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Supervised Consumption Sites in Canadian Neighbourhoods: The Role that Physical Design and Location Play in Community Relations

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Supervised Consumption Sites in Canadian Neighbourhoods: The Role that Physical Design and Location Play in Community Relations

by

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Abstract

Across Canada, 6,214 overdose fatalities occurred in 2020, with 21,174 overdose deaths recorded from January 2016 to December 2020 (Public Health Agency of Canada, 2021, p5). With the ongoing opioid crisis, supervised consumption sites (SCSs) are becoming permanent fixtures in many Canadian cities. Similarly, we are coming to understand the importance of built forms and their relationship to behaviors in everyday life. Many community members are opposed to having SCSs placed in their communities as they link them to an increase in social disorder, leading to more crime (Wallace, Chamberlain, Fahmy, 2019; Sampson & Raudenbush, 1999). However, this contradicts the literature on SCSs (Wood et al., 2006). In exploring the relationships between built forms of SCSs and their surrounding communities, I found that SCSs do not directly contribute to social disorder. Instead, social disorder in these locations predates the implementation of SCSs. The built forms of SCSs are at a unique intersection of space and public health. SCSs provide a life-saving service through harm reduction practices, but they go beyond this initial purpose and take on new meanings and purposes for those in the community. While those meanings differ SCSs remain an important part of community growth and are essential to healthy urban development. Simply ignoring addiction, poverty, and mental health issues during development/redevelopment in communities places the burden of these issues unfairly on businesses and community members. This results in further stigma and conflict in public spaces.

Preface

This thesis is original, unpublished, independent work by the author, E. Mohns. The University of Calgary's Conjoint Health Research Ethics Board approved the project "The effects of Supervised Consumption site-built forms in Canadian neighborhoods" on July 30, 2020.

Acknowledgments

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I also acknowledge the Nuu-chah-nulth tribal council for your support and guidance in my educational aspirations. You have allowed me to pursue my passions and inspired me to continue following my ideas and questions.

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Dedication

To my mother and father, Anna and Rob, who always encouraged me to pursue my dreams and loved me no matter what, I love you.

Contents

Chapter One: Introduction

What are the Perceived Issues of Supervised Consumption Sites?

Since January 2016, there have been over 21,174 deaths from opioids in Canada (Public Health Agency of Canada, 2021). To address this health crisis, different organizations started to apply to set up supervised consumption sites. Supervised consumption sites (SCSs) provide a safe, clean space for individuals to use their drugs while being monitored, reducing deaths from overdoses, and spreading infectious diseases such as HIV (Health Canada, 2020). In addition to this, SCSs provide access to other health and social services (Health Canada 2020). However, the process for applying was challenging until the change of government in 2015.

The election of a Liberal government in 2015 coincided with growing calls for the government to respond to the opioid epidemic (Kerr et al., 2017). The growing activism led the government to introduce a new bill, Bill C-37, which replaced the previous 27 conditions SCSs had to meet down to five (Kerr et al., 2017). These requirements are proof of a need for a SCS to exist, demonstration of community consultation, a review of whether the site will impact crime in the community, have a regulatory system are in place, and evidence that appropriate resources are in place (Kerr et al., 2017).

Since then, health services and nonprofits began implementing SCSs in cities across Canada. While the exemption for sites comes from the federal government under the health minister, often sites get bogged down at the provincial and municipal level as provincial governments are responsible for the administration of health care in Canadian, and municipalities are responsible for land use designations (Kerr et al., 2017). SCSs are

controversial issues in many Canadian cities, with community presentations and consultations often resulting in heated debates.

Public perception of SCSs is often negative and focused on crime, debris, and public disruption (Freeman et al., 2005; Myer, Belisle, 2018; Wood et al., 2006). However, studies have shown no significant increase in drug-related crime or debris near SCS (Freeman et al., 2005; Wood et al., 2006). Community member's concerns are centred around the belief that SCSs are dangerous and damaging to neighbourhood growth and vitality (Lange & Bach-Mortensen, 2019, p307).

This contradiction in research findings and community perceptions raises the question of why there is such a difference in reported outcomes of SCSs and what community members perceive. Because so many community concerns have to do with space and place, such as debris and disruptions in public areas, this study examines the role of built form of SCSs in mediating the relationship between SCSs clients and the surrounding neighborhoods. As such, this thesis investigates if and how location and physical design influences community relations.

Most of the previous research on SCSs has focused on the positive aspects of harm reduction from a public health domain or the perceived risk to community members (Wood et al., 2003; Rehm et al., 2010; Beyrer, 2011). In addition, while some studies have compared the different planning and development of specific sites in Canada to international sites, few have looked at the differences between Canadian SCSs (Rautenberg, 2013).

In addition to the limited research regarding the location, development, and operation of SCSs in Canada, most of the research is quantitative. While quantitative research can and

does a good job of showing the financial and health benefits of SCSs, it is less well-suited for providing an in-depth understanding of how these sites are perceived by communities, the complex relationships between various groups, or in giving voice to the parties involved. Individuals in the community and those who run supervised consumption sites have perspectives that draw on their daily interaction around the site and how it affects the neighborhood. This thesis raises questions about how the current sites have been implemented, how they are run, and what factors have led to positive or negative community relationships. In examining these issues, this thesis combines theories from public health and urban sociology. Overall, this project advocates for a more comprehensive place-based approach to understanding supervised consumption sites in Canada.

Why this Research is Important to Me

My research was inspired by my work as a harm reduction specialist working with Turning Point. Turning Point is a nonprofit organization in Red Deer Alberta that addresses the multidimensional health needs of the community using a harm reduction approach (Turning Point Society, 2019). In this role I meet individuals where they are at and provide several different services via mobile outreach in the downtown core of Red Deer, Alberta. In doing this work, I noticed an interesting divide among supporters and opponents in the community towards SCSs. The divide among these groups seemed to be centered less around the benefits and services of the SCSs and more on how people who use drugs (PWUD), houseless people occupy and use urban space. Curiously, few people fully understand SCSs. While it is true that the focus of SCSs is safe injection services, many sites offer wound care, treatment options, access to housing, food, social workers, and other specialized services.

Complaints against SCSs tend to be grounded in concerns about safety and money, and they reflect ongoing discrimination against poverty, mental health, and substance use. At the same time, supporters of these sites focus on the health benefits, lives saved and cost savings to the medical system. Both groups undervalue the importance of providing space to marginalized groups. This community within a larger community has different values, morals, and worldviews than larger Western communities, often placing them at odds with each other.

Conflicts in communities are nothing new, but few community changes show the beneficial impact SCSs have. The difference between having an SCS or not in a community affects the lives of vulnerable people in Canada. There are literal life and death consequences. These are hard topics for any community to face, and it is often much easier to claim that these problems do not exist in our communities. Even when people acknowledge that these problems exist, they blame SCSs, governments, and individuals for these problems. The creation of SCSs brings these problems to the forefront of communities and forces individuals to accept the once hidden problems as they are now grounded physically in the building of a SCS. How SCSs negotiate community members' fears, concerns, and perceptions is important for their ongoing work to help gain support from others within the community as poverty, mental health, and substance use need more than just an individual solution rather than a community one.

The research question in this thesis emerged from the interactions and the experiences I have had in the community while working with (PWUD) and others who use the overdose prevention site (OPS) in Red Deer. OPSs are like SCSs but are supposed to be temporary and do not require community consultation (Freeman et al., 2005). I discuss this distinction in more detail in Chapter Two.

In addition to my experiences with people who use the site I have been able to have several conversations regarding SCSs and OPSs and their impacts on the community with business owners and other community members. While I support SCSs, many of these conversations brought up potential issues that have not been explored in the level of detail required to fully understand how these sites change communities and become part of the communities they are placed in. From my initial observations, these sites address the growing number of overdoses from a toxic drug supply. In my conversations with people about these sites, there are several different perspectives, though no one I have talked to wants to see individuals die because they use drugs. Similarly, a public opinion survey in Ontario found that 55.6% of respondents supported SCSs if they reduced social disorder (Strike et al., 2014). Instead, issues of these sites tend to be speculation based on stigma, such as the sites result in more crime, decrease property values, hurt businesses, and increase other nuisances (Freeman et al., 2005; Wood et al., 2006). More so, having conversations with business owners and community members about the Red Deer site, the concerns seem to be centered around social disorder, resulting in safety concerns and loss of finances. These concerns seem to be caused by the temporary nature of the site and how the site is built. If these sites are going to become permanent fixtures in Canadian communities, it is increasingly important to understand how building designs and operations of SCSs relate to social disorder.

Outline of the Thesis

The thesis is divided into nine chapters. Chapter Two discusses the history of SCSs in Canada and introduces some basic terminology and distinctions that are important in understanding the role that SCSs play in communities. Chapter Three outlines the theoretical

approaches that inform the research. This chapter discusses the concept of "place" and its role within a sociological analysis. The concept of social disorder is discussed related to community members' concerns around SCSs and criminal activity. I also explore the rights to public space and health and the conflict around the space of SCSs. Chapter Four outlines my methodology, which includes interviews, observations using Google Street Views, and a content analysis of Google review comments for businesses surrounding SCSs. The focus of Chapter Five is using Google Street Views to see the different kinds of built forms SCSs take in Canada and how these sites have changed the community and social disorder in communities. In Chapter Six, I look at Google reviews comments of local businesses and parks to better understand the relationship of SCSs and community spaces as they relate to social disorder. Chapter Seven explores the various relationships that my interviews with managers indicated they have with community members and why they are important to addressing community issues such as social disorder. Chapter Eight looks at how the built forms of SCSs address social disorder, stigma and issues of gentrification and poverty. Chapter Nine concludes my discussion on SCSs and how the built forms of SCSs impact social disorder, and I discuss potential solutions to these problems in communities.

Chapter Two: History of Supervised Consumption Sites in Canada

To understand the different narratives around SCSs and how SCSs change and influence community relations, I explore the history of SCS in Canada and the different types of sites that emerged due to advocacy, crisis, policy, and politics and perceptions associated with SCS in Canada.

Like many countries, Canada has had to deal with the harms of addiction for a long time. There are several harms that addiction is related to, including blood borne illness, drug overdoses and other health concerns (Wood et al., 2004; Scheim et al., 2017). In response to this, municipalities have implemented several different harm reduction approaches. These approaches have led to different opinions and disagreements on how to address the epidemic. In the 1990s, advocates in Vancouver started to push for a "harm reduction strategy" in response to the HIV epidemic. Two decades later advocates shifted their focus supporting SCSs with increasing overdoses and deaths. A few unsanctioned sites began to operate in response to overdoes and the HIV epidemic (Kerr et al., 2017). The epidemics eventually led to the first legally approved SCS being granted in 2003, called Insite (Kerr et al., 2017).

The Purpose of Supervised Consumption Sites in Canada

The goals of SCSs are consistent globally, although the design, implementation and operations of sites are different in each location. All SCSs aim to reduce the harms associated with drug use (Kennedy, Karamouzian, Kerr, 2017; Potier et al., 2014). Typically, in Canada, SCSs addresses these goals by providing a safe and clean environment to use drugs, reducing the spread of blood-borne pathogens such as HIV. This happens in several ways, such as providing sterile drug equipment, having trained staff to supervise drug use, and providing referrals to other services and primary medical care (Broadhead, Kerr, Grund, Altice, 2002). Additionally, some sites offer drug checking and testing for STIs. Drug checking is a harm reduction method where individuals who use drugs can have their drugs tested to determine what is contained in their supply, such as fentanyl (Health Canada, 2020).

The second function of SCSs, that often is not mentioned is that they reduce the burden placed on first responders and the healthcare system. This results in a significant reduction in costs as it is estimated that each overdose managed by an SCS instead of EMS saves $1622 (Jackson, 2020, p6). A final benefit is that EMS services can then be better utilized in other emergencies and reduce wait times in emergency rooms. This is particularly important now with COVID 19 as there is an increased burden on the health system dealing with a pandemic.

Insite: The First SCS in Canada

This first SCS was built by the Portland Hotel Society (PHS) in a boarded-up and vacant apartment building in the Vancouver Downtown Eastside (Kerr et al., 2017). Shortly before it opened, Health Canada released its guidelines on applying for an exception to the Controlled Drugs and Substances Act. However, many conditions needed to be met. The site built by PHS was called Insite and was the first SCS that was approved and offered legal services in Canada. However, this site had additional requirements in that it was also to operate as a scientific pilot project. The research was deemed necessary as there was little data in North America, with only a handful of peer-reviewed studies from Europe to draw on.

The evidence from Insite indicated that it was meeting all the objectives it was set out to accomplish. The site showed a reduction in overdoses (Marshall et al., 2011), disease transmission (Kerr, Tyndall, Montaner, Wood, 2005), and an increase in referrals to other social programs like detox centers (Wood et al., 2006). In addition to these health benefits, there were several benefits to the community where the site is located. Contrary to public opinion,

public disorder in the area saw a decrease (Wood et al., 2004). Further research indicated no increase in crime or increased people who inject drugs (Wood et al., 2006; Small et al., 2011).

Despite Insite's success, the SCS faced many criticisms. In 2006 the pilot project came to an end. The federal government, at the time controlled by conservative Prime Minister Stephen Harper, opposed the continued operation of this site and harm reduction more generally (Wood, Kerr, Tyndall, Montaner, 2008). A few organizations and individuals criticized the research stating that it misrepresented evidence (Wood, Kerr, Tyndall, Montaner, 2008). This led PHS to take the federal government to the Supreme Court to prevent the site from closing (Small, Drucker, 2007). The Supreme Court ruled 9–0 in favor of the continued operation of Insite. The ruling paved the way for other sites to apply for exceptions in Canada.

As the Harper government had no legal means of stopping sites from applying for exemption, they passed Bill C-2 on March 9, 2015 (Library of Parliament, 2015). This bill made opening an SCS more difficult by requiring 26 conditions to operate (Zlotorzynska, Wood, Montaner, Kerr, 2013). This complicated procedure led to a lack of sanctioned sites, increasing wait times and limited services (Wallace, Pagan, Pauly, 2019). Because of the limited legal sites in Vancouver and the growing opioid epidemic, a few unsanctioned sites were established in tents. These sites were tolerated by the police and health officials (Pauly et al., 2020) and were eventually turned into overdose prevention sites (OPS). In the next section, I explain the significance of the distinctions between the different kinds of sites that exist in Canada.

SCSs, OPSs, and Unsanctioned Sites

It is important to note the differences between SCSs, OPSs and unsanctioned sites as they reflect subtle differences in design, operation, funding, and implementation. SCSs are sites that are exempt under section 56.1 of the Controlled Substance Act by Health Canada. This exemption allows individuals to consume their drugs under observation without being prosecuted. In addition to providing emergency services in an overdose event, SCSs offer several other services to users. There are 36 SCSs sites in Canada as of March 2021. Establishing a SCSs is a complex process that involves many steps, such as "providing information on the impact of the site. This includes crime rates; the local conditions indicating a need for the site; the administrative structure in place to support the site; the resources available to support the maintenance of the site; and expressions of community support or opposition (Arkell, 2018). After approval, SCSs offer more stability than other sites but requires that sites re-apply for exemption annually.

OPSs by contrast, are a community-based response to the increasing opioid pandemic and the lag time in establishing SCSs (Wallace, Pagan, Pauly, 2019). There are approximately 21 OPSs in Canada. OPSs, like SCSs, allow individuals to consume drugs safely and provide clean supplies. Unlike SCSs, however, OPSs do not need an exemption from Health Canada. In some cases, Health Canada will give an emergency order, usually exempting them from section 56.1. In other cases, OPSs are given exceptions by the province (Lupick, 2017; Pauly et al., 2020).

OPSs were initially established as part of the BC public health emergency response to provide monitoring and rapid intervention in the case of an overdose. However, their history is

tied to the emergence of unsanctioned sites (Pauly et al., 2020). In this tradition, OPSs are community-led responses that provinces sanction. OPSs tend to be operated by non-profits and employ peer workers, community members and harm reduction workers. This distinguishes OPSs from SCSs, which are federally approved and are often operated by formal public health organizations (Pauly et al., 2020).

Many PWUD prefer OPS sites because of the peer workers and the less clinical feeling (Kennedy et al., 2019). OPS sites also tend to be in less permanent facilities like mobile trailers or rented storefronts. While SCSs can also take on these spaces, the site's implementation comes with more renovations. These renovations can improve a neighborhoods appearance as they can turn vacant buildings into well upkept facilities. The renovations can also potentially reduce some of the concern's individuals have about SCSs by addressing them in the design process.

Unsanctioned sites are the third type of site. They have no exemption from the law. These sites were initially the only form of SCSs and saved countless lives at the risk of arrest and prosecution (Kerr, Oleson, Wood, 2004; Kerr et al., 2017; McNeil, Small, 2014, McNeil et al., 2014). Unsanctioned sites still exist as there can be several barriers with SCSs and OPSs, often leaving the support and care coming from peers. Due to legal issues, there is no estimate as to the number of unsanctioned sites in Canada, but most large cities have at least one in operation.

Recently after the closure of the SCS in Lethbridge, an unsanctioned site has risen in its place. This site is in the form of a tent that is set up in a park in downtown Lethbridge. The site

is run by volunteers who wait and respond to any overdoses as needed. There has been no police involvement at the tent site and no indication that it will be shut down. However, Jason Luan, Alberta's Associate Minister of Health, has stated, “This illegal site contravenes the Criminal Code of Canada, and we expect the City of Lethbridge and the Lethbridge Police Service to enforce the law.” (Smith, 2020: Online).

Conversely, Luan, supports the mobile OPS that has replaced the permanent SCS (Smith, 2020: Online). The arguments between community members, advocates, and the government about the best type of site continue to be problematic (Smith, 2020: Online). While everyone agrees that the opioid epidemic is a significant problem that requires action, there is little agreement about what should be done and what that would look like.

Another instance of an unsanctioned site is the Moss Park site in Toronto, which opened in 2017. Like Lethbridge, this was a tent set up in a park run by volunteers. From a tent, they moved into a trailer. A year later, they were officially approved to be an OPS and moved into a funded space across from the park.

All three types of sites have unique histories, implementations, and services, resulting in different potential outcomes for communities in which they are placed. While important distinctions can be made between these sites, this thesis will focus specifically on SCSs approved by Health Canada.

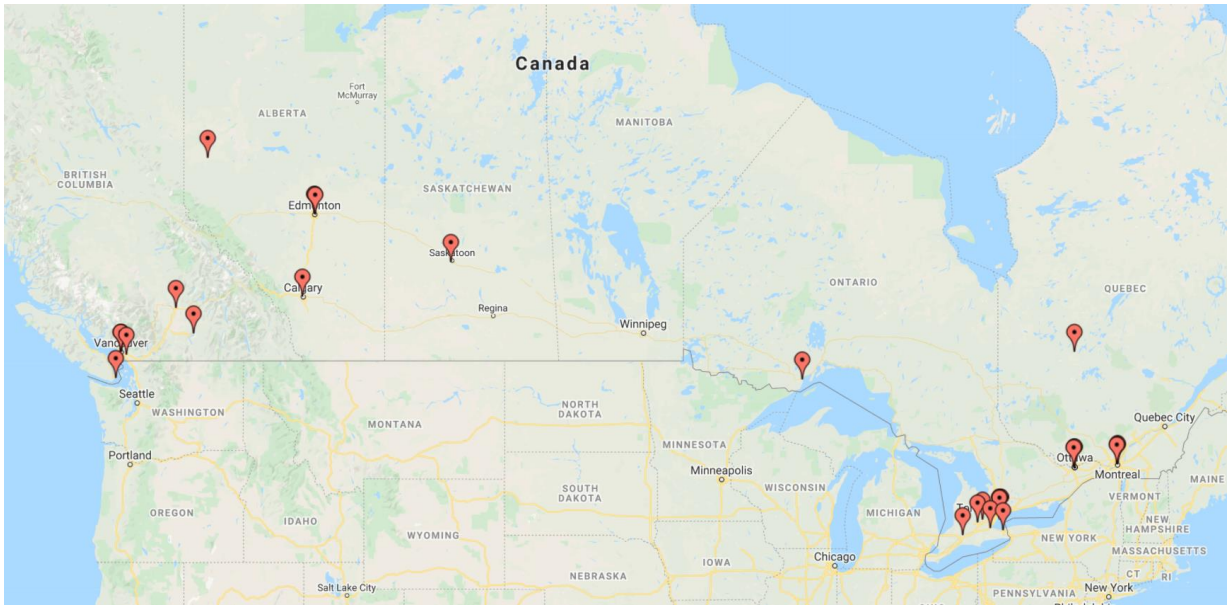
The Expansion of SCSs Across Canada

Since 2003, over 100 SCSs have been established in eleven different countries (Bardwell et al., 2020), including 36 sites currently approved across Canada. There are only sites in five

provinces: British Columbia, Alberta, Saskatchewan, Ontario, and Quebec. Out of all the locations, most of the sites are in the greater Toronto region. The Figure below shows the current SCSs operating across Canada.

Locations of SCS sites in Canada January 2021

Figure 2.1



There are three kinds of SCSs in Canada that can be identified. These include care facilities/medical clinics (Bardwell et al., 2020; Krusi et al., 2009), mobile sites (Bardwell et al., 2020; Kassam, 2017), and stand-alone sites (Kerr et al., 2017). While all sites face challenges in gaining Health Canada exceptions, some sites have more support than others. Much of the support for placing SCSs in clinics is linked to how medical clinics can be better integrated with existing services such as social workers and medical professionals addressing clients' needs immediately (Bardwell et al., 2020). Medical centers also tend to alleviate some community concerns about SCSs and their potential impacts (Bardwell et al., 2020). See the table below for a listing of where each type of SCS is located in Canada.

Table 2.1 Population of cities and number/type of SCSs

CMA/CA	Population (2016)	Clinic-Based	Standalone	Mobile
Toronto	2,731,570	5	3	0
Vancouver	2,582,202	2	2	0
Montreal	1,704,694	0	3	1
Calgary	1,438,160	1	0	0
Edmonton	1,364,394	2	2	0
Ottawa	934,243	3	1	0
Hamilton	536,917	1	0	0
Kitchener	523,894	1	0	0
London	494,069	1	0	0
Victoria	384,632	2	0	0
Saskatoon	307,367	0	1	0
Kelowna	203,999	0	0	1
St. Catharines	133,113	0	1	0
Thunder Bay	124,840	1	0	0
Kamloops	108,213	0	0	1
Grande Prairie	65,044	0	0	1
Total		19	13	4

Clinic-Based Supervised Consumption Sites

19 out of the 36 approved sites in Canada are clinical sites. We define clinical sites as sites that have been incorporated into larger hospitals or medical clinics. These medical facilities tend to be located in more modern or renovated buildings. The exception to this is some of the older health clinics in Ontario that have been in operation since the 1970s.

When you think of a medical clinic, most of us can picture what they look like inside as they tend to have a standard layout. A reception desk somewhere near the front with rows of chairs for people to wait in after they check-in. Clinics similarly tend to have a standard appearance from the outside. In most cases, clinics are part of larger building frameworks such as hospitals, apartment buildings, and business complexes —these buildings house several other businesses/housings. The buildings tend to be modern and in good upkeep. Clinical design tends to incorporate a brick, stucco, or steel exterior with windows and some signage

indicating a clinic there but little to no indication that there is SCS (See image bellow of the SCS in Calgary currently located in the Sheldon Chumir Health Center). As a result, clinical sites tend to fit in with the surrounding street scape.

Figure 2.2

Sheldon Chumir Calgary SCS April 2020

The placement of SCSs in clinics also brings additional services that community members can access, such as mental health care that might not otherwise be offered. While most clinics do not undergo drastic physical changes to accommodate the SCS, they tend to include permanent boxes for needle disposal and investment in cleaning and beautification in the surrounding area.

While many users like that clinical settings provide access to additional resources in one place (Bardwell et al., 2020), other users note that clinics often do not offer 24/7 access to the SCS (Bardwell et al., 2020, p 4). PWUD were also concerned with a lack of privacy afforded by clinical settings in accessing the SCS (Bardwell et al., 2020). This concern for privacy and

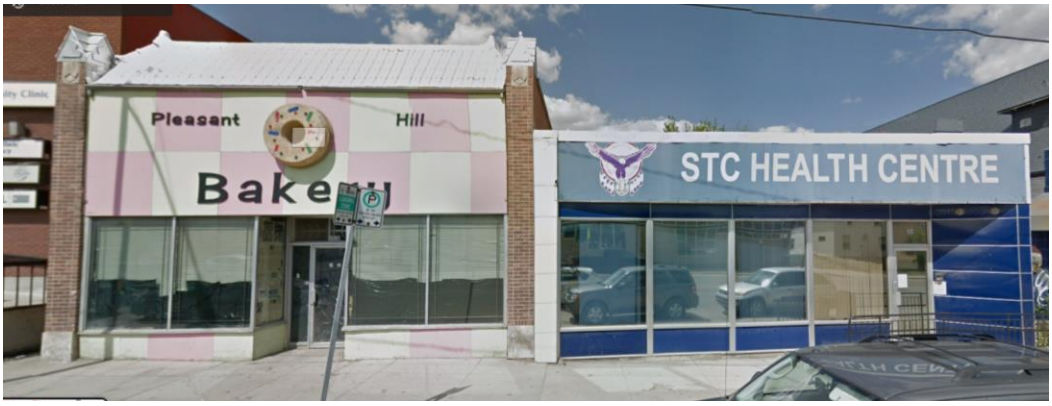
discretion in accessing SCSs gives some context into how built forms of SCSs can affect the intended users of SCSs.

Standalone Supervised Consumption Sites

13 out of the 36 SCSs in Canada, are “standalone” sites. I identified these sites as SCSs that were run independently or in coordination with public health services but were not placed in a pre-existing medical facility such as a hospital or clinic. These sites tend to work with provincial health bodies to operate but are more flexible in the delivery of services. This flexibility is usually positively supported by PWUD as it seems less medicalized and is more community driven (Wallace, Pagan, Pauly, 2019).

Often these sites repurpose existing spaces that already are in the community. For example, in the case of Prairie Harm Reduction in Saskatoon, the previous space was a bakery.

Figure 2.3



Pleasant Hill Bakery is currently the Prairie Harm Reduction SCS

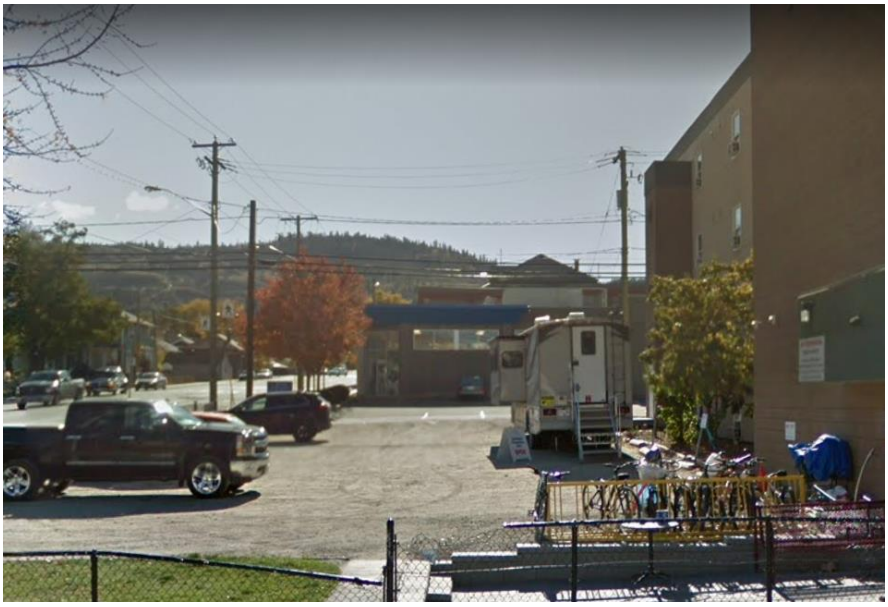
Other sites are integrated into existing community buildings, such as the George Spady Society site or the Boyle Street Community Centre in Edmonton, while others utilize temporary ATCO tailers. While the trailers can be moved, they operate in a single fixed location as they are not

as mobile as R.V campers. Before implementing SCSs, PWUD are often familiar with the agencies and staff as they tend to offer services that they utilized before the SCSs, such as needle distribution programs, food, housing, and shelter programs.

Mobile Supervised Consumption Sites

There are four mobile sites out of the 36 sites in Canada. These sites are an innovative way of addressing the opioid crisis in smaller communities. The site location for mobile services is in Grande Prairie, Kelowna, Kamloops, Montreal, and (formerly) Lethbridge. These sites are typically retrofitted RVs with 2-3 booths (See image below).

Figure 2.4



Kamloops Mobile site October 2018

There also tends to be a waiting room and a room for wound care and other minor medical services. While these sites are an innovative way to bring services to several different locations in a city, they come with several drawbacks such as issues of space, winterization, access to additional resources and issues of access due to lack of capacity.

Perceptions of Supervised Consumption Sites

Compared to other public health crises, public opinion plays a more significant role in the location, design, and management of SCSs, given the stigma around who uses these spaces (McGinty et al., 2018). While most individuals understand and support the benefits of SCSs regarding harm reduction for drug users, many do not want SCSs in their community (Kolla, et al., 2017). However, individually, nationally, and provincially attitudes towards SCSs differ significantly, with some sites having more support than others (Roth et al., 2019).

More extensive population studies such as a national representative sample of the U.S. done by McGinty et al., (2018) found that approximately 29% of Americans supported legalizing SCSs. A study by Strike et al., (2014) found that 53% of their sample of Ontario residence approved of an SCS. When looking specifically at neighborhood consultations, there appear to be different reactions from the neighborhood's members from site to site. In a survey done before the opening of a site in Philadelphia, 90% of residents favored an OPS, and 63% of owners/staff of business were in favor of opening an OPS (Roth et al., 2019). Other communities have had the opposite reaction, with movements such as Not-In-My-Backyard (NIMBY) opposing the placement of these sites (Smith, 2010). This may indicate that while most people recognize the importance and are supportive of SCSs in principle, they do not want to spend time in proximity to one.

Supervised Consumption Sites and Social Disorder

The biggest concern for residents near SCSs is the perceived social disorder that would come along with an SCSs (Kolla et al., 2017). The term social disorder in this paper refers to the

observed and perceived breakdown of social control and order in a community (Gracia, 2014). Examples of these behaviors are public drug use, drug dealing, arguing, fighting, loitering, gang activity, street prostitution, odd behaviors, panhandling (Gracia, 2014). Other observable indications of social disorder in communities are vacant or abandoned housing and lots, vandalism, graffiti, litter, and drug debris (Gracia, 2014; Hwang, Sampson, 2014).

Commonly cited concerns are the "honey pot effect", where the establishment of a facility results in more PWUD living in the area, which would cause increases in crime, drug debris and other forms of social disorder (Wood et al., 2006; Kolla et al., 2017). Specifically, an overview of the literature on public concerns with social disorder by Lange & Bach-Mortensen (2019) found that community members where most concerned with increased criminality such as increased drug use, loitering and PWUD. For community members as PWUD numbers increase the perceived risk of social disorder also increases (Kolla et al., 2017, p 104). Business owners also mention this concern about social disorder but often frame it around how an increase in social disorder can scare away customers who have safety concerns (Kolla et al., 2017, p 104). Along these lines, businesses and property owners also had concerns about how SCSs increase social disorder and reduce their property values (Kolla et al., 2017, p104).

Existing studies do not support these commonly cited concerns with one study by Leon et al., (2018, p93) finding a 28% decrease in public intoxication after the opening of SCSs. Similarly, Wood et al., (2006) found a reduction in public drug use, and drug debris after the opening of a SCSs. While these are important findings and contradict many community members' perceived fears, it should be noted that the lack of studies makes this far from a definitive conclusion (Kolla et al., 2017). Furthermore, there is no evidence that SCSs increase

crime in the community (Donnelly & Mahoney, 2013; Snowball et al., 2010; Freeman et al., 2005). However, these perceived risks lead many business and community members to have concerns about the proximity of SCSs to their homes and businesses and as such engage in opposition tactics (Kolla et al., 2017).

NIMBYism is a form of resistance for many neighborhoods and has existed long before SCSs for other perceived risks to the neighborhood, such as landfills, water treatment plants, and low-income housing. These campaigns highlight the potential risks to the neighborhood, such as decreased property value, public nuisances, and physical/aesthetic deterioration of the area (Davidson, Howe, 2014; Kolla et al., 2017). In the case of SCSs, the stigma of the individuals who access the SCSs is projected into the neighborhood (Takahashi, 1997). The locations for SCSs are often chosen due to significant drug use in the area before an SCSs. Some studies have shown that SCSs operates as a form of protection in neighborhoods (Fischer et al., 2004), reducing significant disturbances and drug debris (Wood et al., 2003).

Chapter Three: Theoretical Approaches

In attempting to answer my research question, about the influence of SCS locations and physical design on community relations, I adopted a place-based perspective developed by Gieryn and Dovey combined with an urban political-economic approach that sees places as a resource over which different groups struggle. Places such as SCSs play an important role in understanding their relationships in the community. By combining the public health theory of harm reduction with a place-based political-economic approach, I explore the importance of the space of an SCS that influences different community relationships.

Urban public spaces have long been of interest to sociologists because they are places of social interaction among people in the city. Often this includes interactions across social divides, including with marginalized populations such as houseless people. Urban public spaces have also been traditionally intertwined with public health concerns and strategies such as those linked to sanitation, clean water, and airflow (Frank, Engelke, 2001). Today, urban planning and public health are currently being intertwined to tackle obesity as many cities are being redesigned to encourage physical activity (Frank, Engelke, 2001). Like past health concerns and the current concern of obesity, overdoses can similarly be addressed by urban planning and design. To better understand the role of urban planning and design in SCSs as a public health strategy, this thesis brings into dialogue sociological theories of urban space and place with the public health theories that underlie SCSs – in particular the notion of harm reduction.

Harm reduction is a central theory in how SCSs operate. Like other public health theories, harm reduction does not just happen in a geographic vacuum. Instead, it occurs in a particular place. In this thesis place and space are used interchangeable. A place is a specifically defined area such as a SCSs. What makes a SCSs a place are the meanings, behaviors, and stories created and recreated by us. SCSs as a place is important to understand not just for their ability to save lives but also in how they change our behaviors, stories, and communities. To understand the place of SCSs, I investigated how the location and physical design influences community relations.

Several frameworks are important in understanding SCSs as a place and how it shapes the stories and behaviors that make up the community. The first framework is that of harm reduction, which is central to the purpose of SCSs and thus plays an important role in understanding the place of a SCS from a public health perspective. From here, I explore how the community perceives SCS as a place by looking at the common community issues of social disorder and how it relates to the gentrification and conflict between cultural values and norms and, ultimately, the right to space. Lastly, I discuss the importance of built forms and how they influence our behaviors and actions.

Harm Reduction: A Right to Health

A core public health concept of supervised consumption sites is the “harm reduction” framework. This framework suggests that we need to reduce the immediate harm individuals face, such as reusing needles (Davoli et al., 2010). The critical components of the harm reduction model are raising awareness, working with populations, providing the means for

change, and gaining community endorsement (Stimson, 1998). The model does not require individuals to stop drug use; instead, the individual is left to make these decisions independently (Davoli et al., 2010).

These programs often require support from both the community and the government to operate (Stimson, 1998). This often comes with the need for evidence-based support, typically in the form of quantitative studies such as tracking needles coming in and needles going out, the number of overdoses prevented and referrals to detox programs (Health, Government of Alberta, 2020a). Because of this success-based research, the effects of harm reduction in communities are hard to evaluate. Furthermore, what information is produced can be manipulated to oppose harm reduction initiatives because of the lack of context (Rehm et al., 2010).

SCSs, through their harm reduction work, save lives. In the last year, over 15,000 overdoses or other drug-related emergencies occurred at SCSs in Canada, with zero overdoses resulting in death (Government of Canada, 2020). Community members understand the importance of these sites and how they save lives. However, many are opposed to having them in their community citing concerns of social disorder and increases in crime (Freeman et al., 2005). For proponents of SCSs, the place of SCSs is medical one focused on saving lives and reducing harm. However, for others in the community, the place of an SCS takes on a different meaning.

Social Disorder

Community members often see SCSs as a place linked to an increase in social disorder and ultimately more crime. Social disorder is commonly used to describe the breakdown of social control (Gracia, 2014; Skogan, 1990; Wallace, Chamberlain, Fahmy, 2019). This break down leads those that live in neighborhood to feel they no longer have control of spaces that they once did, resulting in a perceived risk to themselves and their property (Gracia, 2014; Hwang, Sampson, 2014; Skogan, 1990; Wallace, Chamberlain, Fahmy, 2019). Social disorder has two indicators, one social and the other physical. The social indicators of social disorder refer to behaviors of individuals that others link to risks, such as loitering, drug dealing, and prostitution (Gracia, 2014; Hwang, Sampson, 2014; Sampson, Raudenbush, Earls, 1997 Wallace, Chamberlain, Fahmy, 2019). Physical disorders are indicators of a space's physical environment, such as graffiti, litter, vacant lots and buildings, property damage, and rundown buildings (Gracia, 2014; Sampson & Raudenbush, 1999; Wallace, Chamberlain, Fahmy, 2019). For community members, social disorder indicates potentially threatening behaviors as listed above and is correlated to a fear of crime (Wallace, Chamberlain, Fahmy, 2019; Sampson & Raudenbush, 1999). While indicators of social disorder may be in a space it is our interpretation of them that links them to a place such as SCSs. Interestingly, physical observations of social disorder do not deter gentrification and investment. Instead, it is perceptions of disorder (Hwang, Sampson, 2014). This is an important distinction to make as cities look to reinvest in their downtown communities as many services such as SCSs, soup kitchens, and affordable housing are also located in these communities.

Gentrification

As cities remake places, they do so with the intention of what that place should be and should do. The kinds of materials and designs used for buildings can project different meanings (Paulsen, 2004, p2). For example, buildings and fences can separate other streets, the addition of cameras and lighting can make an area feel safer. Gentrification in communities seeks to remake places and give them new meanings but so do SCSs, often putting them in competition over space.

Gentrification is a complex topic with various views on the determinants, processes, and outcomes. There are many different definitions and ways individuals identify gentrification in communities. Generally, gentrification is understood as a process where higher-income housing replaces lower-income housing, changing the charter of a neighborhood (Kennedy and Leonard, 2001). Canada is no exception to this pattern where cities are rebuilt and design their urban cores to attract middle and upper-class individuals back from the suburbs.

While gentrification may have many benefits, such as improving the infrastructure, creating new parks, businesses, bike lanes, and enhancing local buildings, these improvements come at a cost. Spaces once inhabited by low-income individuals are changed in ways that start to exclude them (Dooling, 2009, p 631). The exclusion process ultimately results in the displacement of people who no longer fit into what these communities deem as acceptable. The displacement process is often done by making it unaffordable for the existing residents to continue living in the community (Newman, & Wyly, 2006). Residents may find themselves moving to new communities have undesirable housing, worse transportation options, loss of

community, loss of employment and loss of access to social services (Sanchez, Stolz, Ma, 2003). For some individuals, this means permanently losing their homes and becoming houseless in the communities that they had lived in for decades.

Gentrification also affects communities by leading to changes in amenities and businesses. Gentrification in this way is a cultural and class change to a community often built with white upper-class ideals (Hubbard, 2017, p2; Smith, 2002). These changes can lead to conflict as different groups of people want different things and have different expectations in their community for how places should be. SCS in these communities becomes a place of struggle as communities see the space SCS as a resource with each different group wanting the space for their purpose.

A Right to Space

When we think of space, we often forget marginalized people in our discussions, such as the houseless. While we enjoy the public spaces around us, such as going to parks or simply enjoying people, walking in public spaces is a luxury. However, for others, public spaces are their homes. It is where they sleep, eat, spend time, and meet other needs. These things are things that we do in homes. Homes give us privacy to conduct ourselves in; however, this all happens in the public realm for the houseless. This becomes problematic for many community members as they believe they have a right to control public space.

This has led to increased anti-houselessness laws that try to regulate public space (Moroni, Chiodelli, 2014; Waldron, 2009; Blomley, 2009). These same laws also tend to target many of the public nuisances SCSs sites are criticized for. Often the argument for these laws is

that it provides a fair bias for everyone in the community to utilize (Waldron,2009; Blomley,2009). The problem with this is that it purposefully excuses houseless individuals from the community. In the end, houseless individuals have no place of privacy where they can be free (Waldron, 2009; Blomley, 2009). Public space then is only public for certain people, such as middle-class white families. (Waldron, 2009, p12).

The right to public space is the complex relationship public spaces have in how different entities control these spaces for different purposes. This often leads to conflict between the control of the space and those who want it to be less restricted (Mitchell, 2003). This right to public space is grounded in our cultures' fear of inappropriate users of the space, such as the houseless, protesters, youth, and the solution has been to increasingly transform spaces and enact laws to counter these fears (Mitchell, 2003, p3). Alternatively, in a more Foucauldian frame of thought, spaces in cities transform to control behavior such that houseless people cannot do what they need to do to survive without breaking the law (Mitchell, 2003 p163). Similarly, spaces are transforming to control all behaviors that are not deemed appropriate to those in power. Built forms are important in how people transform and control different places by changing the narrative of a place. Often this is done by changing the design and architecture of a space. For example, the planning of benches and buskers may encourage people to loiter, gather and spend time in a place.

Built Forms

We increasingly understand that architecture and urban design shape our everyday interactions and perceptions (Gieryn, 2002). Architecture and design frame the places we travel

through (Dovey, 2008). Our actions in any place are structured by the walls, doors and chairs of that space that have been placed there at the designers' decision. These places tell us stories, and we read them as spatial text (Dovey, 2008). The story gives us a way of seeing the world and how we see ourselves in it (Dovey, 2008, P1). Put simply, space both shapes our actions and is shaped by our actions.

Outside the study of cities, sociologists often omit the effects of architecture and urban design from the analysis. Instead, they tend to see space and place as being neutral containers for social life. However, this is problematic. As Gieryn (2000, P482) argues, "is there anything sociological not touched by place? Probably not". Specifically, there is a lack of research within medical sociology regarding architecture (Martin et al., 2015). While there is a large body of research on how built spaces can change efficiencies of care, such as noise reduction, lighting and ventilation, and work efficiency on health outcomes, medical sociology does not go further into how architecture creates social context and can create meaning for individuals (Martin et al., 2015). Often the power of a built form is overlooked as it is embedded in the framework of everyday life (Dovey, 2008, P2). Built forms of SCSs are important in understanding how community members experience and use shared spaces in communities.

My research examines how spaces like SCSs in communities can produce meaning and action within communities (Martin et al., 2015). Along the lines of Gieryn, I see places as geographic boundaries that meanings are attached to through our interactions (Gieryn, 2000, p. 465).

The application of communities as boundaries have been utilized significantly by community planners, governments, and researchers. In sociology, the spatial notion of neighborhoods is generally in the context of "neighborhood effects" (Gans, 2002, p334). Neighborhood effects are the potential conditions of neighborhood and how they affect individuals or collectives in the community (Rosa, White, 2014; Gans, 2002, p334). This, however, is problematic since much of these effects tend to be quantitative and produce only correlations of social patterns (Gans, 2002, p334). While quantitative data can help contextualize space and even indicate certain relationships in a space, it misses the individual meaning and relationships of a bounded space such as a neighborhood (Paulsen, 2004, p9). When studying spaces such as SCSs, a combination of methods should be used as space and built forms can affect people in different ways. These effects are not in themselves of the place or built form. Instead, they are in the meaning people give to them. For example, the building of an SCS may correlate with residents' poverty level, but how it is used and interpreted may differ, affecting people's behaviors and quality of life.

Studying space from a sociological perspective also has important implications for policy making. Knowing how a place like a SCS can be understood helps city planners and architects develop more user-friendly places for everyone in the community (Gans, 2002). Additionally, it can also help prevent changes to policy and built forms that might cause adverse effects, such as removing cigarette disposal boxes resulting in more cigarette butts on the street. The place of SCSs is a unique intersection of public health policy and built forms. How the built spaces of SCSs are interpreted can shape people’s behaviors and, in turn, policy that affects SCSs. It also

affects the people who access them, our right to decide how places in communities are developed in the future, and the meanings behind places.

Chapter Four: Methods

This chapter's purpose is to describe the research process for this study. It will provide information about the methods used to conduct the research and the rationale for using my methodology to investigate if and how location and physical design influences community relations.

To answer my research question, I utilize different sources of data that include Google Street View, Google reviews, the Canadian census, and interviews with SCSs managers. This combination of data is known as a mixed-methods design. Mixed methods research is a pragmatic form of research that emphasizes practicality (Morgan, 2016). I use qualitative and quantitative methods to analyze my research question and integrate our results to better understand the place of SCSs (Clark, Ivankova, 2015). Because I adopt a perspective on place that emphasizes the relationship between geographic location, material form, and social meanings, the methods I adopt allow me to focus on single locations (SCSs), examine the character of their material form, and examine the social meanings and narratives connected to those forms.

The use of multiple data sets in research is common and labelled as triangulation (Berg, Lune, 2012, p8). The purpose of using more than one data set is to provide a more holistic understanding of phenomena (Boyed, 2001). In addition to exploring a topic more in-depth, using different kinds of data also allows researchers to counteract common threats to validity (Berg, Lune, 2012, p8).

The first part of the research project is an online observation. In addition to solving the issue of carrying out observations during a pandemic, using Google Street Views also made it possible to look at every site in Canada, which would not have been feasible to do in person or in the time frame of this project. Several sites did not have an updated street view after the SCS began operating, leaving us with 36 total observations across Canada. Other sites were excluded as the site was only accessible for hospital patients or individuals in a housing unit. 33 sites out of the 36 observations were used for comparison of before and after.

The second part of the study is interviews with site managers from SCSs across Canada. This was a small subset of SCSs in Canada. Five sites total were interviewed for this thesis. Initially site managers were selected based on observations made from Google Street Views. The selection of SCS managers for interviews was made by selecting various participants from the three kinds of sites identified in the literature review (clinic based, standalone, and mobile). However, lack of initial response resulted in a convenience sample with 30 sites being contacted and 5 interviews being done. In addition to the initial observations, content analysis was done with Google reviews of businesses near SCSs. I also analyzed census data to look at median incomes where SCSs are located compared to median incomes of the city.

These interviews aim to obtain a depth of information to be combined and add to the initial content analysis (Johnson, Tuner, 2003). It is also beneficial to understand the experiences specific to each site we are looking at (Johnson, Tuner, 2003). The combination of observation, interviews, and content analysis gives a more in-depth analysis of the different aspects of SCSs and the relationships they have.

Virtual Survey of SCSs Across Canada

I started my observations by looking for differences in building type, locations, city size, additional services, signs of social disorder, additional lighting or security or other noticeable differences in the 33 sites across Canada. The observational content analysis provided a general understanding of the differences in SCSs across Canada through visual observations. Part of these observations was looking at indictors of social disorder before and after SCSs where operating in the community.

To look at how social disorder has changed in communities I develop an observational social disorder scale that includes five types of social disorder visible with Google Street View. The indicators of social disorder are shopping carts, trash/drug debris, tents/camps/semi-permanent encampments, loitering, vandalism. - Each category is ranked from 0-5, with zero (Never) indicating no observations, 1(unlikely) indicating 1-3 observations, 2(rarely) indicating 4-5 observations, 3(sometimes) indicating 6-7 observations, 4(often) indicating 8 -9 and five(always) indicating ten or more observations. The rationale for using a Likert Scale was to provide a contextual meaning to the observations beyond just a numerical count and avoiding potentially skewing data in one direction or another (McLeod, 2019) In addition, using a Likert scale allows for a more accurate way of measuring perception as it links a numeric number to a perception of a sematic understanding (McLeod, 2019). These observations were made in a 1- 2 block radius around each of the 33 sites across Canada before and after the SCSs placement. Insite in Vancouver was excluded as the site existed before Google Street Views, and Prairie Harm Reduction in Saskatoon was excluded as it is the newest site. There currently is not a Google Street View for after the site opened. Other sites were excluded as the site was not

accessible to everyone, such as the Royal Alexandra Hospital site in Edmonton is only accessible to hospital patients. The complete list of SCSs and scores is in Appendix B.

In addition to this, I made observations about the physical appearance of SCSs and the surrounding 1-2 block radius of the community. When looking at the appearance of SCSs, I looked at public/private access to the site, the overall upkeep of the building, and the aesthetic of the surrounding buildings. I also took note of empty lots, vacant buildings, and indications of development in the surrounding area, such as construction or sold signage. I also looked at the overall characteristics of the neighborhood, such as businesses, housing, parks, trash cans, and sharps containers.

I then analyzed census data to help define some of the neighborhood's characteristics, such as income level and city size. This was done by comparing median income in 2016 for the census track where the SCS is located and the median income of the city the SCS is located in.

Recently, Google Street View has become more prevalent in social science research when conducting observational research of built environments (Curtis et al., 2013; Clarke et al., 2010). The popularity of this method is due to the increased efficiency, safety, and reduction in cost in obtaining observations across cities or even countries (Curtis et al., 2013; Clarke et al., 2010). Specifically, Google Street View is being used in several studies looking at how spaces relate to public health and safety (Hwang, Sampson, 2014; Rundle et al., 2011; Rzotkiewicz et al., 2018).

While the use of Google Street Views is a relatively new methodology, several studies have indicated that it is reliable (Curtis et al., 2013; Clarke et al., 2010). Two previous limitations

are visually small items, and temporal items such as graffiti or human interactions have been reduced since 2011 with better image quality and more accurate timestamps (Curtis et al., 2013; Clarke et al., 2010). Of note is that when using Google Street Views, there is a tendency for the time and date you are viewing to change as you move (Curtis et al., 2013).

This is not particularly problematic for my purposes as I was interested in broader changes over the years than month-to-month changes. I did not encounter any radical date changes in the observations except for omitted sites as there was no current Google Street View available. Similarly, the quality of the images was enough to make observations about litter and other smaller items that in previous versions of Google Street Views were not possible. Similarly, temporal issues such as graffiti, camps, and loitering were observable to the more frequent updates in the street views in the larger cities. More recent studies using Google Street Views also support our observation in how the updated version addresses previous shortcomings (Curtis, et al., 2013; Clarke et al., 2010).

Google Reviews

Following my observations, Google reviews of local businesses, apartments, and agencies in a 1km radius around SCSs was done to gauge the public's experiences in different aspects of the community around SCSs. To start, I looked at the different businesses, apartments, parks, and agencies around SCSs. The initial search determined that apartments and agencies did not have enough comments or comments recent enough for analysis. From here, I used the search function on Google reviews to target keywords in reviews from businesses within a 1km radius. Upon doing so, a clear pattern emerged in what businesses

were affected the most by SCSs and what was not. To confirm this was in relation to SCSs and not the businesses themselves, I expanded the radius to see if businesses further than 5km away had a similar pattern to which they did not. I proceeded to code customer reviews into three categories: Fast Food, Restaurants and Parks/public spaces.

Quotes then were coded to relevant themes under each of these categories. The emerging concepts were strengthened by the number of quotes coded to each theme, developing a key concept. In tandem with this, some of the emerging concepts in the interviews overlapped with these concepts. In total, I looked at 104 businesses with a total of 53,031 comments from 13 SCSs. These locations were chosen to cover various aspects, including all three types of SCSs, different population densities, and single sites versus multiple sites in one city. These reviews were in Toronto, Calgary, Edmonton, Grand Prairie, Surry, and Vancouver. Keywords were searched for each location to go through the Google review comments. Keywords included supervised consumption, drugs, houseless, homeless, addicts, needles, washrooms, bathrooms, drugi, crime, and loitering. Only reviews that utilized these words or close misspellings were displayed.

Participants Interviews

The selection of site managers to be interviewed was based on a convenience sample. Convenience sampling is a common type of sampling and has been used regularly in qualitative research to utilize participants who are easily accessible (Berg, Lune, 2012, pp50-51). Given how busy managers are, those who had the time to be interviewed responded to my email request. Managers from 30 sites across Canada were contacted via their publicly posted email on their

organization's websites. Managers from sites in Alberta were contacted by Alberta Health Services, whereas relevant nonprofits were contacted via their publicly posted email. Out of the 30 sites contacted, five managers agreed to participate in interviews.

The five managers worked at six sites (one manager worked at two sites). Of these sites, two are clinic-based (The Sandy Hill Community Health Center and Somerset West Community Health Center, both in Ottawa). The other sites were standalone. These include Shepherds of Good Hope in Ottawa, Prairie Harm Reduction in Saskatoon, Lookout Society in Vancouver, and Safe Point in Surrey.

Each interview was conducted in Zoom by the researcher and lasted about one hour. Video and audio were recorded for all interviews. In one case, due to how busy managers were, the interview was broken up into 30-minute sections. The interviews were semi-structured, which allowed me to ask each participant the same questions while also exploring their unique individual experiences (Whiting, 2008). Semi-structured interviews also ensure that the interview process is flexible to allow participants to guide the direction of their experiences (Lune, Berg, 2012). This is particularly important in adding context to the different planning, placement, development, and operation of SCSs in Canada as there is a lack of detailed information on this process.

Participants were asked about potential concerns and benefits they have about the SCS, how the SCS has changed their neighborhood, what policies, or rules that the SCS has with the community. I also asked technical questions such as the design of building the space it inhabits, the time spent near the SCS and the consultation process. Some of the questions were guided

by a study done in Toronto looking at perceived risk in communities related to SCSs (Kolla et al., 2017). I used the Kolla et al., 2017 study to help identify what community members perceived risks associated with SCSs and use this to frame questions around how sites address or mitigate these concerns. Similarity I modified questions from a study done by Roth et al., 2019 where they looked at the planning and development processes of SCSs. A full list of interview questions can be found in Appendix A. The research also explores how the building and its operation shape the individuals understating of the SCS and if it changes their interactions and attitudes.

Interview Analysis

Interview video recordings were transcribed into word documents. My data analysis was inductive in nature and, while I had a few ideas from my own experiences and literature review, the specific details of my findings were not known. The process of analysis of the interviews was ongoing thought the whole interview process as I took notes as the interview was being conducted and added notes as I was transcribing the interviews into word. These notes and my initial research questions formed the bases of my coding structure in word and the abstraction of different themes for all SCSs and ones unique to individual sites. In the review of these notes and the coding of themes emerged and reemerged clusters of topics that formed larger concepts. The significance and reliability of these concepts was solidified by the frequency of similar clusters that emerged for each site that I interviewed (Neuman 2007: 514). Quotes that were coded as relevant to these themes were collected and included in the following sections.

My data analysis was a unique experience where I got to experience digital observations, literature and my own experiences, and how they relate to those who have an incredible depth of knowledge and experience about SCSs. The numerous hours spent looking at the different aspects of my data reiterated that everything we do is experienced differently and could have a different point of view. However, in these differences, we can find common ground.

Ethical Considerations

Each participant was asked to sign a consent form indicating they are fully aware of the research project's nature or was read the consent form and verbally consented to the interview. Once informed consent was obtained, participants were asked how they wish to be identified using their choice of names to maintain confidentiality. While we try to maintain confidentiality, there is the possibility that they may be identified as the participants, specifically managers of sites are limited and can easily be identified. The managers interviewed were made aware of this risk both in the ethics application and verbally before starting the interview. In all cases, participants understood the risk. While signing research consent forms, individuals were asked how they would like to be identified within the writing of the thesis, future publications, and conference proceedings. All participants requested that they be identified by their names or specific site location and with the use of their interviews for this thesis and future publications and conferences. This research was approved by the University of Calgary CFREB.

Chapter Five: Supervised Consumption Sites

This chapter examines the physical locations and characteristics of SCSs and how they relate to different community relationships. Through my observations, I evaluate the narrative that SCSs cause various forms of social disorder. I also look at how the different types of SCSs relate to positive and negative community outcomes. Finally, I explore how the built forms of SCSs can help communities address social issues such as poverty and addictions that have a history in these communities.

Google Street View Analysis of Social Disorder

The physical built forms between sites are tough to describe as each site is in a different type of building, and there is no standard as to how SCSs should look or be built. This gives the site flexibility where they are located, such as existing medical clinics, former businesses, or trailers.

Many sites in pre-existing medical buildings, such as the Sandy Hill Community Health Centre in Ottawa have a similar design. However, there are significantly more differences in design and appearance in the standalone sites. This is because they are not constrained by existing medical facilities. Instead, they take over existing spaces, such as in the Saskatoon site, which took over a former bakery (See Figure 2.3). Other sites occupy trailers or are in previously existing buildings owned by nonprofits. While there are changes to the built forms of each site, the overall visible change in the community is minimal.

As I have indicated, this observation conflicts with public perceptions that SCSs create significant social disorder in neighborhoods. Media representations of SCSs often depict sites surrounded by used syringes, litter, and even tents. This imagery reinforces community concerns about SCSs and how they might increase social disorder in their communities. As mentioned in chapter four, I identified five different indicators of social disorder based on community comments and utilized Google Street Views to make observations around each SCS. These indicators include: shopping carts used to store items such as bottles, trash/drug debris, tents/camps, loitering, vandalism, and others. The other was added to account for observations of social disorder that do not fit one of the other categories, such as a few instances of public defecation.

The selection of these categories was based on existing research into community concerns with SCSs (Freeman et al., 2005; Kolla et al., 2017; Wood et al., 2006). In line with other research (Freeman et al., 2005; Salmon et al., 2007; Wood et al., 2006), my observations found that SCSs had overall low observations of social disorder with a few exceptions (see Appendix B). These low observations of social disorder could be because SCSs have staff or peers that clean up the area around the site, as our interviews with managers have suggested.

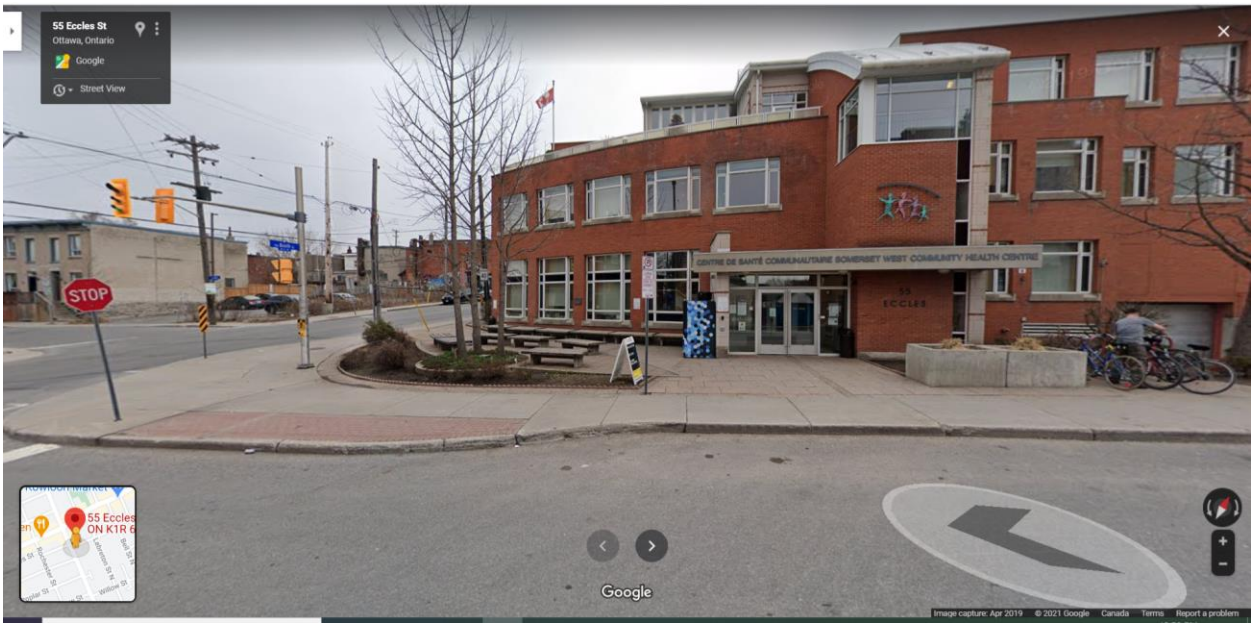
Visually SCSs are often indistinguishable from other businesses and residences in the community. Often the only visible change is the addition of sharps boxes around the sites. This indistinguishability is particularly true for clinic based SCSs, where there is so little change you likely would not even know SCS existed there without further research. While more changes can be noted in stand-alone facilities, the overall change is still minimal. These sites are often around other services or areas where many public concerns about “social disorder” exist before

the sites came to be. Below, I will examine the difference in social disorder in a few example images of SCSs from my Google Street View analysis.

Figure 5.1

Somerset West Community Health Centre April 2012(Before SCS)

Figure 5.2



Somerset West Community Health Centre April 2019 (After SCS)

Figure 5.3

Sheldon M. Chumir Health Center May 2017 (Before SCS)

Figure 5.4

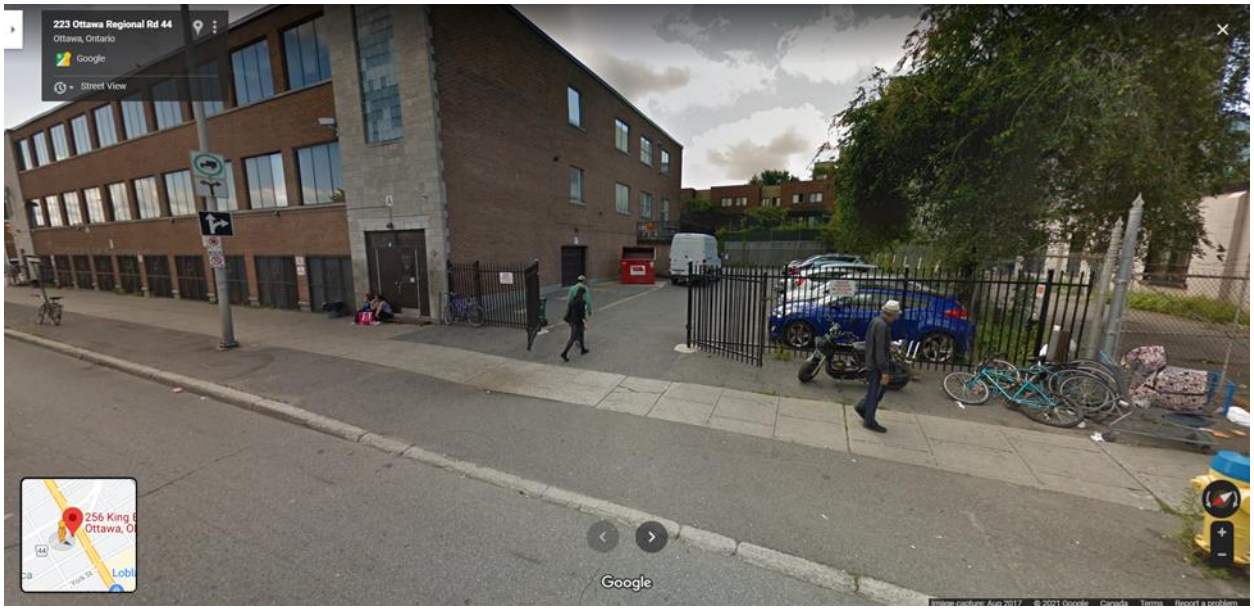
Sheldon M. Chumir Health Centre May 2019 (After SCS)

Both the Somerset West and Sheldon M. Chumir Health Center are clinic based SCSs, and from my Google Street View observations, there were not very many observable changes in these clinic sites. The Sheldon M. Chumir health center did have higher scores after the SCS began operating. This was primarily due to an increase in shopping carts, as you can see in the

image. It should be noted that most of the shopping carts are in a designated area by the Sheldon M Chumir health center, where people accessing the site can place their carts. The only other noticeable difference is that of the sharp's containers in and around the site.

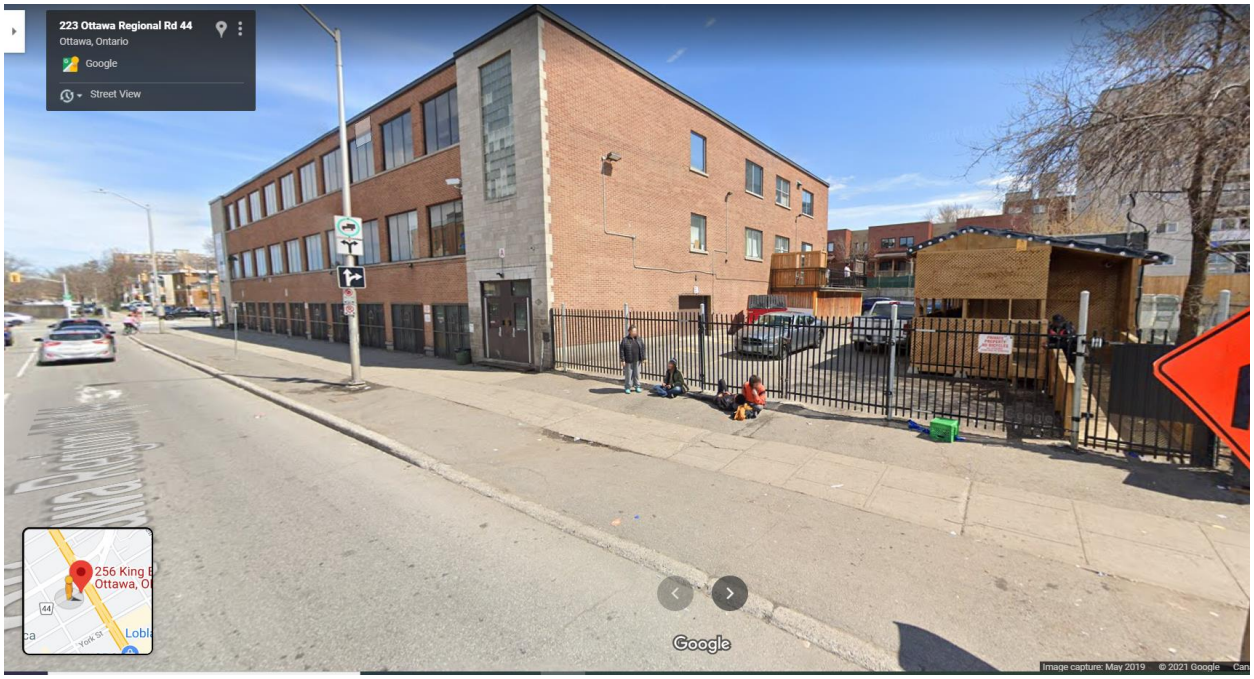
The next set of photos are of standalone site. From these photos, you will notice more indicators of social disorder than clinics, such as individuals loitering, more bikes and other forms of litter. However, the overall change from before to after is not significant. As our interviews with managers of standalone sites indicated, many of them offered services to houseless people before a SCSs was placed there, such as needle exchange programs.

Figure 4.5



The Trailer 2.0 August 2017 (Before SCS)

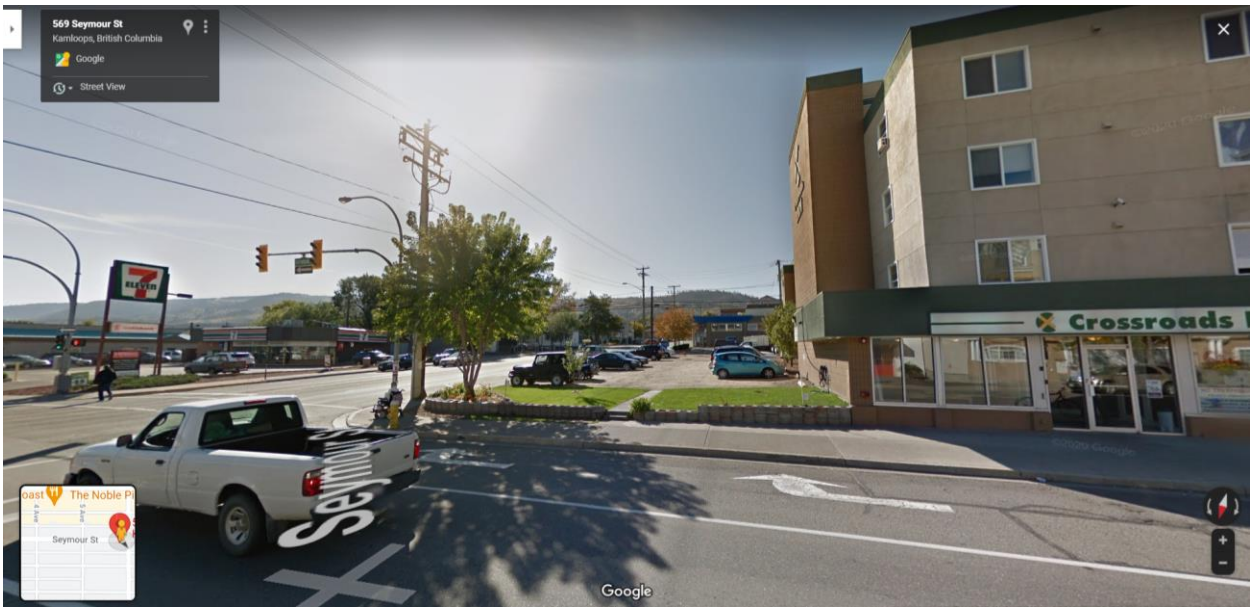
Figure 5.5



The Trailer 2.0, October 2020 (After SCS)

Like other sites I have looked at mobile sites also had very little observable change from before to after SCS.

Figure 5.6



Kamloops Mobile Site September 2015 (Before SCS)

Figure 5.7

Kamloops Mobile Site October 2018 (After SCS)

The last site is a stand-alone site that saw a significant increase in social disorder after the SCS opened. While loitering seemed to be an issue before and after there was an observable change in litter, and camping. However, scores for this site remain relatively similar before and after.

Figure 5.8

Lookout Society - Powell Street Getaway May 2019 (before SCS)

Figure 5.9

Lookout Society - Powell Street Getaway December 2020 (After SCS)

The street in front of this site has seen an observable increase social disorder: tents, loitering, and litter. However, the change coincided with the city removing a camp in the park just a block away likely displacing people from the park to in front of SCS.

Figure 5.10

Oppenheimer Park December 2020

Figure 5.11

Oppenheimer Park May 2019

Social Disorder Scale Analysis

To examine social disorder around SCSs, I used the social disorder scale discussed in chapter four. Each category of disorder was scored 0-5, 0 indicating no visible evidence and 5 being large amounts of visible evidence. Sites can have a maximum score of 25. From these observational scores, we found that most sites did not have significant changes in social disorder.

Table 5.1 Level of social disorder in Alberta Before and after SCSs implementation

SCS locations	Average Disorder Before	Average Disorder After
All SCSs	6.9	7.0
Mobile sites	0.5	5
Stand-alone sites	8.5	7.9
Clinic-based sites	5.5	6.1
British Columbia	7.4	6.3
Alberta	7.8	9.8
Ontario	7.7	7.6
Montreal	2.7	3

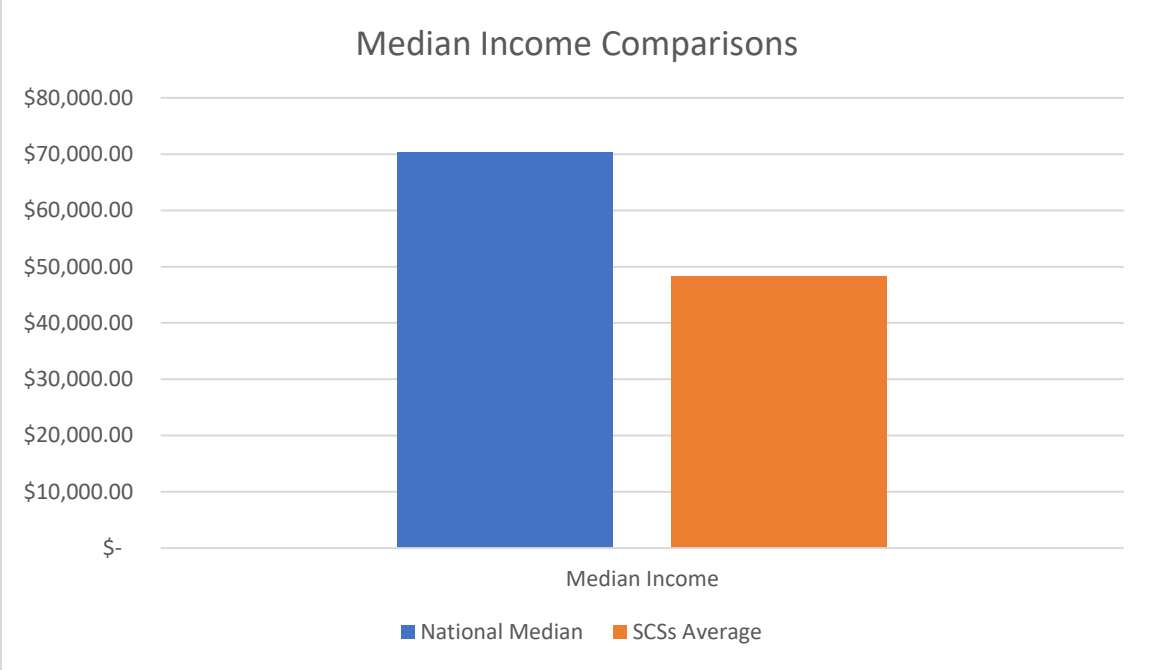
The most significant change was in Alberta sites, as can be seen in the chart above. However, most other Province's scores remained relatively the same. It is interesting to note that higher levels of visible social disorder seem to score higher for stand-alone sites than clinic-based. This could be an indication of different SCSs policies or city funding for cleaning in the area. Mobile sites saw the largest increase in social disorder, but this is not surprising as the limited space and hours of mobile sites likely play a role in the increased score.

Socio-Economic Status of SCS Neighborhoods

SCSs tend to be placed in lower-income neighborhoods in the city, some of which have been experiencing gentrification for the last decade. The combination of gentrification, existing poverty and drug use issues can lead community members to place blame on SCSs for social disorder when these issues had existed before SCSs were placed in the community. The existence of these issues is part of the process for applying and deciding a location for SCSs as Health Canada (2020) states that “sites are set up in areas where there are high rates of public drug use to provide important health, social and treatment services.” This is often why placement selections for SCSs are near existing programs for PWUD and houseless individuals, such as needle exchange programs and shelters. It is also often the case that the placement of these sites in communities helps address some of the community concerns around drug use and social disorder and offers services to address some of the issues of poverty and drug use.

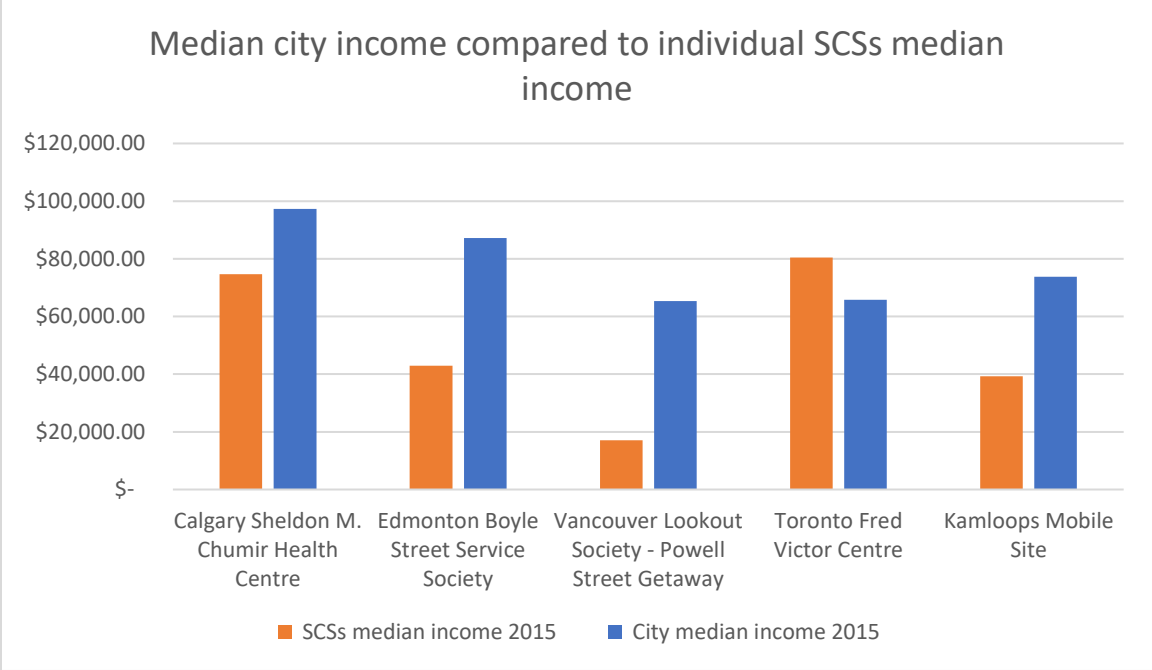
SCSs are usually placed in lower-income areas of the cities. As you can see below, the median income of neighborhoods with SCSs is below the median income in Canada as a whole.

Figure 5.12



When we look at specific cities, we can see that this trend holds when comparing median neighborhood incomes to median city incomes. In a few locations, such as Fred Victor Center in Toronto, the median income is higher. A complete list of SCSs median income compared to the city median income can be found in Appendix D.

Figure 5.13



Gentrification

While SCSs neighborhoods tend to have lower median incomes compared to the cities they are in, many of these neighborhoods are experiencing gentrification. The three sites above the median city income, Fred Victor Centre (Toronto), Moss Park Consumption & Treatment Service(Toronto) and Parkdale Queen West Community Health Centre(Toronto), are all in areas that have already gone through gentrification (Losman, 2019; Mazer, Rankin, 2011; Hracs, 2007). Other research on gentrification in Canadian cities has found the communities that SCSs have been placed into are undergoing gentrification, such as Calgary's beltline, where the Sheldon M. Chumir Health Centre site is located (Marasco, 2018, p127). While these communities undergo redevelopment and investment, many of the communities' poverty and addiction issues are still there. In addition, redevelopment plans for communities often conflict

with existing services in these spaces, such as needle exchange programs and affordable housing and the people who use them.

Many SCSs were established at sites that already offer services to PWUD and houseless individuals. For example, managers from my interviews indicated that some current SCS locations previously offered needle exchange programs or opioid agonist treatment. Opioid agonist treatment is prescribed drugs or medications that reduce the cravings for opioids and help to manage withdrawal symptoms.

Community members may think that their community does not have a problem with poverty and addiction. Community members only become aware of these issues when a physical site is going through the approval process. The physical site of SCS can make visible PWUD and houseless individuals that already exist in the community.

While there is quite a divide among sites about what their community looks like, most of the sites are in areas undergoing some form of gentrification. In many of my observations, there was an indication of ongoing gentrification or that gentrification has already happened in the areas. This was identified by the amount of construction and development around the sites and the community's overall development with an increase in condos and multipurpose buildings that included businesses and condos. In addition to newer buildings, there are other additions to the community, such as bike lanes, restoration of buildings and increased funding for the beautification of public parks. The photo below is of a new luxury rental apartment being built across from Sheldon Chumir health center home to Calgary's SCS, showing how

these formerly underdeveloped areas of downtown cities are becoming gentrified while still being the location for houseless and PWUD as the services they use also exist there.

Figure 5.14

May 2019 Sheldon Chumir SCS location

This is further supported in my interviews with managers indicating that some of their complaints come from developers of new condos in the community. Where there was no indication of gentrification sites tended to be in lower income or industrial areas of communities.

Gentrification has a long history of discussion and research in academia. However, SCSs often have not been a part of this discussion, likely because they are new to the urban landscape. As communities add more amenities and existing residences are demolished for condos and high rises, the occupants are often displaced (Kearns & Mason,2013, p 201). From our interviews, several managers indicated that many low-income or affordable housing was demolished because of redevelopment in the community, leading some people to become

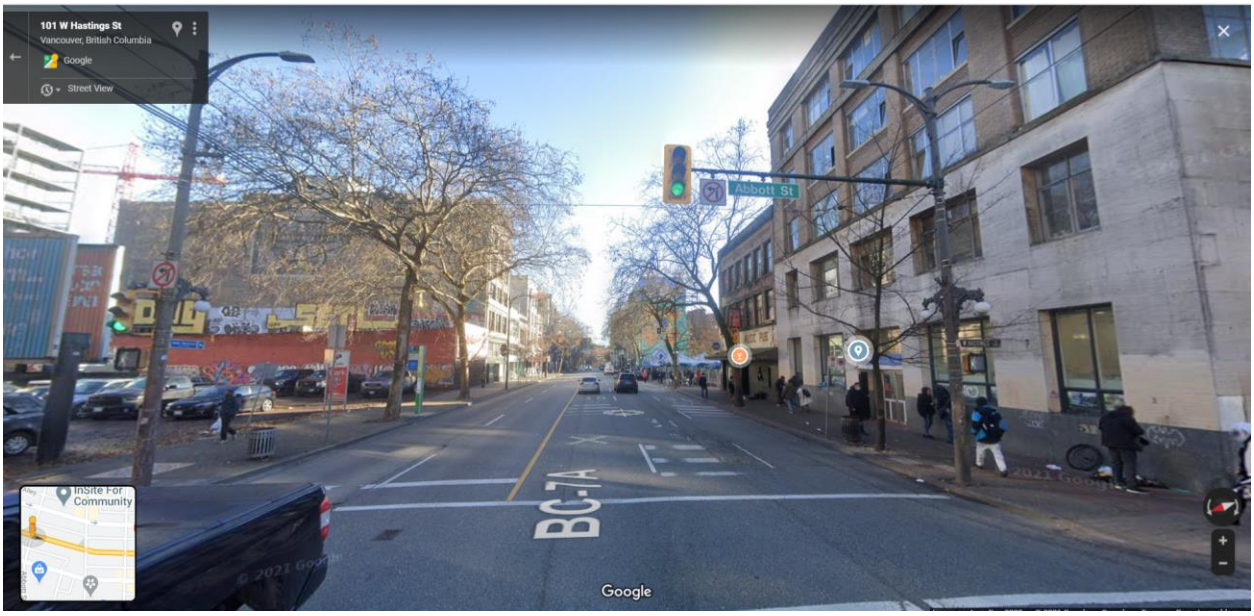
houseless for the first time. This also includes PWUD that maintained their use while living in low-income housing.

While displacement is a potential problem with gentrification, so is the shift in community dynamics (Bélanger, 2012; Shaw, 2008). In many instances, existing services such as soup kitchens, shelter programs, addiction services, and now SCSs have been part of the community for some time as my interviewees discussed. While there have always been tensions between community members and these services, developers and cities are reinvesting in these previously divested communities. These investments change communities to meet their visions of what urban communities should look like (Shaw, 2008, p2). As a result, the tensions between necessary services and community planning have increased according to two managers in I interviewed. At the heart of these conflicts is the discussion around what urban communities should look like and often people who cannot afford to be there are not welcome (Shaw, 2008, p2) While for many, the image should be of pristine streets with green areas and local businesses(ibid). This image does not address the social issues cities are going through but only exacerbates it, creating a further division in the community between poverty/wealth and health and consumerism (Shaw, 2008). The best way to depict this divide is by looking at the change of urban landscape across East Hastings.

Figure 5.15

Intersection of Abbott and Hastings Looking west

Figure 5.16



Intersection of Abbott and Hastings looking east

The division between gentrification and non-gentrification is startlingly clear in the above images, but they represent much more than just gentrification. It is a physical divide of the urban area based around economics, divide of cultures and class conflicts over the same spaces in our cities.

Five-star Houseless Encampments: Issues of Gentrification.

As cities continue to reinvest in the downtown core, new businesses move in, but the same investment is not being made to address poverty and addiction issues. This change in communities often means middle to upper class businesses are encroaching on areas once dominated by services and people who cannot afford or do not culturally fit in with middle upper-class values. Unfortunately, this leads to many middle- and upper-class people being upset by or seeing issues of poverty and drugs in a community they moved into. This stark difference in lifestyles can be summed up in a quote by a patron eating at a five-star restaurant in Vancouver.

> *"Kudos to the Mackenzie Room for not opaquing the glass window, as Pidgin does. Instead, enjoy a window seat overlooking Oppenheimer Park and watch a homeless couple pitch their tent for the night. Savour your quail, boar, and zucchini flowers as you observe binners search for deposit bottles in the trash. Ponder the juxtaposition of homelessness and gentrification as restaurants like this one move into the neighborhoods of Vancouver's poorest residents--residents who cannot afford to eat here. Or, avert your gaze. Stare into your artful cocktail. Count your blessings". - Google Review of the Mackenzie Room Vancouver*

Shortly after this, the city forcibly removed the individuals living in the park and has put up a temporary fence while deciding what to do about the park. Continuing to redevelop communities while not addressing social issues moves the problem out of view. You can think of this as the find the marble game where you hide a marble under a cup and move the marble from cup to cup, and you must figure out under what cup the marble is. Gentrification might be good for some, but it puts services like SCSs at odds with communities and cities as they have different visions for their neighborhoods. Gentrification also takes away spaces that have existed for PWUD by reducing places they can live and eat. While cities conduct redevelopment,

they should also consider spaces for PWUD like SCSs, affordable housing, public washrooms, and other services to address the issues of public social disorder. As will be discussed in the conclusion SCSs are well-positioned to be designed to address these issues as well as be ambassadors for PWUD, reducing the stigma that many people have by strengthening relationships in their communities.

Chapter Six: Common Complaints from Patrons

In this section, I explore the views patrons have about SCSs in their communities by looking at public comments that have been made towards PWUD in and around currently operating SCSs. In examining the relations of patrons accessing businesses near SCSs, I explore the relationship people accessing other businesses and park spaces have with SCSs. The public comments for my research come from Google reviews that individuals have made about restaurants and businesses within a 1km radius of SCSs. Online reviews around the SCSs had mixed results, with fast food locations and parks having mostly negative concerns about PWUD while other businesses had little to no negative concerns. In addition to these concerns, many reviews indicated stigma towards houseless individuals while others supported houseless people and PWUD indicating a divide in communities.

Businesses

Businesses, like community members, are also concerned about social disorder. However, evidence often indicates that SCSs do not increase social disorder (Freeman et al., 2005; Wood et al., 2006). Like community members, business owners often ignore the fact that social disorder existed in their community before SCSs began to operate. This can be seen in how Google review comments before and after SCSs have relatively the same concern about businesses and social disorder, with some businesses having fewer comments after SCSs were placed. This potentially indicates that SCSs provide services that often mitigate the concerns that business owners have about SCSs and provide a place for businesses to direct houseless individuals and PWUD.

Many of the issues community members have regarding SCSs are not problems of the site themselves but of the planning of urban areas and privatization of space in cities. For many businesses, SCSs are a potential risk to their business, citing concerns of safety, trash, and loss of customers and property values. Businesses often voice these concerns during consultation sessions and in the media. As well, most business owners are concerned that visible social disorder near their businesses will scare away potential customers who will shop somewhere else. An example of this is one business owner interviewed by Global News about the SCSs in Lethbridge.

> *"To have the customers just not come because they're afraid, you know, they can go to Home Depot and walk in and buy a carpet too… not a local business, but a big chain."- Global news interview (Bala, 2019).*

While these are legitimate concerns for businesses, often, these concerns are caused by inadequate spaces for PWUD and the houseless community. The built forms of SCSs potentially might mitigate some form of social disorder in the community. To try and further understand the relationship that the built form of SCSs has on the businesses near them, I looked at Google review comments of businesses around 13 SCSs in Canada. A total of 104 businesses were looked at with 53031 total comments. Out of those comments, only 113 had negative reviews that reference PWUD or houseless populations after SCSs began operating in these communities. With relatively similar negative comments about social disorder both before and after the operation of SCSs, it is likely that issues of social disorder existed before many of SCSs began to operate.

Table 6.1 Social disorder comments from businesses

Business	Total comments	Negative comments	Before SCSs	After SCSs
30 Fast Food	22378	204	109 (0.93%)	95 (0.88%)
74 All other	30653	29	11 (0.04%)	18 (0.06%)
104 Totals	53031	233	120 (0.33%)	113 (0.67%)

In my analysis of Google review comments, I found 70% of fast-food locations in downtown cores that I looked at had negative comments about social disorder regardless of proximity to SCSs. This is significant as it indicates that social disorder that patrons attribute to SCSs exists across cities, indicating that SCSs often are blamed for wider social issues in cities.

To explore these trends further, I analyze some of the written reviews left by customers of the businesses from the sample. While looking at other customer comments about businesses around SCSs, 233 comments out of 53031 comments linked to PWUD and houseless individuals. While many comments had concerns around social disorder, the language used also indicates hostility and discrimination towards PWUD, houseless individuals, and mental health issues in the communities. This is particularly problematic as houseless individuals do not have other places to go. Houseless individuals live in these public spaces, such as McDonalds and Tim Hortons, because cities lack spaces for them to be. This is particularly true in Canada during the winter, where it can be dangerous to spend extended periods outside. The two quotes below are comments from a Dollarama and McDonalds near a Toronto SCSs location:

> *"If your desperate sure go but this dollarama is in a bad part of town, a lot of drunks and homeless people pan handle there. Go to a different dollarama."*
>
> *"This Mcdonalds is full of homeless people, but it's a very modern set up with self service stations, the service is quick and the service is friendly. too small to eat in, and the stinky homeless dude really doesn't inspire one to stay. No offence to him, but the smell of B.O and urine is not something I want to experience while eating."*

This Google review and others that I found indicate how SCSs can negatively impact businesses and the increasing PWUD and houseless population. However, it also shows a level of discrimination as Dollarama and other businesses that offer cheap goods such as food are frequently the only affordable place for people to access food and other items within their price range. While SCSs might increase the amount of PWUD accessing businesses, many PWUD accessed these businesses before the SCSs existed.

While SCSs provide a space, individuals are often limited in how long they can spend there by the availability of space of the sites and operational hours. Like everyone else, PWUD also need a place to be and a place to hang out with friends. Another Google review of a McDonald's near a site in Vancouver stated, "Considering this place is in the heart of Vancouver, the homeless come here to eat and meet their friends. What's the big issue ????". This comment highlights how different community members see the spaces around them and claim who the space should be for and what it should look like. This difference in the rights of a space can be difficult for businesses and cities to navigate as every person has a different opinion on how and who spaces should be for. As different Google reviews have indicated, not providing space for PWUD and others can be just as damaging to businesses.

> *"Sandwiches are always good but no chairs to sit down on. Not good that you took chairs out. People need a place to sit so they can sit down and eat whether they are homeless or not. I'm not homeless and I would've liked a chair to sit down on. 1out of 5 because of the stigma your location carries towards the homeless".- Calgary Tim Horton's*
>
> *"I ordered on the app last night and i accidentally forgot to put no sauce for my burger. I got halfway home realized, then came all the way back and the lovely man allowed me to give the burger to a homeless man and he made me a new one free of charge. Staff is exceptionally nice and store is always clean!" – Vancouver McDonald's*

The vast differences in people's reactions to houseless people and PWUD concerning businesses are complex. While there will always be people who are afraid and discriminatory against PWUD, the reality for businesses is that they likely are better off trying to work with PWUD and other community members to foster a community of respect and inclusion. In the best circumstances, building relationships between businesses, houseless individuals, PWUD, and by extension, SCSs is one way of working together to address issues. Owners occasionally respond to these comments. For example, Hudson's, a bar in Calgary, responded in the following way:

> *"Usually homeless outside. When is busy is dirty"*
>
> *Response from the owner a year ago:*
>
> *"We do not have control of where the homeless decided to go in the public space around the bar. If they are ever bothering guests, we kindly ask them if they could not do that, and they are extremely nice and respectful for the most part and go somewhere else".*

This relationship between businesses and the houseless population can be reciprocal. Businesses can give space to the houseless, and if it becomes a problem, they address it in conversation. However, even if they leave one business, houseless people still have no place to go often, meaning they move to another business. This means moving from space to space for many houseless individuals as they are continually asked to leave by businesses, police, and patrons. In the face of this exclusion, we can see the potential of having dedicated spaces or expansions of SCSs to provide a space simply for people to exist in.

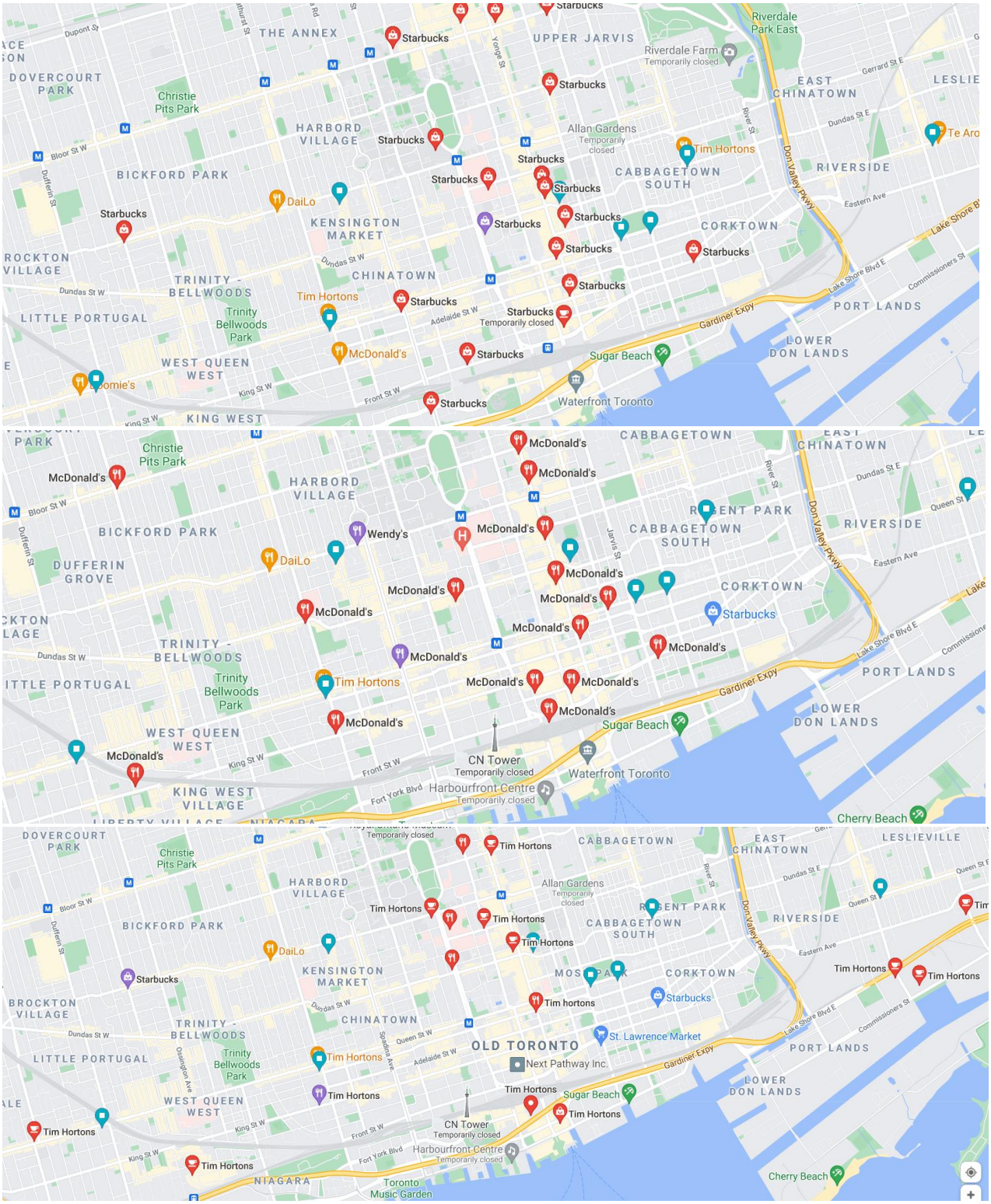
Fast food and Social Disorder

Stigma seems to be a large factor in relation to public concerns around SCSs and PWUD. This stigma is often triggered when people come face to face with poverty in shared spaces. It also shows the differences in cultures divided by wealth. Most of the negative comments about PWUD are found only in spaces that PWUD have access to. What this means is that PWUD generally do not access restaurants or businesses that they cannot afford. In my observations of Google comments, complaints about PWUD around SCSs were almost exclusive to fast food establishments such as McDonalds and Tim Hortons.

On the other hand, independent restaurants and Starbucks locations had little to no complaints or comments. To explore this further, I compared Starbucks, Tim Horton's, and McDonald's locations across five SCSs in a 5km range. The maps below indicate the SCSs location and fast-food locations in Toronto. The red markers indicate fast food locations and light blue markers indicate SCS locations. I also looked at locations in Toronto, Calgary, Edmonton, Grande Prairie, Surrey, and Vancouver. A complete list of locations is in Appendix C.

Locations of Fast-Food restaurants and SCS in Toronto

Figure 6.1



SCSs locations marked by blue with white square. Fast Food locations in Red

In all cases, McDonald's and Tim Hortons had negative reviews about houseless people while there were only three negative comments concerning Starbucks out of the 12 locations we looked at.

Table 6.2 Fast food and social disorder

Fast Food Location	Negative Comments Before SCSs	Negative Comments After SCSs	Total Negative comments	Total comments looked at
11 McDonalds	73	70	143	13,717
17 Tim Hortons	35	24	59	5287
12 Starbucks	2	1	3	3374

The issues for these customers and businesses are like what we have already discussed as "social disorder." The number of patron's comments related to social disorder correlates with the affordability of food.

While social disorder can be problematic, it is often the result of stigma from one group in a city towards another group. This sigma is based on differences in economics and values. While no one wants to admit that they discriminate against others, spaces that force PWUD and other groups of people together are where we see the highest complaints from the public. Unfortunately, many people who live in cities do hold a stigma towards PWUD and the houseless.

Park Space

While cities provide shelters for people to stay in, shelter space is often limited and comes with specific rules and restrictions from city to city. In addition to this, some locations only offer shelter overnight and are not available 24/7. With limited space or periods where

shelters are unavailable, where do you go? Parks and green spaces have been incorporated into many urban cores; however, these spaces are often places of conflict between the community and the houseless population. Both seek to utilize the same space, and the same concerns that are always present from the community manifest in response to park spaces. In most instances, SCSs are close to these green spaces. To see the potential impact of SCSs built form on green spaces such as parks, I reviewed comments from 10 parks near SCSs. These parks are The Doctors' Parkette (Toronto), Ryerson Community Park (Toronto), St. James Park (Toronto), Moss Park (Toronto), Regent Park (Toronto), John Chang Neighbourhood Park (Toronto), Central Memorial Park (Calgary), Haultain Park (Calgary), Tom Binnie Park (Surrey), Oppenheimer Park (Vancouver).

Table 6.3 Social disorder before and after SCS

Total comments	Total negative comments	Before SCSs	After SCSs
3240	151 (4.66%)	24(0.74%)	127 (3.92%)

From my Google review analysis, we can see that public spaces such as parks have seen a drastic increase in negative comments after the opening of SCSs in the area. This is potentially because SCSs have limited waiting areas inside their buildings to accommodate everyone, and clients turn instead to nearby public spaces to hang out. However, this generates potential conflict, as seen in some of the comments indicating discomfort with having to share park space with PWUD and houseless individuals:

> *"Beautiful park to walk/sit during the day. However, it seems to attract a lot of homeless in the evening (10pm onwards). This isn't THAT bad (for the most part people keep to themselves) but it may make some people uncomfortable."*

"When we are talking about views and flowers this place is lovely. Very nice place to have a snack sitting on the bench or walk your dog. However, a lot homeless people around make you feel unsafe (they stared at you, asking consistently for changes, etc" (St. James Park. Toronto).

In most comments, the simple presence of houseless people was enough to elicit a comment about safety or feeling uncomfortable. Out of the ten public parks we looked at near SCSs, all had comments about safety concerns and discomfort, with only three comments mentioning incidents requiring police or other emergency services. Regardless of actual incidents, many people sharing public space with houseless people and PWUD bring about uneasiness and indicate stigma towards these populations. Other comments in parks identified public intoxication, and drug debris as concerns related explicitly to SCSs. However, comments about these concerns existed before the SCSs were placed in the area. The following comments below from Central Memorial Park across from the Calgary SCS show the only thing that has changed is that people now place the blame of social disorder on SCSs.

4years ago (Before SCS):

"Very nice park but all too often you find sleeping homeless and or drunk people under the trees..."(Central Memorial Park, Calgary).

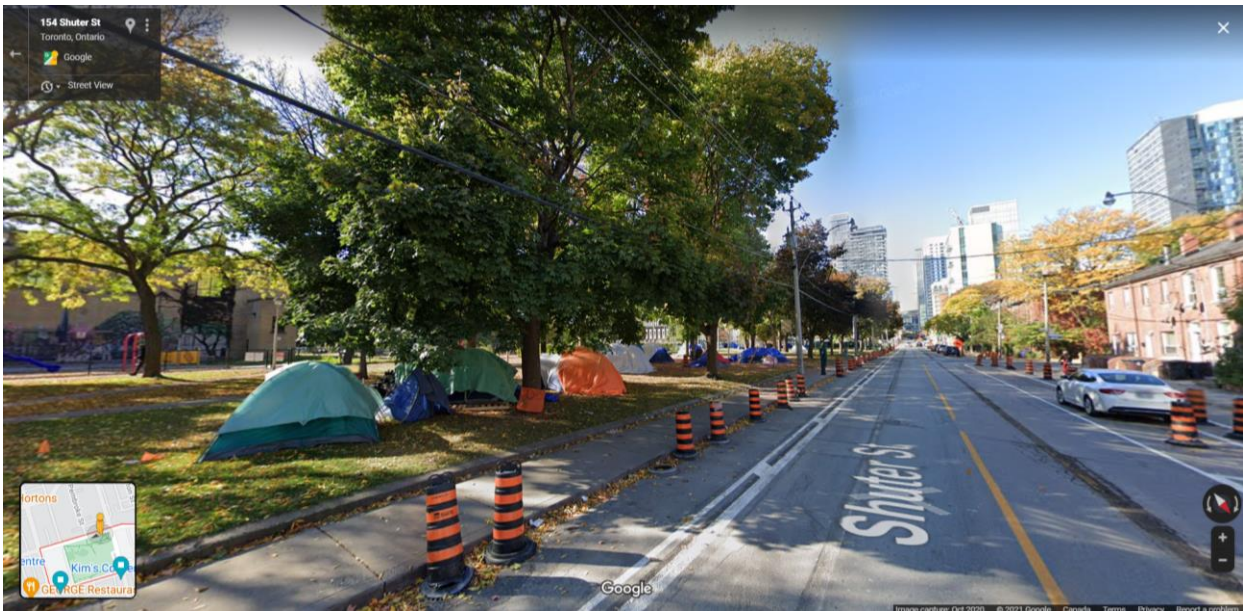
2 years ago (After SCS):

"It used to be one of the most beautiful parks in the city until they opened a safe injection place at the Sheldon Chumir hospital across the street. It is now taken up by drug addicts, homeless people, drunks. I do not recommend to take children to the water park there, the homeless fight and we have seen glass on the ground. There is a public Washroom that has become a second injection place too. It is just so sad, families lost this public space. It got so bad to the point that either the City or who knows who put security guards in day hours. But if they are not around, it becomes drug La La land quickly". (Central Memorial Park, Calgary).

The Google reviews above indicate how park space can become problematic in relation to SCSs as SCSs become the beacon of blame for the public regarding long standing social issues

in their communities. This is not to say that SCSs are perfect. For example, in my interviews, managers indicated that wait times for booths could cause individuals to use drugs in other areas such as a nearby park. While the city and SCSs do have cleanup crews, the proximity to the park and the opening of the SCS in Calgary might not have initially included a plan for increased use in the park. In some cases, park spaces have become tent cities.

Figure 6.2



Moss Park Toronto, October 2020

The problem of park spaces is similar to that of businesses and community members. However, the concerns around social disorder are related more to poverty within the city and not having spaces for houseless people to go. So, while SCSs can inflate problems that already exist in nearby parks, they also can be the solution by providing spaces and services that address issues of poverty and drug use in communities.

Chapter Seven: The Importance of Relationships and Community Problems

This chapter explores the relationship that SCSs have with the different community members such as PWUD, police, security, businesses, residence, and staff of the SCSs it draws primarily on interviews conducted with SCS managers. In exploring these relationships, I further expand on the importance that SCSs have in influencing community relationships and how the places of SCSs are a resource that different groups struggle over.

While built forms of SCSs influence the communities they are in, so do the different community members and how they interpret and act in response to the built forms of SCSs. This section explores these relationships further through my interviews with SCSs managers and how their relationships influence and address social disorder and other problems in changing urban communities.

Community Relationships

Cities are places where people from many different cultures, economic backgrounds, religions all share space. While this makes urban cores particularly unique, it often does not equate to equal rights or the acceptance of other cultures, religions, or marginalized individuals (Mitchell, 2003, p17-21). These differences in the community are often based on Western middle-class ideals, especially in areas undergoing gentrification (Shaw, 2008). SCSs are often points of contention in these communities as they challenge the "ideal neighbourhood" and force community members to acknowledge problems that exist in their communities. However contentious SCSs are, they also strengthen community relationships and return isolated

neighbours to more closely tied relationships by providing a place and space for these conversations to happen.

These relationships mitigate many of the concerns of community members, whether by addressing issues of stigma or by collectively working to solve concerns. SCSs also provide many additional services for communities and are a central area for addressing many issues cities have, such as affordable housing, affordable food, washrooms, and medical services. SCSs, in many ways, unite communities and provide PWUD spaces and the opportunity to contribute to the community they exist in. This section explores the different members that make up the community of SCSs and how they relate to each other and SCSs that have been placed in them.

People Who Use Drugs

While PWUD are not often considered part of communities, they exist despite what community members and businesses think. While they are part of communities, they are often discriminated against and face numerous obstacles in whatever community they reside in. SCSs are specifically designed to meet the needs of PWUD in the communities that they live in. SCSs deliver services and address the needs of people who are often overlooked and discriminated against and otherwise not welcomed or respected. More so, SCSs provide space and opportunities for PWUD to positively impact the communities they are in and reduce the stigma associated with drug use and houselessness.

While many community members are concerned about SCSs causing an increase in PWUD, comments from managers indicate that this concern is not valid. “Many of the individuals who access our SCSs have been living in our community for ten plus years.” In

addition to this, all the sites indicated that the travel distance that individuals would go to access an SCS is very low. For example, one manager indicated that almost all the people accessing their site come from the nearby shelter. This is supported by several studies that looked at how far individuals will travel to access SCS services, with most individuals indicating they would not travel far to use SCS in the city (Petrar. et al., 2007). So, while many community members have indicated concerns about having an increased population of PWUD coming into the neighbourhood, our participants claim that their clients have been long-term members of the community already. This makes sense, given that one of the criteria for SCS placement is the existing need for services.

SCSs are more than just a place to use drugs safely for many individuals who access the site. As one manager indicated, the "SCS provides a place for individuals to call home, to call their own when they have nothing else." The staff "becomes family." For PWUD, this pride and support of having a place that is their own leads individuals to self-police. "We have a lot of clients that engaged in informal leadership to keep the space clean. There is a real sense of ownership that this space was created for them, because it's like that or sitting on the sidewalk." In addition to this, managers mentioned that several PWUD go out of their way to pick up the litter, debris even shovelling the sidewalks of other businesses in the area.

PWUD also have an important role in the operation of SCSs themselves, with many sites utilizing the skills of PWUD in areas such as "peer support." This has led to several different positive outcomes for PWUD, with some managers indicating that their "peers" often see themselves and refer to themselves as “colleagues." In addition to wages and benefits, these individuals are being treated the same as other staff members that work at SCSs. This provides

hope and evidence of the potential possibilities PWUD have in their communities. This treatment of PWUD creates a sense of respect and trust between the SCSs and PWUD that manifests itself in positive ways in the community. Outcomes from having a physical space such as SCSs in the neighbourhood provide a sense of ownership and value for PWUD in communities leading to strong relationships and respect between PWUD and the community reducing social disorder around the sites.

Staff of SCSs

The staff of SCSs are an important part of a SCSs operations and play an important role in how people see and understand SCSs. Staff at SCSs act as an extension of the SCSs out into the community. They help reduce the stigma associated with SCSs and help foster stronger communities with better services and resources to address issues that communities face today. One of those key staff members is what managers referred to as “community workers”.

Community Workers

“Peer staff” or “community workers” play an important role in all SCSs. When managers use the term “community worker” they are referencing a staff member working at a SCSs that have lived experiences with drug use. The role of “community workers” is different at each site with community workers taking on various roles. While all sites indicated the importance of having community workers, there is concern around the trauma individuals with lived experience encounter when employed by SCSs:

> *"It concerned me the level of trauma exposure that was happening to a class of employees, and I felt like we needed to figure out how to protect them recognizing*

> *that people with living experience have a specific vulnerability to watching people overdose." – SCS Manager #2*

Because of this concern, community workers tend to work in post-consumption spaces rather than in the consumption space and interestingly, the community workers hired at this site preferred this as they "didn't want to be in the consumption space." Other sites have a more open approach to where they have community workers.

> *"We have had some trouble retaining community members in the consumption rooms. We find that it works really well for some people, and for others, it does not. So, we might not have community workers in the consumption room, but we strive to have them embedded throughout the organization." SCS Manger #1*

While this instance indicates the potential problems of employing those with lived experiences, other managers have indicated that those with live experiences possess a set of increasingly demanded skills. Some of the skills managers from our interviews mentioned were "peer engagement, de-escalation, culture translation from medical to community." One of the skills being used is their ability to help others inject safely. This is known as peer-assisted injection. While not all sites have Health Canada approval, some do and utilize community workers in this way. Other sites have chosen not to utilize peer-assisted inject as there were concerned about the effects this might have on peers and the potential trauma.

In sites that offer peer-assisted injection, managers have found an increasing need for these services as individuals struggle to find veins to inject into or because of their behaviours, they struggle to inject themselves. While nurses are available to coach and talk with individuals, individuals usually must inject themselves except for at a few SCSs. This leaves some individuals using outside the site or in other community areas because they cannot physically inject by themselves.

While it can be difficult for SCSs to navigate employing individuals with lived experiences and potential traumatization, all the sites indicated the importance of having individuals with lived experiences on staff in some capacity, with one manager mentioning how:

> *"We have hired some community works which were former clients and have transitioned to being staff in some ways that can be incredibly empowering and hopefully in others it can be challenging. Some of the challenges are shift stability, workplace commuter skills, and it takes time to figure out what roles are best for community workers and each community worker has areas that they have more and less success in". -SCS Manager #1*

According to one manager, community workers and SCSs are on an "internal journey together where we are figuring out who is ideal for this role and the supports that fit them to be a success. We are trying to create space for the range because we need all types and lenses on our team." The importance of community workers is the experience they bring to the team, such as identify potential problems and providing solutions that those who have not had lived experiences cannot understand. One manager indicated that:

> *"The insights, the reflections, the feedback, the wisdom that the folks who live in this world for decades have which I haven't are so important. Just yesterday, I was talking with a community worker where she has gone from client to community worker to now a harm reduction worker. Not all our community workers want to move into a more professionalized role and for some, they do. It has been hard, but it's been really impactful and meaningful." – SCS manger #1*

This example of one worker's transition shows the importance of having community workers as part of the team at SCSs. As managers have noted, it provides hope and inspiration for other PWUD and all the insight and experience that the SCSs can utilize. While not all positions may be suitable for community workers, they are an important part of the SCS and community.

In larger urban centers with multiple SCSs, there is flexibility with community worker positions. Each site offers different roles, from in the consumption room to post-consumption

to street outreach. In addition to this flexibility, different operating hours, and the ability to work with shift stability, there are many different positions for PWUD at SCSs. Shift stability is referring to the flexibility of the position as some positions require more stable and punctual individuals or the site cannot operate. Other sites are more flexible in terms of missing shifts or not showing up on time. While there is a lot for SCSs and community workers to navigate, they provide a skill set many people do not possess. Providing a stable job and income encourages people in the community that SCSs present many positive outcomes for everyone.

All the managers indicated that their staff were a central part of the operation of SCSs. Specifically, all sites indicated a need for more staff, such as case managers, to help individuals access additional programming and housing. Also, more nurses to accommodate more individuals and treat minor injuries. This is an interesting dynamic even for clinics where previous research has indicated that they are better for providing additional services (Bardwell et al., 2020). While sites offer other services such as wound care, housing intake, opioid agonist treatment, many sites do not have enough resources to address the demand. When you couple this with space and length of time spent SCSs, it leaves individuals and staff frustrated with the limitations.

Security

Security is often a problematic consideration for SCSs, given that it has the potential to deter PWUD and give the site an institutional look and feel. Security nevertheless has been integrated into the staffing model at several sites and has proven to reduce social disorder such as disturbing behaviours, drug dealing, fights, and loitering.

While not all sites have incorporated security members into their staff teams, most clinic sites have. Managers indicated the need for security was not always required as for a period PWUD were able to self-police and enforce the site themselves. However, as a few managers indicated, self-policing becomes unstable, and ultimately security was needed for their SCS. One of the destabilizing issues was during the summer of 2018 with a change in drug supply happened. As one manager stated “we saw a shift in drug supply and all the things we assured our neighbors would not happen, happened…. a lot of the unusual behavior that comes from chronic fentanyl use became more frequent”. This change in the drug supply with fentanyl resulted in several problems that SCSs across Canada had not planned for and required the addition of security. As one manager indicated, problems started to arise after hours when staff could not monitor the area. One of the reasons security was needed was the increase in social disorder around the site after hours. Managers indicated these included things such as the buildup of encampments, increasing garbage, drug dealing, loitering, and unusual behaviours. While staff at this sites were initially able to address these concerns by reminding individuals to be good neighbours, it eventually became overwhelming for staff. Enforcing rules also put the staff at odds with trying to build relationships with PWUD.

This led sites to hire security to be part of the SCSs team. While managers indicated an initial concern about a reduction in usage from people, the number of individuals accessing the sites remained relatively the same. As one manager put it:

> *"No doubt there are people who don't want to use our site because of security, but our site remains busy. People who come in who were using the service are also appreciated of the fact that we have security because it protects them as well."- SCS manger #2*

In addition to this, managers noted that security removes people after hours, reducing the loitering and encampments and debris around the site. In all locations, security members were screened to fit well with the community and site. Managers noted that the security that does work at the sites has a deep respect for PWUD and takes a person-centred approach to their relationships. The relationship between security and PWUD is often a positive one in this regard, with one site manager explaining, "When the first security members arrived, PWUD were like oh ok if you're going to be part of this team, I'm going to accept you and show you around." The importance of relationships is highlighted here again. At the same time, no one particularly wanted to have security at the SCSs, but an understanding of PWUD helped integrate new members of staff and resolve several community problems.

Mangers also indicated that with the change in drug supply being more fentanyl dependent, there was an increase in unusual behaviours such as jerky movements or tics and tweaks. Community members found these behaviours particularly concerning at medical clinics because of their visibility to the public. While these behaviours may be problematic in the clinic setting, the stand-alone facilities are more accepting of these behaviours, are often staffed 24/7 and can safely police other issues such as debris, loitering and camping without security. While some SCSs have security and others rely on self-policing and staff, the importance of having a relationship with the police was still highlighted by all the site managers.

Police

The power dynamic that police have within communities can be both beneficial and harmful for SCSs. Police are thus, important stakeholders for SCSs (Watson et al., 2012). For

some sites, the police have proven to be great supporters and allies, helping with funding, raising awareness, and working with SCSs and communities to address issues. In other instances, police hinder SCSs operation, lack understanding of what SCSs are and often complicate or harm relationships. For PWUD, police are often seen as threatening as most individuals have past trauma from police encounters or fear reprisal from the police for the use of illegal substances.

Individuals who access SCSs can find themselves in conflict with the police. Two factors exacerbate this conflict. First, Canadian criminal policies have focused on the criminalization of unhoused people and discrimination against people who use drugs (PWUD). This criminalization is ongoing with laws against panhandling, loitering, obstruction, salvaging, resting/sleeping, sheltering, and disorder. Currently, 75% of Canadians live in an area that includes one or more laws against these kinds of behaviours (Hermer, Fonarev, 2020). These laws displace non-housed individuals from public spaces and create a symbolic division between who public space is for and how society should respond to individuals who are not housed (Kaufman, 2020). These laws also increase poverty by financially penalizing people who already live-in poverty while also disenfranchising them from the community and social services, ultimately resulting in further discrimination against them (Ruddick, 2002; Kaufman 2020). The second factor is that these laws intentionally seek to exclude PWUD from communities, and support systems (Ruddick, 2002).

Police themselves are important stakeholders in their communities and thus are influential in how communities perceive SCSs. Past research has indicated that police can support SCSs in their areas or are opposed to SCSs (Hedrich, 2004; Small, Palepu, & Tyndall,

2006; Canadian Association of Chiefs of Police, 2002; Canadian Police Association, 2007). Our interviews indicated that in some communities, the police support SCSs, with one manager stating, "police are our strongest allies and biggest committee partners, which is unique if you look around communities in Canada. There is lots of tension with the municipal police." This manager went on to say that "collaborating with the police has been one of the most successful things because, at some of these community meetings, it's the cops who are echoing what we are saying when they're saying."

In other cases, police can cause problems for SCSs. One manager explained how:

> *"the police parking directly outside of the …[SCS] and [managers often have to go talk to the police saying] … hey man this is like a confidential, anonymous service like do you need to park right there. Is it like really important for you to park right there right now and like frisk people down who just walked out of the site?"- SCS Manger #3*

In this instance, the manager also indicated that "like in any profession, there are some police officers who are great and love what we are doing and really on board, but there are definitely some issues." Other issues are related to not understanding what SCSs do with a manager indicating that:

> *"police feel that if they are driving by and see an overdose, they have a duty to call EMS where we are saying we are literally funded to prevent ems call and part of our funding is emergency room diversion" this resulted in the police "interfering with the ways the nurses were responding to the overdose because the police felt it was their duty to, you know whatever." -SCS Manager #3*

This rationale that it is still the police's duty to respond comes down to a lack of understanding around SCSs and the power dynamics of SCSs and the police.

These power dynamics and the lack of understanding can be addressed by education and collaboration between the SCSs and police. Education about SCSs for police is particularly

important. Many police do not understand a concept such as harm reduction or do not believe that SCSs do what they say they do (Watson et al., 2012). Similarly, from interviews with police done by Watson et al. (2012), some police officers believe that SCSs do not solve addiction but instead enable it by sending an ambiguous message about drug use (ibid). Other police officers indicated that SCSs undermine their ability to make communities safe as it encourages illegal activities (Watson et al., 2012). Therefore, in the sites where police support the SCS, often part of the policy and development of the site includes education and awareness about SCSs.

Police are often involved with the consultation process before a new SCS is given an exemption. However, the sites with the best relationships with the local police tended to go beyond just the required consulting. Instead, they work in "tandem with the sites." This is done in several ways. The first was by providing presentations and giving tours of the site daily with each police rotation. SCSs, which have included community workers in these tours or presentations, have had highly positive impacts on the police, with police often "stopping when they recognize someone from the presentations to say ‘Hey, we saw your presentation; keep up the good work’". In other instances were there were survivors of overdoses and the community members were a part of the response, the police would remember them from the presentation. They would give excellent feedback to the community member, saying, "you did a great job. This person is alive because of you. Thank you for your work." This integration of the police into the site operations and familiarization changes the power dynamic from us versus you to one where everyone is working to address a common community problem. The second way these positive relationships have been created is by actively and continuously including police through all SCSs applications' steps. In turn, SCSs continue to work with police to address

new community concerns as they develop and further strengthen their relations in the community. The challenge of police and SCSs relationships is based on differences in fundamental beliefs.

> *"In the beginning, it was a really big thing for them to wrap their heads around the fact that there's the space where clients are legally allowed to break the law. So, like in this space, clients have a Health Canada exemption from the law to be able to have an illicit drug, which was like a big thing for them to like to wrap their heads around. Also, like we told the police like you cannot come in here unless we call you because they do not have agent's status in our trailer, which is another big thing for them to wrap their heads around, because you know there used to be able to move in-and-out of spaces freely wherever they please. It's not often that anybody or an organization tells the police no. So yeah, there's some conflict." - SCS Manger #3*

This quote from a manager reflecting on their experience when they first started to work with police indicates some of the power struggles and ideological differences SCSs and police face when trying to work together. In addition to these challenges, police rotations and difficulties with police leaving and coming into communities are also challenges. For these relationships to remain positive, SCSs needs to continually work with police members to foster a change in the values and beliefs of the police force.

Businesses and Residents

Many SCSs are trying to resolve issues with businesses and residents located in their surrounding communities. However, as was discussed in the previous chapter, many of the issues that community members are worried about had existed in communities before SCSs were there. In many cases, SCSs provide staff and resources to limit and manage these concerns or others that may arise. The different spaces, programs, and operations of SCSs can directly influence the surrounding community, which has become hyper-fixated towards any form of

social disorder such as loitering, litter, and abnormal behaviors that go against the perceived norms of social disorder in their community.

Increasing Visibility of PWUD

All the sites indicated that the biggest issue for community members is visibility. The visibility of PWUD is particularly interesting because all the individuals who use the site have been in the community for a long time, upwards of ten years. SCSs have shined a spotlight on long-existing problems in the community, such as poverty, housing issues, gentrification, mental health, and substance abuse problems. In illuminating these problems, the sites also are an easy scapegoat for the public to tie these problems to. SCSs become the easiest target to blame for more significant societal issues in a world used to correlations and simple solutions.

While managers try to address community concerns, they acknowledge that it is often a balancing act between genuine concerns or just people's irrational fears and discrimination. As one manager stated, "some people coming into the clinic feel uncomfortable just because there is a houseless person there." All the managers we interviewed indicated that the public has some level of discomfort with PWUD. A few noted this has increased because of the more frequent abnormal behaviours that have become more visible with fentanyl use. In contrast, most of these behaviours are harmless, such as people talking to themselves, irregular and erratic movements such as tweaking. However, these behaviors are often what community members are concerned about. Managers also indicated in their conversations with PWUD that they are also concerned with their visibility. While community clinics originally had the idea of shared waiting areas for everyone accessing the clinic, this was quickly changed by adding doors

to separate spaces. As one manager explained, "individuals' access sites also did not want everyone to see them when they were most vulnerable, for instance, struggling to pull up their pants." Thus, both community members and PWUD are concerned with their visibility.

The problem with the visibility of PWUD arises from a lack of private spaces, such as space within SCSs, housing or hangout spaces. This forces PWUD and other houseless individuals to make public spaces private. Increasing demand for services at SCSs specifically can lead to lineups inside and outside the SCS. With a hypervigilant community, this often results in complaints. Long wait times for services also result in other people choosing to use drugs, creating more debris, and loitering publicly. SCSs, trying to address these issues, have changed their physical spaces and how they operate. While these changes help prevent some of what the community has identified as social disorders, they do not address the more significant social issues, such as a lack of affordable housing. More specifically, they reduce the viability of problems that exist in their community. These conflicts around SCSs are the outcomes from two different understandings of the community from different cultures trying to coexist in the same space.

Communities are made up of different members. These members are all impacted differently by the built forms of SCSs, such as PWUD being able to find employment. Community members also play an important role in addressing social disorder, poverty, addiction, and houselessness. Only through cooperation between the different actors in the community can issues of social disorder, discrimination, crime, and other problems that arise in these communities can be addressed. While SCSs often are blamed for social disorder issues, they tend to bring community members together to discuss problems and find ways to address

them instead of ignoring the issues that often have always been a part of the community. While this discussion can be challenging given member's different power dynamics, interests, and values in the community, they can make communities better.

The different relationships that SCSs have in the community are affected by the physical design and location. For PWUD, SCSs provide services, a place to work as well as a sense of community. SCSs are seen as a potential risk for the community, with many attributing social disorders to SCSs. In areas undergoing gentrification, these concerns are amplified as the space of SCSs contrasts with the idea of what new residents, businesses and even cities envision the area to be. Police are brought in to control these spaces to help create “safer spaces” that fit this new understanding of place. Unfortunately, this often puts police in conflict with SCSs because of different understandings or misinterpretations of what SCSs are.

SCSs attempt to address these concerns in several ways, such as hiring security, giving tours, holdings meetings, and building stronger relationships by working with community members and the police. While these interactions have mixed results, with some leading to stronger communities’ other sites still struggle against the push to redevelop a space with a vision that does not include an SCS. However, SCS as a place addresses the concerns that the community has through their design and operations.

Chapter Eight: Built Forms and how They Relate to Community Problems

This chapter explores the physical space of SCS through interviews with managers and how the design and operation of SCS can affect the relationships SCS have, and how SCS can act as a place of empowerment or result in potential community concerns.

While each SCS's space and design differ greatly, there are common issues with all sites, such as lack of booths, washroom facilities, and privacy. For example, when there are not enough washroom spaces, PWUD and other individuals try to access washrooms from a business or defecate in public. Similarly, lack of privacy by having police outside sites or regularly patrolling sites can lead some individuals to use in other locations out of fear of arrest or stigma. SCSs provide a space for PWUD and houseless individuals to exist, but they also provide a safe space for PWUD to develop relationships with the community. These relationships are important as they can help address stigma and reduce tensions between the communities and SCSs.

While space issues might seem trivial to some, the spaces in our day-to-day lives shape how we interact within them. For PWUD, the spaces of SCSs and the community shape many of their interactions. As a result, the spatial design of SCSs can either mitigate or intensify the issues of social disorder in the surrounding community. This chapter explores how SCS spaces such as washrooms, booths, and post-injection relate to social disorder. From my interview data, I found that indications of social disorder are often connected to spatial design issues within SCSs. For example, when there are not sufficient washroom spaces can lead to public defecation. Similarly, wait times, privacy concerns, and lack of inhalation rooms can lead to

public drug use, all of which community members are concerned with. However, even if the built forms of SCSs lack sufficient space, they are often the only solution to these problems as communities lack spaces and services for houseless people and PWUD.

Washrooms Spaces

While washrooms are common in almost every building in western society, often these spaces are limited to a select few, such as paying customers or employees.

Figure 8.1

Two photos from Calgary businesses Subway and PetSmart

Most of us do not have to consider where we will use the washroom as we have access to washrooms in our homes or can purchase items to access washrooms in public. However, there is an increasing lack of publicly available washroom facilities for houseless individuals to utilize (Duneier 1999: 173-87). When they do access them, they are often met with discrimination. The built spaces of SCSs often offer sanctuary from this problem but are not immune to issues. The lack of washroom spaces in urban cores contributes to community concerns by often leaving nowhere but public spaces for people to use as washrooms.

This problem of accessibility to washrooms has been amplified during the Covid19 pandemic as many businesses were closed to the public, further limiting washroom access (Barrangeret al., 2021).

Figure 8.2

Sign by the public washrooms in Calgary's central memorial park

Managers indicated that SCSs are often one of a few publicly available washrooms for people to use before Covid19. During Covid19, site managers indicated that often the next available public washroom was over 5km away. While many individuals access SCSs to use drugs and access other services safely, the importance of a public washroom in SCSs cannot be overstated. Lack of access to washrooms has resulted in several community issues inside and outside the SCSs and the larger community. These range from public urination and defecation to overdoses and sleeping in washrooms.

At most of the sites we interviewed, managers indicated that wait times for injection booths might lead some individuals to inject in the washrooms. Depending on how the

washrooms are designed, it can be challenging for staff to access individuals overdosing in the washroom. One SCS manager stated that they…

> *"Purposefully put shitty locks on the washrooms, so it is easy for staff to break in. In the past, with our first design, someone overdosed, and we had to break the door down, which is not safe for the client or staff."*

This means that washrooms must be planned and designed to address this issue. Two managers also indicated that one site has a great solution to concerns about safety by implementing a light system where a light and alarm go off after 5 minutes; however, this is an expensive system. From my interviews, it seems most sites rely on staff to monitor washrooms with a check in after a set time limit. SCSs have designed their washrooms with doors that open both ways and have locks that staff can unlock with keys or cards in response to this risk. Similar concerns have been raised about the planning and potential development of public washrooms. For example, more and more public washrooms use blue lights to make it more difficult to inject drugs (Portland Loo, 2020a; Portland Loo, 2020b).

While safety is one concern that SCSs have with washroom designs, the number of washrooms is another. With the busiest sites in Canada see upwards of 500 people each day (Government of Canada, 2020, p1), the use of washrooms at these sites puts them through a great deal of wear and tear. SCSs washrooms often are not designed to handle the number of individuals who access the site during a day. What is more problematic is that the design requirements by Health Canada often mean utilizing materials that easily break, such as automatic soap dispensers. Managers from our interviews indicated that while automatic soap dispensers mean individuals are touching fewer surfaces, the sensor components break more easily than traditional push soap dispensers.

Similarly, the sensors on sinks also break more frequently with higher use. One of the most frequent things to break is the toilets or the plumbing for the toilets. As site managers indicated in my interviews, individuals who use opioids or other drugs are often constipated. This, combined with non-flushable items getting flushed down the toilets, often causes clogs in the toilets or pipes. Other frequent repairs to washroom facilities often mean that access to washrooms is further limited in the community.

Interviews indicated a stark trade-off between durability and comfort in washroom design. Managers discussed the challenge of ensuring durability without utilizing designs and materials used in prisons, such as steel toilets, which can be triggering for some people. On the other hand, when creating a comfortable, home-like atmosphere is emphasized, this can lead to more frequent washroom closures due to repairs or cleaning.

This limitation to the accessibility of washrooms translates outside the SCSs as individuals waiting to access the sites may not wait to use the washroom facilities and choose to utilize a back alleyway instead. It is uncommon for businesses to allow people to utilize their washrooms. Simultaneously, businesses and residents will complain about people using back alleys or other parts of the community as washrooms (Greed, 2003; Little, 2020). While community members and businesses cite safety concerns, such as having someone overdosing, the limited access to public washrooms does not leave many options for communities. While SCS washrooms are primarily concerned with safety, community members' concerns about washrooms focus on misuse and potential disorder (Barranger et al., 2021; Solomon, 2014). This concern of misuse in public washrooms does not just apply to SCSs but washrooms in businesses, parks and other public washrooms (Barranger et al., 2021). While some designers

have added timers to washrooms or other safety measures, the fixation on issues of washroom space ignores the inequalities communities face and instills further that public space is only for certain people (Barranger et al., 2021; Solomon, 2014). Often this leads businesses and staff in the downtown core to address the problem themselves.

When communities do not address limited public washroom spaces, it forces businesses to make a difficult choice as to who has access to their washrooms and who does not. Where washrooms are more accessible to all community members, such as Tim Horton's or McDonald's, I observed a significant increase in the number of community complaints about PWUD and disorder. I also saw a large amount of stigma towards PWUD in these locations, with communities being upset or angry about shared washroom spaces with PWUD and houseless individuals. From my Google review data, I found that in shared spaces such as fast-food establishments, community members often complained about sharing washroom space with PWUD and houseless individuals. Out of the 40 fast food locations I looked at, only ten did not have negative comments about sharing washroom space with PWUD and houseless individuals. In total, there were 62 negative comments about sharing washroom spaces out of 22,378 comments we looked at in Google reviews. One example from a Tim Horton's near a site in Toronto indicates the issues of washroom spaces or lack thereof and how it results in conflict.

> *"if you've been wanting to know what it's like to be inside a homeless shelter or a safe injection site, look no further. I've seen people shooting up inside the bathrooms there, people screaming at the staff, and every time i go i get asked for change."*

Community member's complaints about sharing these spaces also bring up an important issue of overdoes and potential drug paraphernalia that businesses are responsible for. This leaves businesses trying to navigate safety concerns that they are not equipped for while also

providing food services like washrooms to customers. When demand exceeds washroom supply within SCSs, it likely causes PWUD to use public spaces or surrounding businesses, which can cause conflict and safety concerns.

SCSs have become one of the few accessible public washrooms for PWUD or houseless individuals to access year-round without the fear of stigma or judgment. While community members have concerns around public urination and defecation from those that access SCSs, it is often SCSs that reduce this public disorder or are at least trying to provide accessible public washrooms in the community. While SCSs are not the whole solution to the lack of public washrooms in cities, they are part of a solution.

Non-profits, academics, and other community members are increasingly advocating for more public washrooms (Barranger et al., 2021). Cities are starting to address the lack of public washrooms with such projects as the Calgary Portable Washroom Pilot that placed portable washrooms throughout the downtown core or the Pop-Up Winnipeg Toilet pilot (Barranger et al., 2021). While these are good pilot projects, they often do not operate during the winter and are always subject to being defunded as the political landscape changes (Barranger et al., 2021). These projects also face opposition from wealthier neighbourhoods worried about how public washrooms might increase crime and unwanted foot traffic to their communities (Barranger et al., 2021). However, these claims are often unfounded, as often, no complaints were filed regarding the installation of public washrooms (Barranger et al., 2021). However, there have been instances of opposing public opinions resulting in the suspension of building public washrooms facilities such as in Sun Yet Sen Park in Montreal (Lau, 2018; Leavitt, 2020; Scott, 2018). Often the issues of public washrooms lack communication between stakeholders

and community members (Barranger et al., 2021). This can lead to misconceptions about public washrooms being places of crime or being dirty and lead to projects being suspended because of the lack of consultation with the community (Barranger et al., 2021). For now, it seems that SCSs are one of the few places PWUD and houseless individuals can access washrooms freely in the city. In addition, it is one of a few permanent community solutions to complaints of public urination and defecation. Other spaces like washrooms also provide the potential to benefit communities as a whole and reduce complaints of disorder. One of these areas is that of the injection and post-injection spaces.

Injection and Post-injection Spaces

Most SCSs have similar injection spaces that correspond to recommended health and safety guidelines set out by Heath Canada (See image below).

Figure 8.3

Insite Vancouver Injection Room

These spaces, like the name suggest, are where individuals inject or use their substances under supervision. From our interviews, we found that post-injection spaces are

common among SCSs but differ depending on the size of the SCSs. However, most post-injection spaces have similar design plans such as couches, snacks, TV, and music, providing a place for PWUD after consuming their substance of choice.

Figure 8.4

Insite Vancouver Post injection Space

While these spaces are relatively similar, some variations impact the experience of PWUD and affect social disorder outside of the site.

While all sites are expected to be utilized by different community members, the demand can exceed capacity. Mangers from our interviews indicated a change in the drug supply has caused some individuals to need more time in SCSs. Managers also indicated that individuals might need more time in the site if they have difficulty finding a vein to use. Most sites limit the injection space to 15 minutes to help reduce wait times. However, not having enough booths in the consumption room for the community's demand, even with time limits, can lead to wait times. This often translates to individuals injecting outside of the SCSs or in other parts of the community, as SCS managers have indicated it is problematic for community members. This

also puts those using at risk if they overdose. This also contributes to potentially increasing drug debris as intoxicated individuals may not always clean up their supplies. Additionally, if they overdose, all their supplies will be left behind when the EMS arrives. The other issue is that it does not help divert people away from EMS and other health services, which is one of the goals of SCSs.

While some sites have inhalation rooms, many do not. This is problematic as some individuals prefer to smoke instead of injecting drugs. The lack of inhalation spaces in SCSs causes other issues around the site. Many PWUD see the site as a place of community, and by not having an inhalation room, some individuals may choose to inhale outside the SCSs or in nearby businesses or washrooms while they wait for their friends or while waiting for other services offered by the SCSs. This is particularly problematic as PWUD may switch between substances and methods of use, forcing individuals to use in public because there is no space for them to use.

In addition to issues of space, time is another problematic issue when it comes to SCSs. Some sites operate 24/7, but all the clinic sites have closing times (See Appendix E), with most sites not operating 24/7. Managing PWUD and having an end to services can be difficult for non-24/7 sites. As managers indicated, It takes quite a bit of time for some individuals to go from injection to post-injection as they have certain rituals around their injection practices. This results in sites taking different approaches to manage time, with some sites having a cut-off period when people can come into the site. Other community members who have a history of staying past closing are given special times for accessing the services. The problem here is where to go when the site is closed. In some instances, managers of SCSs have indicated that

PWUDs loiter around the SCSs after it is closed. This can lead to increased community tensions as SCSs make the houseless population more visible within the community.

Mangers of SCSs have identified a few problems they encountered when initially starting their SCSs after hours, such as drug dealing, using drugs, camping, loitering, and increasing drug debris by the SCSs. To address increasing concerns, some SCSs have hired security to help monitor and encourage individuals after the site has closed to be neighbourly and respect the rules of the SCS and the broader community. One concern of managers was that this would displace these nuisances down the street or to other parts of the community, such as a nearby mall in one case. However, this has not proven true, as discussed in Chapter 5. There has not been a drastic increase in public nuisances in nearby neighbourhoods, indicating that PWUD respects the wishes of the community and SCS or that they have dispersed enough throughout the larger area not to be noticeable compared to the normal characteristics of the community. Alternatively, they have moved into more secluded areas or private residences such as trap houses. Trap houses are low-income housing that is unutilized by several people to buy and use drugs in a community. Unfortunately, in many of these communities, low-income housing is becoming less common because of gentrification. As a few managers discussed, this could lead more people into houselessness, leading people to use public spaces like their homes.

In one instance, a SCS modified their courtyard to allow injections to happen outside. Interestingly the manager indicated that many individuals preferred to inject outside as it was more comforting and familiar. They also noted fewer escalations and more positive experiences with the injections outside. Similarly, in many of the post-injection spaces, the design of the

space was planned with PWUD. Most of the design changes made the space feel more like a home than a medical facility. However, as with the washrooms, there is a need to balance comfort with the durability of materials. This often means buying more expensive furniture. One other aspect that was noted was the inclusion of art in both injection and post-injection spaces. While everyone agreed that art and natural light are important, sites must be careful in that the art choice does not cause adverse reactions. As one manager indicated, a mural of a forest scene may lead individuals to think they are lost in a forest, causing a panic attack.

Privacy and the Need for Space

Privacy is a concern for many of the users of SCSs. In the past, research has indicated that SCSs built into existing clinics offered more discretion in services than a stand-alone site as individuals accessing a stand-alone site are only there for one reason, unlike health clinics (Bayoumi, Strike, 2012). However, users of SCSs have indicated that clients do not offer nearly as much privacy as initially thought (Bardwell et al., 2020). For example, a clinic may offer some discretion from entering the building from the street. However, the spatial layout of clinics does not address users being seen accessing the SCSs inside the clinic (Bardwell et al., 2020). In addition to this, the spatial layout of clinics often limits users' view of who is outside the SCSs while individuals in the waiting room or entering the clinic have a direct view of people coming and going from the SCS. This spatial concern has been identified in two SCS clinics in Ontario by users (Bardwell et al., 2020).

Users of SCSs are often concerned about peers, family members and staff from agencies they use seeing them accessing a SCSs. Another concern is being seen by law enforcement or

security. While SCSs have received an exception from the law regarding drug use. For PWUD there is still a concern about using while law enforcement is nearby. This fear of law enforcement is potentially from past traumatic experiences. This is a significant hurdle for many users wanting to use SCSs. Many communities that SCSs have been placed in have requested and been given different kinds of law enforcement to address concerns from community members about safety. Also, many law enforcement individuals themselves have a stigma or bias against users, which can lead to target individuals before or after entering the SCS. This experience or past experiences can lead to Individuals avoiding using SCSs. While this is still of great concern, many of the sites have built positive relationships with the RCMP or City Police. While this still does occur, with changes in how policing is done this will become less of an issue. An example of this is when the police have established positive relationships with PWUD and SCSs discussed in chapter seven.

This concern of discretion is likely a rationale for some individuals not to use an SCS. Some suggestions have been made in how structures of SCS can be adapted to provide more discretion for users, such as altering physical layouts and having access to SCSs be in less visible areas such as a side door from an alleyway (Bardwell et al., 2020). While this is a possibility in some clinic locations, this does not address the stand-alone or mobile facilities.

Users' need for discretion is linked to another aspect of harm reduction: the reduction of shame and stigma associated with drug use. For many users, the concern of privacy and accessing an SCSs is that of not wanting to be seen or associated with drug use (Bardwell et al., 2018; Krusi et al., 2009; Rhodes et al., 2007). Given the importance placed on users' discretion

and privacy, an essential physical characteristic in our observations of SCSs across Canada is how the building design and placement allows discretion and privacy when access SCSs.

In the stand-alone sites that we observed, there was more privacy. The site location tended to be off main roadways and in areas where individuals accessing services are less likely to be spotted by community members. The trade-off in these locations is that they are often near other agencies or resources that individuals may access, which increases the chances of being spotted by peers or staff from other agencies.

Stand-alone locations, while primarily offering safe injection services, offer several other programs for individuals to access. Because of this, privacy for the stand-alone sites is similar to a clinic site. However, the significant difference is that the stand-alone sites do not generally have members of the public walking in. Not having members of the public viewing who are accessing the site might make PWUD feel more comfortable accessing the site, knowing they will only be with peers and the site staff.

The clinical sites are not much better when it comes to privacy, with most locations being very public. Take, for example, the Calgary's Sheldon Chumir, Vancouver's Dr. Peter Centre, or Hamilton Urban Core Community Health Centre. All are located on major roadways with access to the SCS very visible among other businesses and houses. While medical clinics offer the ability to give other reasons for being there, the interior spatial configuration inside does not provide privacy or discretion (Bardwell et al., 2020).

While these studies have brought up issues from privacy in clinics the managers of clinics from my interviews indicated that this had not been an issue for the individuals accessing

their sites. This, as they state, is because when you are entering the clinic, no one knows why you are there. You could be there to get wound care or meet with a psychologist, for example. However, when entering the injection room, it is possible people will see you accessing the SCS. In some cases, clinics have added side doors for people to leave the site to increase privacy. Managers acknowledge that some individuals choose not to use their site because of privacy concerns, but they are lucky in their cities as there are other options as there are less public sites to access.

Bardwell's suggestion was to have a separate entrance into the center like the SCS in Calgary. For example, the Calgary SCS at the Sheldon M. Chumir Health Centre building has a separate side entrance. This means that individuals accessing the SCS do not have to go through the main hospital doors. However, this suggestion takes us back to the issue that stand-alone sites have. Those individuals accessing the site are easily spotted from the street and using this side door identifies why you are there and brings up issues of stigma and shame.

Probably the most problematic SCS regarding discretion and privacy are the mobile R.V sites. While they provide the convenience of moving to different locations, the current site locations are very public and near other services. Both the Grand Prairie and Kelowna site's locations use parking lots of existing services. While I currently speculate that the rationale for this is convenience or lack of other approved locations by the cities, it does likely affect the number of individuals accessing the sites.

Interestingly, while all sites had privacy issues, this seemed not to be a significant concern for most people who access the site. The rationale for this seems to be that PWUD see

themselves as part of the community, and even though they may get judged by others for accessing the SCSs, it is the closest thing to home that many of them have. SCSs are also a place where people feel the most comfortable and safe to be. SCSs give people a place to call their own, a palace where they are respected and treated as humans without the sigma, they might face from others outside of the SCS community.

The one area of privacy that others were concerned with is that of injection and post-injection. Some PWUD cannot utilize convenient veins because of past use, so they utilize veins in their groin or jugular. For these individuals, privacy is a concern, but sites often utilize shower curtains or staff bodies to give some privacy because of limited space. In one case, a site has built an individual consumption room for individuals to inject themselves while staff watch via camera. This unique design addresses many concerns around privacy. This design also has a separate entrance and exit from the rest of the site that staff buzz people and out of, reducing your chances of running into anyone. The only issue is that it is so popular that there are long waits to utilize this space.

The built spaces of SCSs can influence who access them and what that access looks like. Similarly, the space of sites can lead to social disorder issues in the community if the physical space cannot accommodate PWUD and houseless individuals and there are no other services such as public washrooms for individuals to use. PWUD and houseless individuals do not stop using or disappear when a site closes or there is a wait time. Often the result is using public spaces much like we use our own private homes.

Chapter Nine: Conclusion

This thesis looked at how the geographic location, material form and meaningfulness of SCSs influence community relationships. In short, the place of SCSs do influences community relationships. SCSs do this by mediating community concerns through their design, services, relationships, and discussions. This in turn reduces stigma, addresses concerns through design features such as bathrooms, and booths. Ultimately the place of SCSs strengths many community ties and provides essential services to individuals who have few places in the city left to go to. In this chapter, I outline some of the key findings and how they relate to SCSs as a place and influence community relations. I end this chapter address the limitations of this thesis.

What SCSs Built Forms Offer for Communities

The different built forms of SCSs have the potential to address the community concerns about social disorder. However, SCSs alone cannot be solely responsible for the many concerns community members have around social disorder (Wood et al., 2006). Often, social disorder issues highlight larger societal issues in urban cities, such as the lack of publicly available washrooms (Duneier 1999: 173-87). For others, concerns such as loitering or sharing spaces with PWUD are grounded in stigma rather than genuine concerns. As my interviews have indicated this is a tricky line to walk balancing legitimate concerns and those based in stigma. In both cases managers of SCSs address concerns and stigma through discussions or tours. In doing so mangers of SCSs improve their relationships with different community members creating a stronger community that can tackle problems together. While the relationships

themselves are beneficial the physical built forms of SCSs also play an important role in community.

Social Disorder and SCSs Built Forms

The built forms of SCSs, while different, all take the blame for the numerous issues that urban cities face such as drug use and houseless people being visible in communities. It is likely that having a physical location that embodies the stigma of drug use and houselessness results in an easy space to blame the failings of cities. With these issues becoming more public and controversial, SCSs and their built forms play an essential role in how communities address these issues as the space they occupy becomes a resource different people want to control.

Observationally the indications of social disorder are likely not caused by SCSs, as much as community members have indicated. The placement of SCSs in communities lowers scores of social disorders and improves the quality of life in communities by reducing the risk of drug debris, public injecting, and overdoses (Kolla et al., 2017). While SCSs do their best to take care of issues in the surrounding area, they cannot solely address social disorder throughout a whole downtown core as their staff and funding are limited.

While social disorder is often the biggest concern for community members associated with SCSs, these issues existed before SCSs were placed in their current locations. As the managers indicated in my interviews and in the guidelines set by health Canada, SCSs are placed in areas that have a required need for them. SCSs are not just placed randomly in communities indicating again that the problems many community members cite as concerns already exist.

Complaints about social disorder in cities are not just located near SCSs but throughout the downtown core. While built forms of SCSs can mitigate some of the concerns around social disorder, this is often dependent on spaces that exist for houseless people and PWUD. For example, each SCS has a different number of booths for individuals to inject drugs. Mangers of SCSs that we interviewed have indicated that if there are not enough booths, wait times will increase. When wait times increase, people will begin to loiter outside, and contribute to social disorder. Wait times can also lead people to inject outside the site or in the community. The choice to inject outside the site increased the chances of overdoes, drug debris/litter and other forms of social disorder in the community.

Similarly, some sites have incorporated smoking rooms for individuals to inhale substances safely. Some managers from our interviews indicated that not having the ability to have inhalation rooms often misses a section of PWUD. Managers also mentioned that a lack of an inhalation room often leads people to use outside of the site as they wait for their friends or feel safe if they need an intervention.

Having spaces for PWUD has several benefits on of one of those being the empowering nature of giving space to those who otherwise don't have a space to be in. This can create a sense of pride, respect, and a place to call their own for PWUD. It becomes a place to access different services, use the washroom, hang out with friends, and feel safe. Making more spaces for PWUD also means more booths, washrooms, and different services and programs for individuals to access reducing the social disorder communities are worried about while also providing necessary healthcare and services for a marginalized group of people in Canada.

I suggest that the physical spaces of the SCSs in Canada should be expanded to include more services and provide safe spaces for individuals to hang out instead of the park across the street. I would also encourage city planners and cities to conder who spaces are being developed for and how newer developments can be structured less as resources for control and more as potential solutions for ongoing problems such as addiction.

One suggestion voiced by some SCS managers is the inclusion of outdoor space such as a courtyard for people to hangout in post injection; this could provide a space for people to spend time in rather than city parks, but it does not address the issue of affordable housing or poverty. Other suggestions by SCSs mangers are having more sites in cities to limit the congregation of PWUD and houseless individuals around one service site. These suggestions are particularly important as communities undergo gentrification and spaces like SCS become commodified as other spaces available for PWUD become less available and newer individuals to the community have greater stigma towards them.

Power and Space

As people perceived social disorder as a correlation to increased crime, this can lead to concerns around safety. However, in my research, SCSs provide a more monitored space and safety than previously existed in the community. In addition to having staff and security often, there is a police presence nearby as our interviews with mangers have indicated. I also observed this at the Calgary location over a week, where police were stationed nearby the SCSs and routinely did patrols around the site. Police presence is more than just security; it is the physical representation of different power structures in communities and the more significant

class issues of who has the right to public spaces and ultimately who has a right to be in the community (Mitchell, 2003).

When we look at what people are concerned about as social disorder such as litter, loitering, public urination and sleeping in public, we see how laws are being used to police space (Hermer, Fonarev, 2020; Mitchell, 2003, p161-173). This policing of public spaces is not done in the best interest of everyone. Instead, it is done to control space for a specific group of people. The control of public space puts houseless individuals and PWUD in direct conflict with many community members who have a different vision of what their community looks like. The built forms of SCSs are a physical challenge to many of these visions and often embodies the issues community members would rather forget the existence of. Community members do acknowledge that these problems exist and that SCSs are important in saving lives, they just do not want them in their community (Kolla, et al., 2017; Strike. et al., 2015). However, when they are forced to acknowledge these problems so close to their own lives either via business and residence many feel threatened and resort to stigma-based comments to NIMBY movements. NYMBY as a movement is one way of trying to displace SCSs and thereby the physical manifestation of the problems of addiction, poverty, and mental health in a community. However simply trying to move a SCS does not address the root problem it just makes it less visible and takes away power from PWUD and houseless individuals by taking away their spaces.

SCSs are one way that houseless people and PWUD take back some of the once public spaces that they are not allowed to be in. Conflict over who has the rights of space in communities often puts SCSs at the heart of many conflicts in redeveloping communities. The

physical take back of space by SCS forces communities to address the problems of addiction, poverty, and mental health that for a long time have been ignored except when community members must share space with those affected by these issues, such as in a McDonald's or a park.

If communities are truly concerned about social disorder, they should be proponents of SCSs. As other research has indicated social disorder does not lead to serious crime rather, they are the result of poverty, discrimination, and a lack of trust between each other (Harcourt 2001b, A23; Mitchell, 2003, p227). The built forms of SCSs not only save lives but they provided spaces to those that have none. SCSs start discussions and provide some solutions to the issues of poverty, distrust and discrimination in community that can result in lower levels of social disorder and stronger communities. However, this is not done without great struggle as the physical space of SCS challenges Canadians and values in a personal way. A way in which many find it hard to admit that poverty, addiction, and mental health issues are much closer to them and their community then they would like to believe. The built forms of SCSs are an important part of revitalization of downtown cores and while the spaces are contested it is a necessary one.

SCSs as a Place

SCSs as a place are more than just clinics, standalone sites, and mobile trailers. SCSs take on different interpretations and behaviours. For some, SCSs are seen as a cause of social disorder and thus more crime. Even if SCSs reduce social disorder, the belief that SCSs cause social disorder may cause the problems community members are afraid of to manifest (Hwang,

Sampson, 2014). The place of an SCS for others is a place for building community and addressing issues of houselessness, substance use and mental health. For others, it is a bastion of having a place to call your own to use the washroom to feel safe. Perhaps the most common understanding of SCS is that it saves lives.

SCSs have different interpretations as a place. They are also a place of heated debate. Changes such as bike lanes, SCSs, parks, road expansions and pedestrian pathways often seem beneficial, but they are generally not designed with everyone in mind. This often leads to conflict between the many different people who inhabit cities. Because public spaces are accessible to anyone, there is often conflict between people and the understanding a place. These clashes of urban spaces reflect the social struggles of society, such as race and inequality or poverty and wealth. Public spaces are where these clashes take center stage in the form of protests, and at the same time, the spaces themselves are products of that divide. In this way, urban environments can be created "individually and collectively to make the city through our daily actions and our political, intellectual, and economic engagements. But, in return, the city makes us" (Harvey, 2003, p939).

SCSs as a place are unique because the interpretations and understandings of the SCS are not currently fixed leading to changes in how people see SCSs. These changes in relationships come about as SCSs adapted to changing drug supplies, and the community's concerns, SCSs change physically and in how they are perceived. Similarly, through tours and building relationships with other members of the community, others see and change their interpretation of what the place of a SCS is. The differences in the type of site, location, and interpretations results in different community relationships with some sites have more support

and others having less. The importance of place of SCS is how it can shape people's understandings and behaviors. As one manager quoted a community member after a tour: "Is this it, I don't get what all the fuss is about?".

Harm reduction and other public health research should go beyond looking at positive health outcomes and include how the spaces they create influence the community. In my research, SCS, as a place, do far more than save lives. They provide services such as housing, bathrooms, jobs, people to talk to and a place to be and go. In doing so, SCSs become much more than just SCSs they embody many of the social issues people would prefer not to acknowledge or deal with. This puts SCSs in redeveloping areas of cities in competition for space as other groups see SCSs as a public nuisance rather then essential service addressing many of community's concerns when it comes to social disorder. As SCSs are new to the urban environment, their meanings continue to change as the place of SCSs changes the people and their stories around it also do. SCSs are a unique way of seeing how a place can take on different meanings and how a place whose primary goal though harm reduction, focuses on saving lives, can take on different meanings than the original place was intended to have. The fluidity of SCSs also highlights the importance of how built forms while semi-permanent fixtures in society can continue to reproduce different stories and behaviors of the people around them.

Limitations and Future Research

There were a few limitations to this study. The first is that while Google reviews and Google Street View provide a unique way of exploring urban communities, they lack some of

the detail that a traditional ethnography would produce. Similarly, while Google reviews provide a way of understanding patron's experiences in different businesses around SCSs, they may not fully capture the stories of patrons or business owners. The scale I developed to measure social disorder was limited in what could be observed visually via Google Street views. In addition to this, the scale is ordinal. Future research should utilize interval data to analyze the observations further. Working with businesses and other community members to develop a more accurate measure of online visible social disorder as the weighting of different items would improve the scale.

Further research should look at interviewing different community members around SCSs and spending time in these communities to understand further the unique and different experiences of those interacting with the built spaces of SCSs. This research also did not include interviews with managers from mobile sites. To further understand the differences between the types of SCSs, expanding the overall number of interviews and including interviews from mobile sites could add more strength to my current arguments and provide more insight into the differences between the kinds of sites. Other community members should also be interviewed along with police and other services to understand further the many relationships these sites have and gain a fuller picture and understanding of SCSs in Canadian communities. Finally, future research should also seek to learn more about the spatial and design elements of SCSs from PWUDs themselves.

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Appendix A

Interview Questions

1. What were the processes undertaken to develop the supervised consumption site?

- What were the challenges?

- What went well?

- What consideration were made in selection of or building of site.

2. Who was involved in the planning & development processes?

- Were planners involved?

- Who where the key stakeholders and what was their roles?

- Was the intended user involved in the process?

3. Were there any community consultations?

- What did those look like?

- What was addressed?

4. How was the location of the site decided?

- What was considered?

- How was the building chosen?

- What alterations were made to the building with any?

- What would you recommend for future site placement?

5. Are there other services attached to the site?

- What services should or should not be attached to the site

6. What community concerns were addressed, If so, how?

- What about concerns from users?

7. If changes could be made to the building, what would they be?

- What are the current limitations to the building?

- What are some of the strengths?

8. What has been done to continue to include various community members in the operation of the SCS?

- Clients

- Businesses

- Residents

9. What considerations for privacy have been made?

10. What does access to the site look like?

11. What does the site look like?

-inside

-outside

**12. What is your relationship with your washroom space?

** 13. What is your relationship with other agencies or groups in the community?

Appendix B

Supervised consumption sites social disorder ratings after SCSs

City	Site Name	Shopping carts	Trash/Drug Debris	Tents/camps	People loitering	Vandalism	Total out of 25 After	Change from before to after
Calgary	Sheldon M. Chumir Health Centre	3	2	0	0	2	7	+5
Edmonton	Boyle McCauley Health Centre	1	5	0	5	0	11	-3
Edmonton	George Spady Society	1	3	4	2	3	13	+1
Lethbridge	ARCHES	0	1	0	4	3	8	+5
Kamloops	Kamloops Mobile Unit	1	1	1	0	0	3	+3
Kelowna	Kelowna Mobile Unit	2	1	2	5	0	10	+6
Surrey	135A Street - SafePoint	1	4	1	5	5	16	-7
Surrey	Quibble Creek Sobering & Assessment Centre	0	0	0	1	0	1	0
Vancouver	Dr. Peter Centre	0	0	0	0	0	0	-1
Vancouver	Insite	5	5	5	5	5	25	n.a
Vancouver	Lookout Society - Powell Street Getaway	3	2	5	5	1	16	-9
Victoria	Johnson Street Community	0	0	0	1	0	1	0
Victoria	The Harbour	2	1	1	4	1	9	n.a
Guelph	Guelph Community Health Centre	0	2	0	1	0	3	-1
Hamilton	Hamilton Urban Core Community Health Centre	1	1	0	0	1	3	-1
Hamilton	Hamilton Urban Core Community Health Centre (interim site)	1	5	3	5	2	16	0
Kingston	Street Health Centre	0	1	0	0	0	1	0

Kitchener	Supervised Consumption Site - Kitchener	0	1	0	0	0	1	0
London	Carepoint	0	1	0	0	5	6	0
Ottawa	Healthy Sexuality and Risk Reduction Unit	0	2	0	3	0	5	-2
Ottawa	Sandy Hill Community Health Centre	1	4	0	5	1	11	+6
Ottawa	Somerset West Community Health Centre	0	1	1	4	2	8	+4
Ottawa	256 King Edward Site	0	5	0	4	4	13	-1
St. Catharines	StreetWorks Supervised Consumption Site	0	0	0	0	0	0	0
Thunder Bay	PATH525	0	1	0	0	0	1	-1
Toronto	Fred Victor Centre	0	2	0	1	4	7	-1
Toronto	Moss Park Consumption & Treatment Service	0	2	0	0	4	6	+1
Toronto	Parkdale Queen West Community Health Centre	1	4	0	4	5	14	-1
Toronto	Parkdale Supervised Consumption Service	0	3	0	1	4	8	+4
Toronto	Regent Park Community Health Centre Consumption and Treatment Service	0	2	0	0	2	4	-1
Toronto	South Riverdale Community Health Centre	0	1	0	4	0	5	+1
Toronto	St. Stephen's Community House	0	2	0	4	5	11	+1
Toronto	Street Health	1	4	2	5	5	17	+4
Toronto	The Works	0	2	1	2	1	6	-1
Montreal	CACTUS	0	0	0	0	0	0	-2
Montreal	Dopamine	0	0	0	1	5	6	+2

Montreal	Spectre de Rue	0	0	0	3	0	3	+1
Saskatoon	Prairie Harm Reduction	n.a	n.a	n.a	n.a	n.a	n.a	n.a

Appendix C

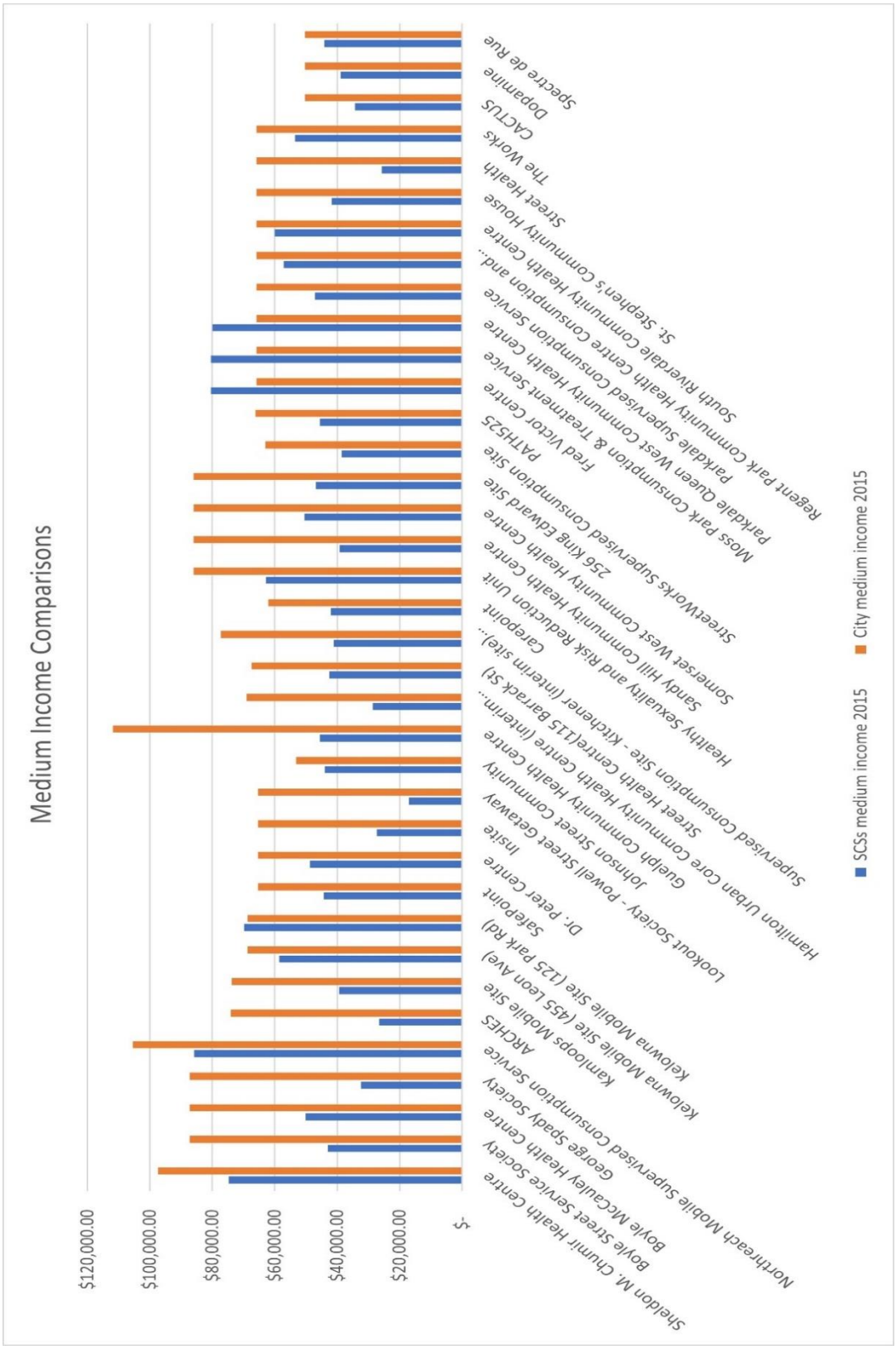
Locations of SCSs and Business looked at for google reviews

Location	**Location**	**Tim Horton's**
260 Augusta Ave	**Sheldon M. Chumir Health Centre**	10416 King George Blvd, Surrey, BC V3T 2W8
Trinity Common	Hudsons Canada's Pub	206 Keefer St, Vancouver, BC V6A 1X6
Kensington Brewing Company	Park By Sidewalk Citizen	**McDonald's**
The Arch Café	I Love You Coffee Shop	25 Joe Shuster Way, 1100 King St W, Toronto, ON M6K 0C7
Otto's Berlin Döner	Shelf Life Books	710 King St W, Toronto, ON M5V 2Y6
Location	Canadian Pizza Unlimited	356 Yonge St, Toronto, ON M5B 1S5
1229 Queen St W	The Beltliner	Urban Eatery, 260 Yonge St Unit J-002, Toronto, ON M5B 2L9
Alexandria Falafel	Subway	127 Church St, Toronto, ON M5C 2G5
Rustic Cosmo Cafe	Park Central Apartments	121 Front St E, Toronto, ON M5A 4P7
Doomie's	Rose & Crown Pub	1000 Gerrard St E, Toronto, ON M4M 3G6
Location	**Location**	222 8 Ave SW, Calgary, AB T2P 1B5
168 Bathurst St	**The George Spady Centre**	Edmonton City Centre, Unit 6, Edmonton, AB T5J 4H5
Five Points Nashville Hot Chicken	Macarons & Goodies French Bakery	10240 King George Blvd, Surrey, BC V3T 2W5
Mean Bao	All Happy Family Restaurant	**Starbucks**
Fall n' Leaves	Ying Fat Foods Ltd	1230 Queen St W #201, Toronto, ON M6J 0B4
Location	Rexall	625 King St W, Toronto, ON M5V 1M5

277 Victoria St	**Location**	10 Dundas St E, Toronto, ON M5B 1R7
Jack Astor's Bar & Grill Dundas Square	**10101 97A St**	1 Queen St E G5, Toronto, ON M5C 2W5
Blaze Pizza	The Industry	351 King St E #60, Toronto, ON M5A 1L1
Burrito Boyz	Ortho 101	869 Queen St E, Toronto, ON M4M 1J2
Asian Gourmet	Castaspella Boutique	23 Leslie St, Toronto, ON M4M 1B4
Imperial Pub	**Location**	Hotel Arts, 156 13 Ave SW, Calgary, AB T2R 0G8
The Senator	**10681 135A St**	9910 92 St #104, Grande Prairie, AB T8X 0E7
Pizza Shab	Nashville Hot Chicken	10362 King George Blvd, Surrey, BC V3T 2W5
Location	Sumerian Grill	850 Powell St, Vancouver, BC V6A 1H8
145 Queen St E	Easton Pharmacy	
Creamery X	Taste of Africa	
Queen Street Eatery	Mcc Thrift Shop	
Cubby Smart Kitchen	Heads Unlimited	
GEORGE Restaurant	BC Liquor Stores Whalley	
Saint Lawrence Residences and Suites	**Location**	
The George Street Diner	528 Powell St	
134 Sherbourne St	Dosanko Restaurant	
The Wing Shop	DTES Street Market	
Sewa meals for humanity	The Uncommon Cafe	
FAMO Sandwich Creations	Vancouver Buddhist Temple	
Chamsine Authentic Halal Cuisine Queen Street East	Double Happiness Foods	
Drift Outfitters & Fly Shop	The Mackenzie Room	
Longboard Haven	Princess Rooms-RainCity Housing	
1922 Cannabis Retail *DELIVERY NOW AVAILABLE*	Trumps Fine Food Merchants & Wholesalers	
KitchenMate	**Tim Horton's**	
Location	455 Spadina Ave., Toronto, ON M5S 1A1	
465 Dundas St E, Toronto, ON M5A 2B2	1480 Queen St W, Toronto, ON M6K 1M4	
Pure Pizza & Burger	1167 Queen St W, Toronto, ON M6J 1J4	
Sultan of Samosas	659 Queen St W, Toronto, ON M6G 1L1	

Marhaba Super Market Inc	26 Dundas St E, Toronto, ON M5B 2L6	
Locarno Hostel	10 Dundas St E Suite 104, Toronto, ON M5B 2G8	
SURMA SUPER MARKET	595 Bay St, Toronto, ON M5G 2C2	
Location	241 Church St, Toronto, ON M5B 1Z4	
955 Queen St E	323 Richmond St E, Toronto, ON M5A 4R3	
Eastside Social	335 Parliament St, Toronto, ON M5A 2Z3	
Te Aro	69 Regent Park Blvd, Toronto, ON M5A 0K7	
Avling Kitchen and Brewery	731 Eastern Ave, Toronto, ON M4M 3H6	
Ed's Real Scoop - Leslieville	1015 4 St SW, Calgary, AB T2R 1J4	
Value Village	539 17 Ave SW, Calgary, AB T2S 0A9	
Hone Fitness Queen & Carlaw	Unit #240, 10111 104 Ave NW 2nd Floor, Unit 240, Edmonton, AB T5J 0J4	
Billy's Burgers	10206 100 St, Grande Prairie, AB T8V 3K1	

Appendix D


Medium Income Comparisons
$120,000.00
$100,000.00
$80,000.00
$60,000.00
$40,000.00
$20,000.00
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Sheldon M. Chumir Health Centre
Boyle Street Service Society
Boyle McCauley Health Centre
George Spady Society
Northreach Mobile Supervised Consumption Service
Kelowna Mobile Site (455 Leon Ave)
Kamloops Mobile Site
ARCHES
Kelowna Mobile Site (125 Park Rd)
Safepoint
Insite
Dr. peter Centre
Lookout Society - Powell Street Getaway
Johnson Street Community
Guelph Community Health Centre
Street Health Centre (Interim site)
Hamilton Urban Core Community Health Centre (115 Barrack St)
Supervised Consumption Site - Kitchener (Interim site)
Carepoint
Healthy Sexuality and Risk Reduction Unit
Sandy Hill Community Health Centre
Somerset West Community Health Centre
StreetWorks Supervised Consumption Site
256 King Edward Site
PATHS2S
Fred Victor Centre
Moss Park Consumption & Treatment Service
Parkdale West Community Health Centre Consumption Service
Parkdale Queen Community Health Centre Consumption and...
South Riverdale Community Health Centre
St. Stephen's Community House
Street Health
The Works
CACTUS
Dopamine
Spectre de Rue
SCSs medium income 2015
City medium income 2015

Appendix E

City	Site Name	Hours of operation
Calgary	Sheldon M. Chumir Health Centre	24-hour service
Edmonton	Boyle McCauley Health Centre	8:00 am - 4:30 pm
Edmonton	George Spady Society	24-hour service
Lethbridge	ARCHES	N. A
Saskatchewan	Prairie harm reduction	Monday to Friday 10 am -4 pm
Kamloops	Kamloops Mobile Unit	10:00am - 6:00pm (Mon - Fri)
Kelowna	Kelowna Mobile Unit	12:30pm - 5:30pm (7 days per week) 7:00pm - 11:30pm (7 days per week)
Surrey	135A Street - SafePoint	7:00 a.m. - 1:00 a.m.
Surrey	Quibble Creek Sobering & Assessment Centre	N. A
Vancouver	Dr. Peter Centre	9am-3pm
Vancouver	Insite	9 am to 3 am
Vancouver	Lookout Society - Powell Street Getaway	8 am to 11 pm
Victoria	Johnson Street Community	10 a.m. - 10 p.m.
Victoria	The Harbour	8:00 a.m. to 8:00 p.m.
Guelph	Guelph Community Health Centre	9 a.m. to 4:30 p.m.
Hamilton	Hamilton Urban Core Community Health Centre	9 am to 9 pm
Hamilton	Hamilton Urban Core Community Health Centre (interim site)	9 am to 9 pm
Kingston	Street Health Centre	11 a.m. to 7 p.m.
Kitchener	Supervised Consumption Site - Kitchener	9 a.m. to 9 p.m.
London	Carepoint	9:30 am- 9 pm
Ottawa	Healthy Sexuality and Risk Reduction Unit	9 am to 5 pm
Ottawa	Sandy Hill Community Health Centre	8 am-8 pm
Ottawa	Somerset West Community Health Centre	9 am-4 pm
Ottawa	256 King Edward Site	24-hour service
St. Catharines	StreetWorks Supervised Consumption Site	9:30am-8:30pm
Thunder Bay	PATH525	Monday to Saturday 10:00am – 6:00pm
Toronto	Fred Victor Centre	8:30 am-11 pm
Toronto	Moss Park Consumption & Treatment Service	Sunday 12:00-6:00pm Monday – CLOSED Tuesday to Saturday 12:00-10:00pm
Toronto	Parkdale Queen West Community Health Centre	Monday, Tuesday and Thursday 10:00am-6:00pm, Wednesday 1:00pm-6:00pm Fridays 9:30am-4:30pm
Toronto	Parkdale Supervised Consumption Service	Monday, Tuesday and Thursday 10:00am-6:00pm, Wednesday 1:00pm-6:00pm Fridays 9:30am-4:30pm
Toronto	Regent Park Community Health Centre Consumption and Treatment Service	Monday: 9am – 6:15pm Tuesday: 12pm – 6:15pm Wednesday: 9am – 6:15 pm Thursday: 9am – 6:15pm (Women, Trans and non-binary day) Friday: 9am – 3:15pm
Toronto	South Riverdale Community Health Centre	Monday – CLOSED Tuesday – Saturday 12:00pm – 10:00pm Sunday 12:00pm – 6:00pm
Toronto	St. Stephen's Community House	N.A
Toronto	Street Health	Monday, Wednesday, Thursday & Friday – 10 AM to 4 PM Tuesday – 11 AM to 4 PM
Toronto	The Works	Monday to Saturday 10 a.m. - 10 p.m.

		Sunday 11 a.m. - 5 p.m
Montreal	CACTUS	Sunday- Thursday 2:00pm- 4:00am Friday-Saturday 2:00pm -6:00am
Montreal	Dopamine	8 pm to 1 am
Montreal	Spectre de Rue	Monday to Friday: 8:30 am - 5:30 pm Saturday Sunday: 8:30 am - 3:30 pm