

Public amenity and the North Richmond medically supervised injecting room: Exploring the views of residents

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Introduction: We aimed to explore the attitudes and experiences of residents regarding their perceived level of drug-related and general public amenity in the area surrounding the North Richmond medically supervised injecting room (MSIR).

Method: Semi-structured interviews were conducted with residents (n=41) who live within 500m of the MSIR. Participants were recruited through flyer distribution and community outreach. Interviews were undertaken between January and May 2024. Data was thematically analysed through the lens of Critical Urban Theory utilising deductive codes including "right to the city", "contested public space", "power/governance", and "social justice and inequality".

Key Findings: We identified two distinct "factions" of participants, supporters and opponents of the facility. Participants' perceptions of changes in general and drug-related amenity since the MSIR opened aligned with these views. Supporters of the MSIR refer to the equitable provision of health and social services for community members who inject drugs has led to the positive transformation of the area post implementation. Those opposed to the facility spoke about the top-down governance approach resulting in a lack of community consultation prior to the implementation of the MSIR. Residents from both factions acknowledged the patterns of socialising outside the local community health centre have resulted in a sense of insecurity and feelings of exclusion from this space, challenging the narrative of who "belongs" and holds the "right to the city".

Discussions and Conclusions: Our findings reveal the residents' views are shaped by underlying power dynamics and competing claims to urban space exemplifying theoretical constructs of the Critical Urban Theory.

Implications for Practice or Policy: It is essential that issues of power, governance and contested space are considered when evaluating the impact of the MSIR operation on the inclusive community. Whole of community consultation is necessary for further essential urban harm reduction services to be successfully implemented and supported long-term.

Disclosure of Interest Statement: *BW is supported by a Deakin Burnet Partnership PhD scholarship.*