

Article

Surveillance Cultures, Chains and Holes in Street Level Networking: Dealing with Drug Users in Amsterdam (Netherlands) and Porto Alegre (Brazil)

Rafaela Rigoni

Erasmus University of Rotterdam, Netherlands.
rigoni@iss.nl

Abstract

If surveillance is understood as a complex multi-dimensional process, then collaboration between health, social and law enforcement sectors can be viewed as a part of the surveillance culture of particular societies and urban settings. Policies towards illicit drugs usually build on a two-track approach—public health and public order—with different objectives that have to be negotiated daily by street level workers in the light of their differing beliefs on drug use. This paper brings examples of collaboration and non-collaboration among workers from social, health and law enforcement agencies in Amsterdam, the Netherlands, and Porto Alegre, Brazil in their daily interactions with drug users, to analyze the types of surveillance arising from these negotiations. The study utilizes results from 80 in-depth interviews with street level workers and 800 hours of participant observation carried out from February 2010 until March 2011, equally divided between the two cities. Different cultures of surveillance produce diverse state-citizen approaches in terms of coercion, care, and rights. In Amsterdam, close collaboration and information exchange among workers produce a ‘chain’ surveillance culture: an intensive screening allows drug users to have more access to care, yet, at the same time this can produce excessive control over users’ lives. In Porto Alegre, by contrast, insufficient collaboration produces a surveillance culture of ‘holes’: less systematic screening and lack of information sharing allows users to slip out of care, and of workers’ surveillance sight. Historically, though coming from apparently opposite extremes in terms of drug surveillance (respectively permissive and controlling), both Amsterdam and Porto Alegre in practice show surveillance cultures which combine care and order. Combinations, however, vary according to different assemblages between actors concerned with transforming drug users’ lives.

Introduction

Surveillance practices have always been part of society, and are vital in contemporary societies for the cultures of control on the territorial frontiers where rights to individual liberty meet demands for social order (Lyon 2007). The field of drug policy is one such frontier, where different approaches define different drug control practices as legitimate and desirable. Historically, many governments have supported repressive approaches, involving enforcement of prohibitionist laws, and abstinence models of treatment, aimed at eradicating particular drugs from society. This public order approach sees drug use as a criminal issue, requiring surveillance to ensure users are punished and repressed. A global tendency towards changes in official drug policies relates to the inclusion of a public health approach, which focuses on reducing harm caused by drug use and trade rather than expecting to completely ban the targeted drugs. Many countries currently combine both approaches to form their drug policies. This combination, however, does not happen without difficulties in practice. When official policy goes down to the streets, different objectives need to be negotiated by workers in the networks available to them.

Government agencies are important actors practicing state-citizen surveillance. Inside these organizations, surveillance cultures which permeate public policies are put into practice by people who work at street level. More than just implementing policy, these workers also produce policy in practice, since they have to cope with the gaps between the ideals of official policy and the real conditions they face as ‘street level bureaucrats’ (Lipsky 2010). Therefore, this paper assumes that the ways in which workers enact a policy is crucial to determine the surveillance cultures actualized by state agencies.

Surveillance cultures can be broadly defined as ways of living and negotiating surveillance, privacy and visibility that are embedded in people’s everyday lives (Lyon 2014). In the case of governmental agencies and workers involved with approaching drug users, different surveillance cultures might be enacted by workers depending upon the sectors and approaches involved. The present study explores these differences by analyzing how workers from social, health and law enforcement organizations negotiate meanings and practices in their daily approaches to drug users. Given the various approaches available to tackle drug use, cultures of surveillance combine different meanings and professional practices, ranging from care and public health to public order, and rights-based approaches. In this scenario, police and health workers do not represent two homogeneous yet opposing ways of dealing with illicit drugs use, the first representing a public order and repressive approach and the second a more tolerant public health one. Some health practices, for instance, were found to be mainly directed towards keeping public order through conditions imposed on users as a price of receiving treatment. Some law enforcement practices also aimed at improving users’ health and wellbeing, by referring users to caring services rather than arresting them. By focusing on the types of surveillance cultures arising from these negotiations, this paper produced some surprising results when care and order are assembled together in different integrated frameworks. For this analysis, an innovative combination of three concepts—networks, surveillance cultures, and power—is proposed.

The study focuses on the so-called ‘problem’ drugs, crack cocaine and heroin, comparing two cities with very different histories of dealing with these drugs. One is a more resource constrained system, historically strict, but with a recent move towards a more open policy towards drugs. The other is less resource constrained and historically liberal, but with a recent tendency towards a stricter drug policy. These cities are Porto Alegre, in the south of Brazil, and Amsterdam, in the Netherlands.

Networks, Surveillance Cultures and Power

In the field of drug policies, inter-agency liaison between social, health and law enforcement sectors has been advocated to contribute to the success of policies. The concept of ‘network’ assumes importance both in drug policies on paper and among workers at street level. In Brazilian and Dutch policy documents and also in the literature debating policy in Amsterdam (e.g. Plomp, Hek, and Ader 1996) and Porto Alegre (e.g. Zambenedetti and Silva 2008), the idea of developing inter-agency liaison has been referred to as ‘building networks’, or promoting an integrated approach for users. Also at the street level, coordinating the flows between the different services approaching hard drug users is fundamental to put an integrated drug policy into practice. Drug users often meet with a mix of social, health and law enforcement workers in their daily lives; the same person might be approached by different workers in rapid succession.

Nevertheless, studies analyzing workers’ interactions at street level found collaboration in the drug field to be difficult. Different professional jargon and approaches, contradictory goals and expected roles are mapped as fundamental difficulties in building networks between social, health and law enforcement workers (Beyer, Crofts and Reid 2002; Bull 2005; Lister et al. 2007; Lough 1998). Lack of resources and pressure to meet organizational targets are also found to hinder workers’ willingness to collaborate (Connolly 2006; Vermeulen and Walburg 1998; Hunter, McSweeney and Turnbull 2005).

These studies, however, tend to consider care and order as opposites, associating law enforcement practices with order-only approaches which harm public health approaches from care services. Also, little is known about how social workers and law enforcers perceive interactions. Besides, very few studies (e.g. Lemke and Silva 2011; Zambenedetti and Silva 2008; Nardi and Rigoni 2005) address the role of power in networking. Departing from data analysis, this paper contends that different sectors do not have the same room for negotiation, as their claims to expertise can possess different authority and legitimacy in decision-making territories. By bringing power into the debate, the study contributes to the analysis of how and why claims to professional knowledge shape collaboration, and how they may produce different cultures of surveillance in diverse territories.

Previous studies also tend to assume that inter-agency liaison are essentially good for workers and users, producing better work environments for workers and better quality of assistance for users due to more integrated approaches (Mendes 2011). This paper, however, casts light on different nuances of networking. Besides enhancing care, collaboration between health, social and law enforcement organizations may also produce diverse types of surveillance cultures enacted through these organizations.

When socially unacceptable behavior is at stake, these organizations commonly appear to be interlinked in trying to control such behavior, very often with the explicit goal of helping the ones being governed. Surveillance, in this sense, moves in the frontier territory between care and order. At the same time where it represents control, it might also represent ways of limiting harmful consequences for the watched. In the specific field of drug use, meanings and practices coming from public health and public order approaches bring together certain ideas as to what types of behavior should be controlled and how surveillance should happen. At the street level, workers combine different forms of control and care depending on the interconnections created between them, producing particular cultures of surveillance for their service users.

When analyzing orchestrated interconnections of different nodes in a network aiming at surveillance, the concept of surveillance assemblages (Haggerty and Ericson 2000) has been used. It explains new forms of surveillance where technical devices make it possible to visualize and separate a multiplicity of heterogeneous objects (from a human body, for instance), and to connect these objects together to form a surveillant whole. The concept demarcates a contrast between the human observations embedded in Foucault's ideas of a disciplinary *panopticon*, and the contemporary machine observations embedded in data systems and other modern technical devices, from which assemblages of surveillance would arise (Haggerty and Ericson 2000). Its focus and application (e.g. Kerr, De Paoli and Keatinge 2014), thus, seems to concentrate on surveillance as enhanced by the alignment of modern devices: computers, CCTV cameras, telecommunications. In the case of street level bureaucracies, however, although new data systems are increasingly introduced and integrated in the surveillance performed by social, health and law enforcement workers, the personal contact among workers, and between workers and users, remains at the center of interconnected activities.

Moore (2011) uses the concept of 'therapeutic surveillance' to reclaim the importance of surveillance practices as enacted through human relations. The specifics of this type of surveillant assemblage would relate to its reliance on personal and intimate relationships between people (not machines); on many watching one (in contrast with the one-eye which sees everything as in the *panopticon*); and on surveillance being presented as benevolent (instead of solely as a form of control) (ibid.). This concept integrates care and control as non-oppositional strategies of surveillance: for the drug court workers studied by the author, surveilling users was perceived as a way of caring about them. This form of benevolent monitoring is created by personal and intimate trust-based relationships between workers and users, in the setting of one service (drug courts). When looking at connections between a broader diversity of agencies, programs and workers, and focusing on relationships established between workers, however,

other features might stand out. By analyzing these complex sets of interactions, this article contributes a novel combination of three concepts to the literature—networks, surveillance cultures, and power—in order to better theorize the unique features of the surveillance practices under investigation.

Following the grounded theorization derived from the data collected for this study, a different set of relations between networking actors and a different set of reasons for networking or not was found. While surveillance could be tightly connected and justified by its care benefits for some workers under certain circumstances, care and order were, in other circumstances, perceived as non-complementary and even opposite. Besides the rationality around actors' connections, other features, such as different organizational cultures, policies and regulations, appeared as important in defining the circumstances under which actors would interact and the types of surveillance cultures arising from that. In this context, Pierre Musso's (2004) theory of networks was used as an interesting way of looking at the surveillant assemblages perceived in the field. For this author, networks have a structure (a way of organization), a dynamic (connections and movement among actors) and a rationality (representing and determining the structure and the possibilities of connections). Through this concept, the analysis of workers' interactions when assisting/surveilling users looks at different features: the spatial organization of services and the flows between them (a more organizational or structural view of networks), and also at the production of meanings governing these communications (which rationalities lie behind this structure and guide perceived possibilities or impossibilities of partnerships between the actors involved).

This means that the goals and beliefs reflected in official policies and workers' practices define some connections as more possible than others in a network. Shared beliefs and certain organizational structures, for instance, may make it easier for social and law enforcement workers to build agreement in approaching drug users, increasing the likelihood that care and order appear as mixed. The ways in which surveillance and care are understood and negotiated, depends on the experiences and knowledges¹ embedded in workers' professional activities. The forms in which workers are constituted by and engaged with control and/or care will shape the surveillance cultures (Lyon 2014) enacted by them at street level.

Rationalities underlying patterns of interactions also connect with power: rationalities may define a hierarchy between services/professions and their respective claims to knowledges, making some actors more powerful than others in negotiating daily practices. Foucault contends that discourse does not occur freely, but is bound by procedures of exclusion which define what can be said in a certain context and time and who is considered to be legitimate to say it (Foucault 1981). By doing this he puts power at the center of the analysis, and also brings the notion that knowledge is not neutral, but connected to power. This connection can be seen as 'internal procedures of discourse control', where different disciplines (such as medicine, psychology, or criminology) determine the issues that are worthy of being analyzed, the procedures or methods that are utilized, and which experts can legitimately carry out this work (ibid.). In this context, the concept of power and its interrelatedness with knowledge (Foucault and Gordon 1980) becomes useful to analyze how different claims to knowledge attached to social, health and law enforcement institutions and professions play a role in shaping connections between workers and the types of surveillance they will enact.

Additionally, Musso's (2004) analysis indicates that networks have embedded in their existence an original ambivalence: they can serve to facilitate both care and order by allowing flexibility. In this sense, the concept allows us to analyze a diversity of combinations between care and order approaches and the surveillance practices that they imply. The analysis of the rationalities of these networks, thus, offers an important background for understanding the cultures embedded in different types of surveillance assemblages created on the ground.

¹ The term in the plural form has been used to call attention to the radical multiplicity of local knowledges, avoiding its reduction to generalized and formalized types of knowledge (Haraway 1988).

Methodology

A Grounded Theory approach (Urquhart 2013) guides this research, which uses qualitative data to explore the motivations and experiences of workers. Grounded theory in this context meant crossing the disciplinary boundaries of sociology and criminology and valuing concepts (chains and holes) used by the workers themselves. Before fieldwork began, a review of empirical studies related to the perceived importance of and challenges in building collaboration among social, health and law enforcement sectors was carried out, together with analyses of official policy statements. However, previous theoretical concepts were not used to constrain workers' testimonies or to impose preconceived ideas during data analysis. An understanding of workers' experiences was acquired focusing on the data gathered, and the key concepts of network (Musso 2004), surveillance cultures (Lyon 2014), and power (Foucault and Gordon 1980). Eighty street level workers from 40 different services in the health, social and law enforcement sectors were interviewed in depth, and 800 hours of observation of their activities were undertaken in 13 months of fieldwork, divided equally between the two cities. Direct observations included the cities' contexts, services available, work conditions, workers' activities, and users' presence in territories. Drug users and drug users' associations were also contacted for informal conversations. Deconstruction of national and local policies, as well as laws and guidelines from organizations participating in the research, was also undertaken. Theoretical sampling (Morse 2007) was used to identify cases appropriate for mapping networks. At the end of the interviews, workers were asked to refer the researcher to services and workers with whom they collaborate; would like to collaborate but cannot; and/or collaborate with but with problems. In-depth interviews sought information about the perceived relationship of their service with other health, social and law enforcement services and workers regarding daily activities with drug users. Observations and interviews occurred in parallel; observations were typed into field notes and interviews transcribed and all were analyzed with Atlas.ti software.² Requisite approval from ethical committees was acquired and all participants signed an informed consent. Based on this data, the surveillance cultures and the rationalities behind the negotiations between workers are now described.

Cultures of Surveillance in Amsterdam and Porto Alegre

When thinking about surveillance cultures produced by different inter-agency liaison forms, both Brazil and The Netherlands are interesting cases to consider. It is in the drug policies of the Netherlands that the harm reduction approach has its roots (Inciardi and Harrison 2000), with the notion of drug use as a social-health problem rather than a crime (VWS 2003). In South America, Brazil is considered a leading country in adopting a harm reduction strategy in official policy (Bastos et al. 2007; Bueno 2007), and an example in applying harm reduction to HIV/AIDS policies (Mesquita 2006). But historic differences in terms of policy development and organizational territories have shaped these countries' responses to harm reduction both in official policies and in street practices.

The Netherlands, for instance, is considered to have achieved a good balance between 'tolerance' and 'repression' both in official policy and practically. An integrated approach is taken to link different ministries involved in drug policy³ (van der Gouwe, Ehrlich and van Laar 2009); collaboration between care and law enforcement professionals is seen as an absolute necessity, and has been happening for decades (de Kort and Cramer 1999). But despite its world-wide reputation for defending more liberal

² Atlas.ti is a software for qualitative data analysis based on the analytical steps of Grounded Theory (Lewins and Silver 2007). After transcriptions, data is uploaded to the software and the researcher proceeds with his/her analytical process by coding and interpreting data. The software allows and facilitates the organization and retrieval of research material, and the register and tracing of analytical steps taken by the researcher.

³ The Ministry of Health, Welfare and Sports (who coordinate drug policies), the Ministry of Justice, and the Ministry of the Interior and Kingdom Relations.

approaches towards drugs, the Netherlands is considered to have become more repressive during recent years (Uitermark and Cohen 2005; Uitermark 2004).

Brazil, by contrast, has been moving towards a more tolerant approach in official policies. The Health Ministry reformed prevention and treatment policy regarding alcohol and other drugs, and officially stated national political support for harm reduction strategies for the first time in 2003 (MS 2003). The years following also brought a reform of National Drug Policy, limiting penalties for drug use to administrative measures (Brazil 2006). Despite the changes, several problems are still found in putting harm reduction strategies into practice (Delbon, Da Ros and Ferreira 2006; Queiroz 2007). Many care services still focus on abstinence only treatments and disciplinary techniques, partially due to workers' beliefs about how to deal with drug use. Lack of resources also makes negotiations between sectors more difficult.

These differences created varied forms of legitimizing public health and public order in these countries, influencing the way networks take shape and the types of surveillance cultures they create. In general terms,⁴ grounded theorization suggests that, in the city of Amsterdam, street level workers see networking positively by emphasizing the idea of a 'chain': workers and services are integrated into a chain where one link connects to the other. In Porto Alegre, on the other hand, workers emphasize ineffectiveness of networking, and the idea of a network with too many 'holes', through which users can 'disappear'.

Chained surveillance in Amsterdam

Social, health and law enforcement workers from Amsterdam mention working together in a chain and describe the very positive results stemming from this network structure. According to them, networking increases circulation in two ways. One includes workers moving across organisational territorial frontiers to personally contact other workers: visiting other services, approaching users together, and having meetings to debate treatment plans for users. The other relates to information exchange about services and users: knowing about services and activities offered by other sectors, contacting them by phone or personally, and connecting to users and services' information through computerized systems and face to face meetings.

In the health and social sectors, networking structure and dynamics (Musso 2004) are perceived as well developed. Services such as shelters, hostels, walk in centers, user rooms,⁵ substitution treatment (methadone) and heroin prescription clinics,⁶ and outreach work teams have strong connections with each other in coordinating activities and services offered for users. Integrated management of care and facilitated access to services' vacancies and resources available for users are considered strong points. Through networking, care workers understand their work becomes more resource efficient, as it prevents different services promoting duplicated or contradictory activities for a given user. With networking, work becomes lighter and unnecessary waste of workers' time and public money is prevented.

Police workers frequently meet drug users who are causing public nuisance, openly using drugs or sleeping in public spaces, or who commit theft or robbery. The way police respond to these events in Amsterdam is by making networking efforts with the care sector. Not only can police refer users to social or health services, they can also ask care workers to have a joint approach to a case, bring users to care

⁴ Even though chained and holed surveillance depict the main patterns of assemblages in the studied cities, more nuanced elements can be found in the networks. Given space constraints, this paper focuses mostly on the main patterns, emphasizing a few nuanced elements. For a more in-depth debate, please refer to Rigoni (2015).

⁵ In a walk in center visitors can spend the day and do some of the following activities: have free coffee and bread, watch television, use the computer, listen to music, play snooker, cards and other games, buy a low cost warm meal, shower, wash clothes, and be paid to do some daily activities. In user rooms, users can bring their own hard drugs to be used in the environment under certain rules.

⁶ For heroin addicts, methadone is a substitute drug.

facilities themselves, and frequently visit care services, either for planned meetings or just to strengthen daily connections. The very structure (Musso 2004) of the network helps to define this dynamic, both in terms of workers' job descriptions⁷ and special collaborative programs designed to meet local and national guidelines.⁸

Here also is the rationality conveyed by workers that networking brings a 'win-win' situation which is an important factor in the inter-agency liaison.

NL28⁹: And... their lives have improved a lot since they have been in care. Then they don't want to go out, most of the time. Sometimes they are fighting inside [care services] because one of them has taken a small amount of drugs from another one, or something like that. But, most of the time it's inside and we don't even hear about it. We only come when there are consequences. But we try to put them in care, because as long as they are in there we don't have anything to do with them. If we didn't cooperate with the healthcare institutions, we would have much more work to do. It's not like you don't want to do work, but when we don't see any results that's not a good feeling. (Amsterdam, law enforcement worker)

Providing users with basic needs and/or drug treatment is seen by police as more effective in terms of decreasing repeated arrests and preventing nuisance and crimes in the streets than arresting them or giving fines. Rather than an extra burden, collaboration with care is seen as economizing on law enforcement time and effort.

Social and health workers also believed their negotiated collaboration with the police had good results in increasing users' access to care and care continuity, and decreasing public nuisance and criminality in the streets. A coordinated contact with the police is believed to increase chances that contradictory activities are avoided:

NL08: I work extensively with the police from [city area] because there are a lot of drug users causing public nuisance, creating problems, robbing tourists and those kinds of things. So those people didn't come here [care facility] because they made their money in [city area]. But our problem is that we work with these people and we build something up—they get a place to stay, we arrange something with income, but then they have problems with the police and they go to jail. And then everything we built with the client is gone. So that is a big problem for us; and for the police also. They get many fines for everything, but people don't go away from the neighborhood, so the problem was still

⁷ The community police officer's job description includes knowing and collaborating with social and health services.

⁸ Collaborative programs between law enforcement and care were built specially for populations with mental illnesses and/or frequent problems with the police. In the first case (*Vangnet & Advies*), police can call social psychiatric nurses when drug users are, for instance, having problems with neighbors, being aggressive, or causing nuisance in the streets while intoxicated. In the second (*Keten Units* and *ISD* policy), police workers invite users who are committing crimes for a joint meeting with them and care workers in order to decide on an action plan, usually guided towards alternative (non-prison) punishment or exchanging prison for care (drug treatment). In the *Keten Units*, social and care workers are located part-time inside police stations in order to build an integrated approach with the police. In the *ISD* policy (Institution for Repeat Offenders), repeat offenders above 18 years old are placed into institutions for a maximum of two years. In the case of drug users, they are obliged to follow drug treatment during this period.

⁹ To protect participant's secrecy, names were substituted by a country code—"NL" for Amsterdam and "BR" for Porto Alegre—plus a number referring to the chronological order in which the interview was made.

there. So that's why we found each other, because (laughs) we need each other. (Amsterdam, social worker).

Rationalities behind care and law enforcement networking are, therefore, manifold. There is a lack of confidence in positive outcomes in users' lives from pure punishment both from the police and from social and health care workers. When combined with care, however, it is seen as bringing benefits for both. Police repression can be an artifice to bring users, who would otherwise not seek treatment or benefits, into care. In addition, networking can also help enhance continuity of care by locating people who left services and bringing them back. Also fundamental for the partnership between care and law enforcement to be viewed favorably by care workers in Amsterdam, is the important offer of welfare benefits to users. Users are perceived as having access to a wide-range of public services which allow them to have all basic needs covered. There are also drug treatment services which work from a low-threshold perspective (not requiring drug abstinence to receive care). This, in turn, can justify a more repressive approach, since, if users continue with anti-social behavior this is not perceived as a consequence of lack of opportunities and assistance.

According to this rationale, it is not only better care management and more effective access to users that is an important justification of networking activities. For care workers, close and coordinated contact with other care services prevents users from manipulating the system, increasing workers' control over users:

NL02: ... clients tend to shop around when it comes to getting help, so it is really important that we check with other organizations if they... they come here saying 'oh, they are not helping me' and they are badmouthing other organizations and then 'Ok, let us give them a call' and then we call then they say 'Oh, no, but this guy has been committing abuse towards people working here' and then they have a whole different story than the one the guy is telling you, so that's always important to check things out, if they are legitimate. (Amsterdam, social worker)

A key aspect in collaboration for both control and care in the chained surveillance enacted by workers from Amsterdam is the exchange of information among them. Information shared includes: users' frequency of appointments and service access, their mental state, the social benefits they are given, the programs in which they do or do not participate, their behavior inside services, and arrests for felony/misdemeanor crimes. Information exchange potentially enhances the ability of workers to achieve goals in their own organization, and it does that by increasing control over users' activities and movements in the net.

NL37: For example, if I want to put a client on day activities [in a social service], but here at [municipal health] he comes every other day [...] The client can tell me 'No, I can't do that' (with a childish voice), but all the clients are saying 'No, I don't like to do that or I cannot do that'. But if his doctor can confirm... (Amsterdam, social worker)

By having accurate information about users from other colleagues, workers can avoid being fooled or misled by users seeking to cheat the system or lower their visibility to surveillance. In such cases, power relations work against users' rights to privacy. A shared information system gives workers from different organizations access to information which would otherwise be held by users only. Users may lose their autonomy and room for negotiation of their rights when rules and requirements from services and workers dictate the direction they should live their lives.

By contrast, sometimes workers may decide to negotiate their surveillant role to protect users by omitting or concealing certain information from their colleagues. They might, for instance, conceal from a colleague who manages benefits that a given user has found a temporary job (so the user does not lose

benefits), or lie to the police that a certain user is missing when s/he is wanted for an alleged offence and is inside a care facility at a given moment. Even though workers realize they are breaking the law (and risking the trust between colleagues), their decision is perceived as justified by their good intentions regarding the user's well-being which is, ultimately, their professional goal.

Breaking secrecy laws¹⁰ to share information, however, can also be used to enhance workers' power over users and build trust in questionable ways. Some agreements between social workers and the police include sharing criminal information about users under their care, or getting users to provide information to police without their informed consent.

NL34: I worked this whole morning with the police. We had a meeting [whispering] and they are trying to keep track of dealers, and what they do is that they trace our clients... [researcher makes a surprised face]... they don't do anything, they want to get the dealers, and what we do about two or three times a year, is that we inform them; the police are standing outside somewhere and we call them, we say, 'this and this client, he has just gone that way, and he just made a telephone [call] to his dealer', and they will trace them and they will get the dealer. [...] It is a good communication with the police; because they have more important things to do than chase after our clients, but if they don't have enough information they will do it, and that's a win-win situation. (Amsterdam, social worker)

When facilities have been suffering with police crackdowns searching for drugs and weapons, and no better agreement could be achieved with the responsible police officers in the area, this type of collaboration may appear as a solution. The worker, in this case, understands that breaking secrecy laws or ethical codes is beneficial to keep a positive relationship with the police, and would, somehow, protect users from police approaches aimed at arresting dealers. In this approach, potential harm to users' rights is not taken into account.

Networking rationalities, therefore, are multiple, and can be driven by both care and order approaches. They can also be directed to the (perceived) needs of users, or workers' needs of assuring a good relationship with their colleagues. Even though activities may be justified for users as benevolent surveillance, the reasoning behind them does not always assume the same perspective.

Holed Surveillance in Porto Alegre

In contrast to Amsterdam, in Porto Alegre networks among the social, health and law enforcement sectors are not described as operating in a smooth way. In general, while social and health workers have networks they try to develop further, law enforcement workers are marginalized in the picture. A grounded theory metaphor of 'holes' was widely used to describe the main feature of networks in this city. Both networking rationalities and lack of structural resources (Mendes 2013) play a role here.

Care and law enforcement workers in Porto Alegre do not have a history of collaboration. Military dictatorship in Brazil (1964-1985) has left a legacy of unaccountable coercion, with police being seen as violent, corrupt and intolerant of both workers from other organizations, and drug users. The totalitarian surveillance practices performed by the police during dictatorship helped to increase the heritage of mistrust towards these forces, which are still viewed as responsible for a series of human rights' violations (Ahnen 2007; Wacquant 2003). Today, both social and health workers and the police realize there is no

¹⁰ Dutch health workers are not allowed by law to exchange information about their patients, which, includes knowing the patient is being treated for a drug addiction. Police officers, for their part, are not allowed to share information related to criminal investigations.

network among them, and think that things should remain this way. Not only is networking not seen as useless, but also as potentially harmful to their work:

BR03: I think this contact would disturb [police activities]. Because, what happens: the person [worker] who helps, has on his mind, in his heart, this idea of helping. And on many occasions we have the idea of arresting. And the person is not going to like to see us arresting the user. In other situations, when they [users] are violent with us and we have to make use of moderate force ... they [workers] interpret this as police aggression. [...] I believe there is no point in treating a person... it is like preparing him not to go to a war and then putting him in the middle of a war. [...] You treat him and then you throw him back there where he had fallen [referring to the community context]...he is going to fall again. I honestly don't believe in recovery clinics (Porto Alegre, law enforcement worker)

BR06: We do not get close, we try not to link our approach to the police. We prefer not to be seen with the police by the kids, not to confuse them [to think] we called [the police]. So, our interaction is little. I can even call the police for some cases with extreme violence, and generally when it is not one of our cases, but we never go together with the police. (Porto Alegre, social worker)

In their relationship with social and health workers, police workers feel judged, and believe these workers are too soft to deal with people who commit crimes. Police workers tend to reject the idea of referring users to the care system based on a perception of care services as ineffective. Ineffectiveness was understood to be both a result of lack of resources and also a practical experience of seeing and talking to users who have undergone treatment and yet returned to the streets as drug users. For social and health workers, police are perceived as representing a controlling and disciplinary power which scares users and prevents them from contacting care services. Police crackdowns, for instance, are seen as merely displacing users, making care outreach work more difficult and increasing users' distrust in all governmental workers and actions. Law enforcement surveillance, in this sense, is considered as opposite to care.

There are, however, more nuances in holed networks. Even though care workers may judge law enforcement surveillance as too strict, they may use this same repressive force in their attempts to push users into care. This happens, for instance, when care workers threaten users with youth prisons or losing childcare rights (in cases where mothers are addicted) if they do not change their behavior:

BR15: She [user] wanted to give up, and then I just said to her 'you are lucky that we like you'. I didn't know what else to say... 'You are lucky that we like you, because the way you are going, if we didn't like you, you would be screwed', I told her. Because she's a person who promises things and doesn't do them. She has this situation with her children ... and what will happen to this baby if she doesn't treat herself?[drug treatment] So I said to her, 'Look if you do not treat yourself, this baby, you will not even see him when he is born. He will be taken from you when he is born'. (Porto Alegre, health worker)

When threats become actual practice, law enforcement workers perceive the instrumental use of their repressive power as breaching their professional ethics.

BR34: [...] Then they were with a child, the parents, crack users. And the child was being reclaimed, because the parents were in no condition to keep the child anymore, right? They [care workers] called us because they don't have the minimum safety conditions to enter places like that [a slum]. [...] is like that: the brigade does so many things! (laughs) I

am not saying that because I am a brigadier, no, but because I've been seeing this for such a long time. The brigade is... covering all the holes that the State should cover... (Porto Alegre, law enforcement worker)

Besides feeling they are used for actions that should be undertaken by other parts of the State, police workers also feel they are expected to play a role which is not in their field of expertise.

In care organizations, however, virtually all social and health workers from Porto Alegre mentioned collaborating with each other. Network dynamics (Musso 2004) include phone calls, meetings to discuss users being assisted by both, and joint activities such as groups, street approaches, or house visits. The rationalities (Musso 2004) behind these networking dynamics however, also produce a culture of holed surveillance. Overall, health workers' main reasons to invest in networking with social workers is to get material benefits for the users they assist: bus tickets to go to drug treatment centers, shelter for the homeless, help to make personal documents, and to get food stamps. Even though all these benefits are considered very important, they are usually only seen as having a complementary role to drug treatment, heavily influenced by the goal of abstinence. The centrality of treatment is also shared by social workers, who contact their health colleagues mostly to refer users into drug treatment or to a lesser extent, to get basic health care consultations. The networking rationality has a focus on accessing specific services and workers for narrow instrumental purposes.

The concentration on few connections between workers as a way to move users to someone else's spatial and/or decision-making territory means workers feel flooded with demands.

BR33: They send it all to us! [...] It doesn't work because the aunt of the guy says 'Ah, João da Silva, my nephew is using crack and I want to take him to drug treatment'. Then the worker sends them here [drug treatment]. Then the guy comes here and [says] 'Huh? What? How?' He has not been evaluated. [...] We do not have the resources for that [...] it is a waste of time for the worker, the service, the user and the aunt! So, do not refer them directly, but say 'look, there is a service like this. Would you like to see how it works?' If yes, then send them here. (Porto Alegre, health worker)

Too much potential demand with insufficient networking ends up leaving holes in the net, through which users may fall or possibly escape governmental authority and surveillance. For many social workers in Porto Alegre, once a drug user gets in touch with the care system, the most urgent action (or the only possible one) is to refer him/her to a health worker and drug treatment clinic. As problem drugs, especially crack cocaine, are perceived as being extremely dangerous for users' bodies and difficult for social order, many care workers give preference to in-patient drug treatment. For those workers, detox is usually seen as the most appropriate 'solution' requiring incarceration in a psychiatric emergency unit, given the perceived urgency of the situation. Here, relations between power and knowledge produce a higher emphasis on a type of medical knowledge which supports, mostly, surveillance practices of confinement and (enforced) abstinence approaches.

Historically, medical discourse had a central role in distributing people into mentally ill or sane categories (including drug addiction), and in defining the legitimate ways of dealing with and healing those considered 'abnormal' or 'sick' (Foucault 2006). Many studies have critically debated the role of medicine and the care sector in controlling its clients through a varied set of procedures, where people are not only externally disciplined, but are also expected to engage in practices of self-surveillance (Due, Connellan and Riggs 2012; Earle et al. 2009). Medical and non-medical technologies of surveillance are used for these ends, such as examinations, prescriptions, files, locked doors and more recently also systems of closed-circuit television. More specifically, mental care, in the context of drug treatment, is said to focus primarily on surveillance for risk management, rather than healing relationships between staff and patients

(Due, Connellan and Riggs 2012). The rationality (Musso 2004) that sees total abstinence as the main solution for drug use, views workers specialized in such treatment as the ones with the best knowledge about how to handle drug users. This rationality helps to define power relations among workers. On one hand, workers outside drug treatment clinics may not feel authorized by legitimate knowledge to deal with drug use situations. On the other, drug treatment workers assume this hierarchical position when debating plans for users with colleagues. This situation creates a dispute around ‘who knows best’, where medical knowledge is given more weight than the social worker’s knowledge in the definition of how to judge and treat drug addiction. Power and knowledge appear intertwined and produce implications for networking in terms of decreasing open communication and lowering trust and circulation between social and health workers.

Besides the rationale involved in unequal power relationships, in network structures (Musso 2004) problems such as large numbers of people to assist, together with lack of enough human and other resources, help to generate holed surveillance cultures in Porto Alegre. In contrast to Amsterdam, Porto Alegre workers do not have so many (or enough) vacancies in institutions and resources to meet their perceptions of users’ needs to draw users into networks. Workers in Porto Alegre are more inclined to invest their time in directly assisting users than in contacting colleagues, visiting services, or arranging meetings. The rationale operating in these cases is that networking represents spending non-existent time in trying to build circulating opportunities that might not be effective. Moreover, flows between services based on personal trust are unlikely to be sustainable, since workers may move following elections and/or changes in the management teams. In addition, some regions in the city do not have a specialist drug treatment service as a point of reference. They then have to depend on another region’s specialist services; their willingness to accept users and their capacity to assist people from outside their territory. Drug treatment services, in turn, then get even more flooded with demands from different regions.

Finally, when demand is too high for services, user stereotyping by workers can guide ‘creaming’ tactics (Lipsky 2010). These tactics may be selective towards those users considered ‘easier’ to deal with, which leads to further neglect of more difficult users. Strict time schedules and denying services to people believed to be under the influence of drugs are creaming strategies that create difficulties for drug users in general to access and stay in drug related services. Other creaming strategies specifically affect homeless users. The need to have documents with an address, and being accompanied by a ‘responsible’ person in order to have access to services, can make homeless drug users’ access to care impossible.

BR31: ...even if the user is not under age and has documents, he needs to be accompanied by one relative. [...] Well, but we’re talking about people who have broken their ties with their family... maybe going through a treatment is part of a long process of rescuing these family ties, and to establish others. Anyway, how can this be a condition for people to access this level of attention? (Porto Alegre, social worker)

Studies comparing profiles of users in and outside care confirm the selectivity in drug care. In the metropolitan region of Porto Alegre, no homeless crack users were found to be in care. Users outside care were also found to be younger, poorer and with less formal education (Horta et al. 2011). A holed surveillance culture apparently creates some room for maneuver for workers and users in selecting which users slip through the holes, and which ones are contained in the welfare net.

Conclusions

This paper analyzes the interactions between health, social and law enforcement workers in their daily approaches to drug users drawing on the grounded theory concepts of chains and holes informed by concepts of street level workers (Lipsky 2010), surveillance cultures (Lyon 2014), network (Musso 2004) and discursive power (Foucault and Gordon 1980). It assumes that the ways in which workers enact

official policies is crucial to understand the relationships between state and citizens. In the case of drug policies and their different approaches towards drug use—public health and public order—the adoption and negotiation of meanings by workers re/produce different types of surveillance culture in the cities of Amsterdam and Porto Alegre. While networking among the different actors is closer in Amsterdam, it presents more difficulties in Porto Alegre. The main differences between the cities in terms of network structure can be seen as availability of resources, but the differing network dynamics and rationalities underlying the contact between social, health, and law enforcement workers suggest differential resources are not the sole cause of differences in networking. The rationalities around actors' connections and the different organizational cultures, policies and regulations are important in defining the circumstances under which actors would interact and the types of surveillance cultures arising from that.

This study brings together interview and direct observation data to reveal how workers move between decision-making territories, their rationalities on why to develop a network or not with other actors, and some challenges they face when collaborating or not with each other. Though coming from apparently opposite extremes in terms of drug surveillance (respectively permissive and controlling), both Amsterdam and Porto Alegre show surveillance cultures which combine care and order in practice. Tension between law enforcement and care workers as a barrier to networking is present in both cities, but much stronger in Porto Alegre given Brazilian history while Amsterdam has developed an element of overlap that facilitates networking. But interrelated power and knowledge tensions can also create a barrier between health and social workers. The different knowledges attached to each sector and profession, and their perceived validity and priority in approaching drug use, bring differences in power for negotiating daily decisions among actors. The higher position in the knowledge hierarchy attributed to workers specialized in drug treatment in Porto Alegre not only influence the room for negotiation different types of workers have in the network, but also the dynamics of the networks. Networking rationales focused on medical knowledge as the only solution for drug use, encourages instrumental emergency attitudes among workers. A network clustered around abstinence drug treatment services creates flooded services and holes through which drug users slip out of care. The most vulnerable users (usually homeless and/or with heavy drug use) may have to travel to central nodes of in-patient treatment programs, and then, lacking a supportive setting for users when in-patient treatment finishes, end up being back on the streets and relapsing into heavy drug use. This, ultimately, creates an ineffective drug care system in which many intended beneficiaries from a harm reduction approach suffer unintended physical damage.

In the case of Amsterdam, networking between law enforcement, health and social workers creates a chained surveillance which increases users' access to much greater available resources, and is also important for workers' perceptions of efficiency and effectiveness in their work. This type of surveillance culture increases not only circulation of users, information and access to care, but also the control governmental agencies have over drug users. A 'controlled circulation' may facilitate resource management and greater satisfaction in work processes for street level workers. Also, it may increase care access for users and assure a more integrated assistance. However, when the rationale behind networking is focused too much on control, users' rights to choose their life styles is inhibited. In both Porto Alegre and Amsterdam, differing cultures of surveillance produce outcomes in which people who use drugs may have negative, unintended experiences. In Amsterdam, too effective networking between workers may chain users to services reducing their rights to, and responsibilities for, self-creation. In Porto Alegre, ineffective networking may leave holes through which drug users may fall. A possible way forward in this tendency to control and stress social order in Amsterdam could be to promote the role of social workers, who tend to be caught between the claims of superior knowledges from law enforcement and health workers and to emphasize the rights as citizens for people who use drugs. In Porto Alegre, approximating care and law enforcement sectors, and broadening the understanding of care for drug users beyond drug treatment, may produce more supportive and sustainable networks. A more holistic approach to users in which the differing roles of social, health, and law enforcement workers are valued equally, may produce networking with less dysfunctional misrecognitions.

Acknowledgements

The author is very thankful to Dr. John Cameron for his valuable contributions to the first draft of this paper, and to the three anonymous reviewers for their insightful comments and suggestions.

References

- Ahnen, Ronald E. 2007. "The Politics of Police Violence in Democratic Brazil." *Latin American Politics and Society* 49 (1): 141-164.
- Bastos, Francisco I., Waleska Caiaffa, Diana Rossi, Marcelo Vila, and Monica Malta. 2007. "The Children of Mama Coca: Coca, Cocaine and the Fate of Harm Reduction in South America." *International Journal of Drug Policy* 18 (2): 99-106.
- Beyer, Lorraine, Nick Crofts, and Gary Reid. 2002. "Drug Offending and Criminal Justice Responses: Practitioners' Perspectives." *International Journal of Drug Policy* 13 (3): 203-211.
- Brazil. 2006. *Lei N. 11.343, De 23 De Agosto De 2006*. Public Law 11.343/06, *Diário Oficial Da União*.
- Bueno, Regina. 2007. "The Latin American Harm Reduction Network (RELARD): Successes and Challenges." *International Journal of Drug Policy* 18 (2): 145-147.
- Bull, Melissa. 2005. "A Comparative Review of Best Practice Guidelines for the Diversion of Drug Related Offenders." *International Journal of Drug Policy* 16 (4): 223-234.
- Connolly, Johnny. 2006. *Responding to Open Drug Scenes and Drug-Related Crime and Public Nuisance - Towards a Partnership Approach*. Strasbourg: Pompidou Group, Council of Europe.
- de Kort, Marcel and Ton Cramer. 1999. "Pragmatism Versus Ideology: Dutch Drug Policy Continued." *Journal of Drug Issues* 29 (3): 473-492.
- Delbon, Fabiana, Vera Da Ros, and Elza Maria Alves Ferreira. 2006. "Avaliação Da Disponibilização De Kits De Redução De Danos." *Saude E Sociedade* 15 (1): 37-48.
- Due, Clemence, Kathleen Connellan, and Damien Riggs. 2012. "Surveillance, Security and Violence in a Mental Health Ward: An Ethnographic Case Study of an Australian Purpose-Built Unit." *Surveillance & Society* 10 (3/4): 292-302.
- Earle, Sarah, Pam Foley, Carol Komaromy, and Cathy Lloyd. 2009. "Health, Medicine and Surveillance in the 21st Century." *Surveillance & Society* 6 (2): 96-100.
- Foucault, Michel. 2006. *History of Madness*. London; New York: Routledge.
- Foucault, Michel. 1981. "The Order of Discourse." In *Untying the Text : A Post-Structuralist Reader*, edited by Robert Young, 51-78. Boston: Routledge & Kegan Paul.
- Foucault, Michel, and Colin Gordon. 1980. *Power/Knowledge : Selected Interviews and Other Writings, 1972-1977*. New York: Pantheon Books.
- Haggerty, Kevin D., and Richard V. Ericson. 2000. "The Surveillant Assemblage." *The British Journal of Sociology* 51 (4): 605-622.
- Haraway, Donna. 1988. "Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective." *Feminist Studies* 14 (3): 575-599.
- Horta, Rogério Lessa, Bernardo Lessa Horta, Adriana Palma Rosset, and Cristina Lessa Horta. 2011. "Perfil Dos Usuários De Crack Que Buscam Atendimento Em Centros De Atenção Psicossocial." *Cadernos De Saúde Pública* 27 (11): 2263-2270.
- Hunter, Gillian, Tim McSweeney, and Paul J. Turnbull. 2005. "The Introduction of Drug Arrest Referral Schemes in London: A Partnership between Drug Services and the Police." *International Journal of Drug Policy* 16 (5): 343-352.
- Inciardi, James A., and Lana D. Harrison. 2000. *Harm Reduction : National and International Perspectives*. Thousand Oaks, Calif.: Sage Publications.
- Kerr, A., S. De Paoli, and M. Keatinge. 2014. "Surveillant Assemblages of Governance in Massively Multiplayer Online Games: A Comparative Analysis." *Surveillance & Society* 12 (3): 320-336.
- Lemke, Ruben, and Rosane Neves Silva. 2011. "Um Estudo Sobre a Itinerância Como Estratégia De Cuidado no Contexto Das Políticas Públicas De Saúde no Brasil." *Physis [Online]* 21 (3): 979-1004. <http://dx.doi.org/10.1590/S0103-73312011000300012>.
- Lewins, Ann, and Christina Silver. 2007. *Using Software in Qualitative Research : A Step-by-Step Guide*. Los Angeles; London: SAGE.
- Lipsky, Michael. 2010. *Street-Level Bureaucracy Dilemmas of the Individual in Public Services*. New York: Russell Sage Foundation.
- Lister, Stuart, Emma Wincup, sam Barret, Toby Seddon, and Peter Traynor. 2007. *Street Policing of Problem Drug Users*. York: Joseph Rowntree Foundation.
- Lough, Graham. 1998. "Law Enforcement and Harm Reduction: Mutually Exclusive Or Mutually Compatible." *International Journal of Drug Policy* 9 (3): 169-173.
- Lyon, David. 2014. "Situating Surveillance: History, Technology and Culture." In *Histories of State Surveillance in Europe and Beyond*, edited by Kees Boersma, Rosamunde Van Brakel, Chiara Fonio and Pieter Wagenaar, 32-45. New York: Routledge.
- Lyon, David. 2007. *Surveillance Studies: An Overview*. Cambridge, UK; Malden, MA: Polity.
- Mendes, Áquilas. 2013. "The Long Battle for SUS Funding." *Saúde E Sociedade* 22 (4): 991-993.

- Mendes, E. V. 2011. *As Redes De Atenção À Saúde*. Brasília: Organização Pan-Americana da Saúde/Organização Mundial da Saúde.
- Mesquita, Fabio. 2006. "The Health and Social Impacts of Drugs in Brazil and Indonesia: What it Means for Development." *Development Bulletin* 69: 22-26.
- Moore, Dawn. 2011. "The Benevolent Watch: Therapeutic Surveillance in Drug Treatment Court." *Theoretical Criminology* 15 (3): 255-268.
- Morse, Janice M. 2007. "Sampling in Grounded Theory." In *The SAGE Handbook of Grounded Theory*, edited by Antony Bryant and Kathy Charmaz, 229-244. Los Angeles; London: SAGE.
- MS. 2003. *A Política do Ministério Da Saúde Para Atenção Integral a Usuários De Álcool E Outras Drogas*: Brasil. Ministério da Saúde. Secretaria Executiva. Coordenação Nacional de DST/Aids.
- Musso, Pierre. 2004. "A Filosofia Da Rede." In *Tramas Da Rede Novas Dimensões Filosóficas, Estéticas E Políticas Da Comunicação* [The philosophy of the network], edited by André Parente. Porto Alegre: Sulina.
- Nardi, Henrique, and Rafaela Rigoni. 2005. "Marginalidade ou Cidadania? A rede discursiva que configura o trabalho dos redutores de danos." *Psicologia em Estudo* 10 (2): 165-173.
- Plomp, H. Nico, Hetty Van Der Hek, and Herman J. Ader. 1996. "The Amsterdam Methadone Dispensing Circuit: Genesis and Effectiveness of a Public Health Model for Local Drug Policy." *Addiction* 91 (5): 711-722.
- Queiroz, Isabela Saraiva. 2007. "Adoção De Ações De Redução De Danos Direcionadas Aos Usuários De Drogas: Concepções E Valores De Equipes do Programa De Saúde Da Família." *Pesquisas E Práticas Psicossociais* 2 (1): 152-162.
- Rigoni, Rafaela. 2015. *Between Care and Order: Street-Level Workers' Discretion and Drug Policies in Amsterdam (the Netherlands) and Porto Alegre (Brazil)*. Doctoral Thesis. Erasmus University, Rotterdam. Available at: <http://repub.eur.nl/pub/78062/>.
- Uitermark, Justus. 2004. "The Origins and Future of the Dutch Approach Towards Drugs." *Journal of Drug Issues* 34 (3): 511-532.
- Uitermark, Justus, and Peter Cohen. 2005. "A Clash of Policy Approaches: The Rise (and Fall?) of Dutch Harm Reduction Policies Towards Ecstasy Consumption." *International Journal of Drug Policy* 16 (1): 65-72.
- Urquhart, Cathy. 2013. *Grounded Theory for Qualitative Research: A Practical Guide*. Los Angeles, CA; London: SAGE.
- van der Gouwe, D., E. Ehrlich, and M. W. van Laar. 2009. *Drug Policies in the Netherlands*, edited by Trimbos Institute Ministry of Health, Welfare and Sport; Ministry of Foreign Affairs.
- Vermeulen, E. C. and J. A. Walburg. 1998. "What Happens if a Criminal can Choose between Detention and Treatment: Results of a 4 Year Experiment in the Netherlands." *Alcohol & Alcoholism* 33 (1): 33-36.
- VWS. 2003. *Drug Policy in the Netherlands. Basic Principles and Enforcement in Practice* Dutch Ministry of Health, Welfare and Sport (VWS).
- Wacquant, Loïc. 2003. "Toward a Dictatorship Over the Poor?: Notes on the Penalization of Poverty in Brazil." *Punishment & Society* 5 (2): 197-205.
- Zambenedetti, Gustavo and Rosane Neves Silva. 2008. "A Noção De Rede Nas Reformas Sanitária E Psiquiátrica no Brasil." *Psicologia Em Revista* 14 (1): 131-150.