportunity for policy learning and began to consult with EIDGE and the Drinkers Lounge on a more regular basis. After the conclusion of these meetings I began to assist with translating discussions between service providers and policymakers into a policy-focused Vancouver Alcohol Strategy (VAS) document. The writing of the VAS document and regular communication with program coordinators soon became my primary contribution to EIDGE’s work, and continued at a distance throughout the COVID-19 pandemic. During this time, the City of Vancouver and Vancouver Parks Board’s joint decision to sanction public drinking in a select and inequitable collection of public green spaces and plazas also drew the attention of both EIDGE and the Drinkers Lounge. Myself, EIDGE, and the PHS Drinkers Lounge, the latter having recently been granted an arduous bylaw amendment to
establish a small parklet for programming purposes, began to advocate to both governmental bodies for the necessity of an equity lens for the public drinking pilot and protested the exclusion of the DTES from the pilot.\textsuperscript{269} Without access to legally sanctioned public drinking spaces, illicit drinkers in the DTES remained at disproportionate risk of police harassment, liquor pour-outs, and further criminalization related to non-payment of bylaw infractions.\textsuperscript{270} The outright exclusion of the DTES from the public drinking pilot echoed the newly uncovered histories that had informed my work to this point, providing further evidence of formally and informally differentiating techniques of contemporary alcohol planning throughout the DTES.

After relocating to Vancouver in May of 2021, my relationship with the membership of EIDGE continued to develop and my contributions expanded while I began the archival research process related to the 1988 moratorium. Once situated in Vancouver I began to attend weekly and steering committee meetings, organize and facilitate peer consultations for the recommendations of the VAS, write grant applications, prepare conference presentations, organize new programming, produce EIDGE-specific research materials and represent the group on a City of Vancouver steering committee related to illicit drinking in addition to finalizing the VAS document. At the time of writing this project history, I have contributed to EIDGE’s alcohol harm reduction advocacy work for two years and provided in-person research and facilitation support to the group for 10 months. My archival research also resumed during the summer of 2021, allowing me the opportunity to further investigate the critical history of the 1988 moratorium on the issuance of liquor licenses in the DTES that was beyond the scope of my undergraduate thesis work. This critical investigation of the history of spatially selective prohibition and the singling out of the DTES as a hostile space for public drinking accompanied

\textsuperscript{270} Brown et al., “Research into action” 2017.
the development of policy recommendations within the VAS related to access to amenities, the legalicipation of drinking in parks, and securing access to affordable beverage alcohol for illicit drinkers. Having discussed the relevance of this topic with the EIDGE Coordinator and received enthusiastic interest in learning more about this history from longtime EIDGE coordinating staff, my Master’s thesis project began to focus entirely on historicizing the 1988 moratorium uncovered by my undergraduate thesis work. I would eventually be hired by VANDU to formally become the EIDGE Program Coordinator in February of 2022, becoming responsible for overseeing the implementation of the VAS recommendations and co-organizing the day-to-day activities of the group.

While extensive, this project history provides necessary context for the selection of my decision to focus on a specific historical alcohol policy decision in Vancouver. This detailed account of the relationships, values, and objectives that inform this project also reflect the situatedness of the archival work that informs the proceeding critical analysis of archival materials retrieved from the City of Vancouver Archives. I draw two conclusions from this project’s history as I tell it. First, this thesis project has developed over a four year period. It would likely not have been possible or advisable for myself or another researcher in my position to conduct historical policy research on a subject of interest to the membership of EIDGE without the extensive process of relationship building, beginning through undergraduate research involvement in 2018 and initially brokered by trusted community leaders, that I have described here. Once these introductions had happened, I participated in EIDGE’s advocacy work on a volunteer basis for over a year before relocating permanently to Vancouver, often working on

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271 The Eastside Illicit Drinkers Group for Education & the PHS Drinkers Lounge Community Managed Alcohol Program. The Vancouver Alcohol strategy: Designing Harm Reduction-Focused Alcohol Policy in Vancouver’s Downtown Eastside. Document prepared for Vancouver Coastal Health.
projects that matched my skills as a graduate researcher and activist that were not directly related to my thesis. This project history suggests that, without this time, labor, and relational work, I could not have conducted community-informed historical alcohol policy research in an ethical manner. Secondly, it is important to note that the subject of the moratorium itself was not a pressing priority of EIDGE at the time of my entry to the organization, and as such, this project is not aligned exactly with illicit drinkers’ day-to-day priorities. It is therefore inaccurate to describe this policy history as participatory or drinker-led. This project and my relationship with EIDGE have also not entirely avoided the pitfalls of extractive research. I continue to be a health researcher, and affiliate of the university system in Canada. My findings, methods, and beliefs about alcohol policy in the DTES have also garnered attention in the academic sphere and civic policy debates through my association with the group, and I have benefitted materially from my work’s association with a peer-led group of illicit drinkers. Simultaneously, my focus on the 1988 moratorium and the broader history of alcohol planning in the DTES has materially benefitted EIDGE in the form of grant funding, new programming, and local policy changes. Rather than face paralysis through contradiction, an extended period of relationship building allowed me to develop permanent ties to the Vancouver Area Network of Drug Users that allowed for this form of reciprocity. Should my findings related to the 1988 moratorium be of greater interest to the EIDGE membership, they will be used to inform organizing and lobbying efforts to redress the potential harms of the moratorium, furthering the relationship that we have built by working in solidarity. Relatedly, my emerging ability to navigate the politics of the colonial archive for the purposes of public health policy advocacy became one the materially relevant skills that I brought to my relationship with the Eastside Illicit Drinkers Group for Education. In the following chapter, I turn to the methodology and method of this thesis in order
to illustrate the theoretical and technical considerations that informed my archival research-as-organizing for EIDGE.
Chapter 4: Approaching the Archive

Introduction

My account of this project’s rootedness in relationships within the Downtown Eastside ends with agreement between myself and EIDGE that the moratorium is a subject of interest, and between myself and program staff that the political history of the moratorium is an important tool for EIDGE’s continued advocacy to influence drinker-centered alcohol policy changes in the DTES. Returning to the central objective of this thesis as set out in Chapter One, I will focus this chapter on the methodological dimensions of my work, which will inform my exploration of how the City of Vancouver's 1988 moratorium on the issuance, expansion, and relocation of Liquor Primary Licenses functions as a spatially-organized prohibitionist alcohol policy regime and public health’s historical use of liquor law as a colonial tool for the surveillance, regulation, and dispossession of structurally marginalized persons in British Columbia. Specifically, I am consulting historical materials to interrogate the power relations underlying a public health planning decision that resulted in the creation of a form of alcohol-specific cordon therapeutique in the Downtown Eastside. I decided to focus my archival work on the holdings of the City of Vancouver archives, which contain the largest number of primary source documents related to the 1988 DEOD Liquor Primary License moratorium, produced by various departments of the City of Vancouver itself, to do this. Importantly for the purposes of this analysis, the practice of state archiving, archival methodologies, methods of engaging with documents, and interpretations of texts by the researcher are not and cannot be epistemologically or politically
neutral.\textsuperscript{272,273,274} These realities hold considerable power over the process and conclusions of archival research.

In the first section of this chapter, I will articulate my ideological, political, and material positioning vis-a-vis the City of Vancouver Archives as an imperial artifact, the documents it contains, the authors it features, and experiences that it excludes. First, I will briefly explain my relationship to an existing body of scholarship recognizing the archive as a technology of imperial violence, and reiterate my support for this perspective. Then, I will draw on the work of Alexis Shotwell, J.J. Ghaddar, M. Montenegro, and Ariella Azoulay to justify my methodological rationale and approach for continuing to engage with state archives in the form of the City of Vancouver’s collections in Kitsilano, arguing that radical harm reduction praxis can be advanced by engagement with the archive that actively resists imperial knowledge, alongside structurally oppressed communities, towards the end of improving material conditions. I will also elaborate on the ways in which my thesis research has attempted to adapt the “research-as-organizing” approach developed by the Right to Remain Research Collective, of which I am a part, to produce material benefits. Finally, and most directly related to my chosen methods of archival analysis, I draw from key scholars who have laid the groundwork for my approach\textsuperscript{275,276,277} to outline and justify the theoretical and practical dimensions of my selection of sources, document retrieval, processing, reading, transcription, and translation of primary sources into critical narratives. Relying once again on Azoulay, I also outline the practices of

\begin{flushright}
\textsuperscript{272} Ariella Azoulay, "Potential history: thinking through violence." \textit{Critical Inquiry} 39, no. 3 (2013): 548-574.  \\
\textsuperscript{274} Charles Jeurgens and Michael Karabinos, "Paradoxes of curating colonial memory." \textit{Archival science} 20, no. 3 (2020): 199-220.  \\
\textsuperscript{275} Foucault, \textit{History of Sexuality Volume 1}, 1976.  \\
\end{flushright}
unorthodox archival work that, in the absence of a truly participatory research project, allowed me to resist the “imperial shutter” of the City of Vancouver Archives to some degree.\textsuperscript{278}

**The Archive as an Imperial Technology**

The City of Vancouver Archives is a civic archive - it is the property of the municipal corporation, and the records it holds are open to the public. The expressed mandate of the organization is to:

“...acquire, preserve, and make accessible the records of the municipal government and its various boards and agencies (hereafter “City records” or “the City’s records”), as well as private-sector records and other recorded information that document the City’s history. This is consistent with the Canadian practice of Total Archives, in which public body archives acquire the records of their sponsoring body, as well as private-sector records that provide documentary evidence of broader historical events within the relevant jurisdiction.”\textsuperscript{279}

The archive, described in this way, is a public amenity, a scholarly resource, and a managerial technology. The City of Vancouver, violently incorporated on stolen, dispossessed land that was taken as the terminus of the Canadian Pacific Railway, required and continues to demand such forms of bureaucratic information management for the preservation of its once extractive, and always speculative, apparatus of accumulation. This is the raison d’etre of the municipal corporation whose records, spanning a network of specialized services, departments, and service providers, are evaluated for strategic importance and preserved. Although this relationship is not directly reflected in the formation of the City of Vancouver’s Archives, parallels still exist between its existence and the city's consolidation as a frontier settlement for white Canadian society in the early 20th century. Daphne Sleigh’s biography of Major James Skitt Matthews, the city's first archivist, notes that the establishment of Vancouver’s civic archive in 1931 predated

\textsuperscript{278} Azoulay, *Potential History*, 2019.
that of other major Canadian cities, including Toronto and Victoria, by nearly 30 years.\textsuperscript{280} This accelerated construction of civic infrastructure is also evident in Andrews’ account of public investment in sanitary planning in Vancouver immediately after incorporation, which proceeded much faster in the terminal city relative to other municipalities in Canada in order to facilitate the continued arrival and circulation of settler capital from eastern provinces and the United Kingdom.\textsuperscript{281, 282} In Vancouver, the collection and management of records regarding local affairs by the City does not appear to have been a necessary condition for settlement in the same way that health and sanitation were. Alternatively, the management of heritage was viewed by Matthews as a testament to the city’s exceptional pioneer legacy and establishment, in his view, amidst inhospitable wilderness by hard working white settlers. This is apparent in Matthew’s own rhetoric, academic interest in pioneer history, and courting of financial support from the Native Sons and Native Daughters of B.C., both early settler organizations. In sum, the City of Vancouver archives were conceived of as a means of documenting and legitimizing settler narratives of Vancouver and B.C. History more broadly. To accomplish this, Matthews and the City of Vancouver adopted and adapted archival technologies deployed throughout the British Commonwealth undertaken for similar political objectives.

According to Ariella Azoulay, the institution of the state archive, financed and maintained by a central authority, and its functions are artifacts of imperial violence that were integral to the establishment and preservation of Europe’s extractive political and economic subjugation of the Global South between the 17th and 19th centuries.\textsuperscript{283} Azoulay attributes the

\begin{itemize}
\item \textsuperscript{281} Andrews, “The Best Advertisement A City Can Have” 1984.
\item \textsuperscript{282} Andrews, “The Emergence of Bureaucracy” 1986.
\item \textsuperscript{283} Azoulay, \textit{Potential History}, 2019.
\end{itemize}
emergence of centralized, state-centric archiving (practice related to but distinct from record keeping) to the aftermath of the French Revolution, the construction of the civil service, and the related expansion of the French Empire. An existing body of related scholarship concurs that the logistical and conceptual roots of the centralized archive are traceable to the sprawling and transnational bureaucratic infrastructure that emerged in Western and Southern Europe during this time period. The methods of data collection and preservation that gave rise to the archive allowed imperial cores to survey, share information about, direct, suppress, and generally administer expansive colonial holdings in the periphery through the production, circulation, and efficient sorting of documents carrying state authority upheld by the threat of violence\textsuperscript{284} \textsuperscript{285} \textsuperscript{286} \textsuperscript{287}. These networks are responsible for the erasure of the violence of occupation and apartheid in Palestine \textsuperscript{288}, early capitalist accumulation and the theft of cultural artifacts\textsuperscript{289}, and the exploitative development of European medical science and epidemiology (Dawson, 2022), in addition to the logistics of imperial management more generally. Furthermore, Azoulay (2019) argues that the logistical dimensions of the state archive, namely its reliance on the acts of sorting, differentiating, selective discarding, and preserving in accordance with the imperialist gaze and material interests of the colonizing power, are integral to creating and upholding regimes of “differential citizenship” and productive of specific forms of knowledge. When certain people, places, or ways of knowing are not included in the imperial archive in favor of the preservation of others, as the act of archiving demands, Azoulay suggests that they are not

\textsuperscript{285} Azoulay, “Potential History” 2013.  
\textsuperscript{289} Lowe, \textit{The intimacies of four continents}, 2015.
given status as legitimized, enlightened individuals or knowledge, foreclosing on their legal and cultural recognition as civilized, autonomous, rights-possessing citizens in liberal colonizing society sanctioned by the same state.\textsuperscript{290} \textsuperscript{291} Shotwell also points to this reliance on classification and the creation of distinct categories for the management of documents, and therefore knowledge, as integral to racialization itself.\textsuperscript{292} The archive’s favoring of the written word, European languages, and reliance on the collection of governmental administrative documents contributes to this end by building in the exclusion of different forms and sites of knowledge.\textsuperscript{293} This erasure is highly apparent in the exclusion of Indigenous knowledge, including oral histories, and primary source materials detailing the lives and experience of non-state actors from classical imperial archives that rely on the classification of textual documents and ways of knowing drawn from the European “enlightenment.”\textsuperscript{294} The movements of “history from below”\textsuperscript{295}, “participatory description”\textsuperscript{296}, “post custodialism”,\textsuperscript{297} and “microhistory”\textsuperscript{298} among others all work to resist this process from different perspectives and with varying degrees of success. Finally, the imperial violence of the archive is also apparent in its creation of a conceptual and spatial distinction between past and present, which Azoulay argues is maintained by the sequestering of historical documents, their unique and institutional treatment to the end of

\textsuperscript{292} Alexis Shotwell, \textit{Against purity: Living ethically in compromised times}. U of Minnesota Press, 2016.
\textsuperscript{293} Azoulay, \textit{Potential History}, 2019.
\textsuperscript{297} Christian Kelleher, "Archives without archives:(re) locating and (re) defining the archive through post-custodial praxis." \textit{Journal of Critical Library and Information Studies} 1, no. 2 (2017).
obscuring the close ties between histories of imperial violence and present conditions of state oppression.

Considering its position as a state archive operating at the level of the colonial municipality, I consider the impetus behind the City of Vancouver Archives to reflect the imperial gaze of James Skitt Matthews and his associates, and its adoption of the operational technologies and logistics of the imperial archive to render it complicit in these histories. That is to say, the City of Vancouver Archives is a product of this same violent history, and the knowledge it produces continues to embody said history, influencing its output in subtle but tangible ways. In this sense, there is no reasonable way to separate the politics of the archive and its violent history from my engagement with it. If I, or anyone else, was to approach the archive in a seemingly “neutral” way, what we see, think, and conclude is open to influence by its politics, and the present conditions they uphold, in addition to our own impartiality as researchers. However, I do not believe that this reality disqualifies all engagement with the archive from its liberatory potential in its use for the material benefit of anti-oppressive and otherwise radical social movements, including harm reduction. In the next section of this chapter, I turn to a focus on resistance within the state archive in order to justify my continued usage of it before discussing the strategies of resistance that informed my historical analysis.

Resisting the Archive

I am immensely grateful for Dr. Sammi King’s introduction to Alexis Shotwell’s published work Against Purity: Living Ethically in Compromised Times, in my coursework, which took place in Kingston, Ontario in the Winter of 2021. Shotwell’s central thesis is that

299 Shotwell, Against Purity, 2016.
of “constitutive contamination” - that we are born contaminated by our environment and implicated in centuries of political violence that is inescapable and insurmountable by individual action. Rather than concede to paralysis and demobilization, Shotwell draws from Sue Campbell and Roxanne Dunbar-Ortiz who argue that this very implication compels settler society to undertake “a practice of memory grounded in a politics of impure responsibility”. Shotwell elaborates that:

“All capacity we have to resist colonial oppression is in part based on benefitting from colonial oppression - the differential access to health, cultural situatedness, family continuity, and more. Any practice of relational forward-looking responsibility may involve some form of purification (in the sense of attempting to redress ongoing wrongs, but it will not be pure).”

I draw from Shotwell’s prescribed ethic of working within politically, morally, historically impure institutions to explain, generally, the position from which I encounter the imperial archive. I conceptualize my use of documents gathered by the City of Vancouver and other historical actors involved with the administration of the city to be a form of forward-looking responsibility. I cannot undo the violence that created my primary source materials, and to believe such an effort would be possible in the scope of a graduate thesis would be gross and unacceptable hubris embodying the worst delusions of white saviorism. Rather, with the interest and backing of a community-based organization, I feel obligated by this implication to access the archive for some, however minor, material benefit for the Eastside Illicit Drinkers Group for Education, whose members have and continue to experience the worst violence of settler colonialism in so-called British Columbia each day. The creation of the colonial archive cannot be undone, but the archive specifically is, as I will argue, open to be used to alter material conditions in the DTES.

300 Shotwell, Against Purity, 2016, Pg. 44.
301 Ibid. Pg. 48.
In her 2019 work *Unsettling evidence, an anticolonial archival approach to Federal Recognition*, María Montenegro confronts the specific question of the archive’s utility to “decolonial” work in the context of the United States Office of Federal Acknowledgement and the limited, highly exclusionary, definitions of “evidence” that are permissible to support land claims put forth by Indigenous Nations.\footnote{María Montenegro, “Unsettling evidence: an anticolonial archival approach/reproach to Federal Recognition.” *Archival Science* 19, no. 2 (2019): 117-140.} Examining the involvement of the colonial archive, Montenegro points out that the very documentation, racist in nature, required to verify Indigenous land claims under OFA regulations were conceived of and continue to exist in order to invalidate them and erase Indigenous sovereignty. Following this recognition, though, Montenegro draws on critical archival scholarship to articulate an anticolonial approach/reproach to archival evidence that includes elements of both theory and practice. From a practical standpoint, Montenegro calls on archival professionals and scholars to “imagine ways of moving beyond theorizing to action, seeking to assist tribes in getting their land and their resources back, together with the rights to and authority over that land”.\footnote{Ibid, Pg. 130.} While I am quoting Montenegro here in the context of OFA land claims and the movement towards Indigenous sovereignty and the literal decolonization of land in the United States, I interpret from this work the possibility of, and pressing need for, materialist archival praxis. If not resistant to the literal colonization of land, said praxis ought to redress the practices of violence that result from colonial violence through the transfer of resources, material aid, or meaningful solidarity work alongside structurally oppressed communities. To do this successfully, though, Montenegro and other
scholars point to the need for a simultaneous epistemological shift cornering the nature of evidence, and a serious rejection of the exclusivity of colonial forms of knowledge when encountering the archive. Without challenging the epistemology of the archive, it becomes increasingly difficult to resist its conclusions. In the next brief section of this chapter, I rely heavily on Ariella Azoulay’s theorizing of archival resistance and my experiences working alongside the Right to Remain Research Collective and to describe how I have participated in a form of archival activism through my selection, analysis, and use of textual documents themselves.

**Activism in the Archive**

In order to resist and remake the politics of the archive to some anti-oppressive extent, I attempted to confront, to the degree that was possible, the archive’s privileging of specific forms of knowledge and archival material by incorporating alternative, more community-centered, historical sources into my analysis. To do this, I base my own practices of resistance on Azoulay

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304 Ibid.
305 Azoulay, “Potential History” 2013.
312 Haberstock, "Participatory description" 2020.
314 Sue McKemmish, Tom Chandler, and Shannon Faulkhead, "Imagine: a living archive of people and place “somewhere beyond custody”.” In *Archives in a Changing Climate-Part I & Part II*, pp. 73-93. Springer, Cham, 2022

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attempts to unmake and remake the “imperial shutter”, which rely upon the tracing of photographs, creating new descriptions, and theorizing “untaken” photographs as valid historical sources and a means of distancing herself from the imperial archive. In this instance, the “imperial shutter” can be identified as the perspectives, ideology, desired narratives, and knowledge of colonial administrators of a capitalist city, Vancouver, between the 1950s and 1990s. These power relations are reflected in the selective inclusion of documents produced by this body in the archive, erasing the perspectives of non-conforming and “unofficial” knowledges. In practice, I have attempted to acknowledge and include alternative ways of knowing into my analysis, seeking out forms of community-driven knowledge that differ significantly from official city documents to be treated as more grounded in the lived reality of the past. I attempted to write my narrative policy history from my own community-influenced perspective, consulted DTES community newspapers published between 1980 and 2000 as primary sources, and centered the general absence of the perspectives of illicit drinkers in my analysis when possible. Finally, I aim to print, organize, and make accessible each of my primary source documents to the members of VANDU and EIDGE as an element of ongoing work to establish a self-managed VANDU archive. By including these considerations in my archival work, I weaken my reliance on state-centric historical documents and create space for epistemically marginalized community narratives to resurface.

I owe a debt of gratitude to the Right to Remain Research Collective, of which I am a member, whose community-involved “research-as-organizing” approach to archival public health and housing policy research will also guide the mobilization of my historical analysis going forward. Since 2018, R2R has worked with SRO tenant co-researchers with experience

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living in privately owned SROs in the DTES to uncover, learn from, and mobilize SRO policy history extracted from the City of Vancouver Archives.\(^{317}\) This work has been participatory whenever possible, including through tenant-involved trips to the City of Vancouver Archival for document retrieval and analysis, and collective work to analyze and interpret findings. Archival work conducted by the R2R Collective has grounded itself as a participatory historical research project that is responding to community demands for SRO tenant organization in three primary ways. First, the direct involvement of highly interested and engaged tenant co-researchers in the practice of archival document retrieval is a powerful expression of a marginalized neighborhood's right to its own history. Second, R2R’s investigation of historical documents has emphasized the centering of “inhabited” histories, that is, writing, artwork, poetry, and other documentation produced by SRO tenants throughout history that informs us about their lives. These “inhabited” histories have been a cornerstone of R2R’s work with present-day SRO tenants, and have informed group “responses” to historical materials, including the expressed plight of historical neighbors through the creation of haiku poetry, demonstrating connections between present conditions and tenant history. Finally, the direction of R2R’s policy research and its numerous foci have and continue to be designed to argue in support of SRO policy changes that are desired by tenants and community organizers in the DTES. For example, R2R was instrumental in mobilizing historical evidence for and tenant perspectives about the importance of rent control tied to the unit in SROs, or “vacancy control”, which was passed by Vancouver City Council in November of 2021. Similarly, R2R’s tenant-centered investigation of the history of the Downtown Housing Upgrading Program, federal Residential Rehabilitation Assistance Program, and fraught struggles for tenancy protections in SROs have been taken up.

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by the SRO-C to inform policy advocacy efforts\textsuperscript{318} \textsuperscript{319} \textsuperscript{320}. My resistance to the archive is therefore epistemological and material. I am both seeking to challenge dominant forms of knowledge with lesser considered, community-produced histories, with the aim of mobilizing the final product of this work in support of demands that have and will continue to emerge from the membership of VANDU. In the final section of this chapter, I explain how I translated these abstract principles into methods for working with archival sources.

**Working within the Archive**

Having established my theoretical approach to governmental archives, I now turn to methods to explain the logistics of my archival research. As a new scholar with training in health policy and an academic interest in the biopolitics of alcohol regulation, my immediate understanding of historiographical methods was learned through observation of mentors and consulting the critical policy analysis literature. Barbara L'Eplattenier notes that while writing on methodology in historical research is plentiful, there is a noticeable dearth of published work on method, that is to say, the processes and techniques of identifying, triaging, locating, retrieving, cataloging, reading, transcribing, analyzing, and citing historical documents.\textsuperscript{321} I encountered this notable gap in the published literature in my attempts to learn formal historiographic methods, most frustratingly in my reading of the critical policy analysis literature, which identifies the practice of tracing public policy decisions to their sociopolitical origins without technical prescription of method. Notably, historiographic methods are fluid and flexible. With

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\textsuperscript{318} Masuda et al., “Abandoning the SRO” 2021.
\textsuperscript{319} Blomley et al., Making property outlaws, 2021.
\textsuperscript{320} Aaron Bailey, Anna Anbalagan, Magnus Nowell, and Jeffrey R. Masuda, Historical Backgrounder on RRAP anc DHUP. 2019.
\textsuperscript{321} L’Eplattenier, “An argument for archival research methods” 2009.
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the exception of the consultation of primary source documents and the application of scholarly
theory, there are very few constraints to my approach. The method I describe here was formed
through my experiences as a member of the Right to Remain Research Collective, consulting
theory, readings on the practice of document analysis, and the nuances of this specific research
project that became visible as it progressed. Rather than proceed without proper description,
though, the proceeding section of this chapter will provide a basic overview of my
historiographic method informed by L'Eplattenier’s prescribed structure. Having established my
reasoning for selecting the City of Vancouver Archives earlier in this chapter, I will summarize
my research process before concluding with a more technical description of my document
analysis.

Method

Although traditional archival research typically begins with identifying and consulting
the correct finding aid for a given collection of documents, this was not required for the purposes
of this project. As discussed in Chapter Three, previous experience at the City of Vancouver
Archives as a research assistant with The Right to Remain Research Collective allowed me to
spend hundreds of hours organizing, reviewing, cataloging, and, for the purposes of my
undergraduate thesis project, retrieving documents from the archive. A number of primary source
materials were already digitized and housed within R2Rs digital archive when I began this
project, namely a collection of city-produced documents detailing the inspection and legal
sanctioning of SRO operators whose buildings included beer parlors in the 1970s and early
1990s. Additionally, I had already completed extensive archival document retrieval and

historical research to complete my undergraduate thesis in 2020, titled *Back to my room / And the bottle*”: *Historical Perspectives of Alcohol Control, Problematization and Harm Reduction in Vancouver’s Downtown Eastside*. Using a list of internal subject headings located within this series and the general search function of the archives website, I used to City of Vancouver Archives database to conduct keyword searches for subject headings, individual tags, and City departments including “Alcohol”, “Alcoholism”, “Liquor licensing”, “Vancouver Liquor Licensing Commission”, “Downtown Eastside”, “Beer parlor”, “Rice wine”, and “SRO” among others. My source materials were included primarily in two records Series located in the City of Vancouver fonds: S669 (City Manager's Office General Correspondence), and S571 (Social Planning Department administrative and operational subject files). The former, S669, is a massive, comprehensive collection of “reports, memos, forms, correspondence and all related supporting documents pertaining to the general administration of the city of Vancouver and all its operational programmes.”\(^{323}\) encompassing 1960 to 2011 and spanning 48 meters of boxed documents. It includes 1901 unique files arranged in alphabetical order on the archives database. S571 includes 723 unique files composing 12.9 meters of textual records between 1964 to 1996, with the majority of records reflecting the years between 1973 and 1996.\(^{324}\) After potentially informative documents had been identified, I was able to use lists of related files listed in alphabetical order or by related subject to snowball sample other sources. Priority documents for review had titles and descriptions that made reference to alcohol, liquor licensing, the DTES, and neighborhood planning, and appeared to reflect the years immediately before and after the

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implementation of the moratorium, which was instituted in 1988. Accordingly, the majority of my time spent in the archives was spent retrieving and viewing documents published between Expo ‘86 (which occurred in 1986) and approximately 1995. Using a similar search method, I then consulted the civic fonds of former City Councillors who had emerged in my preliminary and undergraduate research as notable actors in DTES alcohol policy prior to and during their time on Vancouver City Council. The most relevant of these collections was Series 629, Records of Alderman Bruce Eriksen, whose papers included 428 pages of city documents and personal correspondence related to alcohol policy, housing, and SRO conditions between 1980 and 1990. A thorough review of online archives of the *Vancouver Sun* and the *Province* between 1987 and 1991 did not result in any relevant references to the 1988 moratorium.

Across all sources, I consulted meeting minutes of city council, city managers reports, summary reports of the Vancouver Liquor Licensing Commission, minutes and documents produced by city committees, public health inspection reports, reports of the provincial government, correspondence between city officials, the public, and provincial authorities, internal reports and memos, draft public facing reports and memos, press clippings, and community-produced publications. Multiple files included sensitive information related to past legal proceedings, namely show cause hearings, involving beer parlor operators, and as such required my acceptance of a research agreement to view them. After promising archival sources had been identified, their names, bibliographic information, links to archival database entry, and assumed priority for retrieval were logged in a spreadsheet. These documents were viewed during the summer of 2021 during a series of appointment-based visits to the archives. Given the amount of material identified, initial review of and time spent physically reading through primary documents themselves was minimal. Instead, I triaged documents for their relevance
with a summary readthrough, and proceeded to digitize those that appeared relevant to the 1988 moratorium in some fashion. Then, I compiled these documents as PDFs and uploaded them to a private Drive. My policy history and related analysis were written by reviewing these PDF’s, and as such, my affective engagement\textsuperscript{325} occurred through the medium of a computer screen. After source documents had been identified, retrieved, and digitized, I was left with five primary groupings of source materials. First, I identified and reviewed a series of seven files within S669 titled “Planning - Liquor matters” contained within two boxes. Collectively, these files contained 336 pages of documents received and circulated by the Office of the City Manager dating between 1987 and 1995. To-date, I believe that the majority of governmental discussion of the design and implementation of the 1988 moratorium is contained with this series of files, and regard this series of records as my core source material for this thesis. Second, I consulted a series of 3 files also located in S669 titled “Planning - liquor matters - problem liquor establishment workgroup”, dated between 1991 and 1993. Next, I identified four files, totaling, 428 pages within Bruce Erikson’s personal fonds including internal correspondence related to a provincial Liquor Review, Housing, and SRO hotels dated between 1980 and 1990. These 10 files were supplemented with additional public health research related to non-beverage alcohol consumption in the Downtown Eastside, retrieved from the COV Archives and Vancouver Public Library, dated between 1991 and 1999, documents from the department of Permits and Licenses in 1988, issues of DERA’s community Newspaper the Downtown East from the 1970s, and editions of both the \textit{Carnegie Newsletter} and \textit{Carnegie Crescent} published between 1987 and 1990. When consulting a source, my reading and analysis was influenced by Tim Rapley’s concise summary of discourse analysis as a guide to producing critical policy history.\textsuperscript{326}

\textsuperscript{325} Arlette Farge, \textit{The allure of the archives}. Yale University Press, 2013.

proposes three methods of engaging with the text during document analysis, which can be done concurrently. First, I read the text literally, taking for granted its source, their goals, potential biases, and “factual accuracy”. I recorded what the text said, as it said it. Then, I took note of notable absences in the text, namely what or who is absent from the discourse or not being sought out to participate in it. Then, I undertook what Rapley terms a “misreading” of the text, interrogating it for underlying powerful relationships informed by the content of my literature review, social theory related to the governance of alcohol and drinking bodies, and the present context of the DTES. Using these suggestions for engaging with the text, I read through my selected files, taking hand-written summary notes and relevant insights to return to and paying specific attention to the absence or presence of insights directly from people who used alcohol in the neighborhood or other residents. I completed these reviews for my entire collection of files, totaling approximately 1200 pages. Then, usually after a reading but sometimes concurrently to it, I began to input my notes into a summary “timeline” of the formalization of the DEOD moratorium in 1988. At this stage, there was no start and end date to my analysis, and I permitted my timeline to begin and end as guided by the source materials. This timeline included the day, month, and year of a given event, the context and source of the original document and insights relevant to the political history of the moratorium. This is also where I applied and worked through Rapley’s described techniques and approached my research questions through close reading, annotations, questions, comments, noted absences, by applying my chosen theoretical frameworks. As noted in my literature review, I am primarily concerned with reading the archive through the lens of Foucault’s approach to power/knowledge in general, with attention to an existing body of scholarship that is specific to alcohol policy as a form of power-laden

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biopolitics that have implications for the creation of something akin to what Bashford construes as a racialized *cordon sanitaire*. I discussed these theoretical benchmarks for guiding my analysis at-length in Chapter 2. Finally, and consulting source material and producing my summary timeline to what I believed to be a saturation point, I began to produce a narrative policy history reflecting my analysis, which comprises Chapter 4. While structured as a chronological telling of the conditions that precipitated the moratorium, its passage, and documented changes to the neighborhood after 1988, I acknowledge that theorizing causation in the context of historicizing the moratorium is ill-advised and methodologically misguided. However, my goal is not to produce an indisputable history of this policy or to challenge existing accounts of the neighborhood’s history, including the motivations of the institutions and actors who have shaped it. Instead, my analysis makes an argument for the biopolitical work that the moratorium did and does by using its history to explain the installation of the 1988 boundary as a specific rupture in colonial public health’s logics described in chapter 2. When approached as a visible rupture in the state’s management of the DTES, the 1988 moratorium becomes a clear example of colonial public’s health’s dispossessory functions through the governance of drinking and drinkers. This history made the moratorium possible, its continuation was made possible by the formalization of the moratorium's lines of biopolitical rule.

**Conclusion**

In this chapter, I have sought to properly situate myself vis-a-vis the archive, provide a methodological engagement with it, and briefly described the method and techniques used to complete the policy history that comprises chapter 5 of this thesis. First, I summarized existing scholarship on the politics of the archive and its origins as a technology of imperial violence. I
also paid specific attention to the history of the City of Vancouver Archives in this context in order to ground these theoretical debates in a single, tangible institution. Then, I discussed my rationale for conducting research with this archive altogether, concluding that Shotwell’s theorization of “constitutive impurity” and “forward-thinking responsibility”, grounded in my partnership with EIDGE, make possible my interaction with the archive to alter material conditions for illicit drinkers in the DTES. Next, I framed this work in the context of the Right to Remain Collective, and explained my positioning as an activist archival researcher. Finally, I touched briefly on the method itself, relying on L'Eplattenier to structure my account of the types and number of sources I have consulted as well as my techniques for analyzing documents. I turn now to my critical policy history of the 1988 moratorium on the issuance, expansion, and relocation of Liquor Primary license in the DTES, followed by a theoretical interrogation of my findings and their implications.
Chapter 5: “It seems obvious that some neighborhoods should be treated differently”

Introduction

This chapter is a critical policy history of the political, economic, and social conditions that surrounded the City of Vancouver’s 1988 moratorium on the issuance, relocation, and expansion of Liquor Primary Licenses in the DEOD. In the first section, I situate alcohol-related organizing in the DTES in the early and impactful work of the Downtown Eastside Residents Association (DERA) throughout the 1970s. Then, I trace the political, economic, and social conditions that surrounded the eventual formalization of the moratorium that was put in front of Council. I describe how its construction of a more institutionalized *alcohol-specific cordon therapeutique* is deeply related to the dis/governance of the aging privately owned SRO housing stock in the DTES. Drawing on community and activist literature, city documents, and press clippings, this policy history demonstrates that the passage of the moratorium occurred during a period of time where the encroachment of new market-rate developments from the West and Southwest of the DTES, were a pressing concern for neighborhood residents. I also describe how the multiscalar politics of the provincial 1987 Liquor Review, initiated as a jurisdicitional downloading and privatization scheme by the right-wing Social Credit government of B.C., devolved new authorities related to liquor licensing to municipalities across B.C., empowering City Council to adopt the DEOD moratorium as local law while constructing different regulatory regimes for Gastown and the Granville Mall. By creating the conceptual and legal category of the “non-conforming hotel”, the Liquor Review permitted DTES SROs with Liquor Primary licenses to be selectively surveilled by police and liquor law enforcement in an effort to facilitate pub closures, SRO conversion to market-rate housing, and the alcogenic gentrification of the DTES. Through my analysis of both governmental and community documents, I argue that
Council’s October 1988 decision and the new governance of the “non-conforming hotel” wrote into bylaw a longstanding, spatially-defined, and selectively prohibitionist alcohol policy landscape in the Downtown Eastside. The spatial ordering of institutional regulation served to assuage the concerns of select neighborhood activists, organized capital, and ascendant housing nonprofits, the latter playing a central role in the state-management of the DTES after 1993. I conclude that said institutionalization amounts to the creation of a *alcohol-specific cordon therapeutique*, marked by the surveillance of poor, racialized, illicit drinking residents while promoting access to alcohol for different, wealthier, drinkers in Downtown Vancouver, as a means of accelerating capital accumulation by racial dispossession. I argue that a return to Bashford’s terminology and analysis of the *cordon sanitaire*, through the theorization of the DTES’ *alcohol-specific cordon therapeutique*, is a useful rearticulation of colonial public health’s structural persistence under the present neoliberal episteme of health education, actuarial disease control, and clinical intervention. To begin, though, I return to DERA and the early 1970s, where the neighborhood's first organized community efforts to intervene in matters of alcohol policy took place.

**Local Control, Bylaw Enforcement, and DERA’s Alcohol Agenda: 1973-1985**

In order to understand the conditions that produced and were made possible by the moratorium, it is necessary to understand alcohol policy’s rise as a discrete area for citizenship activism in the DTES. By 1973, pathologized alcohol use and illicit drinking in public space were considered pressing matters of both social and urban planning for the City of Vancouver. As discussed briefly in chapter one, the DTES’ gradual shift from the original economic center of Vancouver towards a much maligned, largely impoverished, and politically abandoned urban
neighborhood took place as a result of economic and political changes that followed the second world war. The decline of extractive industries dictated that the neighborhood’s SROs could no longer sustain themselves in providing lodging to seasonal workers, now aging into poverty, reliant on residential hotels in order to age in place, and increasingly living with physical disabilities. The same was true of their associated beer parlors that, confined to the neighborhood since 1925 as an artifact of liquor planning decisions designed to maximize profitability, had grown in number while declining in quality. SRO habitability had begun to worsen as well, and was not solely connected to the aging and declining profitability of operations. Contemporary scholars of Japanese Canadian history in the area note the probable relationship between the observed decline in SRO and rooming house conditions across the DTES and the violent, state-directed seizure of Japanese Canadian property in 1942 which included family-administered lodging houses, in the area of Powell Street, more appropriately called Paueru Gai.  

Once overseen by Japanese Canadian families with deep seated connections to the wellbeing of their neighborhood, a form of in-situ ownership, the Canadian state liquidated these properties to speculators shortly after their expropriation. Simultaneously, port access and the ready circulation of raw materials became less relevant to the daily operations of the increasingly financialized city, as signaled by the gradual movement of Vancouver’s central business district westward towards Granville and Burrard streets and the related closure of high traffic streetcar routes to and from the neighborhood along Carrall street in the mid 1950s. The “declining”

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330 Ibid.
332 Ibid.
DTES of the 1950s was divested from, maligned, and subjected to intensive alcogenic enclosure that would become the subject of further vilification in decades to come.

The Downtown Eastside Residents Association (DERA) was formed in 1973 to respond to these conditions by, in its view, working to improve both the public image and political representation of the DTES through organized neighborhood unionism. Among its first campaigns were the successful embrace of the name “Downtown Eastside” as a replacement to the pejorative Skid Road and a prolonged struggle to mandate the installation of sprinkler systems in SROs. From the outset, the conditions of SRO housing and the management style of neighborhood beer parlors were an intensive focus of DERA, although existing historiographies have focused proportionately more on the former than the latter. Organizers affiliated with DERA were the first activists in the DTES to conceptualize community-determined alcohol policy as a tool for enhancing the health and wellbeing of their community. While my undergraduate thesis led to the identification of the 1988 DEOD moratorium as an understudied element of the DTES’ alcohol policy and provides a comprehensive account of DERA’s beer parlor-focused organizing, I argue here that the group’s targeted efforts to reduce alcohol-related harm focused on a number of perceived problems, among them conditions of alcogenic enclosure, from which the concept of a license moratorium emerged. In DERA’s view, the number, and operational shortcomings, of alcohol outlets confined to the now solidifying borders of the DTES were an issue of public health, equality under the law, safety, and community control. Twenty-nine beer parlors in total, eighty-three percent of the total number in Vancouver and sixty percent of the cities total liquor license capacity were reportedly confined

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335 Bailey, “Back to my room / And the bottle”, 2020.
to the DTES by 1976; a concentration that prompted vocal protest from DERA president Bruce Eriksen and allied Coalition Of Progressive Electors (COPE) alderman Harry Rankin.\(^\text{337}\)\(^\text{338}\) In one 1976 article, Rankin asserted that the “enforcement of liquor laws [was] going from bad to worse in the downtown eastside (sic) area.”\(^\text{339}\) DERA and its allies lobbied intensively for enforcement of local bylaws and provincial liquor law enforcement, often wielding the threat of liquor license revocation to combat managerial neglect that led to overserving, the serving of underaged patrons, violence, strong-arming’s, open drug markets, sex workers on pub premises, the carrying of knives, and the showing of pornography.\(^\text{340}\)\(^\text{341}\)\(^\text{342}\)\(^\text{343}\)\(^\text{344}\)\(^\text{345}\)\(^\text{346}\)\(^\text{347}\)\(^\text{348}\)\(^\text{349}\) It was unfair and discriminatory, its members argued, to confine the harmful health effects of alcohol, public disorder associated with bars and liquor stores, and the negligent enforcement of liquor statues to a poor neighborhood such as theirs. Importantly, though, DERA and its representatives were often selective regarding the types of drinkers that could, or should, be protected by their organization. While touring Minister of Consumer and Corporate Affairs Rafe Mair around the DTES (Figure 6) to make his case for stricter liquor law enforcement in October of 1978, Bruce Eriksen commented on the plight of illicit drinkers living with severe dependency in the DTES, the archetypal “skid road drunk”, stating that he did not:

\(^{339}\) Ibid.
\(^{341}\) “Vanport loses license,”, \textit{The Downtown East}, February 1974
\(^{342}\) “City controls merchants who live off of others misery,” \textit{The Downtown East}, June 1975
\(^{343}\) “Alternatives to soup lines essential,”, \textit{The Downtown East}, August 1976
\(^{344}\) “Council asks province to keep hard booze our of beer parlours,”, \textit{The Downtown East}, December 1976
\(^{345}\) “DERA wins ban on hard liquor,” \textit{The Downtown East}, January 1977
\(^{346}\) “Sale of rubbing alcohol obscene,” \textit{The Downtown East}, August 1977
\(^{347}\) “Charge rubby offenders says DERA,” \textit{The Downtown East}, September 1977
\(^{348}\) “DERA wins advertising for 2% beer,” \textit{The Downtown East}, June 1978
\(^{349}\) Hasson & Ley, \textit{Neighborhood organizations and the welfare state}, 1994
“...worry much about the guys in that shape, because they’ve about had it already… but I worry about the young guys, the guys 18 or even 25 or 30, who spend all their lives drinking in a beer parlor (sic) all day”\textsuperscript{350}

Crucially, DERA was not a prohibitionist organization and did not advocate for the complete removal of beer parlors in the DTES. Rather, DERA expressed support for safe, well-managed drinking establishments that served as spaces of sociability for residents living in SROs without common spaces, going so far as to propose a community takeover of the Stratford Hotel pub alongside their failed attempt to purchase the building in 1980.\textsuperscript{351} DERA campaigns influenced the provincial ministry of Consumer and Corporate Affairs prohibiting the sale of spirits in 1977 and mandating the sale of low-alcohol beers in 1978, allowing responsibilized drinkers considered reflective of the DERA ethos to “have 3 or 4 beer (sic) and go home sober”.\textsuperscript{352} \textsuperscript{353} \textsuperscript{354} However, in advocating for reductions in alcohol-related harms at the level of the population while discounting heavy drinkers, DERA’s symbolic and practical exclusion of people living with severe alcohol dependence from its organizing functioned to reproduce the differentiated \textit{alcohol-specific cordon therapeutique} proposed by the AFBC two decades earlier. Drinkers in the DTES remained different and pathological, regulated differently than other consumers or service clients. Both the AFBC and DERA did not consider illicit drinkers to be appropriate

\textsuperscript{351} “DERA to appeal decision on hotel bid,” \textit{Vancouver Sun}, July 31st, 1980.
\textsuperscript{352} “Ban on hard liquor,” \textit{The Downtown East}, 1977.
\textsuperscript{354} “2\% Beer,” \textit{The Downtown East}, 1978.
targets of public health intervention or reflective of a neighborhood's populations, limiting opportunities for policy input from what was an acutely marginalized group by the mid 1970s.

Figure 6: Organizers from the Downtown Eastside Residents Association including President Bruce Eriksen (right) tour the DTES with Rafe Mair. The organizations cited the overconcentration of neighborhood pubs as a major cause of public disorder and generalized decline in the area throughout the 1970s and early 1980s. Source: *Vancouver Sun*, October 23rd, 1978.

DERAs political support for the development and enforcement of selectively prohibitionist liquor planning policy is traceable to a shift in focus towards retail liquor stores beginning in 1979, of which there were three to serve a geographically constricted population of only 16,000 residents in 1977.355 The concept of a moratorium on the issuance of liquor licenses originated alongside DERA’s political shift towards selectively prohibitionist alcohol policy preferences, likely influenced by and contributing to a significant effort to close a problematized liquor store at 230-232 East Hastings between 1979 and 1981. In 1979, a coalition of service-

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providing organizations and their members operating in the DTES began to express public concern regarding the health and safety impacts of the B.C. Liquor Store located at the corner of Main and Hastings. It did not take long for the UCWA to be joined by a vocal coalition composed of DERA, the leadership of Carnegie Community Centre, and a coalition of supportive residents in what became a large-scale campaign to shutter the liquor store.\footnote{Bailey, “Back to my room / and the bottle” 2020.} \footnote{Bailey and EIDGE, “Alcohol Prohibition Never Ended” 2021.} \footnote{“Liquor Store Closing Petition Nears 4000,” \textit{Carnegie Crescent}, November 30th, 1980.} \footnote{Jim McDowell, “Ethyl’s Outlet,”\textit{Carnegie Crescent}, November 30th, 1980.} \footnote{Sam Snobelin, “Liquor Store Closes,” \textit{Carnegie Crescent}, August, 1981.} \footnote{File - Liquor Store (Main and Hastings). 1981-1982. COV Archives, City of Vancouver fonds, Social Planning Department administrative and operational subject files. COV-S571 Box: 098-C-04 fld 01.} \footnote{File - Task Force on Alcohol Problem. 1983. COV Archives, City of Vancouver fonds, Social Planning Department administrative and operational subject files. COV-S483 Box: 085-G-03 fld 07.} \footnote{Bailey, “Back to my room / and the bottle” 2020.} \footnote{Bailey & EIDGE, “Alcohol Prohibition Never Ended” 2021.}

While a detailed historical account of the liquor store’s closure is the subject of my previous work,\footnote{Bailey, “Back to my room / and the bottle” 2020.} \footnote{Bailey & EIDGE, “Alcohol Prohibition Never Ended” 2021.} this event represented an important escalation of DERA advocacy that is relevant to the present policy history. After 1980, alcohol-specific organizing in the DTES, largely involving DERA and the Carnegie Community Center, began to focus on eliminating alcohol outlets from a select area where their presence had previously been \textit{managed} by community-led inspection. Organizational leadership of both groups eventually openly decried the presence of illicit drinkers in the neighborhood throughout 1980 with greater frequency and intensity than the decade prior. While the precise rationale for this shift in the discourse is not clear, the increasing racialization of illicit drinking and a likely growing number of Indigenous illicit drinkers in the neighborhood throughout this time is a likely contributing factor.

Simultaneous to a shift in tone and content from neighborhood activists, demographic change was making a small number of Indigenous illicit drinkers more visible and vulnerable to racialized problematization. Although Indigenous persons have resided along the Burrard inlet...
near the former Granville Townsite for centuries, the period between the 1960s and 1980s saw accelerated, and more permanent, Indigenous urbanization into Vancouver’s Downtown core. Early studies of east end demographics published during the Second World War made no mention of Indigenous persons, focusing primarily on monitoring the presence of Chinese-Canadian and Japanese Canadians. Decades later, a 1971 report of the City of Vancouver estimated 6,793 people, 306 comprising 4.5% of the total population are documented as “Native”, living within a study area consisting of the DEOD, Gastown, and Main Street as far South as Prior Street. The Department of Social Planning pointed to an apparently exceptional and now existing concentration of Indigenous persons in the DTES, claiming that “there is a far greater percentage of Indians (sic) living in the Study Area than in the city at large”. A decade later in 1981, the VHD also identified a “large Native Indian population” in the DTES, reporting that “over 70% of the Indians (sic) in the Lower Mainland congregate here [the Downtown Eastside].” Later surveys conducted by DERA and the City of Vancouver consistently determined that approximately 10% of the DTES’ population identified as Indigenous at a given time. This figure remained the same as of 2017, representing a doubling in the percentage of the area population classified or identifying as Indigenous between 1971 and 1987. Now increasingly coerced into reliance on public space for socialization by the same conditions as other long-time neighborhood residents, I suggest that the potentially increased visibility of Indigenous illicit drinkers contributed to shifts in the area’s alcohol policy discourse towards

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366 City of Vancouver Department of Social Planning and Community Development. Downtown East Side. COV Archives, City publications collection. PUB-: PD 899, Box: 148-A-02.
harsher, highly racialized, interventions. An exchange between two residents to the *Carnegie Crescent* in 1982 hints at these concurrent changes to the neighborhood. Speaking against installing benches outside the Carnegie Community Centre at Main and Hastings, a contributor explained that:

“Since the benches have opened, the benches on the west side of Main Street have been used persistently for drinking and, in my opinion, the less benches there are around Carnegie, the less drinking there will be. The existing benches should be removed and no more added… It's true that benches would be a welcome asset to the neighborhood, but I'm afraid that it only takes one or two bad apples to spoil it for the rest.”

The piece, which also includes arguments in favor of benches, is accompanied by a photograph of several men, possibly Indigenous, captioned “Four regulars bid farewell to a Carnegie bench”, implying a consistent, and apparently disruptive, presence (Figure 7). While the movement of Indigenous persons into the DTES of community over time is well beyond the scope of this policy history, new problematizations of an increasingly Indigenous population of Indigenous illicit drinkers are likely to have contributed to shifts in tactics and policy preferences by neighborhood activists concerned with access to alcohol, drinking, and public disorder.

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DERA’s internal shift towards selective prohibition and a preference for a reduction in the number of alcohol outlets in the neighborhood is most powerfully reflected by a September 1980 report titled *Alcoholism in the Downtown Eastside* authored by DERA organizers Libby Davies, Jean Swanson, and Jim McQueen for the Downtown Community Health Society.\(^{370}\) Published two months before the intensified campaign against the Main and Hastings liquor store began, *Alcoholism in the Downtown Eastside* estimated that between 350 and 500 individual drinkers had become a financial burden to the public purse, requiring about $720,000 per year in program spending to manage.\(^{371} \) \(^{372}\) Importantly, the report summarized DERAs evolving population-health oriented case for neighborhood-level alcohol control, and includes the first documented recommendation for a formal moratorium on liquor licenses in the DEOD. Davies, Swanson and McQueen begin with a nuanced and grounded analysis of the roots of alcohol-related harm, which include the disproportionate visibility of illicit drinkers in the DTES due to housing precarity, vulnerability to violence, the frequency of traffic accidents, and exposure.\(^{373}\) The report also reiterated the causal relationship between woefully inadequate social assistance rates, worsening SRO conditions, and chronic, costly health problems for DTES drinkers. *Alcoholism in the Downtown Eastside* placed the onus for alcohol-related harms squarely on structural forces rather than drinkers themselves, relying on established supply-side logics of alcohol control supported by the AFBC in claiming that:

> “Two factors are said to be the most important in determining the level of alcohol consumption in a region: the level of public acceptance of drinking and the ease of accessibility. Both are interrelated in that ease of accessibility is usually determined by law, which is often determined by public health which has certain ideas about acceptability.”\(^{374}\)

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370 Jim McQueen, Libby Davies, and Jean Swanson, File - Alcoholism in the Downtown Eastside. 1980. COV Archives, City publications collection. PUB: PD 2294, Box 149-B-05.
371 McQueen et al., “Alcoholism in the Downtown Eastside” 1980.
373 McQueen et al., “Alcoholism in the Downtown Eastside” 1980.
374 Ibid, Pg. 9.
The authors continued, listing “a number of conditions [that] ensure easy access to booze…”, such as: The proliferation of liquor establishments” and “Lax procedures at the Government Liquor Store”. The following section of the report responds to these suggested problems of availability with a series of recommended supply-side restrictions, the first of which being a “Moratorium on Liquor Licenses”. The authors explained that:

“In the Downtown Eastside Specifically, access to liquor should be restricted, first, by a moratorium on the issuing of new liquor licenses. Secondly, licensees who are known to repeatedly violate liquor laws should have their license withdrawn permanently. That would effectively eliminate proliferation of liquor establishments in the Downtown East, and begin to reduce the number of premises.”

In their own words, DERA viewed the creation of a moratorium and accelerated outlet closures as complementary interventions that would, over time, result in a decline in the number of licensed premises in the DTES. Such a decline would almost certainly harm the profits of approximately ¼ private SRO owners who relied on liquor licenses for operational revenue, likely leading to room closures. Despite an observed drop in SRO vacancy rates from 25% to 17% between 1978 and 1979, DERA leadership remained comfortable with some room closures so long as the number of available units permitted tenants to relocate, contextualizing Eriksen’s claims that “the 23 hotels in the area (presumably the DEOD) are unrepairable anyway… [and] should be shut down.”

The callousness with which Eriksen suggested the mass condemnation of SROs is unfathomable in the present-day DTES, where the rapid

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375 Ibid, Pg. 13.
376 Ibid, Pg. 15.
377 “Alcoholism in the Downtown Eastside” 1980, Pg. 15.
381 “Skid Road a hell of a problem” 1978.
conversion, condemnation, and fire-related loss of affordable SRO units has accelerated.\textsuperscript{382} \textsuperscript{383} \textsuperscript{384} Having developed a policy position on outlet density in the DTES, DERA and its allies were positioned to gain rapid support for their recommendations with the election of Bruce Eriksen to Vancouver City Council under the COPE banner in 1980 and the election of alcohol-skeptical Jim Green to the DERA presidency.

The coalition to close the Main and Hastings liquor store won the support of council, Mayor Mike Harcourt, and Minister Mair after nearly two years of organizing, securing the closure of the store for a six-month pilot period in July of 1981 that would become permanent shortly after.\textsuperscript{385} In relation to the subsequent 1988 moratorium, I suggest that the shuttering of the Main and Hastings BC liquor store is notable as an antecedent for three reasons. First, the successful campaign marked the first major, and successful, expression of DERA’s new selectively prohibitionist policy preferences as they related to area planning. This is apparent in the shift in discourse and policy prescription when compared against the 1970s. Second, the shuttering is notable for its negative impact on the health and safety of illicit drinkers, namely people who used non-beverage alcohol in the DTES. In the years that followed the closure, the Mayor's Task Force took note of a substitution effect taking place in the neighborhood. Desperate to avoid potentially fatal acute withdrawal and now unable to access affordable beverage alcohol, illicit drinkers' subsequent shift towards the consumption of high salt-content rice wine is acknowledged by the documents of the task force itself and neighborhood residents

\textsuperscript{385} Bailey, Back to my room / and the bottle, 2020.
between 1986 and 1989. Eventually, the Mayor’s Task force acknowledged that its chosen regime of joint DERA-VPD inspection of Chinese-Canadian retailers in the area could not reduce cooking wine use. Drinkers simply sought out accessible and affordable substitutes when faced with prohibitionist policy. While the decision to close the liquor store was being made, illicit drinkers had not been sought out for input on the implications of the change. At times, those most likely to be impacted by the closure had been treated with outright hostility. Writing in the Carnegie Crescent in 1981, then center director Jim McDowell expressed his dismay at the presence of the estimated 350 illicit drinkers at Main and Hastings, claiming that:

“Anyone who is serious about renewing the Downtown eastside and eliminating it’s “Skid Road” image must start by shutting off one of the taps. [The] heavy drinkers… [that] turn our front yard into a disgusting display of self-destruction will be dispersed. Our staff will be able to give their energy to those who want to do something different with their lives.”

DERA president Jim Green differed only somewhat from McDowell in explaining his support for the closure to the Vancouver Sun in the spring of 1984, claiming that the store had “set the style” for the entire DTES while insisting that the “drunks” that occupied public space around the store were not actual area residents. Public statements and organizing materials from both DERA and the Carnegie Community Centre throughout the early 1980s considered many heavy drinkers to be a form of outside actor causing harm to the area on par with the caricature of the

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386 Ibid.
394 Ibid.
unscrupulous beer parlor manager. While debate over drinkers' claims to DTES residency was dictated by organizational leaders and volunteers within the community, people who likely used alcohol found their way onto the pages of the *Carnegie Crescent* and *Carnegie Newsletter* to stake their own poetic claims to place and long-term residency, documenting their lives and personal struggles as poor tenants, drinkers, and drug users.\textsuperscript{397 398 399 400 401} Illicit drinkers remained engaged in neighborhood life despite their structural marginalization in the DTES after the closure. In this respect, they were following a decades-long tradition of resistance that would continue for years after the stores closure, despite their contradictory framing as both internal enemies to neighborhood improvement and non-residents.

Most directly related to the passage of the 1988 moratorium, the creation of a Mayor's Task Force on Alcohol Problems in the Downtown Eastside after the liquor stores closure cemented DERA’s role as an authority on neighborhood alcohol problems and an important stakeholder in area planning. Psychologist Sue Johnson of the Burrard Health Unit considered the 1980 *Alcoholism in the Downtown Eastside* Report a primary source on the subject, citing it in a 1981 review of “Needs and Services” in the area.\textsuperscript{402} Consultation with DERA, the group’s leading role on the Mayor's Task Force throughout the early 1980s, and DERA’s growing support for a moratorium on liquor licenses eventually informed the Downtown Eastside / Oppenheimer Policy Plan, released in 1982.\textsuperscript{403} The document itself was the result of five years of work by the Oppenheimer Area Planning Committee, an internal working group tasked with

\begin{itemize}
  \item \textsuperscript{397} Gerald Goranson, “MORNING PLEASE HURRY,”, *Carnegie Crescent*, December 1st, 1981.
  \item \textsuperscript{398} Gerald Goranson, “VORTEX,” *Carnegie Crescent*, December 31st, 1983.
  \item \textsuperscript{402} Johnson, A Picture of the Downtown Eastside: Needs and Services, 1981.
  \item \textsuperscript{403} City of Vancouver Planning Department. Downtown Eastside/Oppenheimer Policy Plan. 1982.
\end{itemize}
executing area improvement projects financed by the federal government’s Neighborhood Improvement Program (NIP) and Residential Rehabilitation Assistance Program (RRAP).\textsuperscript{404}

Enabled by a change in the Downtown Eastside/Oppenheimer Districts zoning designation from largely Industrial to a more diverse “Comprehensive Development District”, the 1982 Policy Plan’s emphasis on “sub-areas” sought to open specific parts of the neighborhood to NIP/RRAP eligibility, commercial development, and associated real estate investment to induce demand for market housing.\textsuperscript{405} Planning staff took care to stress that:

“The area image is poor, even though in recent years significant improvements have been made…‘demand’ for new units will have to be met by non-market mechanisms, i.e., social housing… It must be emphasized that it is readily apparent that a demand for market housing is not now very strong, if it exists at all. However, the Downtown Eastside / Oppenheimer area, as well as the surrounding communities, are improving and it is important to provide for, \textit{and in fact encourage}, new residential development in this Downtown Community, consistent with Council’s overall Downtown policies.” \textsuperscript{406}

The insights of the bureaucracy are valuable to understanding the 1982 Policy Plan in the context of what Sam Stein has termed the “real estate state”. After identifying the existence of a “rent gap”\textsuperscript{407} that precludes area residents’ ability to afford market rents in areas surrounding the DEOD, planners acknowledged and problematized the absence of an influx of new, market rate housing.\textsuperscript{408} The DTES was considered a poor neighborhood, and its reputation as a space of visible poverty could supposedly be addressed by “improvement”, namely beautification and amenity improvements financed with NIP funding, aiding new influxes of development capital. Alcohol control measures and liquor law enforcement were viewed as key tools for improving the DEOD’s social and physical environments.\textsuperscript{409} The focus of the Plan’s recommendations

\textsuperscript{404} Ibid.
\textsuperscript{405} Ibid.
\textsuperscript{406} Ibid, Pg. 22.
\textsuperscript{408} Ibid.
\textsuperscript{409} City of Vancouver, Downtown Eastside/Oppenheimer Policy Plan, 1982.
quickly turns to the possibility of a moratorium on the issuance of liquor licenses in what is a clear reference to Davies, Swanson, and McQueen’s 1980 work and the influence of DERA organizing on public opinion towards DTES drinkers. Referencing “consensus among area residents and neighborhood workers that the further availability of alcohol should be curtailed and that no new pub and hotel type liquor licenses should be issued in the area,” clause 4.6.7 of the Policy Plan recommends that: “No new liquor establishments requiring hotel (Class A), cabaret (Class C), or neighborhood pub (Class D) licenses should be permitted in the Downtown-Eastside/Oppenheimer Area.” Notably, the proposed moratorium excluded cafes and restaurants, like those concentrated towards Gastown, a feature that would carry forward. The plan became policy on April 20th, 1982, when it was included as an amendment Schedule A of Bylaw No. 5532, A By-law to Adopt an Official Development Plan. The amendment aimed to “[c]urtail the availability of alcoholic beverages, in view of the intimate connection between alcohol and violence in this area (Emphasis added)” by excluding alcohol-related businesses or retail stores from stated conditional land uses. DERA’s suggested language of a formal moratorium on liquor licenses had ultimately been diluted to some degree. Although retail liquor stores, licensed premises offering off-sales, and liquor licenses more generally were not included as approved land uses in the DEOD, and therefore tacitly discouraged from development in the area, no language in the new Schedule A of bylaw 5532 explicitly prohibited them. However, in two short years, DERA-produced alcohol policy had begun to align with the strategic interests of area planners and became the official position of the City of Vancouver, aided by a flurry of public interest in the closure of the Main and Hastings Liquor Store and the election of

410 Ibid, Pg. 42-43.
411 Vancouver City Clerk, “Liquor Sale Uses. By-law No. 6397: A By-law to amend the Downtown Eastside/Oppenheimer Official Development Plan being Schedule A to By-law No. 5532” (Vancouver, B.C., October, 1988).
sympathetic councilors. The moratorium as it existed in spring of 1982 was not perfect - it intruded on the jurisdiction of the LCLB to some degree, and relied on a *de facto* mechanism rather than *de jure* authority. Allied councilors like Bruce Eriksen still hoped to eventually strengthen the colloquially known “Downtown Eastside Liquor Policy”, then apparently a relatively weak control measure rooted in the City’s powers over land use, into a much stronger prohibition that stepped over provincial jurisdiction to pre-empt the liquor licensing process itself.

The publication of the Downtown Eastside Oppenheimer Plan and its passage by council were followed closely by a whiplash-like response to justifiable concerns surrounding the concentration of alcohol outlets into the DEOD since 1925. Although the DTES had been singled out for selective surveillance and prohibitionist intervention prior to 1982, the moratorium represented the formalization of a legally enforceable and well-resourced boundary that could be jointly policed by public health officials, VPD constables, and urban planners acting in concert. The plan’s release and suggested cordoning of the DTES was accompanied by a very different innovation in alcohol control, designed for the remainder of Vancouver, that took place that year. In the same year that the imposition of a form of selective prohibition was formally proposed for the DTES and the people who lived there, a new federally financed “controlled drinking” program termed “SKILLS” was rolled out by the Burrard Health Unit and promoted throughout the remainder of the City.\footnote{Vancouver Health Department, Burrard Unit. Manual for SKILLS Controlled Drinking Program. File - Health Promotion - SKILLS Program (Preventative controlled drinking program). 1983-1984. City of Vancouver Archives, Health Department central registry - program subject files, General service files. COV-S132-2, Box 156-G-03 fld 09.} \footnote{Item: Skills: a controlled drinking program. 1982. COV Archives, City of Vancouver fonds, , Health Department central registry - program subject files, General Services files. COV-S-132-2: LEG188.3, Box 707-G-04.} The controlled drinking paradigm had emerged in 1973 as a direct challenge to the highly deterministic disease model of alcoholism, which held that
moderate drinking was impossible for those diagnosed with an Alcohol Use Disorder.\textsuperscript{414} In Vancouver, SKILLS promoted itself as “part of a lifestyle project at the Health Department [that]... involve[d] learning a variety of self-management techniques (Emphasis added)” with the support of a team of counselors overseen by medical staff over the course of 12 weeks.\textsuperscript{415} The VHD program reflected a broader ideological shift in Canadian public health in response to ascendant neoliberalism, beginning in 1974 with the publication of \textit{A New Perspective on the Health of Canadians}, known as the Lalonde Report.\textsuperscript{416} Citing rising healthcare costs and the specter of fiscal crisis that threatened Canadian Medicare, Health Minister Lalonde encouraged public health’s political shift towards a preference for actuarially beneficial forms of individual risk management through the promotion of healthy lifestyles deemed appropriate and achievable for the middle class through health promotion.\textsuperscript{417} \textsuperscript{418} \textsuperscript{419} SKILLS and its relationship to the DEOD moratorium can be understood as one expression of this political and economic context. The goal of SKILLS was not to stop participant's drinking, as was the case at AA or non-medical detox. Instead, weekly phone calls with counseling staff and peer-led self-help aimed to reduce participants' total number of drinks reported each day, and did so with some success according to archival evaluations of the program between 1986 and 1991.\textsuperscript{420} \textsuperscript{421} While SKILLS was being

\begin{footnotesize}
\begin{enumerate}
\item \textsuperscript{415} \textit{Manual for SKILLS}, 1983-1984. Pg. 61.
\item \textsuperscript{416} Marc Lalonde, "A new perspective on the health of Canadians." \texttt{www.phac-aspc.gc.ca/ph-sp/phdd/pdf/perspective.Pdf} 1974..
\item \textsuperscript{417} Trevor Hancock, "Lalonde and beyond: Looking back at “A New Perspective on the Health of Canadians”." \textit{Health Promotion International} 1, no. 1 (1986): 93-100.
\item \textsuperscript{419} Deborah Lupton, "Risk as moral danger: the social and political functions of risk discourse in public health." \textit{International journal of health services} 23, no. 3 (1993): 425-435.
\item \textsuperscript{420} \textit{Manual for SKILLS}, 1983-1984
\item \textsuperscript{421} \texttt{Evaluation of the SKILLS Program based on archival data. File - Health Promotion - Skills program (preventative controlled drinking program). 1990. COV Archives, City of Vancouver fonds, Health Department central registry - program subject files, General Services files. COV-S132-2, Box 720-G-02 fld 10}
\end{enumerate}
\end{footnotesize}
promoted by the VHD more broadly (Figure 8), including through the production of nearly 40
minute video aimed at training new counselors to administer the program, drinkers of the “skid
road” type were not eligible.\textsuperscript{422} From the outset, drinkers with “a serious history of withdrawal
symptoms”, “a history of admittance to detoxification units”, and “[any] seizure condition”
would “rule out entrance” to the program.\textsuperscript{423} Existing liver damage, intoxication during sessions,
or identification by VHD personnel as an “alcohol addict” as opposed to a “problem drinker”
also disqualified heavy, long-term drinkers from admittance. The contrast between the VHD’s
promotion of SKILLS and the origins of the DEOD moratorium in 1988 is striking. Much like
the AFBC before it, the former placed its focus on the responsibilization of a population of
middle-class, readily employable drinkers at the expense of those living with severe
dependencies, many of whom resided in the scarcely affordable SROs of the DTES. The political
function of the concurrently developed, and highly racialized, DEOD moratorium becomes
legible through its relationship to this contradicting approach. While SKILLS aimed to cultivate
self-regulating drinkers, the drawing of new, alcohol-specific boundaries around the DTES and
their passage into law reproduced much older colonial logics of the racialized \textit{cordon sanitaire} in
its classification of all remaining bodies, now more likely to be Indigenous drinkers, subject to
its authority as incapable of self-governance. Illicit drinkers residing in the DTES could not be
expected to reliably adhere to new, low-cost, and minimally clinical lifestyle change regimens. It
was then appropriate and necessary for continued sustainability of the welfare state according to
DERA, council and the VHD, to differentiate the urban space around them as to make such an
enactment of disciplinary power, or exercise of the will,\textsuperscript{424} irrelevant. The nascent DEOD

\textsuperscript{422} Item: Skills: a controlled drinking program, 1982.
\textsuperscript{423} Manual for SKILLS, 1983-1984
A moratorium could act as a different, more carceral form of medicalized regulation that upheld this distinction - a *cordon therapeutique*. The application of moratoria and insistence upon abstinence-oriented recovery for DTES drinkers in the late 1980s embodied these sentiments and echoed the AFBCs previous proposal for DTES hostels accompanied by Yale Plan Clinics elsewhere. Institutional oversight was always viewed as appropriate for DTES drinkers, and in extreme cases elsewhere. The co-existence of SKILLS and DERAs ascendant advocacy for a license moratorium in 1982 suggests that the VHD, City Hall, and the public at-large continued to conceptualize DTES drinkers and the space they occupied as fundamentally different, increasingly pathologized, and necessarily subjected to public health's actuarial gaze.

*Figure 8:* An advertisement for the SKILLS Program produced by the Vancouver Health Department. The text emphasizes self-management and the responsibilization of the individual drinker. Source: City of Vancouver Archives, *Manual for SKILLS*, COV-S132-2, Box 156-G-03 fld 09.

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425 Bashford, *Imperial Hygiene*, 2003
DERA’s early alcohol-related activism was conceived of in opposition to material exploitation and to assist the remaking of the neighborhood's public perception from blighted to deserving of the state-afforded benefits of liberal citizenship. DERA was correct to observe that the DTES had the highest per capita number of Liquor Primary seats in Vancouver in the 1970s, and that poor neighborhoods, particularly racialized neighborhoods in the United States and Canada, have historically been exploited by liquor retailers, their governing bodies, and licensees. Police vice squad Inspector Leonard Peterson said as much following the publication of DERAs Alcoholism in the Downtown Eastside report in 1980, remarking that “it's almost better to keep them (liquor stores) in one place.” DERA’s membership was also correct to point out that, left to neoliberal market forces and speculator landlords without proper recognition as dwellings under tenancy law, SRO conditions had worsened throughout the 1970s. This decline was largely a direct result of the non-enforcement of the Lodging House and Fire Bylaws, and residents continued to face vulnerability to eviction and death by fire. Organizers noted that the conditions they protested had their basis in the accumulation of profit.

By skirting regulations related to facility maintenance and turning a blind eye to illegal activities,

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432 Masuda et al., “Abandoning the SRO” 2021.
bar owners residing outside of the DTES could extract exorbitant economic rents from area residents, who paid with alcohol-related harms, exposure to violence, and deeper poverty. DERA’s alcohol-specific policy advocacy is best understood as a well-meaning response to pressing, challenging conditions in the DTES, influenced over the course of decades by macroeconomic forces and city planning beholden to racial capitalism. Said organizing between 1973 and 1982 was not, however, inclusive. In fact, DERA deployed highly exclusionary rhetoric in what Jesse Proudfoot has termed the “lumpenization” of the neighborhood's most structurally vulnerable residents, including but not limited to illicit drinkers and other drug users.433 Brought into the public eye through discourses of blight and prospective urban renewal in the 1950s and 1960s, the plight of the East end “derelict”, reconceptualized as the “Skid road drunk” who frequently used non-beverage alcohol, became a visible and severely distressing consequence of structural poverty, colonial dislocation, and economic financialization in Vancouver. 434 435 These discourses resulted in drinkers’ conceptual and material exclusion from membership in DERA’s constructed community of politicized, oppressed, but respectable residents credited with key roles in the extractive settlement of Vancouver. Eriksen himself, a former drinker, at times framed DERA’s collective identity in relation to visible substance users, stating in 1978 that:

“...too many people think of the skid road area as being full of drunken bums and dope addicts. It isn't. Most of us (DTES residents) are honest and looking for the right things to do” 436

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Here, Eriksen constructs drinkers and drug users as dishonest, immoral, and beyond the desired reach of the DERA project. Although the group’s democratic structure allowed it to speak for its perceived constituency of Downtown Eastside residents, this population did not, at least discursively, include illicit drinkers living with severe alcohol dependency. DERA worked carefully through media strategy and in representations to council to introduce the notion of the DTES as a downtrodden but respectable working class neighborhood, drawing heavily on frontier narratives of work ethic and settlement to legitimize its largely male, white, working class population’s right to material dignity and social respect.\footnote{Proudfoot, \textit{A history of the politics of representation in the Downtown Eastside}, 2011.} \footnote{Sommers, “Men at the margin” 1998.} By promoting alcohol policy for the area that unintentionally relied on the established logic of the AFBC, DERA reproduced the DTES drinker as a wicked internal problem requiring different solutions than “normal” alcoholics. Illicit drinkers between 1973 and 1982 were presented by community groups, media figures, and local officials as a potential threat to the area’s revitalization, and as bodies that could not be made to properly self-regulate through rigorous abstinence-oriented treatment regimens. By 1982, the underlying rationale and political coalition required to pursue a license moratorium, which now existed on paper in official planning documents but not in law, were in place. However, a moratorium could not come into effect until such a measure was formally passed and adopted by a majority of the Mayor and Council, and not after the City of Vancouver and municipalities throughout the province were granted new powers over liquor planning in 1987. Moratorium proponents needed to wait for a post-Expo ‘86 liquor liberalization policy window to implement this new selective prohibition on the DEOD.
The Moratorium at Council: 1986-1990

Expo ‘86 and the events that led up to its arrival placed unprecedented development pressure on the DTES and other areas that bordered the proposed Expo Lands of False Creek North. Geographer Kris Olds notes that the Social Credit government of B.C. and NPA-dominated council were direct in stating their development-focused intentions for the event, with Premier Bill Bennett admitting that:

“...We will see in this exposition an opportunity to host both a major World Fair and to proceed with developments that suit our present and future needs… we see in Transpo (Expo) ‘86 the chance for a celebration that will leave a lasting legacy.”

Bennett was successful in this regard, specifically with respect to the long-sought after land of False Creek North, a series of newly de-industrialized waterfront brownfields formerly controlled by the Canadian Pacific Railway. The 82-hectare stretch of land between Main and Beatty Streets, extending North to the Georgia viaduct had been highly desirable to multinational firms since 1967, and Concord Pacific would eventually purchase the Expo site from the provincial government for $145 million in April of 1988.

Between the announcement of the Expo ‘86 mega-event in 1978 and its commencement in spring of 1986, SRO vacancy rates throughout the DTES plummeted, slowly at first and extremely quickly as 1986 approached, as SRO owners sought to convert their residential hotels to short-stay accommodation. The Downtown Eastside’s recorded 16% vacancy rate in 1985 dropped to 3.97% by 1990 while land values rose, incentivizing the conversion of shelter-rate accommodation to self-contained suites

440 Ibid.
442 Olds, “Evictions and Housing Rights” 1998
or tourist hotels.\footnote{Laurie Boucher and the Downtown Eastside Residents Association, Downtown Eastside Housing and Residents Survey. 1990. CMHC Housing Knowledge Center. CA1 MH 90D52.} \footnote{Boucher et al., Downtown Eastside Housing and Residents Survey, 1990.} Furthermore, Kris Olds notes that the sudden influx of Expo tourists seeking SRO accommodation largely did not materialize for many landlords, leaving them saddled with significant debts and few choices but to convert or sell their properties. Expo ‘86, then, was an international mega event designed in such a way to improve capital accumulation in a deindustrializing city, largely but not exclusively through state-subsidized real estate speculation.\footnote{Olds, “Evictions and Housing Rights” 1998} Increased pressure of the rooming house stock of the DTES was a predictable outcome of this process, raising economic incentives for the conversion of low-income housing. Similarly, liberalized alcohol controls like increased pub hours and the legalization of Sunday sales came to be viewed by Social Credit MLAs and pro-Expo City Councilors as lucrative opportunities to public and private retailers in Vancouver, prompting renewed interest in liquor reform in order to secure an estimated twenty-eight to thirty million dollars in predicted revenue.\footnote{Campbell, \textit{Demon Rum or Easy Money}, 1991.} Development pressures and the ripples of SRO-focused liquor reform were felt in the DTES by the people who lived there In one late-1983 issue of the \textit{Carnegie Crescent}, resident Sam Snobelan criticized Mayor Harcourt and then-head of the Mayor's Task Force on Alcoholism Tony Mears for a proposed mandatory detoxification scheme, which Snobelan connected to Expo-related neighborhood beautification.\footnote{Gordon Hamilton, “Sunday liquor sales hailed: Expo outlets have edge,” \textit{Vancouver Sun}, April 29th, 1986.} \footnote{Sam Snobelen, “EXPORT A DRUNK,” \textit{Carnegie Crescent}, December, 1983.} Kris Olds notes that evictions of SRO tenants and complete building conversions accelerated in February of 1986, evidenced by the highly publicized eviction-related death of Olaf Solheim among hundreds of evictions from the Patricia, Ambassador, Royal Manor and Metropole hotels, and Regal Place among others.\footnote{Kim Bolan, “City hotels that evicted tenants for Expo claim mixed results” \textit{Vancouver Sun}, October 9th, 1986.}
sum, the conditions for such policies to emerge had been put into place by Expo ‘86 and a series of provincial liquor reforms advanced by new premier Bill Vander Zalm. The result of these events was a convergence of DERA proposals for local control over licensing activities and an anxious civic bureaucracy looking to deal with the mounting problem of declining SRO conditions, economic downturn, and intensifying federal austerity measures. Expo ‘86 and the initiation of a comprehensive, pro-privatization Liquor Policy Review (LPR) in 1987 were critical junctures in bringing this coalition into alignment and singling out a moratorium on liquor licenses in the DEOD as a likely means of appeasing both community activists and the diverse interests of development capital, embodied by Concord Pacific.

The moratorium’s transition from concept in 1980, to proposal in 1982, to intra-vires for the City of Vancouver in 1987 on the heels of the council’s intervention to close the Main and Hastings Liquor store marked a notable shift in local government’s involvement in liquor planning in the DTES. While the specter of the DTES drinker and the differentiation of alcohol inside the flexible borders of the DTES had captured the attention of planners since the early 1950s, council and staff had limited policy levers available to them that could meaningfully influence alcohol policy on a neighborhood-by-neighborhood basis. By the mid 1980s, the City of Vancouver was responsible for land use designations, zoning, issuing and inspecting business permits and licenses, enforcing noise bylaws, the policing of liquor offenses, conducting some referenda relevant to liquor licenses, and public health inspection carried out through the VHD. Jurisdiction over the location of licensees and retail liquor stores largely bypassed city council, falling instead to the Liquor Control Branch (LCB) of the Ministry of Consumer and Corporate
affairs and guided by the Liquor Control and Licensing Act. The City of Vancouver could technically oppose the placement of a liquor outlet in a given area or oversee a local referenda that resulted in a “no” decision, but the decision to issue a license ultimately lay with the Province and LCB, leaving council powerless. Having replaced Premier Bill Bennett in August of 1986, former Surrey Mayor and arch conservative Minister of Human Resources Bill Vander Zalm’s government announced a comprehensive “Liquor Policy Review” (LPR) shortly thereafter that threatened significant reform to B.C.’s liquor control system. The LPR was announced in February of 1987, with the a mandate to study the implications and feasibility of the mass privatization of publicly controlled services related to liquor retail in B.C., and was to be chaired by sitting Social Credit MLA John Jansen under the oversight of the Ministers of Finance and Corporate Relations as well as Labour and Consumer Services. The Jansen Committee heard nearly 400 presentations, reviewed 1300 pieces of correspondence and convened 16 public hearings throughout the Province between February and July of 1987. The LPR’s process of consultation also created a crucial opportunity for Vancouver’s Mayor and Council to wrench some liquor powers from the province. Vancouver City Council had sought increased control over liquor planning for some time. According to official submission to the LPR, council “urge[d] the Province to legislate an approval process which allows a municipality to opt into licensing decisions,” insisting that “[n]eighborhood concerns cannot be administered

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454 Campbell, *Demon Rum or Easy Money*, 1991.
effectively from Victoria ". 457 Reflecting on the lack of city input and the urgent need for reform prior 1988, then-Aldermen and chairperson of the Standing Committee of Council on Neighborhood, Cultural, and Community Services (NCCS) Carole Taylor remarked that “... in the past, it ha[d] been possible, under our zoning for a cabaret, to open anywhere a restaurant could, without council even hearing about it”. 458 Taylor and her counterparts on the NCCS clearly took issue with the inability to influence the distribution of liquor outlets between neighborhoods, but remained constrained by provincial authority, evidenced by the weaknesses of the 1982 Downtown Eastside Liquor Policy. 459 460 Elaborating on the anticipated benefits of increased local control over liquor planning and council’s ambitions, Taylor explained that:

“[i]t also seems obvious that different areas of our city should be treated differently” (Emphasis added). Recently we have been putting moratoriums on the consideration of applications until we get more data. It is probably time to do this examination in a comprehensive manner.” 461

Taylor’s comments suggest her committee and council’s interest in formalizing previously tacit, geographically distinct alcohol planning regimes, was related to council’s longstanding desire to create differentiated alcohol planning guidelines throughout Vancouver. Mayor Campbell and the NPA council were doubtlessly pleased with the Jansen Committee’s report “encouraging increased local government involvement in liquor licensing…” which, in the absence of major changes to provincial liquor retail after December 1987, could be implemented quickly. 462 The Jansen Committee’s results, made public on July 31st of 1987 and translated into policy directives that December, required applicants for each class of liquor license, including operators who wished to expand or relocate, to secure a supportive resolution of Vancouver City council in

458 Memo from Carole Taylor to the Standing Committee of Council on neighborhood, April 20th, 1988, Pg. 2.
459 Ibid, Pg. 1-3.
461 Memo from Carole Taylor to the Standing Committee of Council on neighborhood, April 20th, 1988, Pg. 2.
addition to required area referenda, delegating significantly more authority to NCCS, the office of the City Manager, and the VPD, whose approval would be sought out during this process.\footnote{Campbell, Demon Rum or Easy Money, 1991.} The LPR also recognized that many Class A pubs, characteristic of DTES SROs and frequently cited by police and council as problematic outlets, held historic licenses in order to operate pubs without providing rooms to tourists, banquet facilities, restaurant facilities, and restrictions on seating capacity, all of which were LCLB requirements for licensing. Having not been short stay hotels for over 25 years in most cases, every residential hotel in the DTES with an associated or independent pub on its ground floor could be considered in violation of LCLB requirements. In effect, Jansen and his co-authors had stumbled upon, accidentally or not, a mechanism for the large-scale closure of SRO pubs to be left to the discretion of the Province and City Council. Now termed “Non-Conforming hotels,” The LPR had created an entirely new, historically contingent category of legal-but-suspect liquor licensees with the intention of determining how the total number of SRO pubs could be reduced.

Vancouver city council was empowered by the implementation of the Jansen Committee’s recommendations in December of 1987 and could sharply redirect its focus to alcohol policy, namely, the discretionary creation of moratoria. Although the formal requirement for local government approval on new licenses would not come into effect until early May, alcohol became a priority item on the council's agenda. The sudden attention given to liquor planning expressed by the council resulted from several intersecting conditions recounted by Alderwoman Carole Taylor in an April 20th, 1987 memo to her committee. Taylor explained that the delegation of increased authority to the NCCS on matters of liquor planning after December of 1987 had coincided with a sudden influx of new liquor applications from individual applicants.

\footnote{Memo from Carole Taylor to the Standing Committee of Council on neighborhood, April 20th, 1988.}
who had been waiting for the results of the Jansen Committee before proceeding.\(^{465}\) This interaction caused NCCS to be inundated with liquor matters, effectively capturing its agenda, while prompting the council to develop new alcohol-specific policies that it had long intended to implement. Soon after, the DTES emerged as a clear priority. In a presumed response to these same conditions, NCCS Chairperson Taylor convened a meeting in late-1987 between her committee members, the General Manager of the LCLB, community groups, local politicians, and likely the BC&YHA regarding liquor outlets in the DTES. While the specific attendees of this meeting are not clearly documented, “the heavy concentration of liquor serving outlets in the Downtown Eastside and Gastown”, the “playground” atmosphere of the DTES and the problem of the “non-conforming hotel” were central agenda items. By January 1988, council had begun to enforce its informal moratorium on licenses in the Downtown Eastside with greater zeal, intensively criticizing applications for the liquor licenses in the area according to the 1982 Policy Plan.\(^ {466}\) Previously imaginary and unenforceable imaginary *alcohol-specific cordon therapeutique* began to crystallize into a set of planning conditions that placed economically productive liquor licenses outside of the DTES in one category and SRO pubs, considered derelict and frequented by DTES drinkers, on the other.\(^ {467}\) Sensing the potential for policy movement that spring, the council requested that Director of Social Planning Doug Purdy, Director of Permits and Licenses Keith Dobell, and the VPD report back to council on March 1st. The report tabled later that month indicates that of the 128 licensed outlets in the downtown

\(^{465}\) Memo from Carole Taylor to the Standing Committee of Council on neighborhood, April 20th, 1988


\(^{467}\) Ibid
core, 16 of them comprising 2781 seats were located in the DTES (Figure 9). Immediately to the neighborhoods Northwest, the newly beautified and historic “Gastown” neighborhood held 18 outlets and 3422 seats. At this time, both neighborhoods were dwarfed by the alcogenic scale of the 5460 licensed seats along the Granville strip between Burrard and Seymour, depicted by Figure 6. Despite this disparity in outlet density, Purdy, Dobell, and the chief constable noted general “consensus” regarding outlet overconcentration in the DTES, suggesting that the presence of non-conforming hotels “where the building itself is of little value”, with “operations existing under old licenses which, because of their size and management (overserving and noise), are a source of problems to communities and enforcement agencies”.

City staff acknowledged that intervention to reduce the number of liquor outlets in the DTES would necessitate a reduction in the financial viability, and idealistically, in their view, the number of privately-owned SROs in the neighborhood. Continuing, the authors pointed towards:

“an opportunity on a case-by-case basis to downsize non-conforming hotels within the Class A license category to more of a pub style of operation when ownership changes hands/or improvements to premises are being sought.”

Among the factors to be considered in each “case” were proximity to the DEOD and an outlet classification as part of a non-conforming hotel. Council was ultimately advised to pursue, through continued lobbying of the Minister of Labour and Consumer Services, to: “not approv[e] new liquor licenses or expand[] the seating in existing licensed premises in the Downtown Eastside”, and to “approve no new retail wine stores” in the area.

\[469\] Ibid.
\[471\] Ibid.
\[472\] Ibid, Pg. 4.
neighborhood with a denser combined concentration of Class A through D outlets than the DTES, could proceed with “careful scrutiny” and through close collaboration with the BC&YHA. The sale and renovation of non-conforming premises also presented a critical window for state intervention to remove alcohol from the DTES. Recognizing the valuable redevelopment opportunities afforded to premises with transferable liquor licenses existing in perpetuity, council was urged to use its power under the Vancouver charter to:

“Examine the recycling of properties for market and social housing use where buildings have outlived their usefulness and where they may be available for a higher and better use; such examination to be undertaken by City staff, the B.C. & Yukon Hotel’s Association and owners and operators of non-conforming hotel premises with liquor licenses”

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Meanwhile, food-primary licenses were encouraged for the DEOD. If non-conforming premises were to be sold or converted to a higher and better use as defined by the real-estate state and the BC&YHA, every opportunity would be taken to downsize or transform their liquor license to accommodate a different, more middle-class drinking clientele. A formal moratorium, case-by-case outlet closures, license transfers, the introduction of food-primary licenses, intensified LCB inspections, and reductions to the SRO housing stock were carefully framed and approached as a unified intervention to reduce outlet density through SRO sale and conversion by City staff prior to the moratorium's introduction to council. Removing problematic premises frequented by poor drinkers, namely SRO pubs, alongside but not outweighing the presence of alcohol itself, ultimately drove council’s consideration of the DEOD moratorium.

In April of 1988, several reports were presented to council differentiating DTES liquor outlets and communicating the concerns of the overwhelmed NCCS. The office of the City Manager responded to this flurry of activity on April 21st, suggesting that “the committee (likely NCCS) set up a workshop, to which Provincial officials and representatives of the hotel and cabaret industry would be invited, to review the reports and any additional material Council may request.”\textsuperscript{474} City Council subsequently endorsed a workshop which took place on May 26th, 1988 which was attended by council members, the NCCS, the General Manager of the LCLB, several representatives from the BC&YHA, the neighborhood Pubs Association, the B.C.

Cabaret Owners Association, and the former alderman president of the B.C. Restaurants Association. In a summary of proposed policy solutions circulated by Doug Purdy to attendees prior to their meeting, the City’s establishment of “Policies, guidelines, and regulations pertaining to nature, number, size and location of licensed premises (including beer and wine stores… permitted on an area by area and city-wide basis” ranked first, followed shortly after by “... amortization of non-conforming buildings housing licensed premises”. Purdy’s language obfuscated the intent of the proposed regulations and their specificity to the DTES. Although Gastown and Granville had occupied some space in council’s alcohol policy discourse, these areas were not problematized to the extent of the DTES. When restrictions on the issuance of licensing in areas of Vancouver aside from the DTES were considered, they took the form of a suggested “entertainment district” for Yaletown and the Granville strip that could kettle problematic public drinking while promoting a necessarily chaotic downtown nightlife and alcogenic profiteering. Gastown was treated similarly. Despite Purdy’s vague language, planners understood that the targeted removal of non-conforming premises meant intensified inspection and closure of DTES SROs. Purdy’s suggestions were agreed upon, and a list of proposed actions completed and forwarded to City staff, to be revisited by a larger coalition of the Department of Planning, Legal Services, and the Medical Officer of Health. All parties agreed that the Downtown Eastside was:

“...acknowledged to be over-serviced in both number of facilities and seats in proportion to the size of the area and their residential population. There are more problem facilities and more problems related to the clientele and street

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environment than in any other area of the city… Specific issues of poor management, over-service and unsanitary conditions of some premises were noted.”

Legal services ultimately considered the question of the non-conforming hotel and license concentration in the DTES in making its later recommendation that “No expansion of existing A, C or D Class licensed premises be permitted in the Downtown Eastside area.” City staff still awaited the release of the LCLB’s discussion paper for specific guidance on SRO pubs, but confidently recommended that “one-time only transfer of a license from a non-conforming hotel” be pursued if permitted by forthcoming regulations, encouraging license holder’s exodus from the neighborhood when faced with the threat of Standards of Maintenance Bylaw enforcement. At the same point in time, Food Primary licenses were permitted to open in the DEOD, encouraging applications for newer, higher-end drinking establishments within the moratorium's area boundaries. The funneling of Class A licenses outside of the DTES would later be supported by the Province’s creation of “Restoration Public Houses” in August 1990, which permitted Class A license holders to maintain a new “Class I” license in a previously non-conforming premise if SRO units above were significantly altered and converted to rental housing in such a manner that led to the “up-grading of some of these non-conforming hotels, contributing economically, socially and aesthetically to the community”. Class A Pub owners and SRO operators feeling the pressure of LCB enforcement were granted a profitable off-ramp - they could keep their lucrative license, “conditional on the current hotel being demolished and rebuilt, or completely renovated”. The final version of the moratorium was implemented piece

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479 Ibid, pg. 4.
480 Ibid, Pg. 8.
by piece between October of 1988 and November of 1990. This completed months of work that had begun in December 1987 and first arrived at council for consideration on July 28th, 1988. Importantly, the creation of a Reporting to the NCCS, the Director of Planning proposed:

“E-1) That council resolve that no new liquor licenses or additions to seating capacity in existing establishments be permitted in the Downtown Eastside area… (and) E-2) That applications for new liquor licenses or additions to increase seating capacity in existing licensed establishments in Gastown be considered on a case-by-case basis” (Pg. 9)\textsuperscript{483}

The recommendation could now proceed to a regular meeting of Vancouver City Council to be codified, who appeared anxious to do so. The Jansen Committee and subsequent UBCM report on recommendations for local control over liquor licensing had granted council the right to veto liquor license applications deemed problematic according to neighborhood character – a new power for local government. While council’s veto is substantial when considered alongside the guidance of the 1982 DEOD plan, the City of Vancouver still lacked an alcohol policy, and specifically a codified set of rules to dictate where license applications could be considered.

During the regular meeting of council on October 4th 1988, Bruce Eriksen introduced By-law No. 6397, an amendment to Schedule A of the City of Vancouver’s Official Development Plan that was specific to the DEOD.\textsuperscript{484} Eriksen’s amendment ensured the continuation of local powers over neighborhood-specific licensing independent from the province by amending approved land uses to prohibit the future development of liquor stores, hotels, and cabarets.\textsuperscript{485} For reasons not stated, Eriksen’s motion did not address Class A SRO Pub licenses specifically, despite DERA’s interest in prohibiting them as well. Council’s action to reduce the nearby supply of alcohol had prevented new liquor stores, hotels, and cabarets from opening, but concern from police and  

\textsuperscript{484} Vancouver City Clerk, “By-law No. 6397”, (October, 1988).  
\textsuperscript{485} Ibid.
community groups regarding problem premises continued throughout 1989 and 1990. An October 1989 exchange between Alderman and then-chair of the new Vancouver Liquor Licensing Commission Libby Davies and an anonymous complainant is a telling example of the city’s shift in focus from outlet density to the Balmoral, Sunrise, and Pennsylvania Pubs. Writing under a pseudonym, the author expressed concern to alderman Davies about a number of vulnerable underaged patrons at the Balmoral, “6 or 7 murders there in the past 1 1/2 years”, and several stabblings. Davies quickly inquired with the VPD about incidents at the Balmoral, receiving detailed statistics in response and initiating a show cause hearing for the pubs business license. Police’s heightened communication with council regarding incidents at the Balmoral corresponded with renewed attention to the now enforceable but incomplete DEOD moratorium, which applied to liquor stores but still did not name Class A pub licenses as a prohibited category. One year later, a familiar delegation consisting of BCGEU employees, DERA, the Alcohol and Drug Education Service, and the BC&YHA spoke to the Vancouver Liquor Licensing Commission (VLLC) in support of a VPD-recommended strengthening of the Downtown Eastside / Gastown Liquor Policy’ was joined by the Gastown Business Improvement Society in calling for the moratorium’s expansion to Class A pub licenses. Responding to a Gastown residents' support for case-by-case approval in her neighborhood, VLLC Chairperson Davies reassured the commission that “the report [was] not proposing an alcohol-free zone. The

two neighborhoods already have more than enough outlets.” At this time, the VLLC did not acknowledge the now aging findings of the Mayor’s Task Force, which had noted a general rise in non-beverage alcohol consumption in the DTES after the closure of the liquor store at Main and Hastings. A new, comprehensive motion was tabled, which recommended that:

“A. THAT no new liquor licenses or amendments to existing licenses to increase seating capacity or extend hours of sale (except restaurant Class 1 ‘B’ license) be permitted in the Downtown Eastside or Gastown areas. ; B. THAT no new liquor retail outlets, such as beer and wine stores, be permitted in the Downtown Eastside or Gastown Areas; [and] C. THAT new liquor licenses forming part of a new hotel or major complex be considered on a case-by-case basis in the Downtown Eastside or Gastown areas.”

The new and improved moratorium, which exempted restaurants but strictly applied only to retail liquor stores, beer and wine stores, off-sales, and Class A pub licenses in the DEOD, was passed unanimously by council on November 6th, 1990, cementing the DTES’ full, unique, and carceral alcohol-specific cordon therapeutique in official planning guidelines. But what of enforcement and the non-conforming hotel? Between 1990 and 1993, the department of permits and licenses would go on to amass hundreds of pages of correspondence specific to “Problem Liquor Establishments,” within which discussion of the three aforementioned SRO pubs dominated. Such a shift signified a contraction of the DTES’ alcohol-specific cordon therapeutique that was enabled by the moratorium’s passage. With an effective ceiling applied to the number of new Class A seats and liquor stores in the DEOD, increased inspection pressure on non-conforming hotels from the VPD and permits and licenses could begin work to reform or

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490 Bailey, “Back to my room / And the bottle”d 2020.
491 Vancouver City Clerk, Report to Council of the Vancouver Liquor Licensing Commission, October 25th 1990.
493 File - Planning - liquor matters - problem liquor establishment workgroup. 1991-1993. COV Archives, City of Vancouver fonds, City Manager's Office general correspondence. COV S-669, Box 942-H-03 fld 04-05
494 File - Planning - liquor matters - problem liquor establishment workgroup. 1991-1993. COV Archives, City of Vancouver fonds, City Manager's Office general correspondence. COV S-669, Box 942-H-04 fld 01
close individual premises. This contraction and its implications for illicit drinkers in the DTES today is discussed in further detail in the subsequent and final chapter of this thesis.
Chapter 6. Alcohol Policy as a Technology of the DTES’ Cordon Therapeutique

Introduction

The passage of the DEOD moratorium passage in 1990 added pressure to years of prohibitive policies enacted against individual, high-traffic, and problematic “non-conforming hotel” premises by the City of Vancouver. This change had notable effects on the alcogenic landscape of the DTES. Subsequent to its passing, political conditions through the 1990s and beyond would come to apply the moratorium’s logic in new ways not foreseen by its advocates working in the late 1980s. The following, and final, chapter of this thesis will explore the moratorium’s impact on material conditions faced by illicit drinkers in the DTES as they are made clear by the archival record and informed by my work organizing alongside EIDGE, fully 30+ years into the moratorium’s legacy. First, I consult archival data collected by the City of Vancouver and DERA to trace a gradual decline in the number and concentration of Class A, now termed “Liquor Primary” outlets within the boundaries of the DEOD. Then, I briefly examine a notable period of time between 1997 and 2002 during which the logics of the DEOD moratorium lent themselves neatly into the nascent development of non-profit housing in the DTES through state acquisition of SROs and pub closures. Finally, and in closing, I also return to the theoretical usefulness of the my proposed alcohol-specific cordon therapeutique in order to redefine, strengthen, and apply its explanatory power to the neighborhood's changing drug policy landscape, highlighting implications for today’s alcohol harm reduction movement and public health policy more broadly.
Observing Decline in Liquor Primary Seat Density

Determining the exact reasons and motivations for individual pub closures, show cause decisions, and reductions in outlet density in the DTES in the years that followed the moratorium’s strengthening in 1990 is beyond the scope of my thesis. I do, however, trace a corresponding decline in the number and density of Class A, i.e., Liquor Primary, licensed seats within the boundaries of the DEOD with the moratorium’s passage in 1988 and bolstering in 1990, and argue that moratorium is an important yet understudied part of the policy context of this decline. While not causal in nature, my analysis places the broader loss of SRO housing stock, loss of community-focused retail spaces and alcogenic gentrification in a larger context of selectively prohibitionist alcohol planning. I consulted archival survey data collected by the City of Vancouver’s Social Planning Department and Province of British Columbia. By consulting archival sources, I obtained complete historical lists of the names, locations, license class, and total number of seats for all Class A pubs in the DTES for the years 1987/1988 as well as 1992, providing a picture of license density immediately before and after the passage of the moratorium. Given that archival data was not available for the interim period, this information could be compared to publicly available data accessed from the Liquor and Cannabis Regulation Branch of the B.C. Ministry of the Attorney General and visualized in Figure 10. In 1987 and 1988, the City of Vancouver’s Social Planning department accounted for 15 Liquor Primary Outlets, nearly all pubs located in SRO hotels, within the borders of the DEOD.495 These premises included a total of 2742 licensed seats. At the time, the neighborhood was also bordered by two well-known beer & wine stores following the closure of the Main and Hastings Liquor Store; One located at Mandarin Trade Centre at Main & Keefer and the other at the Downtown Eastside Residents Association. Report - Downtown Housing Program: Survey of Downtown and Downtown Eastside Vacancy and Rental Rates. 1981. Queen’s University Library. CA4 BC VANO58 81D53.

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Astoria Hotel located at 769 East Hastings St. A map of this archival data is depicted in Figure 1.

By August of 1992, a low-income housing survey also conducted by the City of Vancouver depicts a slight decline in the number of Class A and Liquor Primary seats in the DEOD.\(^{496}\) Data from 1992 documents a decrease to 13 outlets, the majority still contained to SROs, consisting of 2428 seats (a loss of 314 seats), as depicted by Figure 10. By this point in time, Mandarin Centre liquor store had also closed in response to complaints arising from the displacement of drinkers from the former Main and Hastings site. Finally, publicly available Liquor and Cannabis Regulation Branch license data from 2021 documents 11 Liquor Primary outlets in the DEOD, consisting of 1816 seats, a loss of 612 seats relative to 30 years earlier.\(^{497}\) I exported this public information and conducted a hand review of the data, narrowing my inclusion criteria to Liquor Primary outlets located within the boundaries of the DEOD, as defined in 1988. The results are as follows:


While refraining from attributing direct causality to the rate of decline in seats observed over a 34 year period during which other significant examples of neighborhood change occurred, I draw two conclusions from this archival finding. First, I note a loss of 926 Liquor Primary seats, the majority of which were contained to four SRO pubs previously operating under Class A licenses, between 1987 and 2021, a period of time that includes the passage of the DEOD moratorium between 1988 and 1990. Second, I observe that the majority of seats were lost because four classified and regulated as problem licensed premises by the City of Vancouver between 1987 and 2021 were shuttered, a process which implicates the history of the
moratorium. They are the Balmoral Hotel at 159 E Hastings St., the Regent Hotel at 160 E. Hastings St., the Sunrise Hotel (Now the Irving) at 101 E. Hastings St., and the Pennsylvania Hotel. Although the breadth of my archival study cannot be extended to suggest that the moratorium itself caused the initial closures of these pubs, some contribution of the moratorium to this decline by preventing the relocation, expansion, or creation of new outlets while justifying increased surveillance from street-level bureaucrats can be inferred. Crucially, each of the four significant closures that I have documented here were set into motion by interrelated policy success and failures afforded to the City of Vancouver. Residents and housing advocates in the DTES today remain acutely aware of the violent colonial legacies of the Regent and Balmoral Hotel, formerly owned by the elusive Sahota family and condemned in 2017 and 2018 respectively following decades of civic inaction to enforce the Standards of Maintenance Bylaw and the repeat traumatization of tenants.498 499 500 As of 2022, the Regent and Balmoral have been acquired by the City of Vancouver for approximately $11.5 million, pending redevelopment into social housing.501 While poor conditions in these buildings were the primary focus of the City’s limited enforcement efforts, which resulted in the loss of their pub seats, the experiences of the Sunrise and Pennsylvania nearly two-decades earlier were slightly different. In these cases, acquisition of both properties and conversion to state-involved housing that many detractors, including tenants and community advocates, have argued represents a highly carceral existence, were identified as mechanisms for the City of Vancouver to acquire and close problematic properties.
pubs. In the following section of this chapter, I touch briefly on the growth of non-profit housing and the state-involved shelter system’s role in the execution of the moratorium’s mandate in order to place these closures into a broader, necessary context of state retrenchment from the housing sector in Canada. Then, I revisit the objectives of this thesis and summarize theoretical considerations that have emerged from this work.

“Problem Premises” and Non-Profit Housing in the DTES

Although the stories and policy conditions surrounding the closure of the Regent and Balmoral Hotels have been well documented by SRO tenants, community organizers, Vancouver media, and academics, the impactful closure of the Sunrise and Pennsylvania remained unclear at the outset of this project. While beyond the scope of the immediate political, social, historical, and ultimately colonial history of the DEOD moratorium, the closure of these two buildings contributed materially to selective prohibition on the alcogenic landscape of the DTES, warranting further investigation. The archival record suggests that the closure of the Sunrise and Pennsylvania pubs, both deemed “problem premises” by the City of Vancouver after 1988, accompanied the City of Vancouver’s federally-supported acquisition of both buildings in 1997 and 2001 respectively. While the acquisition of SROs and their redevelopment into new forms supportive housing for tenants problematically termed “hard-to-house” created new, service-oriented housing stock in the DTES with material improvements to building conditions, critical interrogation of these conversions supports my claim that the nature of the moratorium was, in part, beneficial to development capital. The macroeconomic and political context of the aforementioned acquisitions is important to this end. Specifically, ascendant neoliberalism had created conditions for the rise of supportive SRO housing in Vancouver. Federal Minister of
Housing Alan Redway’s cancellation of the Rooming House component of the Residential Rehabilitation Assistance Program (RRAP) saw the end of the formerly multi governmental Downtown Housing Upgrading Program, which offered private landlords substantial forgivable loans for structural upgrades in exchange for 15 year periods of vacancy control. The cancellation of RRAP, what Jeff Masuda terms the “carrot” to the inspection focused “stick” of the DHUP in 1989, represented the enactment of neoliberal “rollback” for SRO habitability improvement, placing the aging stock at further risk of conversion or condemnation.\(^{502}\)\(^{503}\) In this climate of austerity and newfound reliance on Civic-non-profit partnership for the housing and management of “hard-to-house populations” that followed the end of federal funding for new social housing units, the City of Vancouver could leverage some control over new funding streams and partnerships with service providers to close the Sunrise and Pennsylvania pubs, long sought urban revitalization goals, under therapeutic pretenses. Public housing would not be built, but existing, long-neglected SROs and their associated problems could be directly managed by multiple levels of government. Coverage of the Sunrise pubs closure makes this point clear. On February 24th, 1998, the *Vancouver Sun* announced that “A trio of provincial agencies [was] planning to close two fleabag hotels in the worst block of Vancouver’s Downtown Eastside for social housing.”\(^{505}\)

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502 Masuda et al., *Abandoning the SRO*, 2021.


The $5.6 million purchase of the Sunrise and nearby Washington Hotel garnered support from B.C. Housing, the Vancouver Richmond Health Board, and DERA’s Jim Green, who emphasized the cost saving implications of purchasing SROs as opposed to building new social housing. Having acquired the building, City staff could transfer Liquor Licenses previously held by SRO pubs to new and different establishments outside of the DTES. Three years later, in 2001, federal funds associated with the newly signed Vancouver Agreement permitted a similar acquisition and pub closure at the Pennsylvania Hotel, previously managed since 1993 by DERA as a minimally coercive form of supportive housing known as the Portland Hotel.\footnote{Frances Bula, “City to buy eastside hotel, close its pub,” \textit{Vancouver Sun}, August 17, 2001.} A July 26th, 2001 report to council outlined the Pennsylvania Pub’s closure as informed by the experience of the Sunrise, stating that:

“The City’s contribution of $500,000 will ensure that the 165 seat pub is closed. Originally the proposal was to lease the pub back to the owner, but for an additional cost of $400,000, the pub can be purchased and closed. Like the former pub at the Sunrise and several other hotels, the pub at the Pennsylvania has been a focus of drug-related crime. When the Portland Society took over management of the Sunrise Hotel at the corner of Columbia and Hastings in 1998, it closed that 190 seat pub and the police noticed an immediate reduction in problems at that corner.”\footnote{Gray, Cameron. Administrative Report of the Directors of the Housing Centre and Current Planning to Vancouver City Council. July 26, 2001. Retrieved from: https://council.vancouver.ca/010726/pea2.htm}

The supplanting of state-resourced SRO upgrading and public housing with arm’s length, non-profit managed supportive housing \textit{sans} pubs established in aging SROs offered the City of Vancouver a mechanism to make good on the promise of the 1988 moratorium by closing pubs. By acquiring problem premises with reduced federal support, selling their Class A liquor licenses, and turning building management over to newly developing non-profit societies like the Portland Hotel Society (Now PHS Community Services Society), council could and did expedite the removal of non-conforming SRO hotels and their problematic liquor licenses from the DTES. It is not surprising that the City of Vancouver subsequently observed a reduction in “problems at
that corner”, referring to the Southeast corner of Hastings and Carrall, as documented by July 26th, 2001 report to council, given that the congregation of people frequenting the Pennsylvania Pub had likely moved elsewhere. However, the implied benefits to the health and safety of residents, including drinkers, and reductions in alcohol-related crime should be problematized. While the Sunrise and Pennsylvania Pub closures surely discouraged many drinkers from experiencing some alcohol-related harms related to overconsumption and violence, the dispersal of alcohol use, accidental injury, and alcohol-related violence into new, harder to reach parts of the DTES was likely to have been productive of new harms. The same is true for understudied changes in non-beverage alcohol consumption throughout the neighborhood during this period, hinted at by renewed governmental attention to the popularity of Rice Alcohol in 1999. One graduate thesis investigating the problem of Ginseng Brandy went as far as to name the reopening of an affordable liquor store in the DTES as a possible intervention alongside alcohol substitution programs similar to present-day MAPs.

The Sunrise, now the Irving, and the Washington remain non-profit housing managed by PHS, along with the majority of SROs still standing along Hastings between Main and Carrall Streets. Conditions in these buildings remain a point of contention for tenants living in supportive housing, who frequently report poor conditions in their buildings, inappropriate treatment by staff, and are typically required to sign unlawful program agreements relinquishing tenancy

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508 Ibid.
509 File - Rice Alcohol. COV Archives, Records of Councillor Don Lee. COV-S698, Box 736-H-07, fld 05.
Now three decades in the making, supportive housing is an integral part of the DTES housing stock, with many sites providing adequate and beneficial wrap-around support for tenants through attentive management and on-site service delivery. While a detailed analysis of the non-profit housing sector in the DTES is beyond the scope of this thesis, the closure of the Sunrise and Pennsylvania pubs remains relevant to the ways in which the moratorium and surveillance of non-conforming hotel were mobilized to lead to actual pub closures and license sales. I point to the critical work of peer-involved housing rights and tenant support organizations in the DTES today, including, the Right to Remain Research Collective, the DTES SRO Collaborative, and Our Homes Can’t Wait (OHCW), to continue their insightful analysis and organizing work related to envisioning alternative forms of supportive housing.

The DEOD Moratorium and the alcohol-specific cordon therapeutique

I draw several theoretical conclusions from my archival study of the DEOD moratorium related to the DTES’ position in alcohol controls, extended colonial history in B.C. and the politics of area planning. In this section, I return to the original objectives of the thesis in order to summarize and restate the implications of my findings. First, I have aimed in this thesis to theorize the political, economic, social, and historical conditions that made the moratorium possible. I also sought to identify linkages and historical continuities between the colonial

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biopolitics of public health in BC and the 1988 DEOD moratorium. In view of the historical record of public health’s complicity with colonialism, the moratorium’s crystallization of the alcohol-specific cordon therapeutique represents perhaps unintentionally from the perspectives of its activist proponents, a convergence of the interests of public health’s moral agenda and racial capital, centered on a piece of dispossessory public health legislation that has continued to exert colonial violence. Beginning with Chapter 2 of this thesis, I have argued that the moratorium on Liquor Primary licenses in the DEOD passed by Vancouver City Council in 1988 and bolstered in 1990 was and is a historically contingent policy that embodies and reproduces imperial, biopolitical logics of alcohol control that played key roles in the white settlement of B.C. Returning once again to Alison Bashford’s description of the exercise of biopower through the racialized cordon sanitaire, this thesis has argued that the political power of the moratorium rests upon the racial differentiation of health, pathology, and bodily autonomy. Chapter Two of this thesis explored the extended social history of alcohol regulation as a deployment of colonial biopolitics in B.C., with a specific focus on the ways in which different, more prohibitive, restrictions on alcohol sales were important political tools in framing the bodies and actions of poor and racialized—namely Indigenous and Chinese-Canadian—people, as biologically suspect and worthwhile of state surveillance. While alcohol policy concerned itself with definitions of liberal citizenship, certain categories of person were deemed outside of said definition and legally treated as such by their capture within boundaries of health that relied on carceral, prohibitionist logics. The 1988 moratorium’s application to the DTES in contrast to both the absence of strict moratoria elsewhere and public health’s emphasis on “low-risk drinking” for the general population is an expression of biopower that positioned increasingly racialized DTES drinkers as economically burdensome non-agents whose neighborhood was justifiably intervened
upon or disrupted by planning policies dictated by capital. Following the same racializing logic of the *cordon sanitaire*, the creation of a *alcohol-specific cordon therapeutique* in the DTES can only be argued for if it accomplishes a political function that is amenable to the reproduction of racial capitalist social relations in the settler state.\textsuperscript{516} The differential treatment of urban populations on either side of the *cordon* by public health authorities, according to Alison Bashford, is a central part of this process, casting oppressed subjects as incapable of self-governance while conditioning others to practice other forms of biological-self management more characteristic of the liberal public health state.\textsuperscript{517} Understood this way, the 1988 moratorium is a reflection of this extended colonial genealogy of public health in B.C., originating with racist and differential prohibitions on Indigenous drinking, transforming into the contrasting Yale Plan clinics and warehousing of poor, racialized drinkers promoted by the AFBC, and later embodied by the vilification of illicit drinkers (and SROs housing their drinking premises) by community groups in Vancouver throughout the 1980s. This trajectory of surveillance, racialization, and contrasting selective prohibition / responsibilization, I have argued, more of a continuation of than a rupture from the mid-20th century intersection of sanitary science and temperance ideology following the Second World War, and unshakable from the foundation of population-level alcohol control efforts in B.C. Taken together, I argue that the moratorium and its policy antecedents contribute to the construction of a contemporary *alcohol-specific cordon therapeutique* in Vancouver’s DTES - An ostensibly public health-informed and regime of liquor control which approaches DTES drinkers as fundamentally pathological and incapable of the self-disciplinary functions of liberal capitalist citizenship.


\textsuperscript{517} Ibid.
therefore warranting the creation selective prohibition around them in the form of selective alcohol prohibitions while neoliberal logics of individual risk management dominate alcohol control and health promotion discourses elsewhere.

This thesis also sought to use critical archival research, an iterative process described in chapter 3, to understand the political conditions that surrounded the origins, development, and implementation of the moratorium. In doing so, I trace the policy’s origins to the Downtown Eastside Residents Association in 1980. I argue that DERAs support for a license moratorium, which was adopted into a local area plan in 1982, arose from both a sincere desire to respond to declining material conditions and drug-related harm in the DTES through increased community control over an excess of problematic liquor outlets in the area. These conditions originated in economic exploitation and policy abandonment of the DTES that accompanied economic financialization and the restructuring of the post-war economy. I also build on the work of Jesse Proudfoot\(^{518}\) and Jeff Sommers\(^{519}\) in pointing to DERA’s exclusionary politics of representation, through which illicit drinkers were at best excluded and at worst outwardly villainized by DERA organizers as a contributing force behind the pursuit of the moratorium. My archival analysis also demonstrates an association between development pressure from Expo ‘86, one expression of ascendant neoliberalism in the housing sector accompanying the financialization of Canadian real estate, and the moratorium’s acceptance by the local development state as a means of incentivizing SRO sales and conversions. DTES residents and organizers expressed serious concerns regarding the availability of affordable SRO housing stock and the potential for alcohol-related disorder to increase as private landlords evicted low-income tenants and advocated for liberalized liquor laws. The DTES’ *alcohol-specific cordon therapeutique* was also

\(^{518}\) Proudfoot, *The derelict, the deserving poor, and the lumpen*, 2011.

created, in part, by renewed attention to the legislative relationship between the SRO and Liquor Primary licenses through the creation of the category of “non-conforming hotel” in 1987, a new regulatory title which aimed to encourage the gradual phasing out of the problematic residential SRO and associated pubs, soon to be abandoned entirely by the phasing out of RRAP upgrade funds in 1989. To this end, one-time transfers of valuable liquor licenses and the creation of a new class of license, the “Heritage Public House,” allowed SRO landlords to retain a hold on threatened liquor licenses by exiting the neighborhood or converting their building to self-contained rentals. The problematization of the “non-conforming hotel” and capital incentives for conversion that surrounded Expo ‘86 were logical antecedents to the 1988 moratorium, which exerted downward pressure on the number of Class A pubs in the DTES and offered landlords an opportunity to bring new, different, middle-class drinkers into the DTES.

The temporality of the 1988 moratorium is also critical to telling the story of the alcohol-specific cordon thérapeutique in the DTES. The archival record clearly indicates an intense interest from the City of Vancouver and LCB in the asymmetrical regulation of alcohol in the DTES relative to other urban spaces that dates to the 1950s. Specifically, the City of Vancouver’s creation of an “Alcoholic Control Worker” in 1951 and the AFBC proposed the segregation of aging illicit drinkers in a network of hostels accompanied by the management of social assistance. The closure of the Main and Hastings liquor store is another telling example of the regime of selective prohibition that began to develop prior to 1988. Importantly though, the passage of the moratorium was only made possible by a devolution of power related to the liquor licensing process from the Social Credit Government of Bill Vander Zalm through the 1987 Liquor Policy Review (LPR). The Jansen Committee’s emphasis on increasing local

control over licensing decisions, something that had been sought by Vancouver City Council for some time, permitted the council to formalize the now enforceable border of the license moratorium through more effective means around the DEOD. The timing of council’s decision also suggests its anxious desire to institute the neighborhood-level alcohol controls sought by DERA years prior - having come into effect in December of 1987, work had begun to institute the first stage of the moratorium by Spring of 1988. When given the legal permission and confidence to do so, the City of Vancouver immediately turned its attention to constructing a unique and restrictive alcohol licensing regime to be applied onto the space and buildings that had been precariously yet consistently occupied by DTES drinkers for decades.

The implications of the moratorium for the health and safety of illicit drinkers, SRO tenants, and other DTES residents are multifold and related to one another. First and foremost, the DEOD moratorium functions as a ceiling on the number of Liquor Primary seats and liquor stores that can operate in the DTES. The passage of the moratorium created a peak in the density of Liquor Primary seats and stores between 1988 and 1990, followed by an observed decline. The moratorium does not, however, limit the number of liquor licenses in the neighborhood, as it does not apply to Food Primary licenses and small brew pubs that typically cater to clientele from outside of the neighborhood. Liquor Primary licenses in the DTES today are lucrative, artificially scarce, assets that can be transferred to new ownership that is highly likely to price out low-income residents, exacerbating the present rent gap between the DTES and surrounding areas. Taken together, the moratorium’s ceiling effect is likely to have contributed to the increasing scarcity of affordable beverage alcohol for illicit drinkers living with severe dependency and served as a possible incentive for the conversion of SROs and SRO pubs. Here I note the historical revenue generating function of first-floor pubs in privately-owned SROs, and
the potential for the gradual exit of Liquor Primary licenses from the DTES to hinder efforts to preserve remaining privately-managed units as a form of stopgap measure. Lastly, pub closures throughout the DTES have likely hindered efforts for tenant organization within SROs for the exercising of tenancy rights, adequate bylaw enforcement, and general improvements to tenant health and safety. Without consistent access to common spaces, the historic “living room” function of the SRO pub provides illicit drinkers and other tenants with a somewhat freer, less surveilled place to gather, avoid social isolation, and discuss collective solutions to shared problems. Following Bashford and Foucault, it is also important to conceptualize the 1988 DEOD moratorium as a feature of an *alcohol-specific cordon therapeutique* that functions to promote capital accumulation in new, internal frontiers by real estate capital, the alcohol industry, and food industry operators. Downward pressure on the number of “non-conforming” SRO pubs is therefore best understood as a likely mechanism of alcohol-related gentrification, incentivizing the conversion of SROs and their frequently associated Liquor Primary licenses into *more profitable* enterprises. New developments, micro suites, and high-end pubs stand to contribute, materially and culturally, to the continued financialization of the neighborhood's landscape at the expense of current residents, particularly illicit drinkers residing in SROs.

In conclusion, this thesis has argued that the City of Vancouver’s October 1988 moratorium on liquor licenses in the city’s Downtown Eastside-Oppenheimer District (DEOD) institutionalized a politically subjugating and selectively prohibitionist alcohol policy landscape justified as public health intervention, an alcohol-specific version of the *area cordon therapeutique*, in the Downtown Eastside. The 1988 DEOD moratorium is a clear manifestation of the *alcohol-specific cordon therapeutique* in this regard, and is traceable to the unintentional convergence of demands from DERA, post-Expo ‘86 development capital, and a local real
Estate state represented by an NPA dominated Vancouver City Council. When granted the power to do so by the 1987 LPR, the moratorium was a priority issue for local elected officials. After its passage, I suggest that the moratorium accelerated divestment from and conversion of DTES SRO’s through intensified surveillance of the non-conforming hotel, ultimately contributing in part to a net loss of nearly 1000 Liquor Primary seats in the DEOD over a period of 34 years. In this context, the rapid decline of SRO vacancy rates, hostile planning tactics aimed at displacing drinkers and other drug users, and the gradual exodus of affordable beverage alcohol from the DTES have created a built landscape that continues to place the health and safety of illicit drinkers at risk. The moratorium and its enforcement thus represent a form of dispossessive colonial biopolitics that, through the creation of a new category of the “non-conforming” hotel and rendering the DTES more hostile to illicit drinkers, created conditions that were amenable to the accelerated conversion of Single Room Occupancy hotels (SROs) as an early pathway to gentrification with and through displacement of illicitly drinking residents. The gradual turnover of the alcogenic landscape introduced in this manner a new form of selective spatial exclusion that has subsequently helped make possible disturbingly high rates of alcohol-related harm and housing precarity amongst structurally marginalized illicit drinkers living in the neighborhood ever since, while concurrently priming the neighborhood for the gentrification to come.

The policy history discussed in this thesis has direct and material impacts on the safety of illicit drinkers in the DTES, who continue to experience high rates of alcohol and drug-related harm. The critical history of the DEOD moratorium is therefore a history of the present, and a useful tool in understanding colonial public health’s centuries-long contribution to premature morbidity and mortality in the DTES. The conditions that informed and those produced by the moratorium and its antecedents continue to have tangible impacts on the DTES today and make
necessary radical, drinker-led policy responses. Beverage alcohol remains unaffordable for many in the neighborhood. Although off-sales of beer are available from many remaining SRO pubs, private owners and unscrupulous managers continue to charge exorbitant fees in many cases. The remaining liquor store in the neighborhood, the Astoria Beer and Wine store, is a known operation of nefarious neighborhood slumlords, and many drinkers are reluctant to subsidize their management tactics and neglect of SROs. The availability of SRO pubs themselves has dwindled, but the Astoria, Patricia, Savoy, Empress, Grand Union, and West Hotels remain operational as spaces of respite, socialization and harm reduction for many drinkers. Such safety is also offered by the PHS Drinkers Lounge - which remains the sole operational MAP in the DTES four years after the publication of the VCH Second Generation Strategy. EIDGE has recently purchased propane heaters for the Drinkers Lounge in order to allow the vital site to continue to operate above capacity throughout the winter months. In epidemiological terms, the concentration of Liquor Primary outlets may still be alcogenic and high-risk at the population level, but this fact is not relevant to individual illicit drinkers who face a myriad of pressing health concerns unrelated consumption and its direct effects, such as exposure, acute withdrawal, and poisoning from non-beverage alcohol additives on a daily basis. It is also factual to claim that illicit drinkers continue to die, and that entire generations of neighborhood elders continue to be killed by policy failure, austerity, gentrification, and reactionary elements entrenched in Vancouver’s political institutions. As an academic and organizer who works in service of EIDGE and other DTES drinkers, I do not feel properly qualified to make comprehensive policy recommendations related to the future of the moratorium. It would be inappropriate for me to call for its repeal, modification, or preservation. The answer to those questions will come from the membership of EIDGE, the PHS Drinkers Lounge, the DTES
Drinkers Mix, and VANDU, who I work for. I can, however, conclude that the colonial violence of professionalized, biomedically positioned public health practice will not produce meaningful reductions in death during times of crisis, particularly when drug users are dying. This thesis points to alcohol policy in the DTES as a colonial, and likely harmful artifact that ought to be reshaped outside of the institutions through which it was constructed. I point to the Vancouver Alcohol Strategy as an example of these alternatives that do not need to be imagined - they are there. Illicit drinkers continue to stake a claim to place in the DTES whilst mourning and organizing towards alcohol policy change from the grassroots. Theirs is a militancy of desperation and love. My hope is for this history, or any part of the work that has informed this thesis, to contribute in some way to the implementation of the VAS as it was articulated from drinkers themselves.

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Rest in power,

Myles Harps
Flora Munroe
Rickie Araki
Donny Morris
Greg Fresz
Adam Pierre
Laura Pierre
Kris Cronk
Ron Kuehlke

and all those lost to the drug war.
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