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Research Article

Chase out or unfortunate coping strategy? Analysis of urban settlement of the homeless addicts at public parks

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Abstract

Extant studies have labelled persons-with-addiction and the homeless as 'invaders' of public parks, aggressive/violent with psychiatric and medical disorders, a burden to the society, and transmitters of most deadly airborne or chronic diseases. Literature subtly discuses that such people must be chased out of the public. Yet, such studies have not concurrently analyzed from the viewpoint of urban parks users, the persons-with-addiction and the homeless people what needs to be done to improve the situation. Therefore, the study aims to explore whether problematic communities and subcultural factors make the disadvantaged resort to negative copping strategies when their legal means are blocked: how the other park users respond to the homeless drug addicts' hardship: and the possible suggestions from all the park users. This is done with reference to social disorganization and Sub-culture theory, and through ethnographic research approach (8 months field observation) and in-depth-interviews with 27 participants. Our study found that persons-with-addiction and the homeless are not always aggressive/violent/harmful as they have been labelled. But only disadvantaged individuals who desire to emulate the ideals and ambitions of the middle class but lack resources to achieve such success. Being overwhelmed with such frustrations from their dilemmas, they consider themselves 'double-failures' and retreat into drug addiction and find abode in the public spaces. We therefore conclude that persons with addiction and the homeless people are not always violent and criminal persons who are to be chased out of public parks. But only disadvantaged individuals who need help for choosing a negative coping strategy.

More Information

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Introduction

Since the industrial revolution in the 19th century, the world's population had been rapidly concentrated in urban areas. Report from the Population Division of the UN's Department of Economic and Social Affair (2019) shows that about 55 percent of the world's population live in an urban area and is projected to increase to 68 percent over the coming decades. Increased urbanization has had major implications on health and well-being of all people [31] limiting most residents' access to various social amenities which promote healthy lifestyles [18]. These health and wellbeing implications are occasioned by factors of environmental pollutions and sanitation concerns, as well as other social stressors [18]. The health impacts became a concern at the beginning of the 20th century, which prompted the response of providing public parks [19]. Urban public parks were to become infrastructures that provided the opportunity for users to access some form of healthy lifestyles, play in the open, create a sense of belongingness, even in modern and heavily industrialized cities [25,28,37].

Increased urbanization limited most residents access to acquire many spaces. This caused major health implications and general well-being of most people living in urban areas [31]. Most people in the cities had little access to spaces for social gathering and organization of fun fairs. This caused movements to arise, first in England, with the concern of constructing a public space where everyone would have equal access for and in participation of social gathering, sports, relaxations, exercising, which the growth of urbanization was making it difficult to come by if not impossible [19]. The benefits that came along with the creation of the public spaces in England moved the rest of the urbanized cities around the

world to follow same path. By 1840s and 1850s, parks had become popular and were infused in the planning of cities in countries like USA, Canada, and some other cities [34].

However, with the advent of capitalism that came with urbanization, most elite people began to turn these public parks into private parks [20]. Only the privileged were having access to these parks because they began to define and guard the parks by state regulated rules of private property use [26]. Another challenge that rose is parks started housing people without "homes" and persons with addiction [24], a concern for this article. The parks provide a free space for addicts and the homeless to socialize, sell or consume narcotics, and even hide from law authorities [9]. They hide in weeds along hiking paths and in playground turf in the parks. Such drugs are either chemical or natural which are inhaled, drunk, rubbed on or injected, resulting into altering of the functions of the body [22,23]. It is also categorized as illegal, or dangerous and deemed to be abused when used intentionally for non-medical purposes and for unlawful use without medical prescription [16,22,23,27]. Illegal use of drugs has spread at alarming rates and is now present in almost every part of the world, particularly in urban cities [12]. According to the [36] about 243 million of the world population were addicted to drugs in 2013. Also, in 2017, an estimated 271 million people of the global population aged 15-64, used drugs and 29.5 million people globally suffered from drug use disorders [36]. In 2019, those who suffer from drug use disorder rose to 35 million people yet only one in seven of these people with drug use disorders receive treatment each year. Drug addiction which was hitherto done in secret are now done in the open spaces and on the streets [1]. People became at risk of becoming entangled in discarded needles, increasing their risk of contracting blood-borne diseases like hepatitis or HIV, as well as being exposed to heroin or another drug remains [1]. Government and families spend huge amount of money on treatments of the addiction and other psychiatric disorders [10]. Other social problems associated with drug addiction include housing insecurity, homelessness, criminal activities and imprisonment, deadly disease transmission, and unemployment or welfare dependency. Henceforth, there is the need for effective preventive measures to curtail the costs associated with addiction [11,30].

Studies show that urban parks have become a breeding ground for illegal behaviors, very heavy drug use, spot for drug dealers, and a home to the homeless [8,33]. In such situations, parks produce fear among potential legitimate users, making individuals reluctant to send their wards and family members to these recreational centers [15,17]. Bah (2019) avows with respect to urban parks that, substance abuse is no longer a "seedy underbelly of society" but has however "exploded into the open streets, reaching nearly every corner of development". Hence, substance abuse is one of the leading catalysts for homelessness. Drug abuse leads to addictive disorders which interrupt relationships with family and friends and cause individuals to lose their jobs. In such situations, the persons who have become addicted struggle to pay their bills and finally lose their homes. To attain temporary relief from their difficulties, they use drugs the more. Which, however, just exacerbates their issues and reduces their desire to find work security and get off the streets. Most studies base on such findings have labelled persons with addiction and the homeless who occupy urban parks as aggressive/violent 'invaders' with psychiatric and medical disorders, a burden to the society, and transmitters of most deadly airborne or chronic diseases. Such literature therefore seems suggesting that persons with addictions and the homeless people who have 'invaded' the urban parks must be chased out of the public and shouldn't be welcomed there.

Inspired by the prepositions of social disorganization and Sub-culture theory, we aim to explore (1) whether problematic communities and subcultural factors make disadvantaged resort to negative copping strategies since their legal means are blocked: (2) how the other park users respond to the homeless drug addicts' hardship: (3) possible suggestions from all the park users. Both ethnographic observation and in-depth interviews are used in this present research.

Materials and methods

The study used ethnographic research design with the aim of understanding social life of the participants. And, to produce a holistic understanding of rich, contextual, and generally unstructured, conversations with the research participants in their natural setting [4]. The qualitative nature of the work enabled us to cover in depth and detailed recording and analyses of feelings, attitudes, and behaviours, and gained clearer understanding about the targeted population by asking why questions which enables the participants to tell their stories [13,29]. Through such approach, the participants were encouraged to tell their and describe their views of reality which enabled us to better understand their actions and feelings [21,38]. In view of this, the main instruments for data collection were field observations and in-depth interview guide. First, to familiarize ourselves with the study area and to understand the kind of people who use the public space and their attitude towards persons with addiction, we did eight months period of field observation in the Tung Chau Street Park, Hong Kong. The period lasted from January to August 2020. This was necessary to understand the social life activities in the parks, and to identify ourselves with the homeless people, persons with addiction and the park users. The content of the field observation was to observe naturally occurring behavior of persons with addiction and the homeless in their natural settings. Data was gathered in a form of still camera, audio type (to record spoken observation), and hand-written note taking. Afterwards a non-probability sampling technique was considered to ascertain the sample size. 27 participants were selected for in depth interviews. The interview lasted for about 30 minutes to 1 hour. The interviews were recorded

and later transcribed verbatim. That is, the spoken words of the participants were transcribed to a text or written copy exactly as it was said by them. 14 of the participants were males and 13 females. 3 were persons in charge of the various parks visited; 17 residents/users of the urban park; and 7 of the participants were persons with addiction/homeless.

Ethical consideration

With respect to ethical consideration, participants consents were first sought and briefed about the purpose of the research, and the need to contribute to the study. They were informed that the study is purely a research work and none of their responses would be traced back to them in the future. It was further explained to them that they are free not to respond to any questions they may consider personal to them. They were informed about their liberty to quit the interview at any point they prefer should they feel uncomfortable or disturbed. The instrument was approved by the overseer of the park and the participants.

Results

This section presents the findings from the analyses of data collected for the study. After eight months of field observation, data were collected from the park overseers, and residents who mostly use the public parks. Their perspectives were sought on persons with addiction and the homeless people "invading" the parks. Also, views of persons with addiction and the homeless people were solicited to explain the cause of their current situation and efforts put in place to resolve such predicaments. Findings are presented based on the objectives and the research questions that were formulated to guide the study. As with any qualitative data, the views presented and discussed in this section reflect the views of those who participated in the study.

Why the residents continue to access the park

Many scholars have written about the use of parks and the possible predicaments as persons with addiction and the disadvantaged individuals who are homeless invade public spaces [3,24,26]. However, such studies failed to explain why people (especially, persons who are not with addiction or homeless) still access and use such spaces where 'danger' are projected to be numerous. Hence, as aforementioned, we sought to unearth the 'why' and in attempted to bridge this empirical gap. From the responses of the residents, they indicated that though many used syringes, splashes of blood and empty drug containers are openly found at the parks, they have normalized the situation and do not worry themselves so much about it. A 49-year-old woman narrated:

> *...we have seen this happening for many times [persons with addiction acting weird and displacing naked syringes]. ...we see them injecting themselves frequently and becoming 'high'...to be honest, there is no big deal. It is normal and no need to worry so much. We just must pretend nothing is happening here.*

Another participant also narrated

> *... I am not bothered about what is happening. ...I have gotten used to it. We have our own things to do, they have theirs. Why bother? ...it is better for us to focus only on our own stuffs [training and having fun at the park], everyone lives his/her own life...*

Although, the residents had positive attitudes towards the persons with addiction and the homeless people and showed that they are not bothered about the situation at the parks. Some of their responses suggested that the persons with addiction and the homeless are to be blamed for their actions and even called them names. For instance, some of the users of the urban park narrated.

> *We are nervous of course. ...we have seen this happening for many times [persons with addiction acting weird and displacing naked syringes]. ...we see them injecting themselves frequently and becoming 'high'... (A 49-year-old woman).*

Another participant also said:

> *...to be honest, I am a bit afraid of them. Some are violent and I am afraid that they might hurt me (Female, 56 years old).*

A 47-year-old male resident also said:

> *...they are homeless people and people with drug issues. They do it every day. ...I have nothing to do with them, ... This is their own way of living ...it is none of others' business. (Male resident, 47 years old).*

These responses affirm [14] position that persons with addiction are commonly perceived as solely responsible for their dissipated behavior and are mostly considered moral failures and/or 'bad' persons. These people are seen as the cause of their 'doom'. Therefore, to balance the discussion and not be biased, persons with addiction were engaged to discuss from their perspectives how unfavorable gestures and situations like these from urban park users affect their moral and wellbeing. The persons with addiction and the homeless people were quizzed if stigma is a reality or something they face often, and how they live with such stigmatization.

Is stigma a reality? problematic communities and sub-culture factors

These narratives from the residents, however, do not entirely reveal the thoughts of the 'occupants' of the public spaces: as echoed by the persons with addiction and the homeless people. They shared their sentiments that they are being bullied and labelled as nuisance in the public spaces and being stigmatized. Nonetheless, to them, parks are not a place for 'normal persons' to call 'home' or spent nights at, but because it has been the only choice at hand, they considered it 'home'. They elaborated further that the conditions of all of

them [being a refugees or asylum seekers who came to Hong Kong for a 'better life' but because the constitution in Hong Kong] which do not permit them to legally work or to be engaged in a meaningful work has made it difficult for them to have a normal life. They iterated that the allowances given to them by the government is also not enough for them to even have one square meal per day, and not to think of proper accommodation and other necessities. A 44years old female of the persons with addiction narrated.

...I am a woman and there are basic things I need to care for myself. However, I cannot even have one great meal per day and to even think about these needs. If I can work, then I can take care of all these things. But since the government does not allow me to, what can I do? ...I did not decide this life for myself... [Becoming addictive to drugs and staying at the parks].

One of the persons with addiction also narrated.

They call us all sort of names on us, but it is not our fault to be in this situation. I blame the bad conditions in my hometown that brought me here. The harsh conditions in Hong Kong have also added insult to my injury, putting me in these tight conditions... (A male person with addiction, 51 years).

The persons with addiction and the homeless sorrowfully argued that they would have loved to stay in a more decent place or rent a place with better conditions, but they cannot. Hence, rhetorically questioned higher incomes earners who struggle to pay for their rents in such expensive urban settings. They elaborated that if those who works in better institutions could not even afford a decent home in expensive cities like Hong Kong, how much more of them who have no work to do or cannot even feed themselves? However, they hoped and envied to be in comfort homes, but they cannot even rent a smaller single room. They therefore admitted that it is dangerous to sleep in the opens, but it is the only place they could/can find shelter and call 'home'. One woman elaborated

As a woman, it is not advisable for me to be sleeping in the open...anything can happen to me when asleep. But this is the only choice I have. I cannot go anywhere but here. Even those who have good jobs cry over rent. How much more me who cannot barely afford a good meal per day? This is the only free space you can get...it is not a choice; this place comes in a handy. (A 26-year-old female person with an addiction).

What could be done for persons with addiction in the parks: chase them out?

Although many scholars [10, 30] have demonstrated that persons with addiction and the homeless who occupy the public spaces create burdens for society, have psychiatric or medical disorders that can harm users, transmit deadly diseases, and even makes public spaces unhygienic, the questions that is debatable and what literature scarcely talk about is should such people be driven out from such spaces? And such question was one of our main objectives for this study. it is indeed that costs associated with persons with disability and the homeless are enormous; it creates economic burden for governments; families spend huge amount of money on treatments of the addiction and other psychiatric disorders. Yet, residents/users of the urban parks, and the overseers of the park that participated in the study were of the views that most of the persons with addictions and the homeless people who have 'invaded' the parks are not as harmful or violent as they are being labelled. But happens to find themselves at the disadvantaged position who need to be helped. Hence, they have brought up several initiatives and programs to help persons with addiction to 'stand on their feet'. Such initiatives and programs include contacting and footing the bills of physicians and volunteers who come to educate the patients with addiction and the homeless so that they can find a job to do and be able turn a new leaf. A 50-year-old male resident said:

I at times bring in some volunteers [psychologists and social workers] to the park to help them [persons with addiction and the homeless]. We donate some basic materials to them...the volunteers help to educate them, to change their life, find a job, live a new life, and not to take drugs no more.

47-year-old male residents also said:

...we offer help, and some social workers offer them help too. ...we are worried about them...

Aside such initiatives, the residents, together with persons with addiction and the homeless, pleaded that the authorities and other stakeholders' efforts should be encouraged in transforming and addressing the issue of persons with addictions and the homeless people occupying public space. They contended that helping individuals at the disadvantaged side is liken to a 'disease without cure' because they are so many and with various issues. Therefore, the mantle cannot be taken upon themselves alone since they do not have all the necessary resources and power do to assist all the persons with addiction and the homeless occupying the park. The residents lamented that if the government and the authorities do not assist, even those who have been helped by them would somehow find their way back to the parks. For instance, a 56yers old woman said:

...It is a problem without a solution. You know, like cancer, no cue to heal the sickness, right? They are too numerous for only us to take care of. If you move these people to a rehabilitation center, some might still come back to the parks because we do not have all the resources they need. ...it makes it difficult for only us to help them, it seems to be no solution. Sometimes, some of them stop, get well, and become healthy, but later end up coming back again and

again. Addiction and poverty seem difficult to deal with, very difficult... We plead that the government and authorities would also put in much effort to assist.

The study therefore finds that persons with addictions and the homes need not to be chased out from urban parks as literature subtly predict. The is because if these disadvantaged persons are pushed out, they might find other spots to lodge. Hence, the problem is only pushed to other setting. What needs to be done is to aid and provide better initiatives to help them come out to their disturbing and disadvantaged situation.

Discussion

First, we acknowledge that issues of the homeless, persons with addiction, and the invasion of public space is complex, and no single legislative bill is suited to address such multifaceted problem. We further admit that the issue of addiction and homeless is a conundrum – difficult to discuss and solve. When it comes to dealing with persons with addiction and the homeless, it involves human right issues, safety issues, right to freedom issues, access to amenities issues, political issues, etc. however, we do this analysis from social disorganization and subculture perspective.

A theoretical explanation of persons with addiction and the homeless 'Invasion' of parks

According to the social disorganization theory, the inability of members within a community to achieve shared values or solve problems faced jointly is the root of unacceptable lifestyle [5]. That is, when it comes to certain habits, place matters. Such places share at least three common issues: poverty, physical dilapidation, and higher levels of racial and cultural mixing [32] and it is mostly considered as "socially disorganized." In such spaces, conventional or established institutions of social control (for instance, school, family, voluntary organizations in communities, churches) are weak and unable to regulate the behaviour of the people in that neighbourhoods. Hence, such people are prone to committing deviant behaviors. Our 8 months field observation showed that such conditions are true in the invaded public areas. The neighborhood is low in socio-economic status and tends to be settled in by newly arrived immigrants, which has resulted in high rate of ethnic and racial heterogeneity of such area making the neighbourhoods socially disorganized [39,40]. There is nothing like conventional institutions of social control (such as schools, family, churches, voluntary community organizations) which is strong enough and able to regulate the behaviour of the persons in the neighbourhoods. Comparing to other areas of the Metropolitan city, the neighborhood where the persons with addiction have occupied are disadvantaged and poor, its physical environment is dilapidated, and there are higher levels of individuals from different cultural backgrounds (ethnic diversity) [41,42]. Such newly immigrants find it difficult to secure lucrative or decent employment, as demonstrated in the above narratives. Such unfortunate situations have been the case for the persons with addiction and the homeless people. They have a disrupted family, are among the low economic class, and found themselves within urban areas where the cost of living is extremely high, and rents have remained relatively high for years. Such circumstances make it extremely difficult and if not impossible for them to live a decent life. Propelling most of these newly immigrants (mostly asylum seekers, who are not permitted by law to work) to live public spaces, and at the mercies of philanthropists and concerned citizens who come to their aid in such difficult times. And when such problems and frustrations overwhelm these immigrants/asylum seekers, and there is little or no behavior regulation, they result to drugs and find abode at the public parks.

Also, the prepositions of subculture theory can be employed to explain why the public spaces have been occupied by persons with addiction and the homeless people. As argued by [6,7] subcultures arise when lower class individuals strove to emulate the ideals and ambitions of the middle class but lacked the resources to achieve such success. This leads to dissatisfaction with their status: a feeling of personal disappointment and inadequacy [2]. Cohen believed that when many people go through same experiences or face these challenges, they deny socially accepted principles and norms of acceptable behavior. End up banding together and creating subcultures that are delinquent [35]. From such perspectives [particularly, 6], these lower classes then become retreatists and consider themselves as 'double failures' as they struggle to thrive in the mainstream society and or to join gang communities, they therefore retreat into drug addiction and alcoholism just to forget about their pains and/or struggles. The narratives from the persons with addictions and the homeless explained that they have not desired to be addicted with drugs or even find abode at the urban parks. However, because they are struggling to thrive in the mainstream society, they engaged in drugs or became homeless as they deal with their frustrations and/or failures.

Conclusion

Based on our findings, we conclude that although most often than not, persons with addiction and the homeless who occupy the public spaces make such places unhygienic (as observed during our field observation, and as argued by extant literature). There were/are scattered unprotected used syringes (filled with spots of blood), drugs, cottons soaked in blood, pool of bloods and the likes, which all makes the park unhygienic – a threat to all the park users' general health. Such sanitation problem could exacerbate in the future if persons with addiction and the homeless at the parks are left unattended to. However, the persons with addiction and the homeless people should not be chased out from the urban parks as existing literature seems to declare. This is because when persons with addiction and the homeless are chased out without proper remedy, they would move other

sites, depend excessively on hard drugs which would trigger them to experience certain trauma that would leave them plagued by feelings of stress and anxiety. And when this goes untreated, they would usually become impulsive, hyperactive, and violent. Therefore, there is the need for authorities and stakeholders not to turn a blind eye to the situation at hand or just chase such people from urban parks. Severe health policies must be implemented, and compulsory rehabilitation centers should be provided to control the behaviors of persons with addictions and the homeless who are occupying the parks. Names calling and figures pointing (stigma) should be also avoided. Love, affection, concern, and sympathy/empathy should be shown to them. And the public should be educated that addiction and being homeless is not a desire but an unfortunate coping mechanism that has been chosen by a subgroup of the community who have low self-control and lack a legal way of dealing with social stress. They wrongly engaged in drugs to forget about their hardship/unfortunate reality.

Limitation of the study

Despite all these insightful findings, we further conclude that our analyses may not give an absolute reflection of the whole 'drama' of persons with addiction and the invasion of homeless people at the public spaces. Not all residents or persons with addiction or homeless people partook in the study. This is typical of a qualitative study where saturation is more concern than large numbers. Further, the study needed to understand the social life of the participants and to produce a holistic understanding of our targeted population by asking more of why questions [43]. Other stakeholders like the social workers, local authorities, the police, just to mention but few, were not considered, hence a limitation in our study. Therefore, we propose that this work would be considered a tip of the iceberg and steppingstone for many researchers to probe into this intriguing but very complex issues that needs urgent attention.

Further, the study was inspired by a postgraduate course Advanced Qualitative Methods and hence instrument was subjected not to IRB. The instrument was however scrutinized by the professor of the course and eight other postgraduate students.

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