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From risky places to safe spaces: Re-assembling spaces and places in Vancouver's Downtown Eastside



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ABSTRACT

Vancouver's Downtown Eastside (DTES) neighbourhood is commonly associated with stigmatized and criminalized activities and attendant risks and harms. Many spaces/places in this urban neighbourhood are customarily portrayed and experienced as risky and harmful, and are implicated in experiences of structural (and physical) violence and marginalization. Drawing on 50 qualitative interviews, this paper explores how spaces/places frequently used by structurally vulnerable people who use drugs (PWUD) in the DTES that are commonly associated with risk and harm (e.g., alleyways, parks) can be re-imagined and re-constructed as enabling safety and wellbeing. Study participants recounted both negative and positive experiences with particular spaces/places, suggesting the possibility of making these locations less risky and safer. Our findings demonstrate how spaces/places used by PWUD in this particular geographical context can be understood as assemblages, a variety of human and nonhuman forces – such as material objects, actors, processes, affect, temporal elements, policies and practices – drawn together in unique ways that produce certain effects (risk/harm or safety/wellbeing). Conceptualizing these spaces/places as assemblages provides a means to better understand *how* experiences of harm, or conversely wellbeing, unfold, and sheds light on how risky spaces/places can be re-assembled as spaces/places that enable safety and wellbeing.

1. Introduction

The geographical settings in which people are situated have been shown to influence both their health and experiences of health inequity, such that space/place is an important social determinant of health (Bambra et al., 2009; Braveman and Gottlieb, 2014; Cohen et al., 2003; Curtis and Jones, 1998; Fitzpatrick and LaGory, 2003). A variety of space/place-related factors have been found to impact health, including access to resources (e.g., health and social care, food and clean water, recreational facilities, schools), social networks, secure housing, and the physical/ecological factors of the geographical area (e.g., air quality, levels of traffic, building and street design, population density) (Browning and Cagney, 2003; Carpiano et al., 2011; Cohen et al., 2003; Macintyre et al., 1993).

Research shows that people living in structurally disadvantaged neighbourhoods are more likely to experience deprivation on these social determinants of health and are subject to stigma and discrimination because of intersecting factors such as gender, poverty and

Indigeneity (Benoit et al., 2003; Boardman et al., 2001; Collins et al., 2018; Schroeder et al., 2001; Williams and Latkin, 2007). Further, disadvantaged spaces/places inhabited by people who use drugs (PWUD) have been associated with increased risk and harm for community residents. One study of people who inject drugs (PWID) in Vancouver's Downtown Eastside (DTES) neighbourhood found that where people resided was independently associated with HIV infection (Maas et al., 2007). Similarly, other spaces/places commonly used by marginalized PWUD to consume drugs (e.g., alleyways and parks) have been associated with restricted access to harm reduction resources as well as increased risky drug use practices and associated harms (Ivsins et al., 2011; Ivsins and Marsh, 2018; Small et al., 2006).

Due to their generally reduced social status within disadvantaged neighbourhoods, marginalized PWUD disproportionately face multiple forms of social and spatial exclusion, including precarious housing or homelessness, harassment from law enforcement and security guards, and stigma and discrimination. This is often heightened by their use of public space, particularly evident in the DTES. Indeed, marginalized

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PWUD in this urban neighbourhood, many of whom are homeless or live in substandard housing such as single room accommodations (SRAs) and experience a variety of intersecting inequities, often have no other choice but to frequently be in public spaces as a result of not having a home, or because of restrictive and demoralizing housing policies that essentially force people outdoors (Boyd et al., 2016; Collins et al., 2018). For many PWUD in the DTES their days consist of moving to and from various places/spaces (e.g., SRAs, drop-in centres, parks, etc.), often using public and semi-private locations for economic opportunities (e.g., selling things and services) as well as to procure and consume drugs, relax, socialize, and sleep. Oftentimes these spaces/places are visible (on the street, in doorways), or afford some level of privacy such as alleyways, bathrooms, parkades, and abandoned buildings. The goings-on (e.g., drug dealing and consumption, sex work, panhandling, public sleeping and “loitering”) are mostly tolerated within this particular geographic area, while largely prohibited in other areas of the city. Such neighbourhoods as the DTES, and the public spaces/places within them commonly used by PWUD, are often associated with stigmatized and criminalized activities and are subsequently conceptualized as “open drug scenes”, “skid rows”, “strolls”, “ghettos” and so forth (Huey and Kemple, 2007; Wacquant, 1997). Images of such spaces/places in popular culture portray them and their inhabitants as destitute, broken, and in disrepair, and typically conjure impressions of risk, harm, delinquency and danger. Yet these neighbourhoods and the spaces/places they contain are peoples’ living abodes, provide a means of livelihood, and are areas of leisure and sociality. They are also at times sites of solidarity, empowerment, safety and wellbeing (Beazley, 2016; Boyd and Boyd, 2014), although popular culture (i.e., media sources) often leads us to believe otherwise (Woolford, 2001). While extant research abounds with studies focusing on the risk characteristics of such neighbourhoods (Linden et al., 2012; Ross and Mirowsky, 2001; Wood and Kerr, 2006), less is known about how these spaces/places can be understood as engendering safety, wellbeing, and resilience.

In this paper we examine how certain spaces/places frequently used by PWUD in the DTES that are commonly associated with risk and harm (e.g., alleyways, parks) are also at times experienced as spaces/places of safety and wellbeing (Boyd and Boyd, 2014). While many of these sites in this disadvantaged urban neighbourhood are highly regulated and impacted by broad socio-structural/political/economic forces, it is important to recognize that these spaces/places are not pre-determined by structural forces, but rather constructed and shaped in and through their use. Fast et al. (2013) suggest that “occupying a particular physical geography is a dynamic experience in which meanings tied to place are continually remade through the *social interactions* within (and increasingly beyond) these locations” (p. 99 emphasis added). We take this one step further by suggesting that it is not just social interactions that shape and (re)make space/place, but a myriad of human and nonhuman forces and mechanisms assembled in unique ways.

Our paper is framed by assemblage theory (DeLanda, 2006, 2016) which provides a novel means to better understand how spaces/places in the DTES can be understood as generating both positive and negative outcomes. It is useful to conceptualize these spaces/places as assemblages, that is, arrangements of variously connected heterogeneous actants including bodies, materials, and affects that shape behaviour and produce certain (situated) effects (i.e., risk/harm, safety/wellbeing) (Duff, 2016, 2011b). Borrowing a concept from actor-network theory (Latour, 2005) we can trace the *trail of associations* and relations of varied actants, including actors, affects, material objects, processes and technologies that make up spaces/places and their effects (Duff, 2013; Latour, 2005). The spaces/places in and through which actors move in disadvantaged neighbourhoods are shaped by their interactions with/in these sites, which involve relations between and among a variety of actants, including other actors, law enforcement figures and practices, economies, materials, rules/laws/codes of conduct and affect.

Key to assemblage theory is a rejection of subjects or contexts as the

basis for empirical research. Instead, subjects and contexts are understood as unique arrangements of processes, relations, affects, spaces/places, materials and so forth (DeLanda, 2006; Duff, 2016). Importantly, this type of analysis sees space/place as “a process of ‘co-functioning’ whereby heterogeneous elements come together in a non-homogeneous grouping” (Anderson and McFarlane, 2011, p. 125). This approach destabilizes linear understandings or explanations, providing instead a means to understand things/phenomena as relational processes made up of variously assembled actants (Farias, 2017). Conceptions of space/place as static and bounded physical geographies are replaced instead with notions of emergence, process, and multiple temporalities and possibilities (McFarlane, 2011). Rather than suggesting that outcomes such as risk/harm or safety/wellbeing are largely shaped by various structural forces, including social/political/economic “risk environments”, we argue that analyses of space/place and their varied effects need to also take into consideration events, relations, and processes (Duff, 2014). Applying these ideas to our exploration of space/place in the DTES through the voices of PWUD, we see these spaces/places as relational and emergent, involving constant interaction among a host of human and nonhuman actants. Through an assemblage framework we can trace the association among/between a host of seemingly disparate actants to better understand *how* experiences of marginalization, or conversely resilience, unfold, and to shed light on how risky spaces/places can be re-imagined/constructed as enabling environments (Duff, 2010; Evans et al., 2015; Rhodes, 2009). The potential for such an exercise is noted in McFarlane’s (2011) suggestion that “assemblage focuses on the disjunctures between the actual and the possible, between how urban inequality is produced and lived and how relations might be assembled otherwise” (p. 210).

While much scholarly work on substance use by marginalized groups is concerned with changing the behaviour of PWUD – including by promoting safer drug injection practices and other methods of harm reduction – our focus instead is concerned with the potential of altering the environments of risk and harm. This is accomplished by drawing on the enabling places literature to explore how certain spaces/places can be re-imagined and constructed to produce - rather than risk and harm - safety and wellbeing (Duff, 2010, 2011a; Evans et al., 2015; Moore and Dietze, 2005). The agency of PWUD is often depicted as being constrained by contextual forces that shape their experiences of risk and harm (e.g., engaging in unsafe injection practices). This paper aims to illustrate instead how PWUD in the DTES practice their agency by actively shaping local experiences, and their potential in (re)constructing spaces/places in the DTES as enabling environments and “geographies of resistance” (Beazley, 2002). Key here is attempting to understand spaces/places in the DTES not only in terms of their properties and conditions, but rather in terms of their capacities and potentialities for change. We thus pose two main questions:

- 1) How are certain spaces/places in the DTES assembled to produce risk and harm?
- 2) How can these spaces/places, commonly associated with risk and harm, be re-constructed as spaces/places of safety and wellbeing?

2. Methods

2.1. Research setting

The DTES is considered one of the poorest urban neighbourhoods in Canada with high rates of homelessness, unemployment, poverty and substance use (City of Vancouver, 2013). There is also a visible street scene, open drug market, and a proliferation of various stigmatized and criminalized activities (e.g., sex work, loitering, vending, public sleeping, public intoxication). It is estimated that 1 in 18 people in the DTES are homeless (Carnegie Community Action Project, 2016). Single room accommodations make up the majority of housing in the area, with 94% of the city’s SRAs located there (City of Vancouver, 2017).

SRA are for the most part substandard and undesirable, yet often are the only option available for area residents. Most SRAs have shared bathroom and kitchen facilities, and are infamous for unsanitary and undesirable living conditions, including bug and rat infestations, violence, drug dealing, noise, and lack of privacy (Collins et al., 2018; Lazarus et al., 2011). In response to the deficiency of affordable housing and persistent homelessness, the city recently committed to building temporary modular housing (600 units proposed with close to 300 already built) for low income and homeless individuals (City of Vancouver, 2018).

A significant number of social and health care services are available for the residential population, including drop-in centres, health clinics, outreach programs and homeless shelters, as well as services specifically for women (e.g., Sheway, an organization that provides social and health supports for pregnant and new mothers who use[d] drugs) and Indigenous communities (e.g., Vancouver Aboriginal Friendship Centre). The neighbourhood has also seen a proliferation of services for PWUD, including numerous harm reduction supply outlets, detox facilities, both sanctioned and unsanctioned supervised consumption facilities, and various overdose prevention sites. Vancouver has long been at the forefront of innovative responses to drug use, often being the first Canadian city to adopt harm reduction measures, including the first federally sanctioned supervised injection site (Insite), opioid/heroin assisted treatment trials (NAOMI and SALOME), and the current expansion and evolution of oral/injectable opioid agonist treatments. The DTES is also home to the Vancouver Area Network of Drug Users (VANDU), the first peer-run drug user organization in Canada established in 1998 to advocate for the rights of PWUD.

All of the authors have conducted community-based research in inner city neighbourhoods in Canada and have extensive experience working with structurally vulnerable groups and a familiarity with the DTES. Both Ivsins and Benoit have carried out research in the DTES. Boyd has collaborated with VANDU on various research projects, and co-authored a social history of harm reduction activism in the DTES. Through this work we have observed that common depictions of chaos, decay, crime and violence fail to capture the order, vitality, social support and comradeship experienced by many residents of the DTES and similar neighbourhoods in Canada.

The current study was carried out at VANDU, which operates out of a storefront building and serves as a safe space for PWUD. VANDU runs various education and support groups; these include groups for people who drink non-beverage alcohol (e.g., rubbing alcohol), Indigenous individuals who use drugs, people receiving methadone and metadone, and those who were part of the NAOMI and SALOME trials. The organization also provides harm reduction supplies, operates one of the several overdose prevention sites in the city, and actively engages in advocacy in Vancouver and surrounding municipalities to promote social justice issues and improve the lives of PWUD. To conduct interviews at their location and ensure the ethical and just involvement of its members, permission must be granted by the VANDU Board of Directors (made up of approximately 12 VANDU members elected to the Board) after they review the research protocol and meet with the investigator (s). Prior to approval by VANDU, the lead author met with the Board a number of times to discuss the research project and the involvement of VANDU members in data collection and dissemination activities, as well as address any potential concerns raised by Board members. Ethics approval was obtained by the Human Research Ethics Board at the University of Victoria.

2.2. Data collection and analysis

Fifty semi-structured interviews were conducted with PWUD in the DTES neighbourhood of Vancouver, BC in 2014. A number of VANDU Board members were hired to assist the first author with data collection by assisting in the recruitment of potential study participants, scheduling all interviews, and managing interview schedules. Study

participants were recruited in and around VANDU, as well as in nearby locations frequented by PWUD (e.g., shelters, drop-in centres). Most interviews were scheduled a day or two in advance. Potential participants were initially screened for eligibility by the recruiters, and eligibility was again confirmed by the first author prior to conducting the interview. Study participants were required to: 1) be at least 19 years old; and 2) use drugs for non-medical purposes.

Two-stage interviews were conducted by the first author in various private rooms in VANDU. A short (approximately 20 min) quantitative survey was followed by a longer (approximately 60 min) semi-structured qualitative interview. The quantitative survey included questions on: demographics; past/current drug use; methods of drug consumption; sexual involvement; mental/physical health; criminal involvement; stigma and discrimination; social and health service utilization. The qualitative interviews followed an interview guide drafted prior to data collection, but which evolved as topics emerged that were deemed relevant to pursue further (including the topic of this paper). The interview guide broadly covered the following topics: housing and homelessness; experiences living in the DTES; drug use history; methods of drug consumption; social networks; experiences of stigma and discrimination; violence, safety, and other social issues. Participants received a \$25 CAD honorarium for participating in the study once the interview was complete. All interviews were digitally recorded.

Quantitative data were analyzed with SPSS (v. 24). For this paper, which focuses on in-depth accounts of spaces/places, only descriptive/demographic quantitative data are combined with the relevant qualitative data. Interview transcripts were imported into NVivo (v. 10) for coding and analysis. Preliminary analyses were based on methods borrowed from Situational Analysis (Clarke, 2005; 2003), which involves including in the analyses all things (both human and nonhuman) relevant to the phenomena being studied, and analysing relations among them. An initial coding framework was developed based on a set of broad “general orders” such as ‘individual/collective human elements’, ‘nonhuman elements’, ‘drugs and drug use’, ‘issues and debates’, ‘spatial elements’, ‘sociocultural elements’, and ‘temporal elements’. As themes around spaces/places began to emerge, a coding framework was developed to capture more specifically themes related to experiences of these elements. It was at this stage that further analyses took into consideration assemblage theory and the coding framework was refined accordingly (DeLanda, 2006, 2016). It became clear, for instance, that narratives on spaces/places involved the confluence of human and nonhuman actants (and not just physical geographies), and that it would be pertinent to our analysis to allow for a symmetrical consideration of all actants involved in experiences of spaces/places. Further analysis involved engaging in the process of tracing or mapping associations found in participant narratives, which led us to understand spaces/place as relational, processual and emergent, and thus capable of re-imagining and re-making. Following from the ethics protocols of VANDU mentioned above, our analysis, and drafts of the paper, were presented to and discussed with the organization's Board of Directors to ensure validity. Pseudonyms are used throughout for participant and place/building names.

3. Results

In the following section, we demonstrate how spaces/places in the DTES can at times be assemblages of risk and harm, and at other times assemblages of safety and wellbeing. We first illustrate the role housing (and homelessness) – an assemblage itself – plays in shaping the use of spaces/places by frequently pushing PWUD into the public domain of the “street”. We then show how certain spaces/places are experienced as harmful, unsafe, and implicated in experiences of oppression and inequity. Finally, we demonstrate how these same spaces/places are sometimes experienced as spaces/places of safety and wellbeing, highlighting the potential to re-construct risky spaces/places as

enabling ones, which is particularly important in the current context of the overdose crisis in North America.

3.1. *"It's an address. But I don't call it home" – the housing assemblage*

A number of participants were truly homeless at the time of the study (five reported living on the street, and three in shelters). Those who were housed tended to be living in SRAs, including social supportive housing. While, as noted above, the City of Vancouver has recently taken measures to improve the state of housing in the DTES through renovations and newly constructed social housing buildings, most SRAs contain deplorable living conditions. Typical SRAs in Vancouver are approximately 120 square feet, and are notoriously dilapidated and rodent/bug-infested. When asked about the living conditions in SRAs, study participants commonly described unsanitary environments, such as when Alex (M/51/I)¹ described a former room he had rented: "It was just, there was the bugs, cockroaches. It was just ... you didn't want to go there half the time." This feeling expressed by Alex – of not wanting to be there – was a common theme among many participants who lived in SRAs, and related to various other issues associated with SRAs, including shared facilities, cramped quarters, and restrictive rules.

Single room accommodations in the DTES commonly have shared bathrooms and kitchen facilities, although residents will often acquire their own small bar fridges, hot-plates, or microwaves. Having to share bathroom and kitchen facilities was a common complaint, as Ryan remarked, "it would be nice to have my own shower and a real stove because I really like to cook ... I only have a little fridge, and you know it's good for a six-pack and two sandwiches and it's full. It's kind of a joke" (M/45/C). Justin's experience was similar, and he described how shared facilities force him away from his home for meals: "Well I would like my own bathroom, my own shower, my own little kitchen. Like I used to cook my own meals before ... And now I got to go eat at these other places. The food line ups." (M/55/I). Study participants also commonly recounted negative experiences with shared bathroom facilities, including frequently clogged toilets and other plumbing issues, showers/tubs being used to store and clean items such as bikes, and general uncleanness and unsanitary conditions.

Participants who lived in SRAs commonly referred to them as jail cells, complete with tenant policies that greatly restrict their freedom and are not typical in standard rental properties (including intrusive security and surveillance measures). These policies control residents' use of their rented rooms including curfews, guest restrictions (including overnight stays with partners), room inspections, and general codes of conduct. Similar to other participants, Nancy expressed how these experiences of living in cramped quarters under the watchful eye of building staff discouraged people from spending time in their homes: "when you're in the [SRA] you can't have visitors and stuff so you got to go outside ... if you want to do something" (F/71/I). Similarly, Ben related how the cramped quarters of his SRA room shaped his use of space/place by pushing him outdoors during the day, often only returning to his home at night:

If I stay there, during the daytime ... to me, it feels like the walls are closing in ... I don't want to be there. But once it gets dark, I'm okay. During the daytime, it's not a good place to stay for any length of time. (M/56/C).

These narratives demonstrate how, even when housed, the type of accommodation in which most PWUD in the DTES live shapes their experience of marginalization and inequity by pushing them out of their rented homes and into the public domain. We can see how the SRA can be understood as an assemblage of material objects (and their varied

states of disrepair), actors (building staff, other residents), rules and regulations, and affect and emotion that result in a specific effect (not wanting to be there). Through this particular assemblage, SRA residents are affectively/emotively moved to flee their accommodations only to find themselves in spaces/places customarily associated with risk and harm.

3.2. *"I'm out there all the time, my big living room" – the street assemblage*

During the day the streets of the DTES are lively, fervent with activity. Some blocks, such as those with overdose prevention sites and unsanctioned street markets, are teeming with people; there is at times a constant flow of movement and sense of urgency as people go in and out of buildings, up and down streets and alleyways, crossing intersections, looking for people, finding people, laughing, crying and arguing. Outdoors, study participants would spend time in various public and semi-private locations, including main avenues, alleyways, parks, drop-in centres and other social or health services. To the casual observer passing through the DTES it might seem hectic, but in all of this there is purpose as people socialize, sell things and services, procure and consume drugs, rest, eat, sleep, and generally go about their daily lives.

3.2.1. *Spaces/places of risk and harm*

Many of the public spaces/places frequented by PWUD in the DTES have been conceptualized as, and indeed can be, potential sites of risk and harm. Study participants often discussed the outdoors, or specific places like parks and alleyways, as areas that increased exposure to violence, unsafe drug use, stigma, and negative interaction with law enforcement and security personnel. Simply being on the street, under the gaze of the general public, resulted in stigmatizing experiences. Describing the feeling of being stigmatized by people driving through the area, Maya stated, "It's just, like the other people that are looking in ... They're judging us because we're addicts, right ... But we're still people" (F/50/I). A number of local parks are popular among PWUD as spots to sit and relax, and offer respite from the street. At the same time, they were described as inherently risky, increasing the vulnerability of PWUD to violence and harassment from both other people and law enforcement. Speaking about violence at one local park Ben stated, "I see it on a daily basis ... I'll see drunks beating up on drunks. I'll see drug dealers beating on customers because, for whatever reason right ... I see it all the time. It's not pleasant" (M/56/C). Andre explained his trepidation about a local park, describing the physical location in terms of an assemblage of actors, temporal elements and affect that shaped his use (i.e., avoidance) of them:

Well I never go out late at night near Eagles Park, for sure, but that's, you're looking for trouble if you go there. Because the dealers are all there and the [sex workers] are all there. Fights start over nothing. And I don't know those people at all. So it's not a good place to hang out at night time. (M/58/C)

Alleyways, another potential site of risk and harm in the DTES, are regularly used and travelled through by PWUD. Downtown Vancouver contains numerous alleys that criss-cross the landscape, many of which run parallel between major avenues. Most storefronts, office buildings and housing units in the neighbourhood have access to alleys, which are used as alternate entrances/exits as well as for deliveries and garbage storage/pick-up (and thus contain many places to hide including secluded doorways and behind garbage bins). Although public areas, alleyways provide a level of privacy away from the gaze of the general public. As such, alleys are frequently used for sex work activities, to purchase and consume drugs, or simply to be off the main streets. Not surprisingly, however, the secluded nature of alleyways increases the potential for negative experiences, including altercations with police. Study participants commonly spoke about alleyways as sites of risk and harm, where people engaged in unsafe drug use practices, were at

¹ (Gender [M = Male; F = Female])/Age/Ethnicity [I = Indigenous; C = Caucasian; B = Black; O = Other].

heightened risk of fatal overdose and violence, or risked negative interactions with law enforcement. Jake recounted an especially upsetting experience: “I was living in the Maples Hotel, I heard this girl screaming in the alley ... I found out the next day it was a girl that was getting raped back there” (M/51/I). Natasha suggested that using drugs in alleyways was “a reason for the police to arrest me” (F/36/C), while Andre declared that “they’ve found bodies in the back lane like that. But violence happens every day” (M/58/C). Phil described a particularly troubling event he had witnessed in a laneway involving the police:

I’ve seen, for no reason whatsoever, a girl and this guy were doing crack in the alley beside The Tridel and three cops ran, literally ran down the alley, pulled out their batons. And as soon as the kid turned around, smashed him. Didn’t say “Freeze! Stop! Police!” Nothing like this. Just smashed him in the face with it. I thought what the fuck, this is straight out of the movies. (M/46/C)

These narratives demonstrate how certain public spaces/places shape experiences of vulnerability and marginalization for PWUD in the DTES. We can trace the association of SRAs (or homelessness), public areas (e.g., alleys), actors (e.g., drug dealers, other PWUD, police), temporal elements, affect, and material objects assembled in unique ways that produce or shape risk and harm. By being pushed outdoors, PWUD in the DTES spend a significant amount of time in public and semi-private locations that increase their exposure to violence, harassment, stigma, arrest, unsafe drug use practices, and overdose. While these spaces/places are not inherently risky or dangerous, they become so through the interaction of variously assembled actants that produce certain effects (in this case danger, harm, unsafety).

3.2.2. Spaces/places of safety and wellbeing

In late-September 2016 a small pop-up tent was erected in an alleyway in the DTES to function as an unsanctioned overdose prevention site (OPS) (Puri, 2016). This particular alley quickly became known as a safe area to consume drugs, and PWUD started not only utilizing the OPS, but also consuming drugs nearby, knowing that in the event of an overdose they would be within quick reach of OPS staff or others with Naloxone.² The OPS drastically changed the dynamic of the alley as a site of risk and harm, to one of safety and wellbeing inspiring affective and emotive forces of care, trust and responsibility for one another. Participant narratives support this notion that spaces/places in the DTES commonly conceptualized as risky and harmful can be re-made as enabling safety and wellbeing.

As noted above, while many participants spoke about risks and harms associated with certain spaces/places in the DTES, some of them also depicted these same spaces/places as enabling safety and wellbeing. These participants described feeling safer in the DTES than in other neighbourhoods of Vancouver, and spoke about a sense of caring and “looking out” for one another. Sergio described how he felt safer in alleyways in the neighbourhood than in other areas of the city since the alleys were often busy: “It’s a lot safer to be down here in an alley than somewhere else because somewhere else, like, I’d get robbed and nobody would be around to see it or hear it. But here, people everywhere” (M/28/I). Carrie similarly described her feelings of safety:

I walk home after dinner through a dark alley every night on my own ... And I’m safe ... I just know that the same people are in that alley every day. It’s that tight thing you know we have ... I don’t know, it just feels kind of safe. (F/36/C)

Sometimes participants spoke about the social caring among PWUD in the DTES, many of whom look out for one another in the event of overdose, violence or robbery. As Dan stated, “when the chips are down

and it’s something important, not one of these people in this community would let you die” (M/48/C). Alex similarly described how PWUD look out for one another:

Like down in the alleys like that. And you see women, street workers, and girls addicted and stuff up and down the alleys all hours and nights, because people look out for people down here. It’s really like, a tight community like that. (M/51/I)

What is evident in these narratives is the role participants ascribed to relations with and among other PWUD within the alleyways and other spaces/places they inhabit, fostering a sense of community, trust and safety. This notion of community, of people taking care of each other and looking out for one another, was brought up by many participants. Participants expressed notions of togetherness and even family, referring to others in the neighbourhood as their brothers and sisters. Such bonding with others in the DTES heightened not only participants’ sense of safety, but fostered affectual and emotive responses of solidarity, community and general wellbeing. Dane attributed this to sharing common experiences with others like him: “you live in an area where the majority of people have gone through the same things as you ... So there’s already that connect and everybody knows that shit happens ... There’s still a lot of empathy” (M/51/B). Sheldon described this sense of community, including how the local Eagles Park described above as dangerous could also foster and enable community and social bonding among PWUD:

What I like about here everything is, to me everything, every individual around here is closely knit. We get together, it’s a picnic, there’s a party, an engagement, a protest ... or like meetings that are happening here at VANDU. We all get together, all happy and cheery talking to each other. Then at Eagles Park ... there would always be an event happening there, a barbecue or whatnot. We all go there. Other places where there’s free food, we go there and congregate and have fun, laugh. (M/53/I)

This shows that spaces/places commonly associated with risk have the potential to be re-made as spaces/places of safety. Viewed as an assemblage of variously interconnected human and nonhuman actants, we see the importance of not only the physical features of spaces/places in shaping risk or safety, but of a host of affectual, material, and processual elements as well. We can trace the association of the SRA (or homelessness), geographic elements (alleys, parks, streets), other actors, material objects, processes, temporal elements, and affectual responses that when assembled in particular ways at particular times produce a given effect that is different from the above risk assemblage. Key to this assemblage of safety/wellbeing are social resources which foster feelings of care, responsibility and solidarity that lead PWUD in the DTES to look out for one another in the event of harmful situations such as violence and drug overdose.

4. Discussion

A robust body of literature has established an association between the settings in which people are situated and their health outcomes, such that space/place is an important social determinant of health and health inequity (Bambra et al., 2009; Braveman and Gottlieb, 2014; Cohen et al., 2003; Curtis and Jones, 1998; Fitzpatrick and LaGory, 2003). While the association between social factors and health is certain, what remains largely unexplored is precisely in what manner health and health inequities emerge from the assemblage of particular spaces/places. In other words, what is it about how certain spaces/places are assembled - what particular actants are drawn together in what particular ways - that shape health and health inequity? While critical drug scholars have, for example, been drawing connections between the physical environments of substance use and related risks and harms for some time now (Hunter et al., 2018; Maas et al., 2007; Small et al., 2006), it is not always clear in what specific ways, or

² Naloxone is an injectable medication used to block the effects of opioids and reverse opioid-related overdoses. Naloxone kits are now commonplace in the DTES, and many people in the DTES carry them.

through what particular arrangement of forces, these environments shape risk and harm (or conversely, safety and wellbeing). Building on what Duff (2011b, 2018) refers to as the “reification” of context and social determinants of health, in this article we have attempted to trace “how diverse bodies, objects and forces actually come to shape, disrupt and transform experiences” in spaces/places in Vancouver’s DTES (Duff, 2018, p. 142).

Our findings demonstrate how spaces/places used by PWUD in this neighbourhood can be understood as assemblages, a variety of human and nonhuman actants assembled in unique ways that produce certain effects (DeLanda, 2016). Conceptualized in this way allows for an understanding of space/place that takes into consideration the full range of variously interconnected heterogenous actants and elements to better discern how spaces/places shape experience. Thus, the riskiness of the alleyway is not shaped simply by its seclusion, or by discrete activities that take place within it, but rather emerges through complex relations among a variety of human and nonhuman actants. To borrow the concept of “throwtogetherness” from Demant and Landolt (2014), our findings demonstrate how drug consumption in the alleyways is the result of a host of disparate factors coming together including SRAs (which push people outdoors), experiences of stigma (which drive people to hide), lack of supervised consumption sites, drug policies (i.e., criminalization), private security (who prohibit people from loitering in public areas), other PWUD, and fear of police (which again pushes people into secluded areas). All of these elements (and likely others not captured in the data) assembled in unique ways produce a given effect, such as pushing people into secluded spaces, potentially increasing their exposure to risk and harm. These findings are supported by other studies conducted in the DTES and elsewhere which highlight the role of similar factors (e.g., police, stigma, violence) in shaping experiences of space/place (Boyd and Kerr, 2016; Link and Phelan, 2014; McNeil et al., 2014; Small et al., 2006).

By bringing in notions of process, emergence, and ebbs and flows, assemblage theory uniquely contributes to our understanding of space/place and provides the ability to conceptualize things otherwise. As suggested by McFarlane (2011), assemblage theory provides a means to see how inequities are produced and experienced, and how these relations might be assembled differently. Our findings support this notion, demonstrating how certain spaces/places used by PWUD can at times be assembled to result in risk/harm, and at other times safety/wellbeing. The resultant experiences of these spaces/places, of risk/harm or safety/wellbeing, were invariably shaped by and dependent upon what particular actants and elements were assembled at particular times. With assemblage theory we therefore observe that, for instance, a fatal overdose in a park is not simply the result of an individual unknowingly ingesting fentanyl, but is the outcome of a vast assemblage of actants culminating in that particular effect. In the same way, the safety of an alleyway is not simply due to the existence of an OPS tent (although this is a crucial element), but a variety of actants including those that lead people to consume drugs in alleyways, as well as affectual and emotive notions within the community of care and responsibility for each other (particularly during the current overdose crisis).

Continuing with this idea of “assembling otherwise”, our findings provide examples of how spaces/places commonly associated with risk and harm might be re-imagined and re-constructed otherwise. Drawing on the “enabling places” framework (Duff, 2010; Evans et al., 2015; Rhodes, 2009), which identifies three types of enabling resources (material, social, affective), helps us to imagine the potential role certain spaces/places in the DTES can play in enabling safety and wellbeing. Re-assembling risky places as enabling places thus involves altering forces within the risk assemblage, and harnessing forces and resources depicted in the safety assemblage, to facilitate safety and wellbeing. In describing certain space/places as safe, participants evoked notions of care, trust, solidarity, and resilience, highlighting the important role of social and affective resources in transforming risky

spaces/places into those enabling safety and wellbeing.

Integrating an enabling places framework with our conceptualization of spaces/places as assemblages, we see that responding to the risks/harms associated with particular places in the DTES requires more than simply providing additional services, programs, and material resources (e.g., needle/pipe distribution, SCSs/OPSs). It also requires attending to the place-making capacities of people and the social and affective resources that engender resilience and wellbeing. This is not to deny the importance of structural/material resources in enabling safety and wellbeing, but to ensure that social and affective resources be given equal consideration. While it has been suggested that neighbourhood disadvantage may diminish social ties, community attachment, and weaken social cohesion (Browning and Cagney, 2003; Forrest and Kearns, 2001), our findings are supported by other studies demonstrating the positive role of social and affective resources among PWUD in the DTES (Boyd and Boyd, 2014; Kerr et al., 2006).

Discussing spaces/places of safety and wellbeing, participants in our study emphasized the important role of social connections, as well as notions of trust, reciprocity and care, demonstrating the potential for affective and social resources to shape positive experience of space/place. Enabling places thus benefit not only from including material resources not found in risky spaces/places, but harnessing the social and affective resources of individuals in the DTES. Social and affective resources of care and “looking out” for one another are crucial elements of creating safe spaces/places in the DTES. Duff (2010) suggests that, given the under-analysis of social resources among marginalized PWUD, an important task remains to explore how such resources can be made available and utilized to facilitate enabling places. What this might look like depends on the unique and situated dynamics of spaces/places. Thinking about the experiences of marginalized PWUD in this neighbourhood, this should involve harnessing social and affective resources among individuals themselves, while at the same time increasing additional harm reduction services (e.g., mobile OPSs), and limiting interaction with law enforcement (e.g., decreasing police presence around OPSs).

VANDU provides an example of successfully establishing a safe place in the DTES by not only providing a physical location and other material resources, but also harnessing the social and affective resources of PWUD (Boyd et al., 2009; Kerr et al., 2006). Run almost entirely by PWUD, VANDU has established itself in the community as a place where people can safely and without fear of judgment/stigma congregate, rest/sleep, consume drugs, and socialize. There is a deep sense of community, pride, and care among VANDU members that is a crucial element in making its storefront location in the DTES a beacon of safety and wellbeing. The 2016 establishment of the alleyway OPS tent described above similarly sheds light on how such place-making might be realized through not only introducing material resources, but rather changing the social and affective dynamics of spaces/places. Many of the overdose prevention sites in the DTES are predominantly peer-run, further demonstrating the important capacity of social and affective resources of PWUD in responding to an issue like the current toxic drug supply. It is recognized by the organizations that operate the OPSs that PWUD in the DTES not only have the most knowledge and experience in responding to overdoses, but they also have a powerful sense of needing to take care of each other that is playing a crucial role in the drug overdose crisis.

Given the place of housing in our assemblage of space/place, and the role housing plays in pushing people into the street assemblage, it is a critical undertaking to address its part in risk/harm or safety/wellbeing. In line with previous studies on housing in the DTES (Boyd et al., 2016; Collins et al., 2018; Evans and Strathdee, 2006; Lazarus et al., 2011; Shannon et al., 2006), our findings highlight the role housing plays in shaping exposure to risk and harm, and demonstrate the pressing need to improve housing for PWUD including better integration of social and health care supports. The “housing first” model, for instance, recommends the incorporation of harm reduction initiatives

within housing for PWUD, such as on-demand or on-site harm reduction services (Pauly et al., 2013).

A number of recent initiatives in the DTES provide examples of how material, social and affective resources among PWUD can be utilized to shift the housing assemblage from one of risk/harm to one enabling safety and wellbeing. The peer-led Tenant Overdose Response Organizers (TORO) pilot program (in which residents of SRAs were hired and trained to respond to overdoses in their buildings) and the “peer witness injection programs” in select emergency shelters (in which drug use is permitted and supervised in onsite injection rooms) demonstrate the vital role of social and affective forces (such as collective responsibility, care, hope) among PWUD in transforming spaces/places of risk/harm into those enabling safety and wellbeing (Bardwell et al., 2018a,b). In the context of the current overdose crisis, initiatives like TORO and peer-run OPSs tap into and capitalize on social and affective resources that are crucial to keeping PWUD alive. Utilizing the power of social and affective resources of PWUD plays an important role in re-making space/places to enable safety and wellbeing, drawing on deep feelings of community, care, and responsibility spurred on by experiences of poverty, oppression, and drug prohibition. Our findings are supported by these and other studies on peer naloxone programs (Marshall et al., 2017; Mitchell et al., 2017; Wagner et al., 2014) that demonstrate the importance of not only material resources (i.e., naloxone, supervised consumption spaces), but of affective and social resources – notions of care, reciprocity, solidarity, trust, and hope – in facilitating the construction of enabling places.

By drawing from assemblage theory and the enabling places framework, we have demonstrated how spaces/places of inequity can be re-constructed otherwise, as spaces/places that enable safety and wellbeing. That alleys and parks can be sites of both risk and safety demonstrates that a shift should be possible to make them safer and less risky. Clearly, notions of “sense of community” in fostering social ties/bonding and a holistic notion of health and wellbeing (including community wellbeing) should drive the re-making of space/place, building on feelings of something affectual/emotional/moving that binds people together through action. It is, in essence, about a shared respect and concern for others in a similar situation, and a sense of needing to care for each other within what often is experienced as a hostile environment in which PWUD regularly experience structural and symbolic violence. In a time of rapid gentrification in the DTES, the priority should not be to remove the so-called “problematic” individuals and elements from public places in the DTES, but to more effectively integrate and (re)make enabling spaces/places in the community.

Declaration of interest

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