

Intersectional Risk Environments and the Role of Place: Insights from an Urban Canadian Ethnographic Study of People Who Use Drugs in Central Business Districts

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Drug-Related Public Health Crisis in Canada: Edmonton, Study Setting

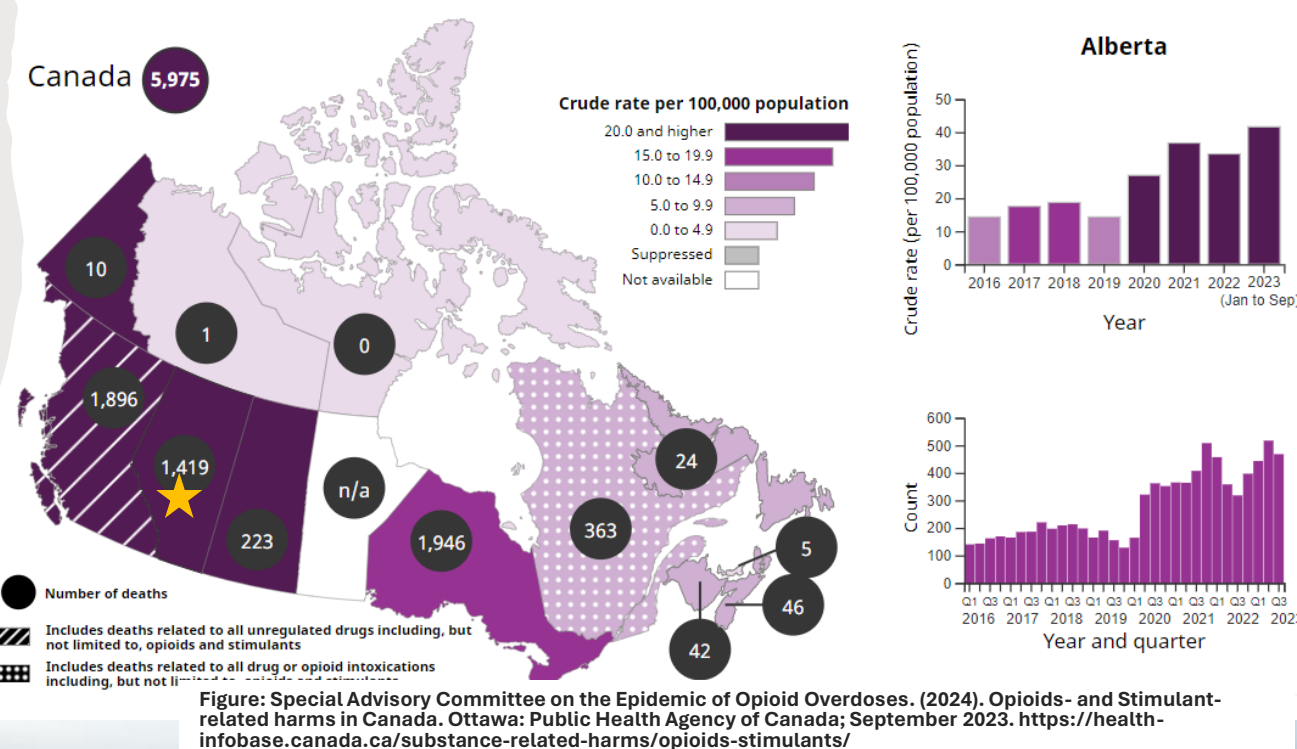
Canada

- Drug poisoning events strain health systems
- In 2024, approximately 21 deaths per day
- Majority (75%) of drug poisoning deaths involve fentanyl

Bottom line: Contaminated drug supply is the leading cause of drug poisoning deaths in Canada

Edmonton

- Fifth largest city in Canada
- Population: 1,418,118
- Main forms of public transit
 - Buses, Light Rail Transit (Metro), passenger vehicle
- Main industries:
 - Oil and Gas
 - Public Sector
 - Agriculture





Spatialization of Drug Use in Public Settings: Risks and Harms

- Edmonton (2024), approximately 35% of drug poisoning deaths occurred in public settings
- Drug use in public settings increases risk of:
 - Health Issues
 - Social Issues
 - Legal Issues

Bottom line: Environment shapes drug poisoning outcomes

Central Business Districts and Public Drug Use

- Limited health surveillance data
- Challenges accessing services and supports
- Increased role of informal strategies and supports
- Limited municipal harm reduction policy frameworks

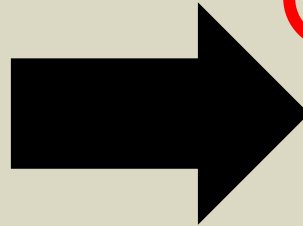
Knowledge Gap: Experiences of PWUD in Central Business Districts



Central Business Districts and Public Drug Use

Research Question:

How do urban central business district environments impact the daily lives of PWUD?



Research Objectives:

1. Investigate how central business district risk environments shape daily experiences for PWUD
2. Examine how central business districts shape service accessibility for PWUD
3. Determine what policy, program, and practice changes can be made to better support health of PWUD



Partnering with Harm Reduction Outreach Teams in Edmonton's Downtown

Design

- Integrated knowledge translation
- Focused ethnography

Data Collection

- Semi-structured interviews with PWUD
- Honoraria provided
- Ethnographic observations and field notes

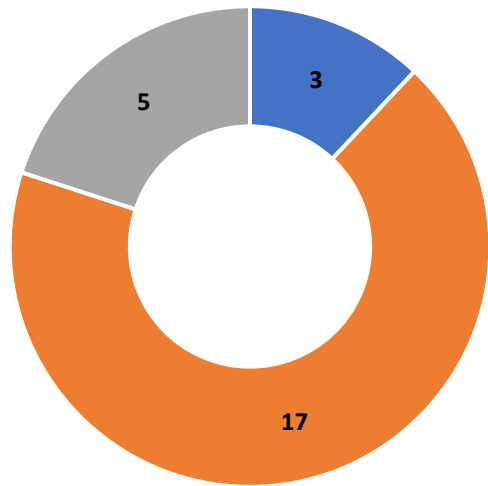
Analysis

- Latent content analysis
- Theoretical framework

Knowledge Translation

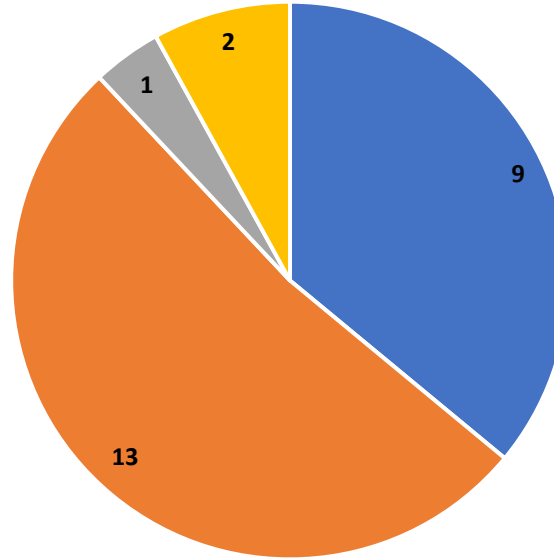
- Knowledge User Group feedback and integrated KT

Participant Age



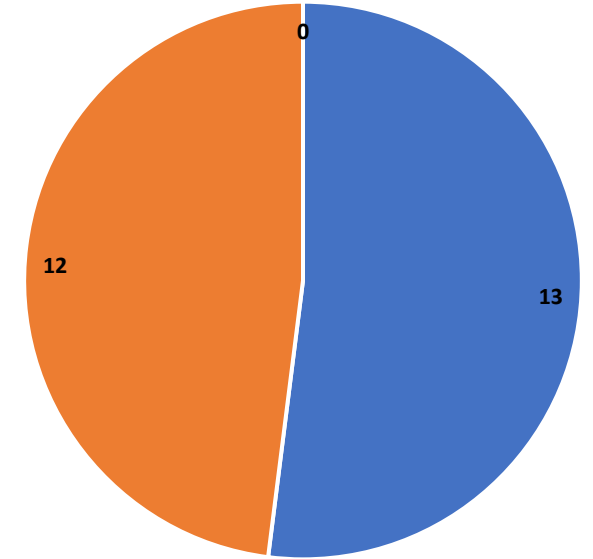
■ 18-29 ■ 30-44 ■ 45+

EthnoCultural Background



■ Caucasian ■ First Nations ■ Metis ■ Other

Gender

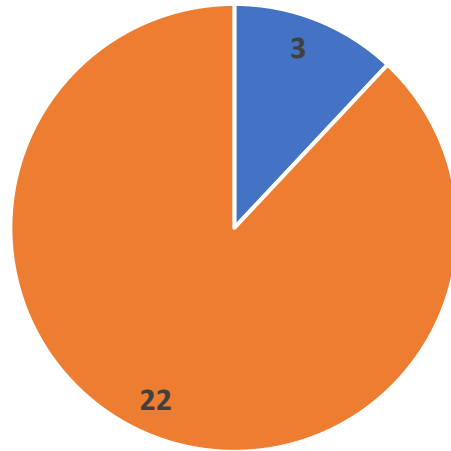


■ Male ■ Female ■ Non-Binary

Summary of Participant Characteristics

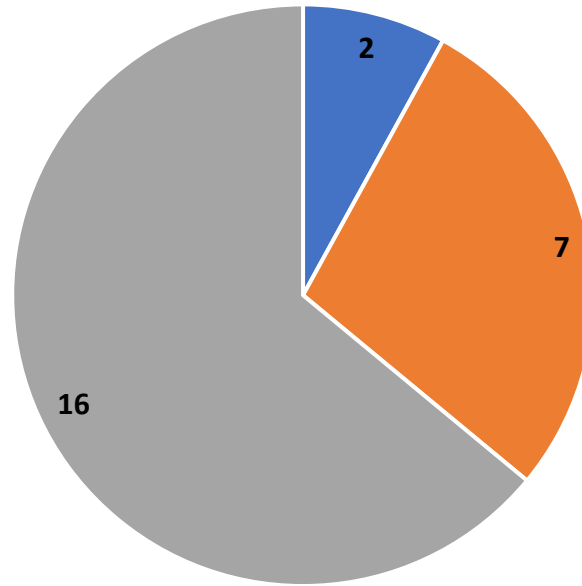
Community Member Interviews = 25

Number of People Currently Using Substances



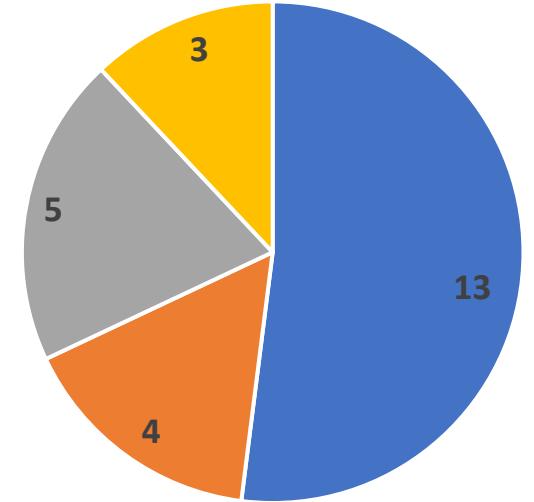
■ No ■ Yes

Sheltering Typology



■ Shelter Service ■ Housed ■ Houseless

Community Embeddedness



■ 1-4 years ■ 5-10 years ■ 11-20 years ■ Life

Summary of Participant Characteristics

Community Member Interviews = 25

Key Themes

Impacts of CBD Risk Environment and Role of Place in Daily Lives of PWUD

Risk Environments and Duality of Place

Hostile Environments

Reinforced Displacement

Enabling Environments and Duality of Place

Ties to Place

Adapting to Challenges

Intersecting Marginalities

Gender

Housing

Ethnicity

Risk Environments and Duality of Place

“The environment. Yeah, like the places, like, you know how before you had benches, people would sit down where you can sit down. You can’t find them anywhere now.... No tents and tarps around here at all. Okay, where else is everybody else supposed to go, right? This is where people are supposed to go to feel safe and have shelter but then we can’t be around here?” [P23]

“There is a lot of them. Isolated, out of the way, hidden spaces everywhere in this area. I can find basically most of them everywhere. It’s just that when you’re isolating yourself, you’re distancing yourself from everyone. I try not to do that, but sometimes I have to distance myself from people, because I can’t stand people.” [P18]



Hostile Environments

Reinforced Displacement

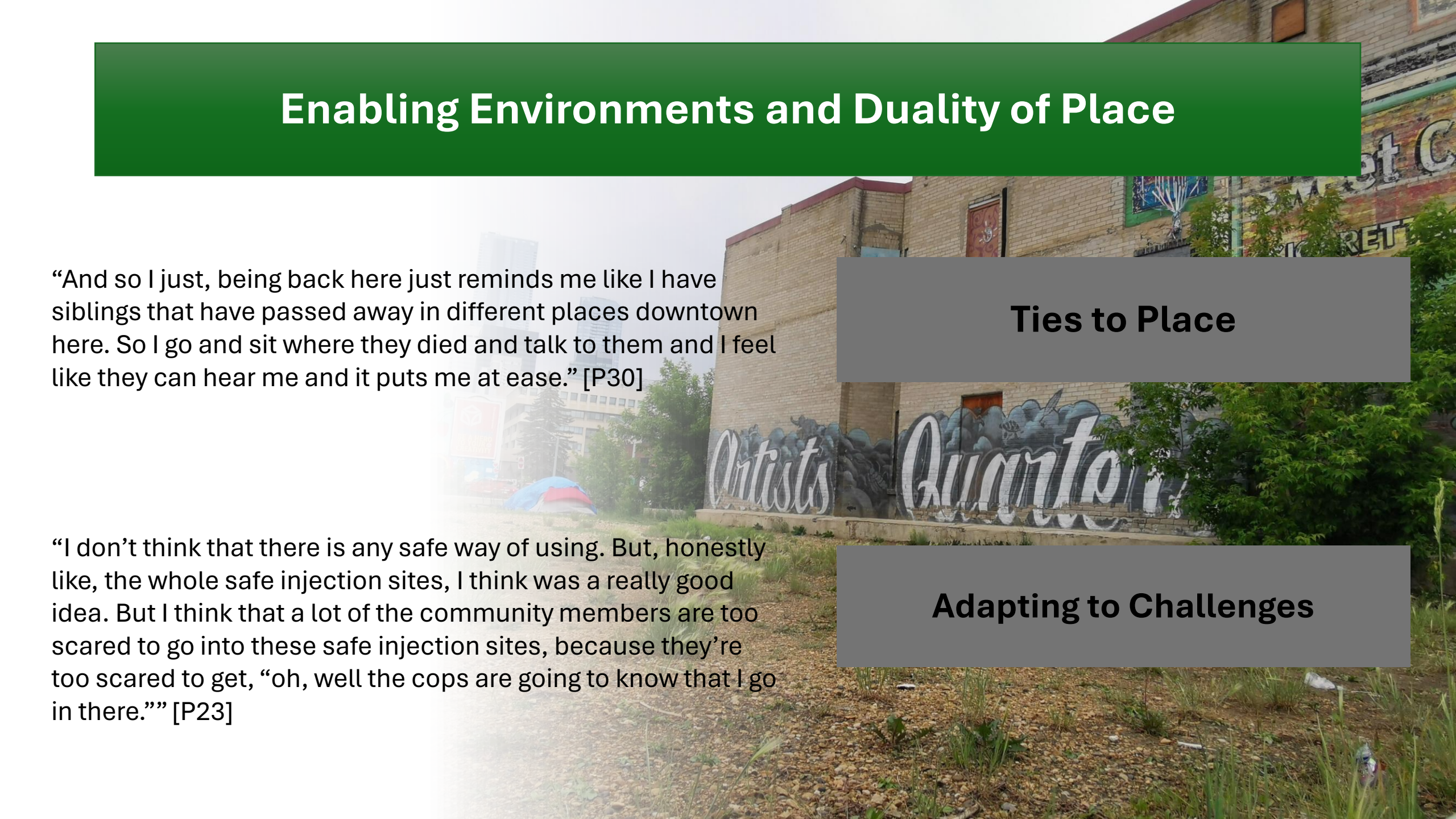
Enabling Environments and Duality of Place

“And so I just, being back here just reminds me like I have siblings that have passed away in different places downtown here. So I go and sit where they died and talk to them and I feel like they can hear me and it puts me at ease.” [P30]

Ties to Place

“I don’t think that there is any safe way of using. But, honestly like, the whole safe injection sites, I think was a really good idea. But I think that a lot of the community members are too scared to go into these safe injection sites, because they’re too scared to get, “oh, well the cops are going to know that I go in there.”” [P23]

Adapting to Challenges



Intersecting Marginalities

“He stood up in front of me and you could tell he was trying to be all aggressive with me but, he was overdosing at the same time... I wasn’t giving him nothing else so just sat there and watched him overdose.” (P07)

“Usually, whatever place I’m calling home. Whether it’s the apartment I had or someone’s tent or you see a lot of people with blankets over their heads, they’re using drugs under those blankets.” (P21)

“When I’m buying my alcohol, I risk because I don’t like it when the cops stop me and try and take my booze away from me without a receipt. They’ve done that to me numerous times. To me it’s just like the cops want to pick on me because when they know that I’m walking out of a liquor store they just pull me over, “do you have a receipt for that?”” (P14)

Gender Inequities

Housing Inequities

Ethnic Inequities



Security

Safe Spaces

Amenity Accessibility



Safe Drug Use Policies

Belongingness

Person-Centered and
Trauma-Informed Care

“Yeah, it is. It’s a safe space. It’s a safe spot, but when the [Former Homeless Shelter] was open, it was so much brighter, because we had that security, but we had that security where they wouldn’t just jump on us for doing drugs.” (P18)

Envisioning Enabling Environments

Recommendations



Policy

Comprehensive public policy frameworks that aim to mitigate drug-related harms and foster community belongingness



Program

Integrated programs, services, and supports across sectors



Practice

Harm reduction education for all healthcare and allied professionals



Acknowledgements

Inner City Health
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UNIVERSITY OF ALBERTA
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