

Using an intersectional risk environment approach to understand health and drug outcomes: Looking across social locations

Alexandra Collins, PhD

Assistant Professor | Brown University School of Public Health

Lx Addiction Conference | 25 November 2022

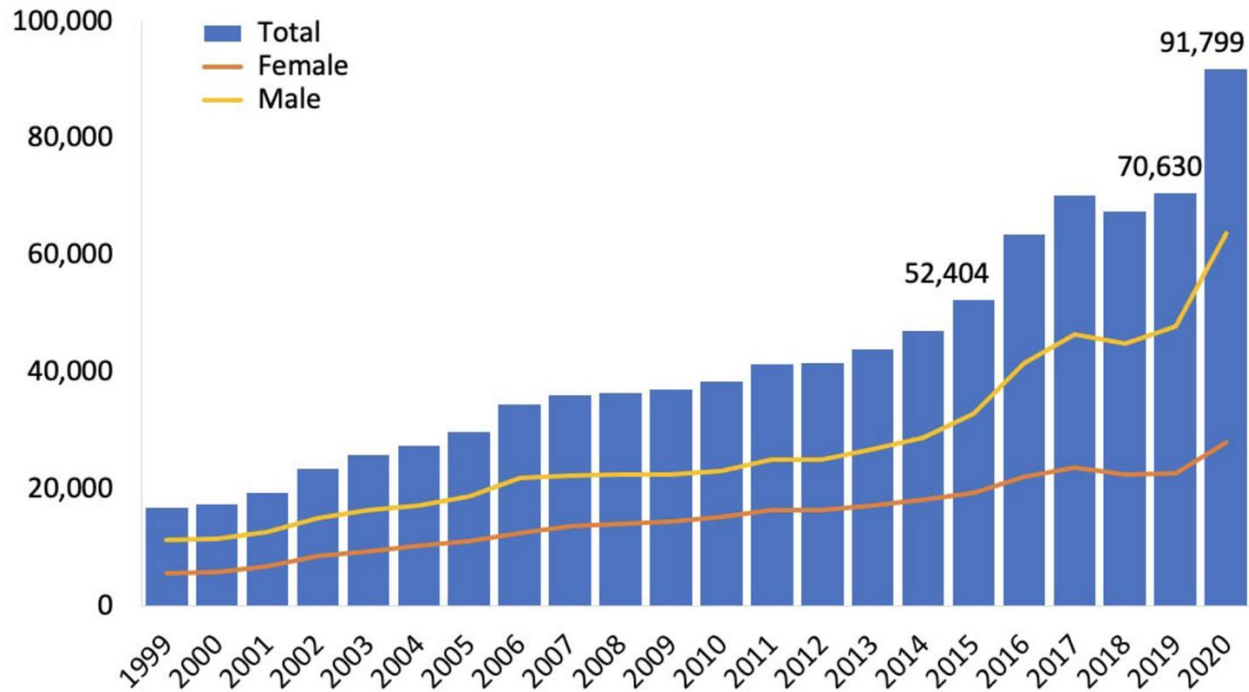


people
place &
health
collective



**There have been more than 930,000
overdose deaths in the US since
1999.**

Figure 1. National Drug-Involved Overdose Deaths* Number Among All Ages, by Gender, 1999-2020



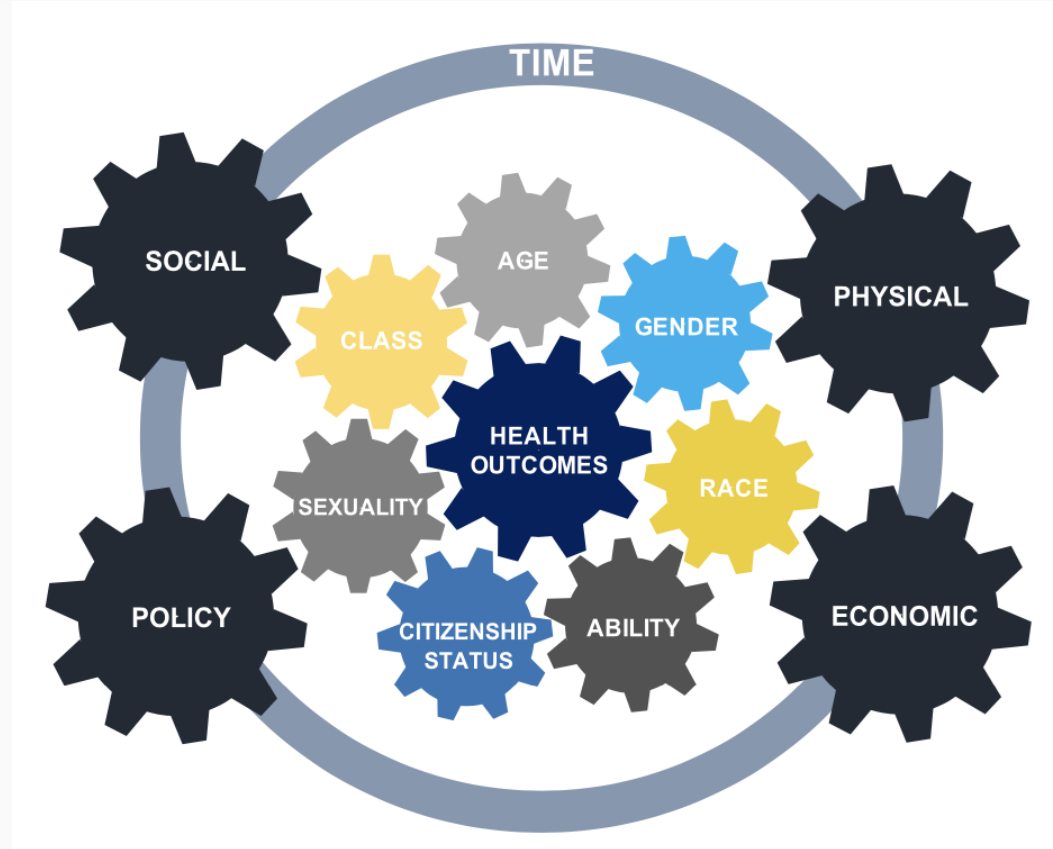
*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2020 on CDC WONDER Online Database, released 12/2021.

Understanding differences in health outcomes across and within populations is critical to adequately addressing health inequities.

Intersectionality: critical research paradigm

- Way to understand heterogeneous experiences *across and within* populations
- Multiple aspects of identity intersect to reveal overlapping systems of oppression and discrimination (e.g., heterosexism, racism)
- Lived experience and identity are shaped by interlocking systems of oppression and power that create social inequalities (e.g., racism, classism) and maintain health disparities
- Highlights versus erases what happens when people experience multiple oppressions simultaneously
 - Explicitly acknowledges the complexity of people's lives

Intersectional risk environment framework



Operationalizing the intersectional risk environment framework

Project overview

- Community-based rapid ethnography in Vancouver, Canada (May 2017 - December 2018)
- 100 hours of ethnographic fieldwork fieldwork
- In-depth interviews with unstably housed women who use drugs at baseline (n=35) and 6-month follow-up (n=20)
- Analyzed using an intersectional risk environment framework



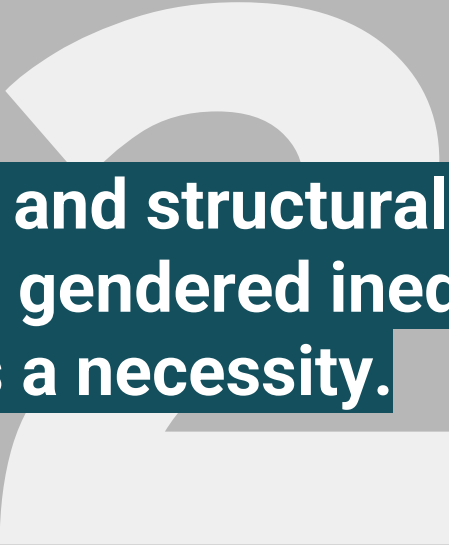
Gendered expectations of women and women's bodies, impacted participants' drug use practices and overdose risk.

“

*“I find that men down here or that come down here, if they see you fucked up, then you’re nothing. They don’t give a flying fuck of you as a person. **So I’ll never use in front of the dates.** If they see you vulnerable like that, they won’t pick you up again. [...] **Or they’ll get one up on you and they’ll give you a cheaper price** next time. ...**Total power, right?**”*

- ‘Jessica’ [45-year-old Indigenous woman]


”



Normalized social and structural violence against women reinforced gendered inequities and using drugs alone was seen as a necessity.

“*I use at home, in my apartment. I like to be alone, I don't like to do it in public. [It's a] **privacy thing and safety.** I was attacked really bad two years ago. I was taken hostage for four days and was badly attacked. So I pretty much stay at home now.*”

- 'Lydia' [45-year-old Asian woman]



Harm reduction interventions implemented using gender neutral approaches impacted accessibility and engagement among participants

“

“There are too many people in the consumption room to begin with. I don’t want to nod off there and someone take my keys and is gone. It does happen. It’s better just to stay [in my room] so you know when you wake up you got your dope, you got your money, you got everything, you know?”

- ‘Donna’ [50-year-old white woman]

”

Conclusions

- The bodies of structurally vulnerable women who use drugs were sites where gendered violence, criminalization, and social-structural inequities coalesced to impact health outcomes
- Rates at which women—especially racialized and Indigenous women—experienced gendered violence were so high that using alone was positioned as safer despite overdose risk
- Gender attentive and culturally safe overdose prevention interventions are needed in housing environments to address overdose risk in these settings

Takeaways

Moving towards more intersectional risk environment analyses

- We have to reframe how we think about and do research so we are **explicitly acknowledging variations** in health outcomes
- Explicit attention must be paid on intersections ***between and across*** categories and how these are shaped by structural systems of power and environments
- **Findings need to be contextualized** within systems of oppression and power (e.g., colonialism, capitalism), time, place, and historical specificity as these drive and maintain health disparities

Thank you

e: alexandra_collins1@brown.edu

twitter: [@_alexbcollins](https://twitter.com/_alexbcollins)