Community Perceptions of Mainline Needle Exchange:

A Qualitative Study

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ABSTRACT *Community resistance to syringe exchange programs (SEPs) across Canada and the United States and severely limits the efficacy of SEPs as a harm reduction strategy. Based on interviews with residents and community leaders in North End Halifax, this case study explores community perceptions of a local needle exchange in a gentrifying neighbourhood in Atlantic Canada. "Not in my back yard", or NIMBY, sentiments, moral discourse, and stigmatization informed analysis. This article suggests that loitering is perceived to be one key issue related to the presence of Mainline Needle Exchange in the North End Halifax community. Stigma manifested subtly in this case study, primarily though othering language, which was employed even by some participants who expressed their support for Mainline. Ultimately, participants worked to show their support for Mainline and discussed resistance to Mainline either as something other people express or as an issue that could arise as the process of gentrification continues in the North End.*

ACKNOWLEDGEMENTS

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Introduction

As opposed to conceptualizing addiction as a moral failing or a pathology requiring medical intervention, harm reduction approaches are based in pragmatics (Marlatt, 1996). These approaches are designed to minimize the harmful effects of addictive or high-risk behavior without positioning abstinence from those behaviors as the only acceptable outcome of treatment (Marlatt, 1996). Syringe exchange programs, or SEPs, are one example of a harm reduction strategy designed for intravenous drug users, or IDU, with the goal of decreasing the spread of HIV and other blood-borne diseases (Klein, 2007). Despite the fact that in 2007 the World Health Organization declared that there was overwhelming evidence supporting the efficacy of SEPs (Klein, 2007), at their inception such programs often face severe backlash from the communities in which they are established (Broadhead, Hulst, & Heckathorn, 1999; Buchanan, Shaw, Ford, & Singer, 2003; Davidson & Howe, 2014; Smith, 2010; Strike, Myers, & Millson, 2004; Tempalski, Friedman, Keem, Cooper, & Friedman, 2007). This trend does not reflect the available empirical data on the success of SEPs as a harm reduction strategy, and this contradiction forms the basis of my research.

Much of the available data on the topic of resistance to SEPs was collected in the United States (Broadhead et al., 1999; Buchanan et al., 2003; Davidson & Howe, 2014; Takahashi, 1997; Tempalski et al., 1997) or to a lesser extent in large Canadian cities, primarily Vancouver and Toronto (Smith, 2010; Strike et al., 2004; Woolford, 2001). I aimed to address this gap in the literature, and to that end, I examined resistance to SEPs in Canada and focused on Mainline Needle Exchange located in North End Halifax as a case study to contribute data from Atlantic Canada. Research on this topic is socially significant because it may inform different and more effective strategies of reducing opposition to SEPs, allowing public health initiatives take full

advantage of the potential of SEPs as a harm reduction strategy. My research question is as follows: *How is moral or stigmatizing language employed by North End community members in discussions of Mainline, its clients, and its location in the North End? Is the relationship between Mainline and the broader community characterized by resistance or support?*

I conducted semi-structured qualitative interviews to answer my research question, and focused on the concepts of "not in my back yard", or NIMBY sentiments, social and socio-spatial stigma, and moral discourse. Not uncommonly, social services that are supported in principle encounter resistance from local communities when attempts are made to locate such services in those communities. This is referred to as the NIMBY phenomenon (Davidson & Howe, 2014). While local NIMBY attitudes based on worries about SEPs decreasing property values and bringing dangerous or undesirable people into neighbourhoods are certainly relevant, IDU face even more stigma than the homeless, people with alcohol addictions, or people with criminal records (Roberts & Chen, 2013). Furthermore, that stigma can become embodied in the places that IDU frequent and inhabit which is referred to as socio-spatial stigma (Takahashi, 1997; Woolford, 2001). Finally, Canadian and American culture is extremely anti-drug, and drug use is perceived by many to be a moral issue as opposed to a health issue (Buchanan et al., 2003; Roberts & Chen, 2013). While NIMBY sentiments are typically expressed at the individual or local level, they are perpetuated by institutionalized stigma and moralization at the national level based on current drug laws and policies (Roberts & Chen, 2013).

I will begin by providing some historical and background information about North End Halifax and Mainline Needle Exchange, and I will then provide a review of the literature with a focus on NIMBY sentiments, social and socio-spatial stigma, and moral discourse. Finally, I will discuss my research methodology and my research findings.

North End Halifax

I will first discuss the history of Halifax's North End and then examine the claim that the North End is currently undergoing a process of gentrification. The North End was historically home to the working-class population who made their living working at the dockyards and railway. Gottingen Street was a busy community hub, lined with shops and venues, until much of the North End was levelled by the Halifax Explosion in 1917 (Silver, 2008). Gottingen Street and surrounding area were gradually rebuilt but remained underdeveloped until the economic boom associated with WWII (North End Business Association, 2015).

The area fell into severe decline again in the decades after WWII. Many residents relocated to the suburbs and the entire population of Africville, a tight-knit community of African-Nova Scotians, was forcibly displaced in the 1960s and relocated primarily to the newly-built Uniacke Square. What had been a bustling 130 retail and commercial services on Gottingen Street in 1950 dropped to only 38 in 2000, and the number of social and community services in the area increased from only one to 19 during the same time period (Silver, 2008). Once a large commercial centre, the increased number of social services and vacant buildings represented a large and important change in the North End neighbourhood. While the North End is now a large electoral district (see Appendix A), for the purpose of my analysis I chose to let my research participants define the North End as they conceptualize it (see Appendix B).

I will now briefly discuss the concept of gentrification in relation to the North End. Ruth Glass coined the term *gentrification* in the early 1960s, and she described gentrification as a set of processes involving "physical improvement of the housing stock, housing tenure change from renting to owning, price rises, and the displacement or replacement of the existing working-class population by the middle classes" (Hamnett, 2003, p. 331). A newly-expanded middle class with

many individuals in professional or managerial positions has come to replace the industrial working class in central and inner-city centres in cities across the capitalist world (Hamnett, 2003; Silver, 2008). Silver conducted qualitative interviews with North End residents and found that many residents believe their community is undergoing a process of gentrification (2008). Furthermore, housing prices have been rising faster in the North End that in the HRM as a whole, and the average rent in the North End is now too high to be affordable for the low-income population that makes up the core of the North End (Silver, 2008). This trend also points towards a process of gentrification occurring in the North End. Neighbourhoods that are in the process of gentrifying or rebranding are contested spaces by nature, and can therefore experience some of the most intense resistance to SEPs and other social services. For that reason, I believe I am conducting my research at a particularly important time in Halifax.

Mainline Needle Exchange

I will now provide some background information about Mainline Needle Exchange. Mainline is a syringe exchange program located in North End Halifax. Established in 1992 as a project of the Mi'kmaq Native Friendship Centre, Mainline is one of two SEPs in Nova Scotia (Klein, 2007) and is a health promotion project dedicated to supporting people who use drugs through harm reduction programs (Mainline Needle Exchange, 2014). Mainline was first located on in a storefront location on Agricola Street and moved to its current location on Cornwallis Street in 1996 (Mainline Needle Exchange, 2012). Initially open for a few hours a day, three days a week, Mainline now employs a single full-time Director, Ms. Diane Bailey, as well as a number of project staff, and is open seven days a week. Mainline has also collaborated with various organizations on over 20 projects between 1992 and 2012 (Mainline Needle Exchange, 2012).

Mainline provides needles, condoms, and other harm reduction supplies such as sterile water and safer use kits, and offers safe disposal of needles as well as harm reduction education and peer support around accessing detox services and methadone programs (Mainline Needle Exchange, 2014). Besides the services offered at Mainline's fixed site, Mainline staff also provide outreach work in the community and travel to communities across Nova Scotia. Outreach work includes support such assisting community members with filing income taxes, acquiring IDs, or accessing legal support. As there are only two needle exchanges in the province, Mainline provides services throughout Mainland Nova Scotia and Sharp Advice Needle Exchange, located in Sydney and opened in 1996, serves Cape Breton Island (Mainline Needle Exchange, 2012). Direction 180, the community-based methadone program now located on Gottingen Street, originally started as Mainline Methadone Program in early 2000. However, as demand for the service increased, Direction 180 was established in 2001 as a stand-alone program (Mainline Needle Exchange, 2012). Though Mainline and Direction 180 are now separate projects of the Mi'kmaq Native Friendship Centre, a strong partnership exists between both organizations and they have collaborated on many projects.

Mainline is funded by the Nova Scotia Department of Health and Wellness through a discretionary grant. Ms. Bailey submits proposals for Mainline's funding, and of the Department of Health and Wellness she says "We have such strong supporters, it's excellent". As a health promotion program, Mainline also submits yearly funding requests to District Health Authorities and receives yearly project funding from the Law Foundation of Nova Scotia for the provision of legal support to community members. Mainline distributed over 4.5 million needles between 1992 and 2012 and another 900,600 between 2014 and 2015, but Mainline does much more than

just provide harm reduction supplies. In the words of Diane Bailey "We will never say no; if we can't [provide a service], we'll find someone who can".

Literature Review: Local Resistance and Institutionalized Stigma

NIMBY Sentiments

Social services that are supported in principle may encounter resistance from local communities when attempts are made to locate such services in those communities, and this is referred to as the "not in my backyard", or NIMBY, phenomenon (Davidson & Howe, 2014). While a wide variety of facilities and services can spark NIMBY attitudes among local community members, many of these facilities fall into one of two categories (Schively, 2007). The first category is human or social services, such as drug treatment facilities or homeless shelters, which are designed for a small segment of the population, and the second is facilities that may have environmental impacts, such as waste sites or industrial facilities (Schively, 2007). While NIMBY responses are most often perceived to be based in narrow self-interest or stigma and NIMBY is primarily discussed as a negative phenomenon, others have argued that NIMBY opposition to facilities and services is an example of democracy at work and demonstrative of the value of grassroots civil organization (Schively, 2007). I will focus on the NIMBY phenomenon as a negative force as it serves to constrain otherwise effective harm reduction strategies.

Individuals who engage in NIMBY opposition tend to be well-educated, wealthy, and engaged in community discussions (Schively, 2007). Homeowners are also over-represented among those who express NIMBY sentiments, likely because the perceived negative impact of certain facilities and services on property values is of particular relevance to those who own properties as opposed to rent (Schively, 2007). Besides concern about declining property values,

NIMBY attitudes and arguments are usually centred on worries about dangerous people threatening security in neighbourhoods and decreasing quality of neighbourhoods (Schively, 2007; Strike et al., 2004; Tempalski et al., 2007). The perceived risks associated with facilities and services are a key concern among community members, be they risks to the environment, community reputation, or community safety. Formal risk assessments often do little to change individuals' perceptions of the risks associated with a given facility or service (Schively, 2007).

In terms of threats posed by SEPs specifically, maintaining the purity of communities involves keeping IDU and their artefacts out, and qualitative studies conducted in Canada and the United States have found that local SEPs are often blamed for the existence of local drug problems and for any improperly discarded needles found in the community (Broadhead, Hulst, & Heckathorn, 1999; Davidson & Howe, 2014; Strike et al., 2004). Qualitative interviews have also revealed that SEPs are typically viewed by community members as public safety hazards that draw dangerous, criminal, and unwanted people into neighbourhoods in which they would not otherwise be present (Klein, 2007; Strike et al., 2004; Smith, 2010). Threats these "unwanted" people and their artefacts pose to local children is a common theme often brought up by opponents of SEPs (Broadhead et al., 1999; Davidson & Howe, 2014).

Worries about the decreasing quality of neighbourhoods or communities can focus both on the neighbourhood's status as a physical and as a social place. Beyond the danger posed by inappropriately discarded needles, qualitative interviews in both Canadian and American studies have found that worries about homeless people and IDU being dirty, unsanitary, and leaving physical messes are common (Davidson & Howe, 2014; Smith, 2010). Community residents and business owners dislike seeing homeless or dishevelled people congregating or sleeping in streets or parks, and concerns about people urinating, defecating, and littering in public places are a

source of great anxiety (Davidson & Howe, 2014). Physical places are effectively seen as being polluted by the presence of homeless people or IDU, who are perceived as unclean, which can lead to community members actively trying to keep such stigmatized people out of neighbourhoods in order to protect the purity of those neighbourhoods (Davidson & Howe, 2014; Smith, 2010). Keeping "undesirables" from loitering or hanging around becomes a project of the moral regulation of space, with loitering painted as a dangerous and immoral activity that threatens the security of public spaces (Hermer, 1997). Troublemakers hanging around or congregating in public spaces can lead to those spaces being perceived as unsafe, and measures may be taken to prevent loitering and "clean up" dangerous areas (Hermer, 1997).

Stigmatization

Social Stigmatization. I will now turn to the topic of stigmatization. According to Goffman, stigma is a deeply discrediting attribute (Manning, 2005) or an undesirable departure from expectation (Goffman, 1963). Blemishes of individual character are one of three kinds of stigma that can be conferred upon individuals, who are then contrasted with normals who do not possess such blemishes of character or discrediting traits (Goffman, 1963; Manning, 2005). The stigmatized person is not entirely accepted or treated as an equal by the normals, and is not granted the respect they expect to receive based on the other uncontaminated elements of their social identity (Goffman, 1963). The stigmatized person suffers a spoiled identity based on the stigma conferred upon them, and this can lead to a sense of shame and discontent with the self for the stigmatized person who is set apart and seen as inferior or even less than human (Goffman, 1963). Goffman also notes, however, that everyone is discreditable if not already discredited. We all have the potential to become stigmatized, and a continuum exists between normalcy and stigmatization (Manning, 2005).

It has been argued that IDU are a particularly stigmatized group (Davidson & Howe, 2014; Roberts & Chen, 2013) based on their assumed lack of employment and productivity, perceived unpredictability or dangerousness, and purported responsibility for their addiction (Strike et al., 2004; Takahashi, 1997). IDU are also often associated with the homeless or precariously-housed and those who are HIV positive, two very stigmatized groups whose stigma then becomes attached to IDU (Takahashi, 1997). Furthermore, wider cultural history, laws, and political policies in Canada and the United States contribute to the stigmatization of IDU (Roberts & Chen, 2013). Drug use has historically been associated with marginalized groups or racial minorities even though people of all social classes and socioeconomic backgrounds use drugs and struggle with addiction, and this early linking of marginalized people to drug use still furthers the stigmatization of drug users today (Asbridge, 2013; Roberts & Chen, 2013). The illegality of drug use and laws prohibiting the possession of even sterile syringes or drug paraphernalia in some parts of the United States reinforce the stigma surrounding drug use and contribute to the image of IDU as criminals and by extension immoral (Alexander, 2008; Tempalski et al., 2007; Strike et al., 2004). The recognition that addiction is a medical issue and not a moral one has not served to lessen the stigma faced by IDU (Roberts & Chen, 2013).

Socio-Spatial Stigmatization. Just as physical spaces can be threatened or contaminated, so too can people's perceptions of spaces. The stigma faced by IDU can become transferred to or embodied in the locales they inhabit or frequent, which is referred to as socio-spatial stigma (Smith, 2010). This form of stigma can threaten neighbourhoods' identities and reputations (Davidson & Howe, 2014; Smith, 2010; Strike et al., 2004; Takahashi, 1997; Woolford, 2001). Multiple competing and contested meanings can be ascribed to a single place, and these different meanings can be supported or contradicted by the presence or absence of SEPs and other human

services. The presence of social services and IDU can pose a threat to the social body of communities by implying that there is a serious drug problem in the community (Smith, 2010; Strike et al., 2004) and thereby staining that community's reputation and identity (Smith, 2010; Davidson & Howe, 2014). The desire to protect the identity and material future of a neighbourhood can result in opposition to SEPs in certain locations even when SEPs are not conceptually opposed (Davidson & Howe, 2014).

Davidson and Howe (2014) conducted participant observation and content analysis of media reports during an organized opposition to the re-location of an SEP in San Francisco. Based on their research, these authors argue that in contested spaces, different groups offer different narratives about what a space is and is not and jockey for the right to be seen as the rightful producers of that space (2014). Being recognized as the rightful producer of a space entails having one's voice carry a special weight, and controlling physical spaces brings with it the ability to also control the social interactions that happen and are produced within that space (Davison & Howe, 2014). Losing control of a neighbourhood's physical spaces is akin to losing control over that neighbourhood's identity. Furthermore, not being able to assert one's social capital and then have one's desires and opinions be given priority is not seen as acceptable by wealthy citizens who have bought homes in certain neighbourhoods (Davidson & Howe, 2014). Neighbourhoods that are in the process of gentrifying or rebranding are contested spaces by their very nature (Silver, 2008; Smith, 2010), and can therefore experience some of the most intense resistance to SEPs and other human services (Smith, 2010).

As Davidson and Howe observed in the case study they conducted in San Francisco, one strategy commonly employed by residents who oppose the establishment of a SEP in their neighbourhood is to engage in defensive placemaking or boundary-making (Davidson & Howe,

2014). Defensive placemaking often occurs when residents are unable to use their social capital to ensure that their demands are met, for example when complaints to local city officials or police do not result in the changes residents desire (Davison & Howe, 2014). In response to this loss of control, residents conceptually carve out a separate neighbourhood for themselves where their voices carry the most weight and where those residents are fully in control of the identity and future of the neighbourhood (Davidson & Howe, 2014). Capitalism may be a key factor in such cases, since residents who have bought homes in certain neighbourhoods then feel entitled to the capitalist right of the consumer and expect their voices to carry the most weight based on the fact that they have paid for their residency (Martin, 2013). Furthermore, for many homeowners whose home is their largest or only asset, protecting that asset from possible devaluation becomes very important (Schively, 2007).

Davidson and Howe argue that boundary-making is one element of placemaking, and refers to the drawing of conceptual distinctions between *here* and *there*, between *us* and *them* (2014). Residential areas or home places are the cornerstone of community identities and individuals' identities as community members (Takahashi, 1997). Boundaries are often drawn between the safety and order of these home places and the perceived chaos, upheaval, and lack of productivity represented by IDU and the services they use (Takahashi, 1997). These human services and "undesirable" people pose a threat to community identity, and therefore must either be distanced from the community or isolated and contained in order to ensure that the community does not become seen as associated with and inherit stigma from those services and people (Woolford, 2001). Boundary-making serves to locate IDU and the services they rely on, and the associated stigma, outside certain communities and perpetuates the incorrect assumption that drug problems and people living with addiction are located only within certain

conceptualized boundaries (Woolford, 2001). These boundaries are seen to prevent drug problems from entering other locations and serve as both mental and physical barriers between communities and the forces that threaten their security (Woolford, 2001).

Moral Discourse

I will now discuss moral discourse as it pertains to the opposition SEPs often face in Canada and the United States. While supporters of SEPs tend to make arguments based on empirical research that has established the efficacy of SEPs as a harm reduction strategy, those opposed to SEPs are more likely to make normative or moralizing arguments (Buchanan et al., 2003). Individuals and groups with an orthodox or conservative moral orientation base their arguments on an external authority that offers a consistent and unambiguous definition of what is good and right (Buchanan et al., 2003). From such a conservative perspective, drug use is often viewed as unequivocally immoral or even evil, and addiction is seen as indicative of moral degeneration that threatens the integrity of nations (Buchanan et al., 2003; Roberts & Chen, 2013). The fact that IDU are viewed as responsible or culpable for their addiction is another important element of the moralization of drug use. Perceived personal culpability produces anger and moral judgement instead of empathy among citizens and policy-makers (Strike et al., 2004), and contributes to the intense stigmatization of IDU.

Furthermore, in Canadian and American middle-class culture, being law-abiding and healthy are both equated with being moral (Alexander, 2008). This has important implications for IDU who are viewed both as criminal and as physically and mentally unwell (Strike et al., 2004). The stigma surrounding drug use is reinforced by the illegality of using, and current drug policies that criminalize drug use and individualize addiction serve to institutionalize the stigma surrounding IDU and perpetuate the notion that IDU are behaving immorally (Tempalski et al.,

2007). While NIMBY sentiments are typically expressed at the individual or local level, they are perpetuated by institutionalized sigma and moralization at the national level as seen in the current Canadian and American drug laws and policies (Tempalski et al., 2007). Culture in Canada and the United States is very much anti-drug, and governments' lack of action to improve the health of IDU, bans on federal funding for SEPs, and laws prohibiting the possession of sterile syringes and drug paraphernalia in parts of the United States all send the clear message that drug use is wrong and that those who use drugs will be persecuted as opposed to given medical care (Klein, 2007; Tempalski et al., 2007). Many of the factors and forces that serve to stigmatize drug use and IDU also contribute to the moralization of the issue of drug use and addiction.

While moralization of a health issue such as addiction is often seen as a negative thing, it should be noted that moral arguments can be made by individuals and groups on both sides of an issue. In the case of SEPs specifically, moral arguments set forth often centre on increasing equality and protecting a vulnerable population in society (Buchanan et al., 2003). Buchanan and colleagues argue that poverty and racism are two serious moral failings in society, and that to be a moral person is not to ignore the suffering and continued marginalization of a vulnerable population (2003). These authors note that people of low socio-economic status and people of colour are more likely to use drugs than other segments of the population, and remind us that a just society is one in which no one is denied health or equal opportunity based on institutionalized stigma, marginalization, or inequality (Buchanan et al., 2003). It is worthwhile to keep these arguments in mind as well as the moralizing arguments often employed in opposition to SEPs.

Methods

  I will now discuss my research methodology. I conducted nine semi-structured qualitative interviews in order to explore community perceptions of Mainline and its location and role in the North End. My interviewees included Diane Bailey, the Director of Mainline; an elected official for the District 8 Peninsula North; Patricia Cuttell, the current Executive Director of the North End Business Association; David Fleming, her predecessor; Adam Craft, the Housing Support Coordinator for Metro Non-Profit Housing; and four North End residents. I aimed to recruit a variety of community members in different positions and with different relationships to Mainline in order to ensure the diversity of my sample, but in terms of demographics my sample turned out to be fairly homogenous. All but one participant was White and the majority of my participants were also university educated. However, participants were from a variety of class backgrounds and both genders were represented equally in my sample. Ultimately, my attempts to recruit a more diverse group of North End residents were hampered by a lack of response from potential interviewees, and this issue could be remedied in future research conducted in the North End.

  Interviews were between half an hour and one hour in duration, and all interviewees but one gave permission for their interviews to be audio-recorded. I took extensive notes including a handful of direct quotations during the one interview I did not have permission to record, and typed up and added to my notes immediately after concluding the interview. I interviewed David Fleming over the phone as he lives out of province, and all other interviews were conducted in person. Recruitment methods varied by participant: I approached Diane Bailey, the elected official, Patricia Cuttell, and David Fleming directly (see Appendix C), Adam Craft contacted me after hearing about my research from my honours supervisor, and I recruited North End

residents through word of mouth. I posted flyers in the North End in the hopes of recruiting

residents (see Appendix D), but I was not contacted by any potential participants. I also posted

the same information in two facebook groups, the Halifax Queer Exchange and the North End

Community Circle, but once again I was not contacted by anyone. Lastly, the Halifax Music

Coop emailed information about my research project to all of the Coop members, but this also

yielded no interviews. I ultimately accessed North End residents through my own social network

and through friends' networks.

I decided to conduct qualitative research because my project is exploratory in nature, and

I was interested in individuals' perceptions, opinions, and feelings (Bouma, Ling, & Wilkinson,

2012; Bryman, Bell, & Teevan, 2012). I chose to conduct in-depth, semi-structured interviews as

this allowed me to gather rich data and provide thick description of participants' experiences,

and to understand Mainline's role and position in the North End community through the eyes of

community members (Bouma, Ling, & Wilkinson, 2012; Bryman, Bell, & Teevan, 2012). While

the concepts outlined in my literature review have been relevant to resistance to SEPs in other

contexts, I designed my interview questions to be open-ended enough to allow for new concepts

and themes to arise and potentially generate new theories (Bryman, Bell, & Teevan, 2012).

I designed my interview questions to elucidate participants' perceptions of Mainline as a

service, its location in the North End, and the people who access the services that Mainline

offers. I also inquired about participants' opinions about Mainline's impact on business in the

North End. While the questions I asked of North End residents (see Appendix E) I also asked of

my other participants, I asked some additional targeted questions of the elected official, both

Business Association Executive Directors, and the Housing Support Coordinator (see Appendix

F). I wanted to be able to contextualize those participants' responses in terms of their roles in the

community. I asked quite different questions when interviewing the Director of Mainline, as there was specific information about Mainline's history and day-to-day operations that I hoped she would be able to provide along with her perceptions of community relations (see Appendix G). I transcribed the interviews I conducted and typed up any notes I took by hand, and this comprised the data for my analysis.

I coded my interview data with the three themes set out in my literature review in mind (NIMBY sentiments, social and socio-spatial stigmatization, and moral discourse), and also took a grounded theory approach and generated new codes according to other themes and patterns that emerged from that data (Bryman, Bell, & Teevan, 2012). My analysis was a combination of bottom-up and top-down methods, and after coding the transcribed interviews, I grouped the data by the themes identified during coding and generated a memo for each theme. The process of grouping the coded data allowed other subthemes to emerge, which I then incorporated into my analysis. I reviewed additional literature to substantiate the findings that emerged from the data that were outside the scope of my initial review of the literature.

Informed consent is paramount to ethical research, as is ensuring confidentiality (Bouma, Ling, & Wilkinson, 2012; Bryman, Bell, & Teevan, 2012). I began all interviews by asking participants to sign a consent form (see Appendix H), and I also verbally reiterated several elements of the form such as participants' right to skip questions, stop the interview, or withdraw their data from the research anytime up until the 15th of March. I also made participants aware that I would not include any potentially identifying information in my report, though Daine Bailey, Patricia Cuttell, David Fleming, and Adam Craft did not wish to remain anonymous (see Appendix I) so I have identified them in my analysis. Risks or discomforts associated with my research were unlikely to supersede those incurred in a typical conversation about the North End,

but may have included discomfort resulting from the discussion of a potentially controversial topic. I mitigated this risk by creating a safe space for participants to discuss their opinions without feeling judged by me, and I hope that participation in my research may have created a platform for participants to express their opinions about an important community issue.

Research Findings

Though separated out in my review of the literature for the sake of ease, NIMBY sentiments, social and socio-spatial stigma, and moral discourse are in reality closely intertwined. Many NIMBY sentiments have their roots in stigma, as I will discuss below, and in most cases a two-way relationship exists between stigmatization and moralization. It is difficult to discuss stigmatizing attitudes towards IDU without also touching on the moral judgement resulting from those attitudes, and in some instances, people stigmatize IDU because of their perceived moral shortcomings. I will begin with a brief discussion of moral discourse in order to situate my analysis, and then follow with a discussion of NIMBY sentiments and stigma as they both give rise to and perpetuate each other.

Moral Discourse

While only a handful of participants in this study made comments that were clearly moralizing, moral discourse remains an important contextualizing factor in my analysis. Dynamics at the community level in the North End are set against a backdrop of strict anti-drug policy Canada and the United States, of which the notion that drug use is immoral is part and parcel. One participant, in his discussion of the resistance he fears Mainline may face as demographics in the North End continue to change, succinctly summed up the crux of moral discourse as related to SEPs, stating "I'd be concerned that people would have a very knee-jerk reaction, drugs are bad therefore people using drugs are bad and therefore this [Mainline] is

bad". Another participant drew a connection between the notion that IDU are immoral and some people's unwillingness to support services for IDU, stating "…at some level it's just punishment for moralist, moral shortcomings". For these two participants at least, the association between resistance to SEPs and morality was explicit. I will focus more heavily on stigma than moral discourse for the remainder of this analysis, but moral discourse often underlies the stigmatization of IDU.

NIMBY Sentiments in the North End

I will now explore the NIMBY sentiments that emerged from the data and the stigmatizing attitudes underlying some of those sentiments. Over half of participants expressed the opinion that Mainline is well-placed in its current location, so the few NIMBY sentiments that emerged from the data were expressed in the context of a professed support for Mainline's location. Three participants described Mainline's current location as accessible, and others emphasized the fact that Mainline is walkable and close to major transit routes. A number of participants also cited an association between low-income status and a higher risk of substance abuse, and from that perspective, argued Mainline's current location makes sense based on the lower-income population of the North End. This was exemplified by one participant's statement that, even among North End residents who aren't particularly progressive, one general attitude that manifests is "whatever, it's the North End". The notion emerged that the North End is, in some sense, the right place for social services such as Mainline. Ultimately, many of the NIMBY sentiments discussed below were expressed in tandem with support for Mainline's current location, and this careful positioning of the self as supportive was a reoccurring theme that

emerged across several different aspects of my conversations with participants. This will be discussed in further detail in subsequent sections.

   Problematic Behaviours on the Street. By far the most common NIMBY sentiment that emerged from the data centred around problematic activities and behaviours on the street. Most participants were determinedly vague in their discussion of the issue, using phrases like "there's sometimes very difficult behaviour" or "you can get groups of people in difficult situations…and it can create activity on the street that's problematic". There was an obvious reluctance among most participants to be specific about the behaviours and activities that were problematic, even when asked directly. A single participant was the exception, and his straightforward interpretation of the issue was "We often consider loitering to be the biggest problem I think? The most tangible problem." Two aspects of loitering that were perceived to be problematic emerged from the data, one relating to individual perceptions of safety and the other to the impact of loitering on businesses.

   Participants primarily discussed loitering or large groups of people "hanging around" as a problem because it made other people on the sidewalks feel unsafe, and this sentiment has documented in the literature (Hermer, 1997). As stated by one participant, "They would hang out, the people who go to Mainline, drug addicts, you wouldn't want to walk by it because there were just like twenty of them posted there. And very sketchy characters." Some participants asserted that the activities happening on the street could be perceived as dangerous or scary, and emphasized the necessity of making sure the streets are safe and accessible for everyone. The fact that Mainline is one of a concentration of social services in the area was mentioned as contributing to the problem of loitering, as the sheer number of services increased the amount of activity on the street and meant a large number of people were coming and going in the area

every day. A consideration of stigma is relevant here, based on assumptions participants made about the inherent dangerousness of Mainline clients based on their physical appearance and status as persons living with addiction. It is unlikely that a congregation of business owners, for instance, would have made the streets feel unsafe for passersby.

The offshoot of worries about personal safety was the notion that loitering had a direct negative impact on business because people did not feel safe and comfortable to come in and out of businesses. According to one participant who was in a position to receive complaints about Mainline, "[loitering] was a consistent topic of conversation with primarily a small number of businesses, particularly in the retail area, where obviously people coming and going was paramount to business". Several sympathetic participants made the point that people have nowhere to go besides onto the street after visiting Mainline as there is no service or space offered for people to access after visiting one of the social services. The establishment of a safe injection site where IDU could inject their own drugs in a safe and clean environment was discussed by six of nine participants as one possible solution for the problem or as a good fit for the North End more generally. Loitering aside, however, the majority of participants thought that the North End's reputation as unsafe posed a larger problem for businesses than did any of the social services in the area.

Finally, the language participants used when talking about the issue of behaviours on the street should not be overlooked as indicating an important finding in itself. Even the most outspoken participant was not willing to say *he* wouldn't want to walk by a group of "sketchy characters", instead saying *you* wouldn't want to; issues on the street were unfailingly discussed as problematic for other people and never for individual participants. Behaviours were described

as something that *could be perceived as* dangerous, and even the issue of safety on the street was framed as something important to ensure as opposed to something currently lacking. Participants were generally unwilling to make strong claims about issues, and I interpreted this to be part of an effort many participants undertook to avoid positioning themselves as opposed to Mainline.

Attracting a Certain Kind of Person: "Sketchy Characters" and Criminals. One common NIMBY sentiment that often emerges in relation to SEPs is the notion that SEPs draw dangerous, criminal, and unwanted people into neighbourhoods in which they would not otherwise be present (Klein, 2007; Strike et al., 2004; Smith, 2010). Such sentiments were echoed in conversations with a number of participants in the case of the North End. Ms. Bailey mentioned that when Mainline was first established some people thought Mainline was going to be handing out drugs and there would be addicts and criminals hanging around, and a second participant was particularly vocal on the topic, stating that Mainline "kind of pulled a certain crowd towards that community…Well they gotta go somewhere, right? Drug addicts, criminals, dealers". The concept that the type of person who accesses services at a needle exchange is a sketchy character, a criminal, someone you wouldn't want to walk by, live next to, or see "hanging around" came up in conversation with several participants, and as mentioned above, this stigmatizing attitude was directly related to worries about preventing certain kinds of people from congregating to keep the streets feeling safe.

A number of participants acknowledged that places where IDU congregate can experience higher rates of crime than other areas and that crime in the North End is sometimes perceived to be related to the types of people who use Mainline. However, several participants also reassured me that crime wasn't an everyday thing in the area: "Having crime in your neighborhood once in a while is not really something that you have to worry about 'cause for the

most part it's not like that at all. Like it's really comfortable and safe". Two participants also argued that the most common crimes in the area were gang-related and didn't pose a real danger to the average community member who wasn't a part of organized crime. One of those participants contextualized the issue further by suggesting that crime has historically been more prevalent in North End Halifax and isn't often directly related to any of the social services in the area. Most participants ultimately argued quite adamantly that the reputation the North End has for being dangerous is based on media sensationalization and is not reflective of reality.

Improperly Discarded Syringes. As discussed in the literature, worries about improperly discarded syringes are another very common NIMBY sentiment directed towards SEPs (Broadhead et al., 1999; Davidson & Howe, 2014; Strike et al., 2004). This finding held true in the case of the North End. Over half of participants acknowledged that improperly discarded syringes are found in the North End and that those syringes are a source of concern. Several participants also mentioned that syringes threaten the safety of local children, a theme that also comes up frequently in the literature (Broadhead et al., 1999; Davidson & Howe, 2014). However, even the participants who had personally found needles did not describe the experience as especially distressing and this seemed to stem from the knowledge that Mainline was very responsive and cleaned up needles whenever community members reported finding them. Overall, while improperly discarded needles were discussed by participants as a concern, most had not personally found a needle and the issue seemed to be viewed as something important to monitor but ultimately generated little anxiety.

Managing Resistance

  The Self as Supportive. A handful of participants told me they did not wish to sensationalize the issue of community resistance to Mainline or suggest that the negative opinions of a few individuals are an accurate representation of the North End community as a whole, and I also wish to avoid such a misrepresentation. However, this assertion by participants is noteworthy given that the vast majority of participants worked to avoid giving the impression that Mainline was unwelcome in the community. All but a single participant expressed their personal support for Mainline, and only a handful of participants acknowledged that resistance was a part of community dynamics at all. Those participants who did discuss resistance worked to minimize that resistance and contextualized it as one small element of an otherwise supportive relationship between Mainline and the broader community.

  All participants who were in a position to personally receive negative feedback about Mainline (namely the elected official, both Executive Directors of the North End Business Association, and the Director of Mainline) emphasized the fact that it was "primarily a small number of businesses" or a "very select group of voices" who expressed negative attitudes, and Ms. Bailey also highlighted the fact that there has only been a single person vocally opposed to Mainline since its establishment. Overwhelmingly, resistance was discussed as something other people express from time to time which is similar to the ways in which issues on the street were discussed. Once again, most participants were careful to position themselves as supportive of Mainline and as removed from any resistance that does exist in the community.

  A single participant was the (outspoken) exception to this trend in terms of their discussion of resistance, and unfortunately, I did not have the time to increase my sample size and determine exactly how common his opinions were. This particular participant lived quite

close to Mainline which he thought gave him a different perspective on the issue as compared to other community members who did not live in such close proximity: "a lot of people are just supportive because it's correct to be supportive…but when you're living right next to it it's sort of different". This participant was also much less vague in his discussion of the relationship between Mainline and the broader community than other participants and did not attempt to minimize resistance or tensions in the same way. He told me quite directly, "I don't think the people who are buying condos or who live in the condos are happy with the characters who go to Mainline". Referring to the "sketchy" characters who use the services at Mainline, he also asserted "It only takes a couple of people to ruin an entire neighbourhood". Ultimately, this participant was straightforward in his opinion that "right in the middle of a developing neighbourhood" is not an appropriate place for a social service such as Mainline and was the only participant willing to openly take such a stance.

Worries About Displacement. The only facet of resistance the vast majority of participants were willing to give their own opinions about was in the context of worries that Mainline will be pushed out of the community as demographics in the North End continue to change. All of the study participants discussed the possibility that changing demographics in the North End could result in lower-income people and services like Mainline being pushed out, and two thirds of participants used the word gentrification of their own accord when discussing potential displacement. Participants thought increases in rent and newcomers to the neighbourhood could eventually force Mainline out, and two participants, speaking somewhat tongue in cheek, said the community might eventually come to categorize Mainline and the other social services in the area as "undesirables" as the status of the neighbourhood improves. All but two participants spoke about Mainline specifically when talking about possible displacement in

the community and were explicit in their desire that Mainline not be pushed out. The other two participants talked about displacement of lower-income people more generally.

A second common sentiment expressed by participants on the topic of changing demographics in the North End and possible resistance in the future was the desire for the neighbourhood to remain inclusive and diverse, with the majority of participants using those two adjectives in particular. The influx of higher-income or middle-class people into the neighbourhood was conceptualized by a number of participants as positive because it increased the diversity of the neighbourhood, and there was a lot of talk about making sure "we have a diversity of options" and "everyone can benefit from the positive changes". There was an overwhelming desire across all participants to preserve the fabric of the North End neighbourhood and ensure that it remains diverse. A number of participants also expressed the desire to direct the change in the neighbourhood as opposed to let development run its course and potentially result in displacement of lower-income community members. One participant summed the issue up nicely, stating "change and development are good, but not to the point of exclusion".

Mainline as Under the Radar. Ms. Bailey framed the relationship between Mainline and the broader community as supportive, and all participants with the exception of the one discussed earlier were of a similar opinion. However, Ms. Bailey made several comments indicating that while Mainline may not currently be facing organized resistance, its position in the community is not necessarily secure. She stated that even though the building Mainline is currently located in is quite literally falling down she didn't think anyone would rent to Mainline if they tried to move to a different location in the community, and asserted "They want us out of here".

Ultimately though, Ms. Bailey still reassured me the community was supportive of Mainline and that even people who were initially opposed to Mainline were most often able to eventually understand that Mainline is just "trying to help people whatever way possible".

Ms. Bailey also discussed some of the strategies she has employed to stay under the radar and deal with community pressure, which once again suggests resistance is at least a potential issue for Mainline. In terms of these strategies, Ms. Bailey mentioned using outreach to reduce traffic in and out of Mainline's permanent location and that she intentionally keeps her head down: "We're low key, we stay that way…I never draw any attention to us". It would appear that these efforts are quite successful, as several other participants also emphasized the fact that Mainline is quiet and doesn't pose a problem, as seen in the following statements: "There's never a huge line-up, it doesn't seem like there's a lot of drama out front…they're very low key…", "There's not a whole lot of traffic that comes in and out of there, it's pretty quiet", and "For the most part, Mainline [is] a quiet, positive organization". I interpreted these statements as genuine but also as one element of a discourse aimed to redirect focus away from resistance and towards the conception of a primarily friendly and supportive relationship between Mainline and the broader community.

Othering Language as a Manifestation of Stigma

As one factor that underpins resistance, stigma operated subtly in the case of the North End and most commonly took the form of othering language. Boundary-making, discussed in the literature as one element of placemaking, serves to draw a distinction between groups or places as a means of othering (Davidson & Howe, 2014). In the case of the North End, boundary-making took the form of drawing distinctions between us and them more than between here and

there. While two participants explicitly stated that discussions about the social services in the North End should not "isolate one group from the other" or "be an 'us and them' type of conversation" and there was much talk of finding a constructive way to integrate diverse populations in the North End, a number of participants, including those made the comments above, employed othering language when talking about Mainline staff and clients. Some participants subtly positioned themselves as the rightful producers the community space as is discussed in the literature (Davidson & Howe, 2014), referring to the North End as "*our* community", making statements such as "*we* didn't come here and buy properties…because we wanted to displace people", or expressing the desire to direct change in the North End so that it is line with "what *we* value" (emphasis added). One participant in particular associated herself with certain other community members and referred to the group as *us,* and positioned Mainline staff and clients as external to that us.

Next, a handful of participants used *they* or *them* to refer to Mainline staff and clients, which contrasted with other participants who used terms like *folks* or *staff* to refer to the same group of people. While this is a subtle distinction, the use of *they* and *them* was patterned across a number of participants in a way that served to other Mainline clients and staff. A handful of participants also referred to Mainline or IDU and their artefacts as *that.* When evaluating the impact Mainline has on local business one participant said "maybe it depends how close you are to *that*", and another participant used *that* to refer to improperly discarded syringes. A third participant used *that* as a blanket term for Mainline and the people who access the services at Mainline, and told me "Well, people just don't want to live next to *that*" (emphasis added).

Note on Intersectionality

Participants' positions in the community and personal or demographic characteristics are relevant to my findings and may have impacted participants' responses during interviews. For instance, the participants in leadership positions in the community were somewhat constrained in the personal opinions they could express while other participants had unique perspectives after having lived in very close proximity to Mainline or based on their level of informal involvement in the community. However, participants' personal characteristics and positions in the community did not always correlate with the opinions they expressed in patterned or predictable ways. For instance, the previous Executive Director of the North End Business Association was more open with me than most other participants despite the fact that he had, until recently, held a leadership role in the community. Furthermore, while the two participants who lived in close proximity to Mainline were both of lower socioeconomic background and lived only a few houses away from one another, one expressed support for Mainline while the other was quite vocally opposed. Stigmatizing language was also used by participants who varied in class background and education level. A thorough intersectional analysis is outside the scope of this project, but future research could further explore differences in the opinions participants express based on participants' roles in the community and demographic characteristics.

Conclusion

Through my research I intended to answer the question *How is moral or stigmatizing language employed by North End community members in discussions of Mainline, its clients, and its location in the North End? Is the relationship between Mainline and the broader community characterized by resistance or support?* I found that, with a single exception, participants

worked to position themselves as supportive of Mainline, though a number of participants used subtly stigmatizing language against this backdrop of support. Loitering was discussed as the biggest issue associated with having Mainline as a part of the community and was the primary NIMBY sentiment expressed by participants. Finally, resistance in the community was discussed primarily as something that could develop as demographics in the North End continue to change as opposed to an issue Mainline is currently facing. Mainline's long-term position in the community does not appear to be entirely secure, but ultimately, all but a single participant expressed the desire that Mainline not be pushed out of the community as development continues.

My research will contribute to the literature and sociological understanding by focusing on SEPs in a Canadian context. Much of the data collected on the topic of SEPs are American, as are many of the policies and laws discussed as contributing to the stigmatization of drug use (Buchanan et al., 2003; Roberts & Chen, 2013; Tempalski et al., 2007). While Canadian culture and drug policy is certainly influenced by American culture and the American war on drugs, we do not have the same legal barriers pertaining to the possession of syringes and drug paraphernalia (Klein, 2007) and Canada is politically more liberal than the United States. Furthermore, the vast majority of Canadian data that does exist on this topic was collected in large cities, Vancouver and Toronto in particular, and my research will address a paucity of data from Atlantic Canada.

My sample size and composition is one important limitation of my research, and future research on this topic could include data from more residents and business owners as well as participants from more diverse ethnic and educational backgrounds. Future research could also explore North End community members' opinions about a safe injection site, as six of my nine

participants discussed a safe injection site as something that might benefit the North End community. SEPs are an effective harm reduction strategy whose efficacy is often limited by community resistance, and research such as mine may help illuminate ways in which that resistance can be minimized so that the full potential of SEPs can be realized.

References

Alexander, J. (2008). *A war on drugs but not AIDS: a situational analysis of the media debate in Canada over prison needle exchange* (Unpublished MA dissertation). Dalhousie University, NS.

Asbridge, M. (2013). A brief history of the social control of drugs in North America. Lecture in SOSA 2503, November 14, 2013. Dalhousie University, Halifax, Nova Scotia.

Bouma, G., Ling, R. & Wilkinson, L. (2012). The research process (2nd Canadian ed.). Oxford: Oxford University Press.

Broadhead, R., Hulst, Y., & Heckathorn, D. (1999). Termination of an established needle-exchange: a study of claims and their impact. *Social Problems, 46*(1), 48-66. Retrieved from Heinonline.org

Bryman, A., Teevan, A. & Bell, E. (2012). Social research methods (3rd Canadian ed.). Oxford: Oxford University Press.

Buchanan, D., Shaw, S., Ford, A., & Singer, M. (2003). Empirical science meets moral panic: an analysis of the politics of needle exchange. *Journal of Public Health Policy, 24*(3/4), 427-444. Retrieved from http://www.jstor.org

Coutinho, R. (2000). Needle exchange, pragmatism, and moralism. *American Journal of Public Health, 90*(9), 1387-1388. Retrieved from http://www.ncbi.nlm.nih.gov

Davidson, P., & Howe, M. (2014). Beyond NIMBYism: understanding community antipathy toward needle distribution services. *International Journal of Drug Policy, 25,* 624-632. doi: 10.1016/j.drugpo.2013.10.012

Goffman, E. (1997[1963]). The Stigmatized Self. In C. Lemert & A. Branaman (Eds.), *The Goffman Reader* (73-79). Malden, Mass & Oxford: Blackwell.

Hamnett, C. (2003). Gentrification, Postindustrialism, and Industrial and Occupational Restructuring in Global Cities. In G. Bridge & S. Watson (Eds.), *A Companion to the City* (pp. 331-341). Malden, MA: Blackwell.

Hermer, J. (1997). Keeping Oshawa beautiful: policing the loiterer in public nuisance by-law 72-94. *Canadian Journal of Law and Society, 12*(1), 171-192. Retrieved from: http://www.heinonline.org.ezproxy.library.dal.ca/HOL/Page?handle=hein.journals/cjls12&id=175&collection=journals

Klein, A. (2007). *Sticking points: barriers to access to needle and syringe programs in Canada.* Toronto: Canadian HIV/AIDS Legal Network.

Mainline Needle Exchange. (2012). *Mainline Needle Exchange 1992-2012 "And they said it wouldn't last".* Halifax, Nova Scotia: Diane Bailey.

Mainline Needle Exchange. (2014). Retrieved from http://www.mainlineneedleexchange.ca/index.html

Manning, P. (2005). Goffman, Irving. In Ritzer, G. (Ed.), *Encyclopedia of Social Theory* (333-339)*.* Maryland: Sage Publications.

Marlatt, G. (1996). Harm reduction: come as you are. *Addictive Behaviours, 21*(6), 779-788. Retrieved from: http://www.sciencedirect.com.ezproxy.library.dal.ca/science/article/ pii/0306460396000421

Martin, F. (2013). Consumer capitalism and consumer culture. Lecture in SOSA 2002, September 26, 2013. Dalhousie University, Halifax, Nova Scotia.

North End Business Association (2015). The North End of Halifax – a Brief History. Retreived from http://gonorthhalifax.ca/about/

Roberts, B., & Chen, Y. (2013). Drugs, violence, and the state. *The Annual Review of Sociology, 39,* 105-125. doi: 10.1146/annurev-soc-071312-145554

Schively, C. (2007). Understanding the NIMBY and LULU phenomena: reassessing our knowledge based and informing future research. *Journal of Planning and Literature, 21*(3), 255-266. doi: 10.1177/0885412206295845

Silver, J. (2008). Public housing risks and alternatives: Uniacke Square in North End Halifax. *Canadian Centre for Policy Alternatives.* http://www.policyalternatives.ca

Smith, C. (2010). Socio-spatial stigmatization and the contested space of addiction treatment: remapping strategies of opposition to the disorder of drugs. *Social Science and Medicine, 70,* 859-866. doi: 10.1016/j.socscimed.2009.10.033

Strike, C., Myers, T., & Millson, M. (2004). Finding a place for needle exchange programs. *Critical Public Health,* 14(3), 261-275. doi: 10.1080/09581590400004386

Takahashi, L. (1997). The socio-spatial stigmatization of homelessness and HIV/AIDS: toward an explanation of the NIMBY syndrome. *Social Science and Medicine, 45*(6), 902-914. Retrieved from www.sciencedirect.com

Tempalski, B., Friedman, R., Keem, M., Cooper, H., Friedman, S. (2007). NIMBY localism and national inequitable exclusion alliances: the case of syringe exchange programs in the United States. *Geoforum, 38,* 1250-1263. doi: 10.1016/j.geoforum.2007.03.012

Woolford, A. (2001). Tainted space: representations of injection drug-use and HIV/AIDS in Vancouver's downtown eastside. *BC Studies: The British Columbian Quarterly,* (129), 27-50. Retrieved from www.ubc.ca

Appendices

Appendix A: Electoral Boundaries for Halifax Peninsula North
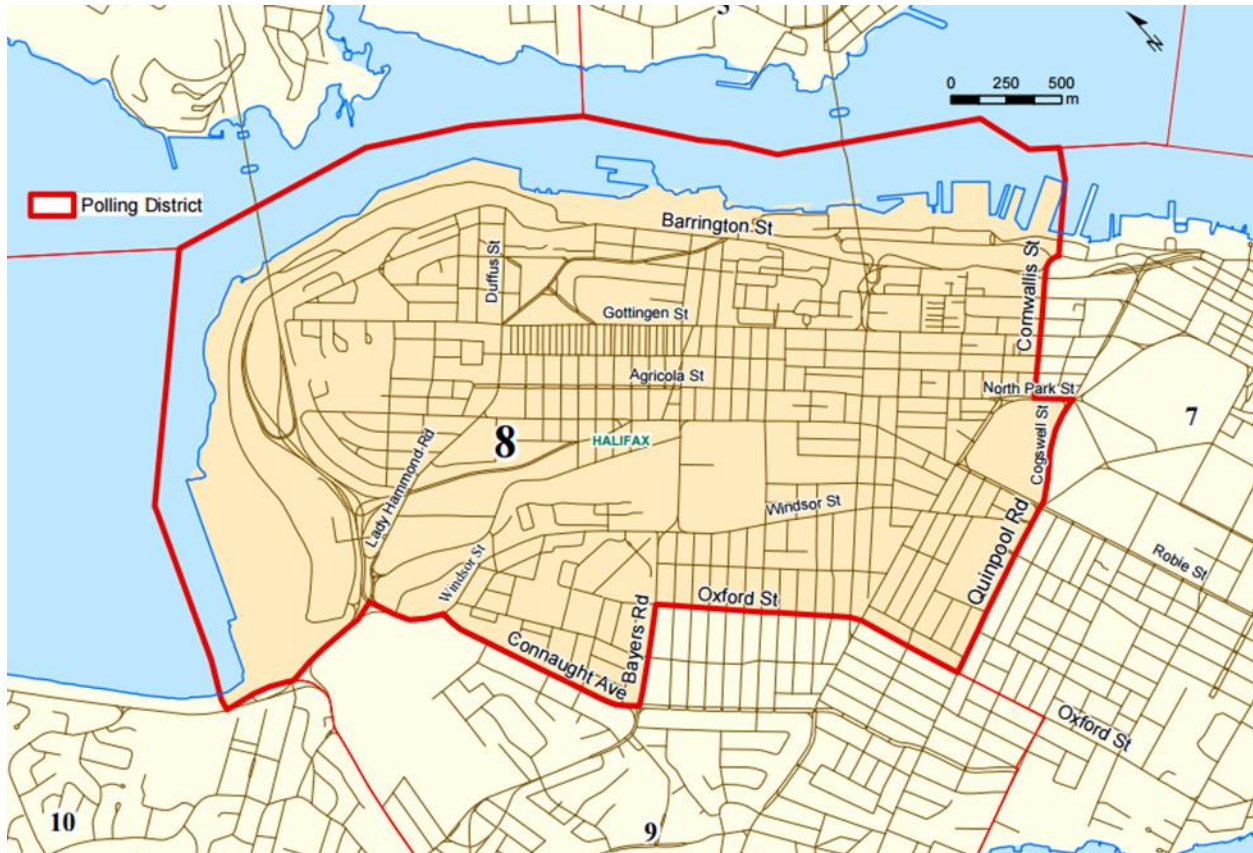
Map of electoral boundaries for District 8, Halifax Peninsula North

Appendix B: Participants' Conceptions of the North End

Participants' conceptions of the North End – shaded area was common across participants

Appendix C: Recruitment Fax/Emails

Information sent to Diane Bailey by fax was as follows.

<div align="right">January 8, 2015</div>

Dear Ms. Bailey,

My name is Bridget Livingstone, and I am a fourth year sociology student at Dalhousie University. I am working on my honours thesis this year under the supervision of Dr. Martha Radice, and my project focus is community perceptions of Mainline. I am curious about what North End residents, business owners, and business employees think about Mainline as a harm reduction strategy, what sorts of opinions they have about the people who use the services Mainline provides, and how they feel about having Mainline as a part of the North End community.

Beginning mid-January, I will be conducting a series of about ten interviews with members of the North End community and the data I collect will serve as the basis of the final report I will complete in April, 2015. The data I collect will be anonymized and kept confidential, and will be used solely by me as I work on my thesis. I would be more than happy to share my final report with you once my project is completed in April. I will not be actively recruiting Mainline clientele or staff as participants for my research, but should clientele or staff members wish to participate or offer their input they will be more than welcome.

If you would be willing, I would very much appreciate the opportunity to discuss your views of the relationship between Mainline and local communities. Participation in my study consists of a single interview lasting up to one hour, any information you provide will be anonymous unless you wish to be identified, and all the data that you provide will be kept secure and confidential. Even if you do not wish to participate in my research in an official capacity, I would be grateful for the opportunity to talk to you about the history of Mainline and its inception.

For more information, please contact me by email or phone. I would appreciate your input!

Sincerely yours,

Bridget Livingstone
902-818-9634
Bridget.livingstone@dal.ca

Honours Supervisor:
Dr. Martha Radice
902-494-6747

Information sent by email to the elected official, Patricia Cuttell, and David Fleming was as follows.

Dear (insert name here),

I am a sociology honours student from Dalhousie and I am conducting a study exploring community perceptions of Mainline Needle Exchange. I would very much appreciate the opportunity to hear your views on this topic! Participation consists of a single interview lasting up to one hour, all information you provide will be anonymous unless you wish to be identified, and all the data that you provide will be kept secure and confidential.

For more information, please contact me by email or phone (902-818-9634). I would appreciate your input!

Sincerely yours,

Bridget Livingstone

Appendix D: Recruitment Information

Information on recruitment flyers, facebook group posting, and in the email to Halifax Music Coop members was as follows. Note that none of these recruitment methods were successful.

Community Perceptions of Mainline Needle Exchange

Are you a North End community member, business owner, or business employee? Have you heard of Mainline Needle Exchange, located on Cornwallis Street? If so, I'd love to hear from you!

Join a sociological study exploring community perceptions of Mainline Needle exchange, conducted by a Dalhousie honours student. Participation consists of a single interview lasting up to one hour.

Please contact Bridget Livingstone for more information!

bridget.livingstone@dal.ca

902-818-9634

Appendix E: Interview Guide, Residents

Questions asked during interviews with residents are as follows:

        a. How long have you lived in the North End?

        b. What do you like about living in the North End?

        c. Are there things you don't like about living there?

2. How do you define the North End, in terms of spatial boundaries?

3. How did you first come to know about Mainline?

4. And what was your initial reaction when you first heard about Mainline?

5. Has your opinion about Mainline changed since you first heard about it?

    a. If yes, in what ways?

    b. How come?

6. What have you heard other people say about Mainline or about its presence in the North End?

7. What do you think are some of the benefits of having Mainline as a part of your community?

8. What do you think are some of the disadvantages of having Mainline as a part of your community?

9. Do you think that services like Mainline have an impact on local business in the North End?

10. Do you think changing demographics in the North End are having on impact on the relationship between Mainline and the rest of the community?

11. Are there any other services that you think would be helpful for injection drug users in the North End?

Appendix F: Interview Guides with Additional Questions

Questions asked during interview with the elected official are as follows.

1. Tell me a little bit about yourself.

2. How long have you held your current position?

3. What does your position entail?

4. Why did you choose to run for this position specifically?

5. What was your first interaction with Mainline?

6. What was your opinion about Mainline when you first heard about it?

7. Has your opinion about Mainline changed since the first time you heard about it? If yes, in what ways? How come?

8. Would you say your constituents have any kind of strong opinions about Mainline?

9. Does the presence of Mainline in your district affect your role?

10. Are there benefits to having Mainline in your community?

11. Are there disadvantages to having Mainline in your community?

12. Do you think that services like Mainline have an impact on local business in the North End?

13. Do you have any recommendations about other services that could be offered for injection drug users in the North End?

Questions asked during the interviews with Patricia Cuttell and David Fleming are as follows:

1. Can you tell me a little bit about the Business Association and its role in the North End?

2. What does your role as executive director entail?

3. Do you live in the North End yourself?

    a. How long have you lived here?

    b. What do you like about living here?

    c. Are there things you don't like about living here?

4. How do you define the North End, in terms of spatial boundaries?

5. How did you first come to know about Mainline?

6. What was your initial reaction when you heard about Mainline?

7. Has your opinion about Mainline changed since the first time you heard about it? If yes, in what ways? How come?

8. What have you heard other people say about Mainline or about its presence in the North End?

9. Does the Business Association work with Mainline staff in any capacity?

10. Are concerns about Mainline ever brought to the Business Association?

11. What are some of the benefits of having Mainline in your community?

12. What are some of the disadvantages of having Mainline in your community?

13. Do you think that services like Mainline have an impact on local business in the North End?

14. Do you think changing demographics in the North End are having on impact on the relationship between Mainline and the community?

15. Do you have any recommendations about other services that could be offered for injection drug users in the North End?

Questions asked during the interview with Adam Craft are as follows:

1. How long have you lived in the North End?

2. What do you like about living in the North End?

3. Is there anything you don't like about living in the North End?

4. How do you define the North End in terms of spatial boundaries?

5. Can you tell me a little bit about Metro Non-Profit Housing Association?

    a. How did you first get involved there?

    b. What does your role as housing support coordinator entail?

    c. Is Metro Turning Point associated with the housing association?

6. Can you tell me about the drop-in you manage?

    a. You described it as ultra-low barrier; what does that mean?

7. Could you tell me about the housing first approach?

8. How did you first come to know about Mainline?

9. What was your initial reaction when you heard about Mainline?

10. Has your opinion about Mainline changed since the first time you heard about it? If yes, in what ways? How come?

11. What have you heard other people say about Mainline or about its presence in the North End?

12. Do you or other staff from the housing association work with Mainline staff in any capacity?

13. Do people who access the drop-in ever mention Mainline?

14. What are some of the benefits of having Mainline in your community?

15. What are some of the disadvantages of having Mainline in your community?

16. Do you think that services like Mainline have an impact on local business in the North End?

17. Do you have any recommendations about other services that could be offered for injection drug users in the North End?

Appendix G: Interview Guide, Diane Bailey

Questions asked during the interview with Diane Bailey are as follows.

1. How did you first get involved at Mainline?

2. What does your role as director entail?

3. What are the other staff positions at Mainline?

    a. Do the different staff members work fairly independently?

    b. Are their certain staff members who have more authority than others or who specifically hold leadership roles?

4. Is Mainline an independent organization?

    a. What is Mainline's relationship with Direction 180?

5. How is Mainline funded?

    a. Are there any external mandates or requirements associated with Mainline's funding?

    b. How are budgets and allocation of funding determined?

6. On its website Mainline is described as a health promotion project: broadly speaking, does this mean that Mainline is considered to be a healthcare service, a social service, or something else entirely?

    a. Is Mainline at all associated with the municipal, provincial, or federal healthcare system?

7. In what year was Mainline established? What led to Mainline being established?

    a. What was your role at that time?

8. Was Mainline always located where it is now? Why was it established in the North End specifically?

9. How would you describe the relationship between Mainline and the North End community?

10. Have relations between Mainline and the community changed since Mainline was first established?

11. Have changing demographics in the North End had an impact on relations between Mainline and the North End community?

12. Did Mainline face any resistance when it was first established?

13. Has Mainline faced any resistance since it was first established?

14. What do you think the North End community most appreciates about Mainline?

15. Does Mainline receive complaints from community members?

    a. What sorts of issues do community members bring up?

16. Who is responsible for addressing complaints or issues brought forth by community members?

17. Do you think services like Mainline or Direction 180 have an impact on local business in the North End?

18. Do you have any recommendations about other services that could be offered for injection drug users in the North End?

Appendix H: Consent Form I

DALHOUSIE
UNIVERSITY
Inspiring Minds

Faculty of Arts and Social Sciences

Community Perceptions of Mainline Needle Exchange

You are invited to take part in research being conducted by me, Bridget Livingstone, an undergraduate student in Sociology, as part of my honours degree at Dalhousie University. The purpose of this research is to interview North End community members, business owners, and employees to explore their perceptions of Mainline Needle Exchange. I will write up the results of this research in a paper for my class, called the honours thesis.

As a participant in the research you will be asked to answer a number of interview questions about Mainline Needle Exchange and its presence and role in the North End. The interview should take about an hour and will be conducted in a quiet location of your choice. With your permission, the interview will be audio-recorded. If I quote any part of it in my honours thesis, I will use a pseudonym, not your real name, and I will remove from the quote any other details that could identify you or your business.

Your participation in this research is entirely voluntary. You do not have to answer questions that you do not want to answer, and you are welcome to stop the interview at any time if you no longer want to participate. If you decide to stop participating after the interview is over, you can do so until March 15th. I will not be able to remove the information you provided after that date because I will have completed my analysis, but the information will not be used in any other research.

Information that you provide me with will be kept private and will be anonymized, which means any identifying details such as your name will be removed from it. Only the honours class supervisor and I will have access to the unprocessed information you offer. I will describe and share general findings in a presentation to the Sociology and Social Anthropology Department and in my honours thesis. Nothing that could identify you will be included in the presentation or the thesis. I will keep anonymized information so that I can learn more from it as I continue with my studies.

The risks associated with this study are minimal, but include potential discomfort associated with talking about what can be a controversial or emotional topic. You are welcome to skip questions, take a break, or stop the interview at any time with absolutely no consequences.

There will be no direct benefit to you in participating in this research and you will not receive compensation. The research, however, will contribute to new knowledge on community

perceptions of needle exchange programs in Canada. If you would like to see how your information is used, please feel free to contact me and I will send you a copy of my honours thesis after April 30.

If you have questions or concerns about the research please feel free to contact me or the honours class supervisor. My contact information is bridget.livingstone@dal.ca, or 902-818-9634. You can also contact the honours class supervisor, Dr. Martha Radice, at the Department of Sociology and Social Anthropology, Dalhousie University on (902) 494-6747, or email martha.radice@dal.ca.

If you have any ethical concerns about your participation in this research, you may contact Catherine Connors, Director, Research Ethics, Dalhousie University at (902) 494-1462, or email ethics@dal.ca.

Participant's consent:

I have read the above information and I agree to participate in this study.

☐ I agree that the researcher can audio-record the interview with me.

Name:
Signature:
Date:

Researcher's signature:
Date:

Appendix I: Consent Form II

Community Perceptions of Mainline Needle Exchange

You are invited to take part in research being conducted by me, Bridget Livingstone, an undergraduate student in Sociology, as part of my honours degree at Dalhousie University. The purpose of this research is to interview North End community members, business owners, and employees to explore their perceptions of Mainline Needle Exchange. I will write up the results of this research in a paper for my class, called the honours thesis.

As a participant in the research you will be asked to answer a number of interview questions about Mainline Needle Exchange and its presence and role in the North End. The interview should take about an hour and will be conducted in a quiet location of your choice. With your permission, the interview will be audio-recorded. If I quote any part of it in my honours thesis, I will not use your real name unless you would like me to, and I will remove from the quote any other details that could identify you should you wish to remain anonymous. No identifying information will be included in my report unless you give me express permission to include such information, and then only if I can do so without compromising the anonymity of other participants. While I will do my utmost to protect your identity should you wish to remain anonymous, due to the nature of your position in the community, it is possible that you may be identified.

Your participation in this research is entirely voluntary. You do not have to answer questions that you do not want to answer, and you are welcome to stop the interview at any time if you no longer want to participate. If you decide to stop participating after the interview is over, you can do so until March 15th. I will not be able to remove the information you provided after that date because I will have completed my analysis, but the information will not be used in any other research.

Information that you provide me with will be kept private and will be anonymized, which means any identifying details such as your name will be removed from it unless you wish to be identified by name. Only the honours class supervisor and I will have access to the unprocessed information you offer. I will describe and share general findings in a presentation to the Sociology and Social Anthropology Department and in my honours thesis. Nothing that could identify you will be included in the presentation or the thesis unless you give me permission to do so. I will keep anonymized information so that I can learn more from it as I continue with my studies.

The risks associated with this study are minimal, but include potential discomfort associated with talking about what can be a controversial or emotional topic. You are welcome to skip questions, take a break, or stop the interview at any time with absolutely no consequences

There will be no direct benefit to you in participating in this research and you will not receive compensation. The research, however, will contribute to new knowledge on community perceptions of needle exchange programs in Canada. If you would like to see how your information is used, please feel free to contact me and I will send you a copy of my honours thesis after April 30.

If you have questions or concerns about the research please feel free to contact me or the honours class supervisor. My contact information is bridget.livingstone@dal.ca, or 902-818-9634. You can also contact the honours class supervisor, Dr. Martha Radice, at the Department of Sociology and Social Anthropology, Dalhousie University on (902) 494-6747, or email martha.radice@dal.ca.
If you have any ethical concerns about your participation in this research, you may contact Catherine Connors, Director, Research Ethics, Dalhousie University at (902) 494-1462, or email ethics@dal.ca.

Participant's consent:

I have read the above information and I agree to participate in this study.

☐ I agree that the researcher can audio-record the interview with me.

☐ I would like to be identified in the research report and presentation; I do NOT wish to remain anonymous.

Name:	
Signature:	
Date:	

Researcher's signature:	
Date:	

Appendix J: REB Final Report

Dalhousie University Research Ethics Board

Ethics Review for Continuing Research Involving Human Participants

Annual / Final Report of the Investigator

Please complete the following information and return to:

Research Ethics c/o Dalhousie Research Services

Dalhousie University

6299 South Street, Suite 231

Halifax, NS , B3H 4H6

ethics@dal.ca

Principal Investigator (name):	Bridget Livingstone
Department:	Sociology and Social Anthropology
REB file #:	2014-3448
Project title:	Community Perceptions of Mainline Needle Exchange
Effective date of original ethics approval:	December 2, 2014

Please answer Question 1, 2 *or* 3 below (as applicable) and Question 4**:**

1. **STUDY HAS NOT COMMENCED**

    Anticipated Start Date:

    Study Cancelled   :

    If cancelled, why?

2. **STUDY HAS COMMENCED AND REMAINS ACTIVE**
    Number of participants recruited to date:

Anticipated or expected end date of the study:

Please attach a copy of the most recent version of the consent form or letter of information, and any recruitment materials / advertisements used for this study **(required to complete the report)** (if applicable)**.**

3. STUDY COMPLETED

If the project has been completed (analysis of data is complete), please submit a brief report (maximum 4 pages) stating the conclusions reached during the duration of this project (abstract or publication will be acceptable).

When did the study end? Last interview was on February 17, 2015. Thesis submitted April 20, 2015.

How many participants participated? Nine

4. PROJECT HISTORY

i.   Have you experienced any problems in carrying out this project?

      [ ] Yes   [X] No

If yes, please elaborate (attach additional pages as necessary).

ii.   Have participants experienced any harm as a result of their participation in the study?

      [ ] Yes   [X] No

If yes, please elaborate (attach additional pages as necessary).

iii.   Has any study participant expressed complaints, or experienced any difficulties in relation to their participation in the study?

      [ ] Yes   [X] No

If yes, please elaborate (attach additional pages as necessary).

iv.   Since the original approval, have there been any new reports in the literature that would suggest a change in the nature or likelihood of risks or benefits resulting from participation in this study?

[ ] Yes   [X] No

      If yes, please elaborate (attach additional pages as necessary).

I certify that the above is true and accurately portrays the status of my project with respect to ethical review.

                        Bridget Livingstone

_____   _____

 Signature (Principal Investigator)   Print Name

April 19, 2015

_____

Date

For University Research Ethics Office Use Only	
[ ] Consent Form verified (no changes) [ ] Consent Form not applicable [ ] Approved for further 12 months [ ] Clarification required (see attached). Approval pending.	
Signature:	Date: