



Editorial

Integrating place into research on drug use, drug users' health, and drug policy



Introduction

Over the past 15 years, place has become increasingly prominent in research on drug use, drug users' health, and drug policy. This line of inquiry, however, is not new. Interest in the ways in which place characteristics shape drug use and drug users' health has varied over time, often in tandem with paradigm shifts in the extent to which contextual factors have figured as possible determinants of health and well-being. The 1800s witnessed an intensification of interest in how place characteristics and other contextual factors shaped health in general and substance misuse in particular. In 1826, for example, Villerme analyzed tax and death records in Parisian *arrondissements* and concluded that mortality rates were highest in impoverished neighborhoods (Susser & Stein, 2009). Twenty years later, Virchow attributed the typhus epidemic in Upper Silesia (Prussia) to the local confluence of several sociopolitical factors, including the rise of the plutocracy and the immiseration of the working class (Brown & Fee, 2006). Likewise, physicians in the 1880s–1890s commonly ascribed opiate misuse among affluent White men in US cities to the strains of constructing civilization in the midst of rapid industrialization (Cooper, 2004).

This focus on context and place diminished between World War I and the 1960s, and was replaced by an emphasis on individual-level factors. During these decades, hysteria about communism made it difficult to propose that social factors (e.g., poverty) shaped any form of health-related outcome (Krieger, 2000), and the rise of successful biomedical interventions (e.g., widespread access to antibiotics) and the ascendance of psychology and psychiatry rendered individual-level frameworks attractive (Ellen, 1995). During this period, for example, physicians attributed opiate addiction to individual psychopathology, rather than to broader social factors (Cooper, 2004).

Contextual factors were restored to etiologic frameworks in the latter decades of the 20th century. This restoration was prompted in part by widespread social movements that highlighted the power of social structures and by the challenges that HIV/AIDS posed to exclusively individual-level frameworks (Fee & Krieger, 1993). During this period, place moved to the foreground of research on drug use, drug users' health, and drug policy (Cooper, Bossak, Tempalski, Des Jarlais, & Friedman, 2009; Strathdee et al., 2010; Thomas, Richardson, & Cheung, 2008; Tempalski & McQuie, 2009), most notably with the formulation of Rhodes' Risk Environment Model, which defined the risk environment as the "space ...

[where] factors exogenous to the individual interact to increase the chances of HIV transmission" (Rhodes, Singer, Bourgois, Friedman, & Strathdee, 2005, p. 1027).

Though a focus on place is not new in research on drug use, drug users' health, and drug policy, major challenges remain. Key challenges include theorizing place and place-making processes; defining place and measuring place characteristics; and delineating causal processes that link place characteristics to relevant outcomes. Additionally, work in this content area has been largely limited to specific countries (e.g., the US, Canada, Australia) and to specific subpopulations within these countries. This special issue has been designed to strengthen the resurgence of work on place, drug use, users' health, and drug policy by responding to these challenges.

Mapping activity spaces

The papers published in this special issue have generated several advances in the conceptualization and measurement of "place" in research on drug use and health. The majority of past geospatial research on the risk environment has located people using their home address and has operationalized "place" using administratively defined boundaries (e.g., census tracts, ZIP codes). Many people, however, actively avoid acquiring drugs near their homes, given the stigmatized nature of substance use; likewise, sex workers may not want to communicate with clients or provide services to clients near their homes. While features of the residential areas where people live may indeed shape vulnerability and resilience to drug-related harms, features of the places where they acquire and use drugs, and where sex workers communicate with and serve clients, may also affect drug-related health outcomes; depending on the outcome, the latter set of exposures may be as or perhaps more influential than the former.

Martinez et al. described "activity spaces" in a sample of San Francisco (USA) residents who injected drugs and explored the relationships of these activity spaces to several health- and service-related outcomes. Activity spaces are defined as "the local areas within which individuals habitually move about in the course of their daily activities" (Martinez, Lorvick, & Kral, 2014). This team mapped the locations where study participants "hung out" most during the day; slept most; and used drugs. Reflecting the limitations of simply focusing on where people reside, they found that the average distance among these three loci was 1.5 miles. Notably,

only 9.6% of the sample had a syringe exchange program located within 50 m of the routes connecting the places where they hung out, slept, and used drugs.

Kori, Roth, Lozada, Vera, et al.'s (2014) research further testifies to the significance of studying activity spaces. By mapping the locations where study participants injected, Kori et al. (2014) were able to identify an "HIV incidence hotspot" in which >90% of the people with newly diagnosed HIV in their cohort had injected recently. This hotspot was approximately 1.95 km², and overlapped substantially with Tijuana's "Zona Roja," an area in which sex work is tolerated. At issue in their paper is the set of factors that predicts injecting in this high risk activity space. While predictors varied by gender, encounters with police predicted injecting in this "hotspot" for both men and women.

Deering, Rusch, Amram, Chettiar, et al.'s (2014) innovative integration of geospatial data on sex workers' activity spaces with existing data on the local built environment allowed the team to explore novel questions about spatial isolation and drug-related risks. Deering et al. (2014) mapped the locations where sex workers in Vancouver, Canada communicated with and served clients, and created buffers with radii of 50 m around each point. Drawing on past conceptual and empirical work on the built environment, they then integrated existing administrative data about features of the built environment (e.g., presence of light posts; road length) to create a new measure of the spatial isolation of each individualized risk space. A key policy recommendation emerging from this work is that specific safer-environment interventions (e.g., increasing the presence of light posts) may improve the health and safety of sex workers in their occupational environments.

Encompassing multiple scales and histories in conceptualizations of place

Rosenblum, Castrillo, Bourgois, Mars, et al. (2014) offer an expansive and enriching conceptualization of "place" that encompasses history and recognizes the interactions of global and local scales. This team integrated ethnographic methods with social epidemiological methods to study the relationship between Puerto Rican residential segregation in US cities to the diffusion of Columbian-sourced heroin. Quantitative findings indicate that cities with larger and more segregated Puerto Rican populations were more rapidly saturated with Columbian-sourced heroin, and had cheaper heroin, than other cities; these findings challenge past research that has suggested that distance from points of entry (e.g., Miami) alone shaped the diffusion of this drug. To help explain these statistical associations, the authors integrate insights from ethnographic work that highlight historical patterns of racial/ethnic discord; urban deindustrialization coinciding with mass migration from Puerto Rico to the US mainland; and persistent poverty.

Describing micro-environments

While most research has considered macro-environments as places of risk, Knight, Lopez, Comfort, Shumway, et al. (2014), Smoyer and Blankenship (2014), and Siegler, Tuazon, O'Brien, and Paone's (2014) papers describe interior micro-environments that may foster or diminish risk. Knight et al.'s (2014) research, for example, analyzes the role of single room occupancy (SRO) hotel rooms in exacerbating and ameliorating negative mental health outcomes for substance using, poor women in San Francisco (USA). Drawing on Rhodes' risk environment framework, the authors examine the relationships among space, drug use, and mental health to reveal the linkages among housing policies, the socio-structural organization of urban built environments, and everyday

behaviors. By focusing on these interior micro-environments, this research provides new insight into the factors shaping local geographies of women's mental health.

Smoyer and Blankenship's (2014) research contributes to the emerging field of "carceral geography," which seeks to understand "the nature of carceral spaces and the experiences within them" by examining how the regulation of prison space and the movement of people through these spaces affect incarcerated women's health and well-being. The authors analyze women's narratives about food in prison to describe how the "prison place" shapes access to food and eating behavior and how food and eating behavior construct the prison experience. This research moves beyond barbed wire to illustrate how the "prison place" is produced and structured by correctional policy, elected officials, and staff who create and enact these policies.

Siegler et al.'s (2014) report on unintentional drug poisoning deaths in New York City between 2005 and 2010 found that three-quarters of these deaths occurred inside the home. One implication of this finding is that overdose prevention efforts should focus on home-based interventions designed to prevent overdoses from occurring in the first place and to prevent overdoses that do occur in the home from becoming fatal.

Placing new populations

While some papers in this special issue have focused on identifying and describing new "places" of risk, several papers have extended the line of research on place characteristics and substance use to encompass new populations. Noting that HIV prevalence among Malaysian fisherman is ten times that found in the general population, West, Choo, El-Bassel, Gilbert, et al. (2014) studied the ways in which boats, as physical and social spaces, shape the drug scene and HIV risk among Malaysian fishermen. Wechsberg, Doherty, Myers, Morgan-Lopez, et al. (2014) studied whether and how characteristics of neighborhoods in a Black African township near Cape Town (South Africa) related to HIV serostatus in a sample of men recruited from shebeens (which are informal drinking establishments) and their partners. Three papers in this special issue focus on understudied populations in extensively studied geographic areas (the USA and Canada). Tobin, Latkin, and Curriero (2014) explored complex relationships among place, social networks, and substance misuse among African-American men who have sex with men in Baltimore, MD (USA). Kao, Torres, Guerrero, Mauldin, et al. (2014) applied geospatial methods to study the relationship of spatial access to outpatient drug treatment facilities to drug use and treatment utilization among Mexican Americans in Houston, TX (USA) who are current or former heroin users. McNeil, Shannon, Shaver, Kerr, et al. (2014) expanded research on gender-based violence in drug scenes to include "marginal men" – that is, men who occupy a marginal position in the drug scene because of their income-generation strategies, age, disability, health status, social isolation, or drug use practices. They find that hegemonic masculinities operating in the drug scene in Vancouver (Canada's) Downtown East Side shape marginal men's (and women's) experiences of violence, and that these experiences, in turn, influence the spatial practices of marginal men (and women) within the drug scene.

Delineating causal pathways

While several papers have identified statistical relationships between place-based exposures and drug- and HIV-related outcomes, the mechanisms underlying these statistical associations have rarely been explored in quantitative analyses. Sterk, Elifson, and DePadilla (2014) take the important step of investigating some

Download English Version:

<https://daneshyari.com/en/article/1075122>

Download Persian Version:

<https://daneshyari.com/article/1075122>

[Daneshyari.com](https://daneshyari.com)