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Health in the Tenderloin: A resident-guided study of substance use, treatment, and housing



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ABSTRACT

Substance use researchers recognize that environments - our homes, streets, communities, and neighborhoods - set the stage for substance use and treatment experiences by framing interactions, health options, and decision-making. The role of environment is particularly salient in places deemed disadvantaged or risky, such as parts of the Tenderloin neighborhood of San Francisco. Since risk is historically, socially, and structurally situated, an individual's social position in a neighborhood shapes how risk environments are experienced. The purpose of this study was to explore how the environment shapes substance use and treatment experiences, described from the perspective of Tenderloin residents. I conducted docent method interviews with formerly homeless women living in supportive housing in San Francisco (N = 20). The docent method is a three-stage, participant-led, audiotaped, and photographed walking interview. As they guided me through target "sites of interest" (homes, streets, treatment programs, and safe spaces), participants discussed their experiences with substance use and treatment in the environment. First, they described that the risks of a broader drug market are concentrated in the Tenderloin, exposing residents to elevated and disproportionate risk. Second, for structural, economic, social, and physical reasons, participants described a sense of geographic or neighborhood stratification. Third, multiple levels of policing and surveillance were persistent, even in participants' homes. Fourth, despite all the challenges, participants found security and support in the Tenderloin, and considered it their home. In the discussion, I offer that the Tenderloin environment provided residents many advantages, but forms of structural and everyday violence largely defined their experiences in the neighborhood.

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1. Introduction

In the United States, substance use is largely thought of as a moral, criminal, or medical problem. From the moral crusades of the early 20th century to the War on Drugs that persists today, our society has been active in "fighting" substance use largely by focusing on the people who use substances (Midanik, 2006; Reinerman, 2005; Musto, 1999). Through one arm - the legal and criminal justice community - people involved with substances are criminalized, policed, monitored, and sometimes incarcerated. Through a second, related arm - the medical and treatment community - people are labeled and diagnosed. They are sometimes given medication or sent to substance use counseling. At both ends of our approach, the individual substance user is often the site of both the problem and intervention.

However, a countervailing perspective exists. Substance use researchers also recognize the close relationship between health activities and *places*. Places - sometimes called spaces, neighborhoods, communities, or environments - shape people's substance use and experiences in treatment. Although methodological challenges exist, a large body of research has shown that substance use outcomes cluster geographically (Karriker-Jaffe, 2011). Neighborhood disadvantage is linked to higher rates of drug and alcohol use (Boardman et al., 2001; Williams and Latkin, 2007; Cerdá et al., 2010; Jones-Webb and Karriker-Jaffe, 2013; Karriker-Jaffe, 2013; Stockdale et al., 2007) and poorer substance use treatment programs outcomes (Jacobson, 2004, 2006). However, neighborhood disadvantage is not uniform - it affects specific groups more than others. For example, the myriad of neighborhood disadvantages related to residential racial segregation has been described as a fundamental cause of racial health disparities, including substance use disparities (Williams and Collins, 2001). Measures of neighborhood disadvantage such as Black and Hispanic socioeconomic

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status and housing instability (Saloner and Lê Cook, 2013) have been linked to racial disparities in completing substance use treatment (Jacobson et al., 2007). Together studies like these indicate that social position within an environment, defined by factors like race and class background, shape substance use and treatment experiences.

In the field of drug and alcohol research, one popular theoretical framework for examining the relationship between health and places is known as “risk environments”. The notion of risk environments has undergone epistemological shifts as questions of social structures, hierarchies, power, and individual agency are debated (Rhodes, 2009), but the term broadly refers to the environments that increase the chances of drug-related harm occurring. Risk environments are physical built spaces that also contain social, economic, and policy architectures (Galea et al., 2003). The risk environment concept underscores that places, whether they present risks or advantages, set the stage for substance use, treatment, and recovery. It helps shift the focus of interventions – and the blame for substance use – from the individual to environments. In conceptualizing how risk environments operate, researchers argue that interacting spheres and levels of influence, which exist outside of the individual's body, frame one's options and behaviors. Environments are not necessarily deterministic, but they shape the potential for substance use harm by increasing *susceptibility* (likelihood to be exposed to health issue) and creating *vulnerability* by reducing people's abilities to protect themselves from the harmful effects of substance use (Rhodes, 2002; Barnett et al., 2000).

Risk itself is historically, socially, and structurally situated, thus one's social position in a neighborhood shapes how risk environments are experienced (Rhodes, 2009). Given this, there is a need for first-hand accounts of place-based substance use risks to better understand how a potential risk environment influences individuals and groups. The purpose of this study was to explore how the Tenderloin neighborhood shapes residents' substance use and treatment. The Tenderloin is a small (1 km²), densely populated, and diverse neighborhood in the heart of San Francisco (SF), California, where most of the city's supportive housing buildings are located. To examine the environment directly from residents' perspectives, I chose to see Tenderloin residents as guides and leaders in their community, and the sole experts of their own lives. To these ends, I developed the *docent method*, a participant-led, photographed, walking interview through the buildings, streets, open spaces, and other places significant to each participant (Chang, 2016). Based on grounded theory analysis (Charmaz, 2014) of docent method interviews with formerly homeless women living in supportive housing in the Tenderloin, I describe four interrelated conditions of the Tenderloin that shaped women's substance use and treatment experiences: 1) drug-related risks are heightened and concentrated in the Tenderloin, 2) residents experience structural, economic, social, and physical stratification, 3) policing and surveillance on multiple levels is persistent and virtually inescapable, and 4) the Tenderloin is home. In the discussion, I offer that the Tenderloin environment provided residents many advantages, but forms of structural and everyday violence largely defined their experiences in the neighborhood.

2. Background

2.1. Setting: The Tenderloin - A century of social action

The concept of place is particularly salient in neighborhoods deemed risky. The Tenderloin neighborhood of San Francisco exemplifies such a place. Today the Tenderloin is a bustling, lower income, mixed-use space attracting a range of residents, visitors and businesses. Elegant century-old hotels are interspersed among

modern housing developments, small family businesses operate alongside large technology companies, and the city's poorest and most disadvantaged residents are, at times literally, at the doorstep of the many community-based organizations. Despite the neighborhood's diversity, recurring images and stories of crime, gang violence, drugs, addiction, homelessness, and mental illness have attempted to define the Tenderloin. It is frequently characterized as a “problem space” in the media. Many judge the Tenderloin as a place to be avoided.

Yet there is far more to this small neighborhood. For over one hundred years, the Tenderloin has been an engine of social, cultural and political action in San Francisco (Shaw, 2015). After the 1917 “moral crusade” police crackdown of Barbary Coast (SF's then so-called deviance zone), the Tenderloin emerged as a key site for community-building, particularly for people excluded from other neighborhoods. This theme of social action around exclusion – one involving both community and conflict - is woven through the decades in the Tenderloin. In the 1920's and 30's, the basements of the Tenderloin were lively with illegal speakeasies, gambling, and prostitution. In the postwar era, the Tenderloin's single resident occupancy hotels were among the limited housing options for Black Americans who relocated from the South to western cities during the second great migration. San Francisco's gay, lesbian and queer communities convened in the Tenderloin even before the Castro and Haight Ashbury neighborhoods blossomed in the 1967 Summer of Love. The Compton's Cafeteria riot of 1966, an important event of police brutality against the transgender community, took place in the heart of the Tenderloin at Taylor and Turk (Shaw, 2015). After 1975, as thousands of Vietnamese, Cambodian, and Laotian refugees arrived in San Francisco, many settled in the Tenderloin, transforming its eastern end into a thriving “Little Saigon.” For decades, people experiencing poverty and homelessness have found some refuge in the Tenderloin due to the food, charity, housing, and health organizations concentrated in the area. Since Father Alfred Boedeker opened Saint Anthony's dining hall in 1950 (Shaw, 1998), organizations serving people in need have been core Tenderloin presences. Through the decades, the Tenderloin has been a home and meeting place for poor and marginalized people in SF.

It is challenging to find accurate statistics on Tenderloin resident demographics, in part because the neighborhood boundaries are unofficial and have changed over the decades. To learn about the current racial and ethnic composition of the neighborhood, I combined data from eight San Francisco census tracts (122.01, 122.02, 123.01, 123.02, 124.01, 124.02, 125.01, and 125.02) that together make up most of the Tenderloin today. The neighborhood is racially diverse – in 2010, 42% reported White, 29% Asian and Pacific Islander, 23% Hispanic/Latino, 12% Black, and 1% Native American. However, in the current age of massive shifts in the racial residential composition of San Francisco, the Tenderloin population is changing. Between 2000 and 2010, while the population of San Francisco increased, the population of Black residents decreased from 8% (60,515 residents) to just 6% (48,870) of the city's overall population. Over the same ten-year period, however, there was an increase in the number of Black residents living in the Tenderloin neighborhood from 10% (3031) to 12% (3676). The Hispanic/Latino population also increased significantly, from approximately 16% (4796) to 23% (7255), while Asian and White populations remained about the same. Together these data indicate that today more people of color are living in the Tenderloin at a time of major migration of Black San Franciscans out of the city.

2.2. Supportive housing and on-site substance use treatment

I worked for five years (2008–2013) as an on-site consultant program evaluator of a Substance Abuse and Mental Health

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