Include to Exclude:

Necropolitical Surveillance in Biopolitical Spaces for Sex Workers Who Use Drugs in British Columbia

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Introduction

This paper examines supportive housing—a unique form of public housing that provides on-site medical support and services—as simultaneously a mechanism for assisting and surveilling individuals with specific attention focused on the unique challenges that sex workers residing there must navigate. Sex work is the exchange of sexual services in exchange for money or something of value. These services can differ from in-person to online, and from indoor to outdoor. Selling sex is also nearly synonymous with stigma and violence (Weitzer, 2018; Armstrong, 2019). However, the violence that sex workers face is not defining of sex workers themselves and rather a symptom of the spaces that they inhabit (Armstrong, 2019, 1289).

Street-based sex workers, which this paper will concern, face the highest level of stigma among sex workers (Armstrong, 2010). Sex workers who work on the street have been continuously othered and are construed as a danger to the public sphere, where their physical presence is a physical and social threat to the public (Weitzer, 2005, 219; Edelman, 2014, 179). Forced to exist outside of the public eye, sex workers are often found in more dangerous and more highly policed areas that contribute to greater levels of violence for sex workers (Lazarus et al. 2011, 1602; Goldenberg et al. 2020, 9).

The experiences of sex workers that materialize in otherization and displacement to harmful spatialities draw connections to Mbembe's necropolitics. Broadly, the necropolitical framework applies to sex workers and other populations that experience heightened death risks in spaces that are external to the public sphere—especially when these risks arise from the sex worker as an affront to the sovereignty of the state, and its customs (Sanders, 2009, 508). Sex workers' subjugation to zones of suspended jurisdiction where vulnerabilities are heightened reminds of Mbembe's conception of the *death world*, a space where the death of the *other* is

permitted (Mbembe, 2019, 67). Since sex workers are marked as a threat to the public and are dealt with like this, it is important to investigate how the state aims to eliminate such a population from its purview. The sex worker's fate in supportive housing will attempt to reveal these same types of harm and otherization by giving a clearer look into the spatial arrangements where sex workers are 'allowed' to exist, and are subsequently left to die.

In response to 'social problems' like addiction and homelessness, governments in the United States, Britain, and Canada have offered forms of supportive housing to house the poor and marginalized (Boyd et al. 2016). Supportive housing will be defined as subsidized housing for low-income residents with support staff and on-site medical support (BC Housing, n.d.). This type of supportive housing is defined by the various supportive housing models that exist in British Columbia (BC) (Boyd & Ker, 2015; Moreheart et al. 2025).

Supportive housing is primarily unique in its interest in combining housing with on-site services (Boyd et al. 2016, 5). On-site supports include 24/7 support staff, health and substance use services like safe-use sites and medical staff, and access to other community services (Ivsins et al. 2022, 855; BC Housing, n.d.). Supportive housing is one solution BC has deployed as an answer to its drug toxicity crisis that is often paired with, or exists alongside, enforcement-based approaches like the targeted policing of those who sell sex or use drugs (McDermid et al. 2024; Boyd & Ker, 2015; Moreheart et al. 2025). The drug toxicity crisis itself is not unique to Canada, but BC demonstrates a higher level of overdoses than any other province since declaring overdose a public health emergency in 2016, and public health measures have broadly failed to address this (Palis et al. 2022, 1; Fischer et al. 2019).

The drug toxicity crisis has drawn a lot of attention to supportive housing, as it has housed many overdoses, even with surveillance systems that are meant to prevent overdose

through monitoring tenants (McDermid et al. 2024). And the specific focus on BC is because Canada is ahead in analyzing housing access for sex workers, and BC contains a robust supportive housing network and multiple longstanding cohorts of sex workers and sex workers who use drugs who have experienced public housing and structural barriers to accessing health and substance use services from which to draw data (Macon & Tai 2022, 2; McDermid et al. 2024, 1; Goldenberg et al. 2020, 1).

Supportive housing arrangements range from low barrier (drug use and behaviors do not bar access to housing) to high barrier, where these services are conditional on behaviors like sexual labor and drug use which can create difficulties for sex workers or people who use drugs (Boyd et al. 2016, 5; Whitzman, 2020, 6; Lazarus et al. 2011, 1603). These types of barriers can also trap people in the supportive housing network out of fear of displacement (Whitzman, 2020, 6; Lazarus et al. 2011, 1603; McDermid et al. 3). These types of housing can commonly materialize in social housing projects and single room occupancy hotels, which are known to be rundown and have bug-infestations (Boyd et al. 2016, 5)

Supportive housing in BC is subsidized and either owned by the government of British Columbia or in partnership with private and nonprofit sectors to create housing options (Government of British Columbia, n.d.; BC Housing, n.d.). This initial distinction is important to recognize the hand of governmentality in all of this, as will be presented soon. As mentioned, the main attraction in analyzing the effects of supportive housing as a public health response is its specific use of surveillance and coercive techniques. ‘Surveillance’ in the context of supportive housing will refer to actual surveillance technologies, police presence, staff surveillance, and modes of coercion (like guest policies and curfews) (McDermid et al. 2024, 2; Boyd et al. 2016, 4).

By using surveillance and modes of coercion, these forms of housing have also been seen to be a method of circulating and institutionalizing ‘disruptive’ populations that perpetually send them from one spatiality to another (Deverteuil, 2003, 361). The circulation of otherized populations that is largely seen in arrangements that deploy surveillance and modes of coercion, like the carceral system and everyday policing, can less obviously present itself in places like supportive housing that are largely understood to be networks of care, and not sites of control (Boyd et al. 2016, 13; McDermid et al. 2024, 2).

Sex workers are specifically put at risk by the drug toxicity crisis, in part because of facing high overdose rates and structural barriers to harm reduction related to their labor (Moreheart et al. 2025; Argento et al. 2023; Goldenberg et al. 2020; McDermid et al. 2024).

More specifically, sex workers who use drugs are caught in between all of this (McDermid et al. 2024, 2). Sex workers are over-represented amongst people who use drugs, and these overlapping identities exacerbate targeting, harassment, and surveillance in supportive housing arrangements (McDermid et al. 2024, 2). And surveillance and coercive housing policies will be shown to uniquely confine and displace sex workers, which will subject them to overdose risks, violence, sexual violence, and barriers to accessing harm reduction (McDermid et al. 2024, 7; Goldenberg et al. 2020, 9; Lazarus et al. 2011). All of which will take place whether or not sex workers abide by housing rules and remain within the boundaries of these sites.

This case study of sex workers who use drugs in BC supportive housing will then be approached through a necropolitical framework. Mbembe’s ‘necropolitics’ is a political and philosophical framework that defines the imperative motive of the modern liberal democracy to be the subjugation to death of the other (Mbembe, 2003, 12). This framework that has been constructed to analyze the motive of the state will be directly applicable, since supportive

housing in BC is an extension of its governmentality. Since supportive housing is, at least in part, an extension of the state, the state is concerned with exercising its power through the constant management of populations (Foucault, 1991, 102-103). The framework will parse through Foucault's biopolitics, Mbembe's necropolitics, Berlant's slow death, and finally expand through Puar's right to maim and other theories of visual and surveillant necropolitics (Foucault, 1978; Mbembe, 2019; Berlant, 2007; Puar, 2017). Understanding housing and the unique experiences of sex workers who use drugs through a necropolitical framework will help to better identify the daily forms of actual and figurative violence that are deployed, even in institutions designed to provide care.

The necropolitical framework will help to find an elusive death world in supportive housing when these sites of control, through the efforts of surveillance and coercion, will be proven to subjugate sex workers who use drugs to death risks and violence, then marking them as *living dead* left for their 'wearing out'. This will be explored through an understanding of overdose as *slow death* and the contributing forms of violence that uniquely target the sex worker who uses drugs. This expanded framework will then explain how the work of death can be present in supportive housing as just another death world. Then, where spatial arrangements concerned with public health like supportive housing are typically understood to be matters of the biopolitical, the experiences of sex workers who use drugs and Topal's understanding of necropolitical surveillance will help to explain how necropolitical institutions can transcend the boundaries of the death world by using biopolitical strategies of inclusion (Topal, 2011)(Foucault, 1978, 140).

Drawing on data regarding sex workers who use drugs and supportive housing in BC, reconciled with a necropolitical framwork, this paper will argue that supportive housing

environments deploy various surveillance techniques and coercive housing rules that purport to boost the life capacity of sex workers who use drugs, but subject them to actual and figurative death risks. In doing so, the true motive of otherization will manifest when these environments exacerbate the risks they set out to curtail. It will then be demonstrated that supportive housing arrangements blur the line between biopolitical and necropolitical regimes by *including* sex workers who use drugs, only to be *excluded* by synchronously lending to spatial isolation and displacement.

Sex Workers Who Use Drugs

Sex workers who use drugs in BC is an important case in assessing housing using a necropolitical framework. A significant portion of overdose deaths reported in BC took place in shelters, supportive housing arrangements, and single-room occupancy hotels (a type of supportive housing)(Papamihali et al. 2020, 2). Supportive housing in BC is an active response to 'social problems' like drug use, with the inclusion of on-site supports like monitoring staff, overdose prevention, and behavioral expectations regarding drug use (Boyd et al. 2016). And according to McDermid, sex workers are over-represented among people who use drugs (McDermid et al. 2024, 2). Understanding the fate of sex workers in supportive housing should focus on sex workers who use drugs to understand how drug use can be an aggravating factor for measures of control that sex workers already experience, and later how drug use is used as a necropolitical *weapon* that uniquely targets sex workers. This focus also arises from the limitation that data was not collected for this paper. Sex workers who use drugs are a common population under analysis for crucial research on the experiences of sex workers in BC, sex workers in BC supportive housing, and drug use as a consequential factor in the subjugation of

sex workers to policing and harm (McDermid et al. 2024; Argento et al. 2023; Goldenberg et al. 2020; El-Bassel et al. 2020; Moreheart et al. 2025; Mukherjee et al. 2022).

In general, sex workers face a unique set of barriers, in part because of their labor. Criminalization is one that takes many forms against sex workers, many times putting them at odds with increased violence, sexual risk, and health risks (Deering et al. 2014, 44). Sex workers who experience police contact, including lawful and unlawful arrest, face increased levels of verbal abuse, violence, and sexual assault (Deering et al. 2014, 44). Criminalization and police interactions are also a barrier to accessing health and social services for sex workers (Goldenberg et al. 2020, 3). Police have been seen to use condoms as evidence of intent to sell sex (Wurth et al. 2013, 1). Sex work criminalization has additionally been linked to difficulties accessing harm reduction, physical violence, sexual violence, less ability to negotiate safe sex practices, and physical displacement into unsafe neighborhoods that exacerbate previous experiences (Goldenberg et al. 2020, 3). Police contact resulting in a loss of income from sex work can compound with previous risk factors when safety and health are necessary to recover income through sex work (Platt et al. 2018, 1128).

Sex workers' unique experiences with violence and risk factors appear in heightened and more convoluted ways when acknowledging the intersection of identities and status. Sex workers who are from racial, gender, and sexual minority groups experience increased violence and risk factors from disproportionate levels of policing (Platt et al. 2018, 1128). Other statuses like drug use and access to housing grow in proximity to violence and risk (Platt et al. 2018, 1128; Deering et al. 2014, 50).

Another challenge for sex workers is access to housing (Macon & Tai, 2022, 2). Sex workers in Road Island identify accessing housing as a motivator behind sex work, and

criminalization and stigma as barriers (Macon & Tai, 2022, 2). A lack of housing is a priority in public health response; it is broadly identified as a social determinant of health (Lazarus et al. 2011, 1600). Criminalization and stigma that affect the right to housing can come from perceptions and treatments of sex work itself, but combine with other axes of oppression like race, class, etc. (Macon & Tai, 2022, 2). Female sex workers in Vancouver without access to adequate and accessible shelter have experienced higher levels of violence and sexual risks in comparison to their housed counterparts (Duff et al. 2011, 1).

Single room occupancy hotels are one type of supportive housing that fails to meet the needs of tenants (Lazarus et al. 2011, 1601-1602). Single room occupancy hotels with unlivable conditions like infestations or strict guest lists and curfews that disallow sex workers from safely bringing guests inside displace them to the streets, where they are less able to negotiate safe working conditions and face greater chances of violence from clients (Lazarus et al. 2011, 1602; Deering et al. 2014, 48). Housing models that respond to the need for housing can additionally be male-centered (staff and tenants), which can reproduce experiences with gendered violence that work to remove and exclude (Lazarus et al. 2011, 1602).

Sex workers are over-represented amongst people who use drugs, and these overlapping identities exacerbate targeting, harassment, and surveillance (McDermid et al. 2024, 2). This is also true for marginalized and street-based sex workers (Moreheart et al. 2025, 2). Sex workers who use drugs in Rhode Island experienced greater barriers to housing (Macon & Tai, 2022, 5). To avoid homelessness, women sex workers experience dual levels of powerlessness, with pressures to provide drugs and sexual services in exchange for accommodations (Lazarus et al. 2011, 1605).

Sex workers who use drugs also face barriers to healthcare due to occupational stigma and violence, whether or not care involves drug use (Moreheart et al. 2025, 3). The presence of high levels of physical violence and trauma can also lead to greater drug use for sex workers and disproportionate overdose risks (Schneider et al. 2021, 2). In Baltimore, female sex workers who experienced or witnessed overdoses then experienced overdose traumas and some diagnoses consistent with Post-Traumatic Stress Disorder (PTSD)(Schneider et al. 2021, 1). However, barriers unique to sex workers, like proximity to spaces where overdoses occur, may blur symptoms with overlapping traumas (Schneider et al. 2021, 1).

When sex workers who use drugs are displaced to unsafe neighborhoods, they are stationed further from harm reduction centers and are more often surveilled by police who specifically target and harass sex workers with charges related to their labor and drug use, where, on top of violence and sexual risks experienced by sex workers (Goldenberg et al. 2020, 9). In Vancouver, sex workers who use drugs have experienced heightened overdose risks as a result of police contact as a barrier to accessing harm reduction services (Goldenberg et al. 2020, 10). Apart from the confiscation of safe use materials, police contact also confines sex workers who use drugs to remote areas for use (Moreheart et al. 2025, 3).

As pointed out, experiencing cycles of displacement and moving in and out of transitional environments is a partial result of access to adequate social housing. However, more stable housing environments are typically only offered if behaviors like substance use are modified (Whitzman, 2020, 6). Even well-maintained and more permanent forms of supportive housing still uniquely spatially dictate tenets with restrictive housing policies (Ivsins et al. 2022, 855). In public housing, an overreliance on surveillance and housing policies maintains forms of stigma and police contact and uniquely spatially limits sex workers who use drugs (McDermid et al.

2024, 7). This also leads to greater overdose risks from spatial isolation in public housing (McDermid et al. 2024, et al. 7). With access to housing being a distinct solution pointed to housing sex workers and removing them from the street, it is important to recognize the paradox that supportive housing environments expose sex workers to similar forms of violence and criminalization as seen on the streets (Lazarus et al. 2011, 1606). These experiences are disproportionate for sex workers who use drugs (McDermid et al. 2024, 8).

Biopolitics

Michel Foucault in *The History of Sexuality…* marked the beginning of the era of 'biopower' because of institutions like public health and housing arising as a new tool to control populations and subjugate bodies (Foucault, 1978, 140). A person's existence comes into question when the state purports to maintain their status as a living being (Foucault, 1978,143). A person's state of being encompasses the biological functions that will likely support the state (Foucault, 1978, 141). The state's power is to govern those biological factors that define its population, or disallow those metrics (which could cause death) (Cisney and Morar, 2015, 4-5).

In biopolitics, life and all that it entails (health, birth, production, etc.) is a means of political control (Foucault, 1978, 144). And while death is a possible consequence of biopolitics, it is a result of the restraint of the power of life. This is to "make live and let die" (Foucault, 2003, 239). So the options of the state are to foster life or let it dissipate. Here, death is only a consequence. Foucault says that before the emergence of modern structures that enable biopower to let live, power was exercised as the 'right to kill' (Foucault, 1978, 136). The suppression and ability to capture life were the formation of power before the power to 'make live' began to formulate the modern conception of biopolitical power (Foucault, 1978, 136).

Necropolitics

Achille Mbembe draws on Foucault's biopolitical framework to say that the right to kill was never abandoned (Mbembe, 2019, 66). Biopolitics does not engage the contemporary motive of politics to murder its enemy (Mbembe, 2019, 66). He says that central to the conception of democracy, by sovereignty and political power, is reason (Mbembe, 2019, 68). The formation of norms comes through the flow of reason from a body of equal and reasonable people (Mbembe, 2019, 67). Exercising this reason provides them with the feeling of personal freedom, allocated by the sovereign state. Here, the conflict of sovereignty is the grapple for autonomy (Mbembe, 2003, 13).

Next, politics is the process of grappling - a project of autonomy and an "...agreement within a collective through communication and recognition" (Mbembe, 2019, 68). This space, which we also know as modern democracy, and this idea of sovereignty, "...we are told, is what differentiates it from war" (Mbembe, 2003, 13). The assumed opposite of this romanticized space is the rule of disorder beyond the bounds of the state (Mbembe, 2019, 68).

Common perceptions of sovereignty and political power must be shed in biopolitical theory. War and democracy should not be perceived as opposite sides of the coin when war is the precursor to democracy (Mbembe, 2019, 77). Democracy and its illusion would not exist without war, and the murder and violence it entails (Mbembe, 2019, 6). So to Mbembe, sovereignty and politics are not the opposite of war; rather, they are war.

In place of the biopolitical era, Mbembe speaks to the right to kill and says that "The ultimate expression of sovereignty largely resides in the power and capacity to dictate who is able to live and who must die" (Mbembe, 2019, 66). Sovereignty is still the right to kill

(Mbembe, 2019, 70). Therefore, biopolitics is not sufficient to address the centrality of the power of death to subjugated life (Mbembe, 2019, 92). Death is not a byproduct of sovereignty; rather, it is an imperative feature.

For the sovereign state, "...the murder of the enemy [is] its primary and absolute objective…" (Mbembe, 2003, 12). To go further, the existence of politics (modern democracy) is necessarily a result of the movement of the colonizer into occupied space (and who they move or remove) (Mbembe, 2019, 6). While politics would like to present itself as opposed to what exists outside of its bounds, it is formed from what exists between and beyond its fringes (Mbembe, 2019, 67). So everything that has come of modern democracy is based on the actual death that forms its foundation. The state acts as the sovereign, which wields the power of death. Its subjects are either the citizens who benefit from this lie or die as a consequence of their proximity or subjugation to death. And, the state will continually broadcast subjugation to remind subjects or potential subjects of its grasp on death (Mbembe, 2019, 68).

Physical Space: Actual Death

First, the necropolitical hypothesis most graphically presents itself in physical space. A place where necropower is concentrated is what Mbembe calls *death worlds* - spaces that are present in the bounds of the state but outside of its rule of law, where death is justified (like the plantation) (Mbembe, 2019, 67, 92). To imagine death worlds is to imagine concentration camps, or the colonial occupation of Palestine (Mbembe, 2019, 61, 80). Posocco clarifies what an individual may experience in death worlds, or 'zones of indistinction', where people are instead treated as a political and juridical matter (Posocco 2014, 79). Some face this status from various biopolitical categories, namely: health and poverty (Posocco 2014, 79). For Agamben, those who

are perceived only for their biological qualities exist at the bounds between life and death, becoming the subject and the object of political power (Agamben, 1998, 9).

Populations subject to death worlds inhabit the status of *living dead* (Mbembe, 2019, 92). Wading between life and death "...is very nearly a defining condition of their experience and historical existence" (Berlant, 2007, 754). The living dead are the subject of a deliberate feat. Just as death is the means of the expansion of an empire, death must be used to maintain this rule. And to maintain this space is to designate the enemy, the *other*. (Mbembe, 2019, 72).

The right to kill is the right to identify some as other, the enemy, the useless, and the parasitic (Mbembe, 2019, 126). Again, the destruction of the enemy is the motive of the sovereign. And those that are not marked by the hand of death feel strengthened in the arms of the state, as the subjugation of the other reminds them that the biophysical existence of the other is an attempt on their life (Mbembe, 2019, 72).

The framework of deathworld and living dead will be used throughout this paper to address the spatial realities of sex workers who use drugs. Sex workers face otherization as well as people who use drugs (Edelman, 2014, 179; Ahern et al. 2007, 188). Apart from heightened levels of criminalization and violence, Mbembe's distinct focus on spatial politics will directly speak to the trend of sex workers constantly traveling through different workplaces and spaces with different rules and temporal limits that distinctly target their multifaceted identities (Amram, 2021, et al. 10-11; Goldenberg et al. 2020, 3). Sex workers have been positioned as 'other' and as "brazen prostitute" who endangers the public, especially with the threat of drug use bringing "ambiguous paraphernalia" into public space as an affront to those afforded protection by the state (Edelman, 2014, 179). As sex workers navigate the housing crisis and

access public health resources, it will be crucial to note which spaces enact the motive to bring death.

Figurative Death: Slow Death and Expansion of Necropower

Next, this framework will be further expanded, beginning with notions of figurative death. Necropoltics focuses on actual death and how the state may instill it. But, this 'death' that Mbembe refers to can lend itself to more abstract applications like *social death* (expulsion from humanity) (Mbembe, 2019, 75). The prison as a death world, besides facilitating actual death, also promotes exclusion that enables domination by spatializing and discharging (Mbembe, 2019, 34). The state introduces forms of figurative death through exclusion and expulsion without having to actually kill. The conditions of exclusion produced in death worlds create experiences that are indistinguishable from death (Mbembe, 2019, 75). The expanded necropolitical framework will allow a look at actual risks of violence faced by sex workers who use drugs, along with their unique experiences with displacement and spatial confinement (Goldenberg et al. 2020, 9; McDermid et al. 2024, 7).

Proximity to death while remaining alive, another figurative application of death, is to experience *slow death* (Mbembe, 2019, 126). The most violent forms of slow death may be visible. Others materialize in abandonment or exhaustion (Mbembe, 2019, 126). Lauren Berlant describes slow death as "...the physical wearing out of a population and the deterioration of people in that population…"(Berlant, 2007, 754). Populations subject to slow death within death worlds also inhabit the status of *living dead* (Mbembe, 2019, 92). Wading between life and death "...is very nearly a defining condition of their experience and historical existence" (Berlant, 2007, 754). This is the proximity to death and to death-risk.

Death has more recently been theorized to include non-lethal experiences with violence (Puar, 2017). The state may remind of its grasp on death by turning subjects into morbid spectacles that do not want to kill, but to violate bodily autonomy and leave victims with trauma that persists (Mbembe, 2019, 87). Jasbir Puar creates the *Right to Maim as* a biopolitical control to elect which bodies will bear the imprint of power (Puar, 2017, xix). A method of doing so is the right to disable or amputate, but to let live (Puar, 2017, xix). The right to maim is a form of slow death that materializes in actual trauma that uses the body of the subject to induce slow death through exposure to death risks (Puar, 2017, xix). This will be helpful to assess to sex workers who face disproportionate overdose risks in supportive housing (Goldenberg et al. 2020, 10; McDermid et al. 2024, 7). Overdose risks expose sex workers to actual death risks, and these experiences use their bodies to echo the power over death of the necropolitical state through compounding and unique traumas (Schneider et al. 2021, 1).

Necropolitical Surveillance

Finally, after the framework of necropolitics has been expanded to include forms of figurative death, a partial analysis of surveillance through a necropolitical framework will, however, need to define necropolitical surveillance (Surveillance here refers to the presence of surveilling bodies like staff and police, along with regulations as part of public health initiatives). That is because the character of surveillance and public health measures is typically associated with the biopolitical, in part visualized in Foucault's panopticism (Topal, 2011, 239; Mirzoeff, 2011, 476).

The spectacle that has been ever-viewable for the recent past, the colonial occupation of Palestine. Mbembe's understanding of surveillance in Palestine will help to prove the existence

of a necropolitical surveillance, especially as it pertains to spatially confining populations like sex workers through visual domination. Mbembe describes this occupation to be "The most accomplished form of necropower…" (Mbembe, 2019, 80). The spatial organization of Gaza and the West Bank is concerned with death, materialized by the actual presence of remains. But more surreptitious is the organization of this colonial space as a device of surveillance (Mbembe, 2019, 81). According to Weizman, the territorial arrangement of Gaza and the West Bank allows the colonizer vertical occupation and the dominance of multiple spatial layers without physical presence (Weizman, 2007, 13).

Deploying *weapons* in various ways to destroy persons is required for the maintenance of death worlds (Mbembe, 2019, 92). But there is no need to experience actual death if placed in a position that exists outside of the bounds of the state under its watchful eye, that is indistinguishable from death (Mbembe, 2019, 75). Without much effort, the broadening of 'weapon' and 'death' is to avoid that Necropolitics only concerns actual death, and does not intend to visualize the innocuous weapons that maintain actual death in one way or another. Or, as noted, the weapons used as maintenance in the colonial project may be used to remind the potentially subjugated and the subjugated of the power of death (Mbembe, 2019, 68). To acknowledge only the actual violent touch and presence of the colonizer is to ignore the changes in colonial strategy over time. And, necropolitics is expanded further to understand the use of necropower past evidently visceral demonstrations.

With the example of Palestine, Deprez theorizes the term *visual necropolitics*: Israel's visual surveillance of Palestine to sustain its necropolitical project. Their theory is placed to convey visual violence as a necessity in the maintenance of the colonial project (Deprez, 2023, 1,3). As democracies evolve to further rely on and contain visual technologies and media, the

creation of elusive death worlds may become more common. Visual necropolitics will directly apply to sex workers, demonstrating that forms of death can come from spatial arrangements that allow visualization. This is because those who are destined to be surveilled are placed into 'death categories' where surveillance acts as a tool of exclusion (Deprez, 2023, 4). Tools like surveillance that maintain exclusion can introduce forms of figurative, and even slow death. So, it will then be necessary to understand how surveillance aims to spatially confine sex workers who use drugs, as their identities already expose them to heightened levels of surveillance (McDermid et al. 2024, 2).

Topal attempts to use the case of Turkish immigrants in Germany to specify necropolitical through their paradoxical 'inclusion' in Germany's space. The subjugation of Turkish immigrants in 1960s Germany allows the biopolitical perspective of surveillance as purely inclusive to shift into the exclusive, and to the necropolitical (Topal, 2011, 238-239). This is because inclusionary surveillance can function to bolster the life-productive capacities of people (to harvest the rewards of life) (Topal, 2011, 240). However, these life-productive capacities may take place in environments where the subject becomes disposable (Topal, 2011, 240). In other words, biopolitical structures that are designed to include, but are actually necropolitical through the mission to harm, can utilize inclusion in order to maintain exclusion. Nikolas Rose identifies that hidden systems of exclusion can *include to exclude* (Rose, 2000, 330). This important conclusion allows biopolitical institutions to transform into that of the necropolitical, which Grznic calls "recapturing" (Grzinic, 2012, 2)

Germany 'embraced' Turkish immigrants chiefly to harvest their labor, but the conditions in the space where this took place warranted the German government to administer medical examinations of these immigrants, where "... the primary purpose…was to decrease immigrants'

death-productive capacities" (Topal, 2011, 245). Medical tests were administered to surveil the capacity of the immigrant to survive in conditions, to make sure that they were able to continue to exist in uninhabitable environments that expose them to high concentrations of death possibilities (Topal, 2011, 245). And outside of medical tests, Turkish immigrants were spatially confined by state policies, xenophobic murders, and databases that contained data on immigrants that would be a public threat (Topal, 2011, 254). Specifically, their data was kept in order to prevent them from 'bringing death' to religious and political regimes (Topal, 2011, 254).

Topal will add the final layer needed to apply the necropolitical framework to sex workers. As presented in the example with Germany, even though immigrants were subjected to public health regimes to boost their life capacity, this was actively preparing them to experience death words in work environments that directly exposed them to risks of death. This will be directly applied to the housing situations of sex workers who use drugs. Sex workers are *included* in public health initiatives and contained as an inclusive measure in supportive housing to boost life capacity, but are also *excluded* when these ostensibly 'safe' environments deploy heightened surveillance techniques and housing policies that introduce spatial control and create death risks. And like Turkish immigrants, after exiting public facilities, sex workers will be faced with assemblages that want to further displace them, partially to 'defend' public space.

Overdose and Slow Death

First, the analytical framework constructed will be applied to the experiences of sex workers who use drugs in supportive housing in BC (BC Housing, n.d.). Here, it will be understood how supportive housing is a *death world* that spatially confines sex workers and

exacerbates their *living dead* status with actual and figurative death risks because of necropolitical surveillance deployed in building surveillance and housing rules.

McDermid et al. drew data from An Evaluation of Sex Workers' Health Access (AESHA) - a cohort study that looks into social and structural impacts on the health, safety, and rights of sex workers (McDermid et al. 2024, 3). Scrutiny has been placed on countless public health systems during BC's drug toxicity crisis to understand their failures in preventing the over 14,000 overdose deaths in BC (McDermid et al. 2024, 4). For context, McDermid et al. focused on how the expansion of surveillance and housing rules in supportive housing because of the COVID-19 pandemic contributed to non-fatal overdoses and naloxone administration for sex workers who use drugs (McDermid et al. 2024, 4). This is especially pressing as the specific population of sex workers who use drugs has a high overdose burden (El-Bassel et al. 2020, 1; Schneider et al. 2021, 1). This is partially because of the disproportionate presence of physical violence and trauma that sex workers face (Schneider et al. 2021, 2).

McDermid et al. say that while COVID-19 is a distinct exacerbating factor of overdose deaths, surveillance and housing rules are a pre-existing risk factor for sex workers who use drugs (McDermid et al. 2024, 2). The pandemic works to tighten the spectacle on and increase the intensity of the failings of BC's supportive housing and the consequences of the drug toxicity crisis, but it is not the cause. On top of already existing surveillance regimes, the public health response to COVID-19 would impose harsher housing restrictions as a mitigation strategy, like increased surveillance from building staff, strict curfews, stringent guest restrictions, and the closure of shared spaces (McDermid et al. 2024, 2). Sex workers who used drugs were exposed to increased housing rules and surveillance, like those who reported higher rates of non-fatal overdose and three-fold higher rates of administering naloxone to reverse an overdose

(McDermid et al. 2024, 1,9). McDermid identifies the enlargement of surveillance and housing rules that ignore the needs of sex workers who use drugs and their ensuing levels of frustration, isolation, and loss of autonomy as the cause (McDermid et al. 2024, 2).

One of the reasons that overdoses can occur as a consequence of surveillance is that it influences people who use drugs to use alone (McDermid et al. 2024, 2)(Ivsins et al. 2022, 861). For people who use drugs in public housing arrangements, most reported using drugs alone because of privacy, discretion, stigma, shame, and smoking/guest policies (Ivsins et al. 2022, 861). Using alone greatly increases the chances of overdose (Whitzman, 2020, 8). Sex workers who use drugs will then experience the consequences of surveillance that harm all people who use drugs, but to be clear, that is not to assume that the experiences of people who use drugs will affect sex workers who do not use drugs. On top of the desire for privacy that results from stigma for people who use drugs in public housing, sex workers who use drugs face more unique consequences as a result of their labor, which may increase their odds of isolating in public housing environments.

Specifically for sex workers who use drugs, other reasons for seeking privacy or isolation could include sex workers' regular experiences with violence from male tenants and building staff (Whitzman, 2020, 11). This affirms sex workers' distinct disposition to experiencing violence while existing in spatial arrangements that reproduce oppressive hierarchies (Collins et al. 2019, 2). One previous sex-worker in a Vancouver supportive housing building said, "'Some of the (contracted) security guards are real pigs to the women and look at us like we're meat … so it doesn't make me feel safe knowing there's (contracted) security who are being derogatory to women…'" (Whitzman, 2020, 28). For women sex workers, these male-dominated environments are conducive to isolation as a means of avoiding further experiences with violence (Lazarus et

al. 2011, 1605). Physical surveillance systems can also reinforce gendered experiences by lending to the male gaze, where those who experience gendered violence are also constantly being viewed by men, further contributing to a constant invasion of privacy (Boyd et al. 2016, 12).

Regular experiences with physical, emotional, gendered, and sexual violence are worsened by guest policies that not only restrict sex workers from bringing clients into their rooms, but they are also prevent them from bringing family, friends, and significant others (Lazarus et al. 2011, 1605). And, these guest policies are specifically rigorous for sex workers because landlords and building managers fear prosecution for allowing sex workers to bring in clients. (Allinot et al. 2003, 16). In turn, these uniquely strict policies force sex workers to stay inside public housing arrangements while their only social interactions are delegated to the streets (Lazarus et al. 2011, 1605).These regimes of control that are used to confine present themselves to *other*ize the sex worker, and remind them that they will not experience the same rules as other tenants.

Keeping the pointed experience of violence and sexual violence that sex workers face in supportive housing in mind, these forms of violence can also contribute to overdose risks on their own. It has been noted that experiences with sexual violence can contribute to higher levels of impulsive consequences with opioids, including overdose (Bhuptani et al. 2023, 7). This is followed by a study specifically looking at women sex workers who use drugs, where violence against them was associated with higher rates of non-fatal overdose (El-Bassel et al. 2020, 1; Schneider et al. 2021, 1).

Overdose risks that harm sex workers who use drugs is finally related to police-related barriers. Many times, police have collaborative relationships with supportive housing

arrangements and maintain routine physical presence (McDermid et al. 2024, 2; Goldenberg et al. 2020, 7; Boyd et al. 2016, 9). Goldenberg et al. point out that in a cohort study of sex workers in the Vancouver area, 68.6% of participants reported experiencing police-related barriers to harm reduction, including harassment, confiscation of harm reduction equipment, rushed consumption, and barriers to safer consumption sites (Goldenberg et al. 2020, 7). For sex workers who use drugs, these police-related barriers to harm reduction doubled sex workers' odds of non-fatal overdoses during the course of the study (Goldenberg et al. 2020, 7-8).

McDermid et al. noted that during the course of their study, where overdoses and naloxone applications increased in response to increases in surveillance and housing policies, surveillance from police in public housing environments also increased during the COVID-19 pandemic in a possibly carceral manner (McDermid et al. 2024, 8). Police contact for sex workers also leads to increased levels of verbal abuse, violence, and sexual assault (Deering et al. 2014, 44). Even when police are not physically present, supportive housing occupants have reported that the police collect visual surveillance weekly (Boyd et al. 2016, 12). This reminds of Weizman's visual necropolitics where occupants become subject through multiple layers of visualization, keeping in mind the unique impacts of police presence on sex workers who use drugs (Weizman, 2007, 13). Therefore, the presence of police surveillance that actively raises overdose risks and chances of violence for sex workers who use drugs is consistently present in the daily operations of supportive housing arrangements. And, the presence of police who have been seen to distinctly target and harass sex workers who use drugs again seeks to remind the sex worker that they are other.

Looking back to McDermid et al.'s study, with a population that already experiences a heightened risk of overdose, the interaction between surveillance, housing restrictions, and police

presence in supportive housing elevates overdose risks for sex workers who use drugs. Surveillance from staff, guest restrictions, and curfews work to socially isolate sex workers while they are simultaneously exposed to violence from tenants and constant police presence, which has been identified as a barrier to accessing harm reduction services (Goldenberg et al. 2020, 10). All of these barriers are linked to increased chances of overdoses (Whitzman, 2020, 8; El-Bassel et al. 2020, 1; Goldenberg et al. 2020, 7-8).

Supportive housing presents itself as an elusive deathworld that marks sex workers with the living dead status. The subjugation of sex workers who use drugs to spaces that increase their risks of physical and sexual violence, which equally increases their odds of experiencing traumatic overdose from surveillance, housing rules, and policing experiences, is an example of the 'wearing out' that Berlant refers to (Berlant, 2007, 754). Or another way to describe this experience is *slow death*.

The constant presence of the eye of the state, whether it is from staff, violence facilitated in such a place, or from police, is a tool whose function is to other. Overdose is a figurative *weapon* that can instill trauma through exposure to death risks without needing to kill (Puar, 2017, xix; Schneider et al. 2021, 1). As evidenced by a cohort of sex workers in Baltimore, these experiences are traumatic for sex workers who experience overdose traumas, and diagnoses consistent with PTSD can ensue (Schneider et al. 2021, 1). As Mbembe mentioned, leaving lasting trauma is the imperative of the necropolitical state (Mbembe, 2019, 87). Policies that force sex workers to exist in the same spatial arrangements with conduits of violence, like other tenets, staff, and police that specifically target sex workers, are a deployment to slow death in themselves. The ensuing actual and figurative violence inflicted on the bodies of sex workers demonstrates the right to damage but let live (Puar, 2017, xix).

The violent and near-death experiences of sex workers who use drugs in supportive housing reidentifies networks of care as new sites of control (Boyd et al. 2016, 13; McDermid et al. 2024, 2). As Topal pointed out, the expansion of biopolitical measures in surveillance and public health responses can transform into the necropolitical when inclusionary practices begin to harm and exclude (here using literal and figurative violence)(Topal, 2011, 238-239). Grzinic calls this the process of 'recapturing' when biopolitical institutions can be harnessed by the necropolitical state (Grzinic, 2012, 2). BC's supportive housing arrangements set out to partially address and prevent overdose risks (which this analysis does not claim or attempt to refute). At the same time, sex workers who use drugs are equally put at risk under their watch and their rules. Systems of exclusion can *include to exclude* (Rose, 2000, 330)

Include to Exclude: Supportive Housing as Just Another Death World

The significance of identifying everyday *death worlds* that materialize in well-meaning institutions, subtle as they are, can help to explain why the motives of such spaces can be co-opted to cause actual harm. A space that was designed to be safe can seem to mimic the failings of the same world that it was meant to obfuscate. Even neoliberal non-profits that champion diversity still retain colonial hierarchies that illicit 'slow violence' (Gosset, 2013, 42). This is to say that the hybrid of state-subsidized space and the harnessing of non-profits, as seen in BC's supportive housing, are not in any sense insulated from the violence that exists outside.

The confusing aspect of public health initiatives like supportive housing is that the subjugation that they entail is usually a matter of the biopolitical (Foucault, 1978, 140). With Topal's analysis, the observation from Rose regarding exclusive architecture, the framework used here seems to present moments where supportive housing can shift between inclusion and

exclusion (Rose, 2000, 330; Topal, 2011, 238-239). Supportive housing units can confine (include), or they can be used to displace (exclude)(Lazarus et al. 2011, 1605; Deering et al. 2014, 48). The conjoined presence of violence in and outside of the bounds of supportive housing for sex workers who use drugs raises the question, through a necropolitical framework, of whether the motive of supportive housing is to confine or to displace. This section will prove that either motive works in partnership to ensure the constant subjugation of sex workers who use drugs.

Whether or not sex workers decide whether to exist internally or externally to the death world of supportive housing, they will always find themselves experiencing similar types of harm. First, the ‘accessibility’ of supportive housing arrangements is in itself an isolating factor. Since supportive housing is one of the only options for people in a housing crisis who use drugs, the lack of other options can trap occupants in supportive housing (Whitzman, 2020, 6). Sex workers who use drugs are further trapped when they are surrounded by gendered violence from staff, tenants, and labor-influenced social isolation (Lazarus et al. 2011, 1605). This is followed by greater pressures to abide by housing rules that subject them to risks because many supportive housing options are also behavior-dependent (Whitzman, 2020, 6). Sex workers who use drugs can face dual forms of behavioral management when building managers uphold both sex work as labor and drug use as separate barriers to entry (Lazarus et al. 2011, 1603). Some sex workers in the United Kingdom would risk losing their housing accommodation if they left to sell sex or used drugs (Grenfell et al. 2022, 288). In return, they experienced neglect from staff and attacks from police officers, similar to BC, all housed within the bounds of the public housing arrangement (Grenfell et al. 2022, 288).

On the contrary, supportive housing wants to displace. The strict curfews and guest policies that have been discussed, when ignored, lead sex workers to take riskier dates that diminish their ability to negotiate safe sex, work on the streets, or move to the streets for social interaction (Lazarus et al. 2011, 1605). Being forced to work outside causes disproportionate physical and sexual violence (Deering, 2014, 48). As for sex workers who use drugs specifically, displacement and unstable housing can cause dual pressures to provide sexual favors and/or drugs in exchange for temporary housing (Lazarus et al. 2011, 1605).

Sex workers who work outside experience more policing, and sex workers who use drugs are more vulnerable to experiencing violence from police (Mukherjee et al. 2022, 2). And, sex workers who use drugs who experience police contact double their odds of overdosing (Goldenberg et al. 2020, 9). These police interactions can lead to forms of violence from police, extortion, decreased safe-sex negotiation, and displacement of sex workers to even more isolated areas that increase violence (Mukherjee et al. 2022, 2; Goldenberg et al. 2020, 9). Sex workers who use drugs face additional consequences because displacement from policing also removes them further from harm reduction services and increases their chances of overdosing (Mukherjee et al. 2022, 2; Goldenberg et al. 2020, 9).

All of these inclusive and exclusive barriers lead sex workers to accept surveillance tactics and housing rules to avoid risks of further displacement. And, as presented by the violence that follows, surveillance is a tool to organize sex workers into death categories (Deprez, 2023, 4). Even if these coercive strategies are ignored, sex workers still face violence and othering through constant displacement. This is a paradoxical choice that either places them in an environment that can subject them to violence, policing and overdose, and if they ignore or change habits under those rules, they will be displaced to the street where they will experience

disproportionate levels violence, policing, and overdose (McDermid et al. 2024, 2; Lazarus et al. 2011, 1605; Duff et al. 2011, 1; Goldenberg et al. 2020, 9). Now the motive becomes clearer. The death world never dictated status as *other*. Rather, where there is another, there will be a death world. For sex workers and other *living dead*, death is defined by a single death world, but rather a complex network of institutions, each with its own rules, and the subjugated leaves one enclosure just to enter another (Topal, 2011, 241). This explains the similarities seen in and outside of supportive housing.

This designation is maintained through space, as evidenced by the policing of space seen in Prostitution Free Zones in Washington, DC. Sex workers are designated as other, sovereign bodies that are meant to walk outside of the public sphere (Edelman, 2014, 177). The very presence of the sex worker who uses drugs is a threat to the life of the non-othered, being "brazen prostitute[s]" who endanger the public, bringing with them their "ambiguous paraphernalia" into public space as an affront to those afforded protection by the state (Edelman, 2014, 179). Sex workers embody an oppositional illegality and corruption that must be destroyed (Edelman, 2014, 179). If the threat is the very existence of the sex worker, the motive becomes removing the sex worker from public space at all costs.

So finally, the understanding that the mark of the living dead contributes to constant movement helps to explain the place of supportive housing in the conversation of space and motive. In a sample of Vancouver sex workers, where a majority use drugs, outdoor sex work, and homelessness were driving causes in high mobility among sex workers (Amram, 2021, et al. 1, 19). Supportive housing arrangements contribute to displacement and outdoor sex work through their stringent policies (Lazarus et al. 2011, 1605). But, they also combat displacement by entrapping sex workers (Whitzman, 2020, 6). So whether or not sex workers are forced into

supportive housing from the street, or forced to the street from supportive housing, the motive of confining and displacing the threat rings true for the necropolitical state. In doing so, supportive housing includes and excludes to effectively exclude sex workers who use drugs from public space by maintaining confinement or displacement.

By deploying tactics of inclusion and exclusion, supportive housing arrangements are able to subject sex workers who use drugs to othering and then slow death within and beyond their boundaries. In the framework set forth, death worlds typically involve bounds as a matter of defining space (Mbembe, 2019, 67). However, this reminds of the importance of the perception of public health arrangements like supportive housing to purport a biopolitical motive that allows these death worlds to transcend spatial boundaries by subjecting sex workers to violence, policing, and overdose risks. The similarities between violence faced in and outside of a death world mirror the greatest lie of the liberal democracy: that war only exists outside of its bounds (Mbembe, 2003, 13).

Conclusion

Supportive housing environments in British Columbia deploy various surveillance techniques and coercive housing rules that are meant to boost the life capacity of sex workers who use drugs, but subject them to actual and figurative death risks. This underscores the paradoxical finding that commonly recognized biopolitical institutions can disguise necropolitical regimes that *include to exclude*.

Supportive housing arrangements can work to displace sex workers through housing policies (Lazarus et al. 2011, 1605). Or they may work to confine sex workers (Whitzman, 2020, 6). Both practices exemplify the recapturing of this biopolitical space and its reach of

governmentality to meet a harmful motive (Grzinic, 2012, 2). This was revealed through the analytical framework of necropolitics, slow death, and necropolitical surveillance deployed to identify the *weapons* at play.

Surveillance apparatuses and housing rules found in supportive housing arrangements are a tool of exclusion—acceptance of these surveillance tactics and rules works to divide sex workers into death categories, where they could face heightened, traumatic overdose experiences that aim to wear out the *other*. This is where the sex worker's body is damaged by the state, but allowed to bear its mark (Puar, 2017, xix). Or, they may face spatially confined violence as a result of gendered violence or proximity to policing. If these tenets are denied by the sex worker, they would be displaced, whether from behavior or seeking clients, only to face slow death once again through overdose, and lose access to health and substance use resources. That is not to mention the heightened levels of violence inflicted by clients and the state in the more dangerous areas that supportive housing may move sex workers to.

Therefore, constant subjugation is guaranteed whether because of inclusion from confinement, or exclusion through displacement. Then, the motive of the necropolitical state is complete, to destroy the enemy who is deemed other, those who are a threat to the lives of the public (Mbembe, 2019, 72, 126). Strategies of inclusion and exclusion partner to remove the sex worker and their paraphernalia from public space because they embody the illegality and corruption synonymous with the myth that the public must fear all that democracy opposes (Edelman, 2014, 179). Finally, it is understood that the focus on supportive housing should be used to find the symptoms of the necropolitical state rather than to isolate it, as this is just another *death world* for sex workers to face as they come from another (Topal, 2011, 241). That

is because death worlds are not the opposite of democracy; they are a feature (Mbembe, 2019, 68).

This paper does not argue for the analysis of supportive housing as a necropolitical regime that sex workers who use drugs may pass through to say that they are inescapable per se. It does so to remind that the institutions designed to bring life should not be overlooked in discovering the harm that they may produce, especially when the governmentality of the state can be hijacked to constantly circulate otherized populations. Violence that may appear indirect often serves structural purposes. As Deprez notes, the maintenance of the colonial order is not always done by the sword, but can be done from a distance (Deprez, 2023, 1,3). Supportive housing offers accessible state-subsidized housing to many poor and unhoused people in BC. This includes sex workers who use drugs. Simultaneously, their unique experiences demonstrate that the walls of the state are not enough to defend against the violence it claims only exists outside them—they are formed from what exists between and beyond their fringes (Mbembe, 2019, 67).

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