No place to go.

Examining homelessness
and social disorder as it relates
to public transit in Calgary.

The purpose of this report is to examine barriers and facilitators to safety in transit spaces in Calgary. Our research finds that deaths associated with unintentional drug poisonings are on the rise in Calgary—and they are increasingly happening in public spaces, including on or around public transit. We also find that encampment sleeping—i.e., rough sleeping in groups—is on the rise in Calgary.

These trends, sometimes referred to as social disorder, appear to be driven in part by: limited daytime options available to people experiencing homelessness; insufficient treatment and harm reduction services; inadequate health care options for people experiencing homelessness (especially if the patient has both mental health and substance use challenges); insufficient medical respite options for vulnerable people upon discharge from hospital; and suboptimal coordination among organizations providing street outreach.

Policy options that could address these challenges include enhanced investments in emergency spaces (including daytime options for people experiencing homelessness), improved treatment and harm reduction services, more medical respite options, improved coordination of street outreach, and more investments in housing (including staff support for vulnerable tenants).

Abstract

Acknowledgements

Enough for All is Calgary's community-driven poverty reduction strategy.

As the stewards of Enough for All, Vibrant Communities Calgary actively promotes poverty reduction efforts in Calgary and works to make changes within policy and at the systems level. The strategy is in place to raise awareness of poverty in our city and to convene and connect individuals, organizations, and collaboratives working in various ways to reduce poverty throughout Calgary.

The Enough for All Strategy is implemented in partnership with the community and supported and funded by:

MAIN AUTHOR

Nick Falvo

CO-AUTHORS

Lee Stevens & Tessa Penich

Vibrant Communities Calgary

STEERING COMMITTEE MEMBERS

Dr. Katrina Milaney

the University of Calgary

Inam Teja

Calgary Drop-In Centre

Jorge Luna & Alba Rondon

Data Post YYC

Salsabeel Mohammed & Izza Barbar

University of Calgary students

WOULD YOU COMMUTE ON A "CRIME GENERATOR"?

Introduction

In urban centres, transit platforms are often a site for the manifestation of complex societal and public health issues, such as homelessness, mental health and substance use. Transit environments are often referred to as "crime generators" and 'crime attractors" that make it easier for offenders to commit crimes because they are public spaces and frequented by people living in vulnerable situations (Brattingham, 1993 as cited in Ceccato, 2014). Crime and social disorder in public spaces, including transit platforms, are reportedly on the rise across Canada. However, there is a lack of Canada-wide standardized data on crime and disorder on public transit (Canadian Urban Transit Association, 2023). All of this is concerning, as robust and safe public transit systems are necessary for people to commute to work, school and other activities, emphasizing the need for evidence-based strategies to improve safety and reduce crime and social disorder on such platforms.

The term "social disorder" has varying definitions that change according to the environment in which it occurs. For example, Calgary Transit Public Safety reports on the following social disorder metrics: assault, intoxication, disturbance, robbery, suspicious person, drugs, unwanted people, checks on welfare and weapons. For context, this project understands social disorder within public transit as the physical signs or behaviours that negatively influence the utility, enjoyment, sense of security, and social interactions amongst those who are using transit.

For the purposes of this report, we use the term "homeless", however, this term is sometimes replaced by "unhoused" or "houseless". Some reasons for this shift in language come from the distinction between "house" and "home" — a house is a physical structure while a home is tied to community and social connections. Someone can be without a physical house but still have social connections with the wider community.

Many municipalities across Canada have implemented strategies to respond to social disorder and numerous academic studies have investigated the issue and proposed solutions. Proposed responses include physical design and increasing police presence. For example, Blöbaum and Hunecke (2005) found that "improving lighting seems to be one of the most common suggestions for crime prevention..." (p. 469). This idea aligns closely with the recently released Public Transit Safety Strategy report, where the City of Calgary recognizes the pivotal impact of station infrastructure, as well as the need to enhance station cleanliness (City of Calgary, 2023). Others argue that police presence is an important strategy to improve safety or at least perceptions of safety (Lim, Lee & Cuvelier, 2010).

The purpose of the present report is to examine contributing factors to social disorder and barriers and facilitators to safety in transit spaces, and to make recommendations that expand on solutions relating to urban design and social support. We present findings from a community-based research project in Calgary, initiated by Vibrant Communities Calgary, stewards of Calgary's poverty reduction strategy Enough for All. This study was conducted in partnership with researchers at the University of Calgary, in addition to an independent research consultant, and under the advice and guidance of a representative of Community Strategies from the City of Calgary. Results of a literature review will be presented, followed by a consideration of publicly available data pertaining to social disorder, unintentional drug poisonings and outdoor sleeping in Calgary. Results of interviews — conducted with various stakeholders including police officers, bylaw officers, street outreach staff, and people experiencing homelessness — will then be discussed, followed by a discussion, policy recommendations and a conclusion.

Social issues and social disorder

Some documented mitigation strategies to social disorder include changes to law and legislation to decriminalize drug use, implementation or expansion of street outreach teams, and low barrier, community-based health and drug use clinics. An example of a policy response to address the harms of drug use is the Decriminalization of Drugs Act in Portugal. Portugal decriminalized the acquisition, possession, and use of small quantities of all psychoactive drugs in 2001 (Laqueur, 2015). The primary goal of this law was to reduce criminal charges and incarcerations and help connect people to treatment.

Street outreach teams often include police or peace officers in partnerships with social workers and/or mental health workers, with goals to mitigate conflict, promote healthy socialization and provide referrals or connections to community-based programs. Suggestions have also been made for outreach workers to act as advocates in health care and housing access including potentially attending follow-up/in-person meetings to ensure referrals are followed through (Wynn & Stergiopoulis, 2021).

Community-based clinics offering low-barrier and harm reduction services can be an effective solution to reduce public drug use and visible social disorder. For example, Supervised Consumption Sites (SCSs) are a harm reduction strategy that offer a controlled

"IF OUR GOAL IS TO HELP PEOPLE AND STOP SOCIAL DISORDER OR REDUCE SOCIAL DISORDER, THEN WE SHOULD BE PROPERLY FUNDING ALL OF THEM. THE SYSTEMS NEED TO WORK TOGETHER, NOT APART, AND WE SHOULD BE UNIFIED IN OUR EFFORT." —POLICE OFFICER

environment for individuals to use drugs safely under the supervision of trained staff. SCSs aim to reduce the harms associated with drug use (Kennedy, Karamouzian, Kerr, 2017; Potier et al., 2014 as cited in Mohns, 2021, p.15). Business and community members often associate SCSs with "an increase in social disorder and ultimately more crime" (Mohns, 2021, p.32). However, a study by Leon et al. (2018) showed a 28% decrease in public intoxication and Wood et al. (2006) found a reduction in public drug use, and drug debris after the opening of SCSs. A 2021 study on Alberta-based SCSs found more visits to SCSs to be associated with lower fentanyl-related overdose deaths (Marshall et al., 2021). Donnelly and Mahoney (2013), Snowball et al. (2010) and Freeman et al. (2005) argue there is no consistent evidence that SCSs increase crime in the community. SCSs offer a range of services including social work support and referrals for other services including abstinence-based treatment.

In September 2023, the City of Calgary established the Downtown Safety Leadership Table composed of various stakeholders to identify gaps and make recommendations to improve safety in Calgary's downtown. After broad engagement with over 45 community groups, the Table released a report outlining five areas contributing to growing safety concerns. These include limited around-the-clock resources in the social sector, funding constraints in the homeless serving sector, lengthy detox waitlists, and a substantial shortage of managed indoor spaces, including safe and inclusive spaces for women, 2SLGBTQ+, and youth (Downtown Safety Leadership Table, 2024).

Diversity, trauma and justice

Fear of crime surveys indicate women are more likely to feel fear than men, negatively affecting their ability to freely move in their cities without worrying about their safety (Gordon & Riger, 1989, as cited in Loukaitou Sideris, 2014). One of the greatest barriers identified in Loukaitou Sideris' study (2014) is anxiety over possible victimization on and around transit platforms due to threatening behaviours towards women in public spaces. In particular, women emphasized two types of spaces of concern: enclosed spaces with restricted access to exits and empty open spaces such as transit stops.

Indigenous peoples and members of racialized communities are not the majority population but are overly represented in homelessness, poverty, the justice system and as victims of crime (Salsbury, 2021; David, JD & Mitchell, 2021). This over-representation can be attributed to conscious and unconscious bias in policy, attitudes and behaviours, with some researchers arguing that systemic and structural racism coupled with personal stereotypes and discrimination are the primary reasons that Black, Indigenous and people of colour (BIPOC) are excluded from service, health and housing opportunities (Grood, Wallace, Hardeman & Theall, 2018). Additionally, BIPOC individuals are targeted more frequently for enforcement tactics and unfairly treated when it comes to arrest, sentencing and incarceration (Johnson, Bristol, 2023; Gabbidon, 2021).

Multiple studies identify trauma as the main risk factor of developing offending behaviour (Ko et al., 2008; Walsh, 2007 as cited in Christen-Schneider & Pycroft, 2021). A qualitative research study with incarcerated people in Canada found that individuals with adverse childhood experiences and resulting trauma are also more prone to violence and substance use (Dube et al., 2023 as cited in Jones, 2021). Acknowledging trauma in responses to social disorder means shifting from a justice and enforcement lens to a public health one instead (Jones, 2021). This leads to a compassionate approach that enables participation, maintains neutrality, demonstrates trustworthy motives and upholds dignity. In doing so, situations can be de-escalated leading to less resistance and equally less force needing to be applied (Mazerolle et al., 2013; Tyler, 2017; Tyler & Huo, 2002 as cited in Jones, 2021).

"WITH FENTANYL, A LOT OF TIMES IT'S PEOPLE WHO JUST WANT TO BLANK OUT HORRIBLE THINGS THAT HAPPEN IN THEIR LIVES." —TRANSIT PEACE OFFICER

Increased police presence

A commonly held belief is that increased police presence is an effective crime and social disorder prevention strategy. Results from several studies show mixed results primarily because of differences in methodologies and the type of crimes being monitored. Lim, Lee and Cuvelier (2010) reviewed 258 findings from 58 studies and concluded that in most cases there was a negative association between police presence and crime rates; however, the authors concluded that mitigating variables were often not accounted for and differences in methodologies made comparison difficult (e.g., type of crime, changes to laws/legislation, changes to police practices). A second conclusion was that increasing police presence can lead to an increase in arrests which appears as an increase in crime.

Weisburd (2021) reported that there is a greater likelihood of deterrence if the presence and location of police were inconsistent, rather than routine and predictable. Morabito et al. (2016) argued that in situations where policing is needed in areas where people with mental health challenges and, in particular, comorbidities may be, a far more effective strategy is police presence with crisis intervention teams since people with comorbidities are more likely to be deemed violent, non-compliant and experience police use-of-force tactics than people without comorbidities.

Simon Fraser University criminology professor Martin Andresend argues that adding police to respond to social disorder is a short-term solution at best, as social disorder is deeply rooted in underlying mental health issues and the way people are criminalized (Kulkarni, 2023). Similarly, Kelly Sundberg, a criminologist from Mount Royal University, discusses the idea that many individuals who are battling mental health struggles, and are without housing resources, utilize transit for non-commuting purposes. Sundberg argues that increased police presence on and around transit platforms will essentially displace people into surrounding neighbourhoods, rather than directly address the issue (Kulkarni, 2023).

"INCREASED POLICE PRESENCE ON AND AROUND TRANSIT PLATFORMS WILL ESSENTIALLY DISPLACE PEOPLE INTO SURROUNDING NEIGHBOURHOODS, RATHER THAN DIRECTLY ADDRESS THE ISSUE."

Instead of focusing policing resources in areas where crime is most likely to occur ("hot spot" policing), criminologists reiterate the need for reformation and reevaluation of pre-existing service delivery, whether that be health care or social services, to ensure needs are addressed. Solutions should take on a more comprehensive, community-based approach, allowing for them to be more inclusive of the needs of vulnerable populations who are more likely to access transit hubs (Kulkarni, 2023).

The authors used Google and Google Scholar to search for literature using the terms "social disorder"; "public disorder"; "safety on transit"; "mental health and social disorder"; "gender", "cultural safety", "trauma" and; "impact of homelessness." We include both peer-reviewed scholarly articles and grey literature. Initial searches were completed using Google Scholar, where more than 1,700 titles were scanned for relevance. Of those, we reviewed 150 abstracts and included full review of 16 peer reviewed manuscripts and five grey literature reports. Articles were chosen if the content was specific to challenges and solutions to social disorder and public transit. Findings are organized as social issues and social disorder; diversity, trauma and justice; and increased police presence as emergent themes.

we're doing the same thing

OVER AND OVER

OVER

AND OVER AND OVER

again and we're getting the same result.

I feel insane.

Data review

As part of this project, we conducted a thorough review of publicly available data pertaining to the areas of crime and safety, substance abuse, and encampments. This report utilizes a mix of custom and publicly available data collected from the Calgary Police Service Statistical Monthly Reports, as well as publicly available data from the Alberta Substance Use Surveillance System, and the City of Calgary's Open Data portal. Where available, data was collected for the period of 2016 to 2023 or as recent as possible to examine a pre- and post-COVID trend. Unique datasets were created for this study, and then analyzed with visualization software with the goal of identifying trends and patterns in key indicators relevant for the subjects of this study.

CRIME AND SAFETY

Calls for service received by the Calgary Police Service, related to social disorder and originating in LRT Stations experienced a sharp increase in 2021 and 2022. In 2023 calls for service were back to pre-pandemic levels.

" IT'S BEYOND US. WE'RE JUST TRYING TO DO OUR BEST CLEANING UP THE PIECES, BUT IT'S WAY, WAY BEFORE US [THAT CHANGE NEEDS TO HAPPEN]. WE'RE AT THE FINISH LINE." - POLICE OFFICER
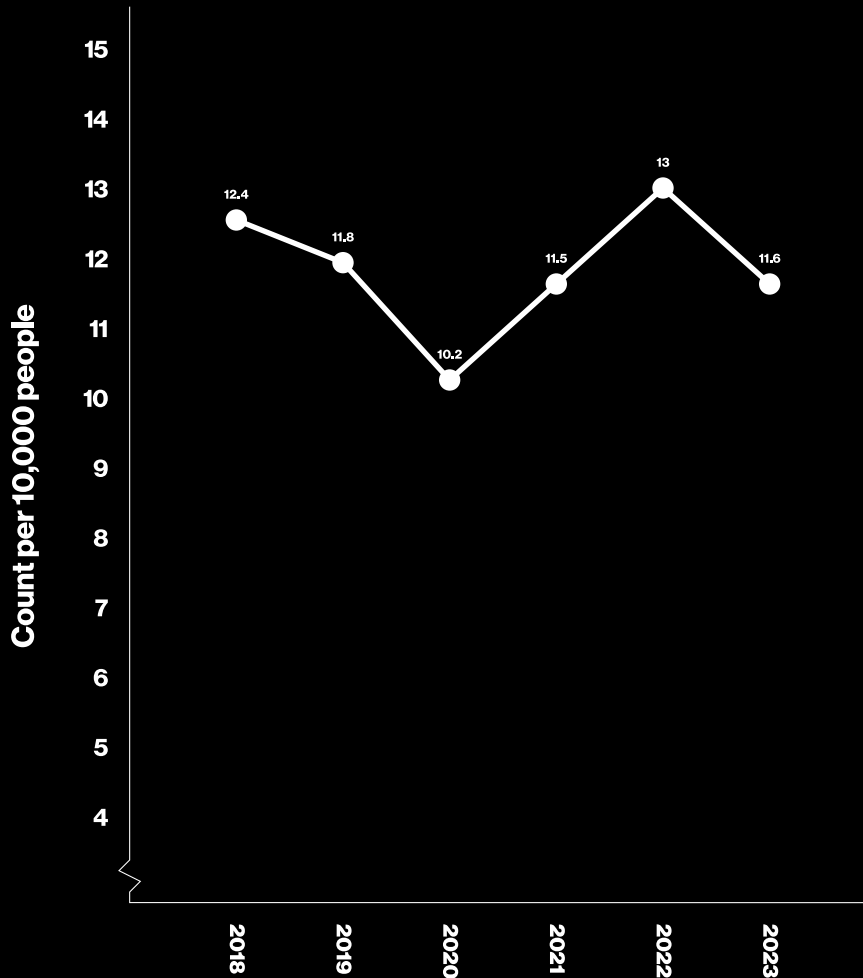
DEFINITION:
Data represents calls for service (CFS), not crime. It includes Public Generated CFS which essentially translates to proactive and reactive policing. All disorder calls are publicly generated reflecting the disorder definition reflecting when people see or experiencing behaviours (social) and environmental (physical) factors in their community that make them feel unsafe.

Source: The Calgary Police Service (2024). Calls For Service by Location [data set], provided 26 February 2024. The City of Calgary (2024). Calgary and Region Economic Outlook 2023-2028 | Fall 2023. https://www.calgary.ca/research/economic-outlook.html?redirect=/economicoutlook

MENTAL HEALTH

Calls for service received by the Calgary Police Service that are related to mental health concerns have increased from 2018 to 2022 by 38%.

" THERE'S A LOT OF THINGS WE HAVE TO LEARN AS POLICE OFFICERS AND ONE OF THEM IS NOT [BEING A] MENTAL HEALTH PROFESSIONAL. YOU SORT OF LEARN IT THROUGH ON THE JOB OSMOSIS SORT OF TRAINING, BUT WE SHOULDN'T BE, WE SHOULD LEAVE THAT TO PROFESSIONALS, I THINK, THE MENTAL HEALTH STUFF." - POLICE OFFICER
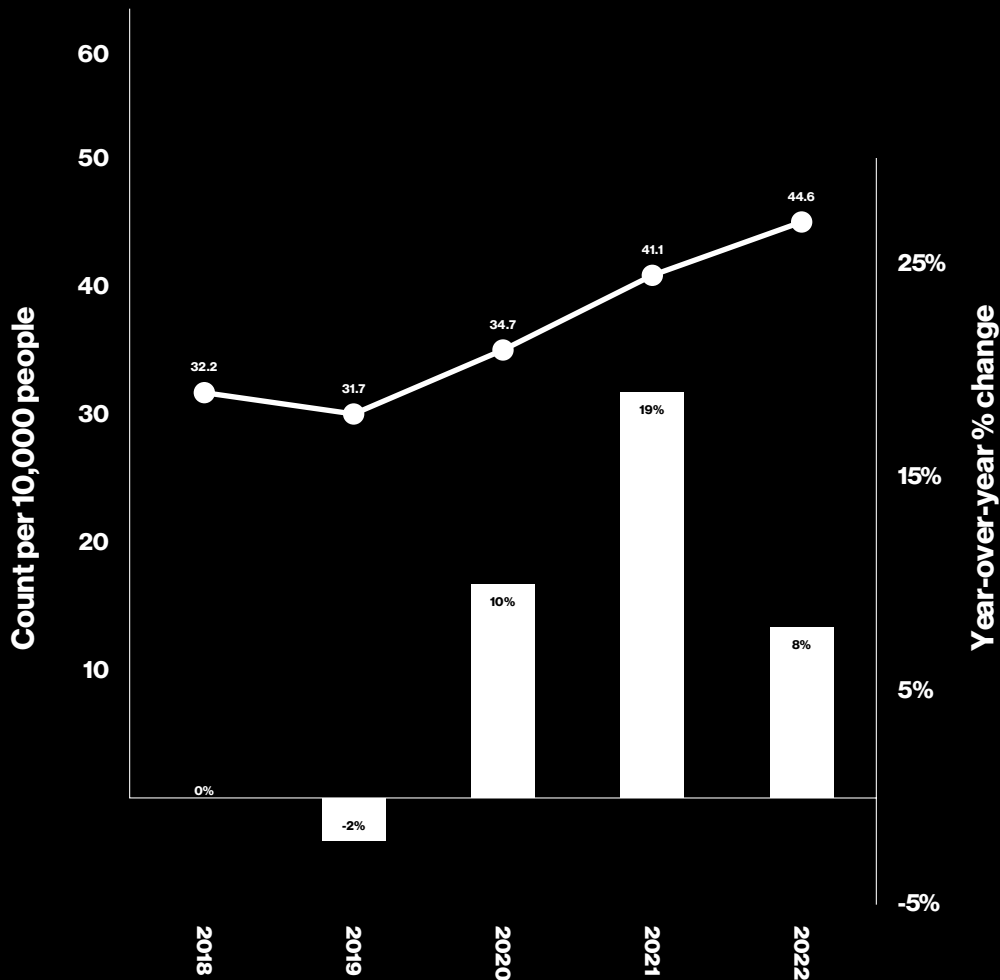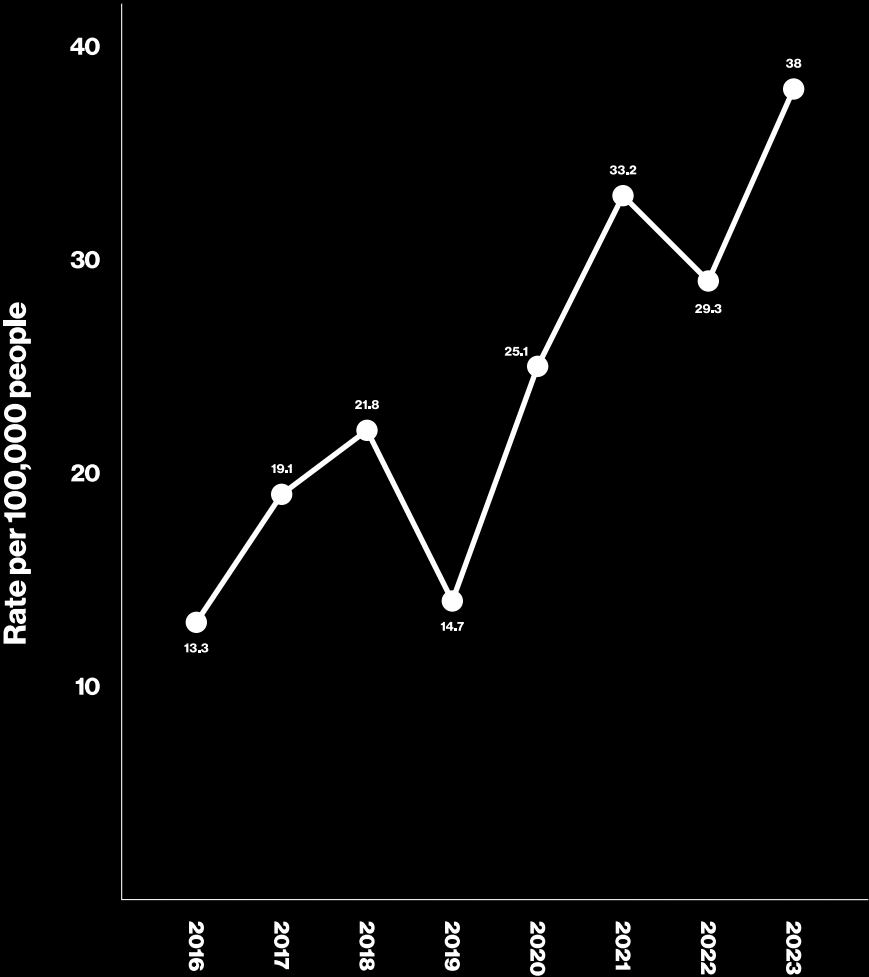

DEFINITION:
Data included in the "Mental Health Concern" component of social disorder are only those calls from the public which are specifically coded as a mental health concern or mental health warrant. It is important to recognize that any call police are asked to attend may involve some element of mental health concern, even though they are not coded as such. This applies particularly to calls about suicide, missing people or check on welfare, which are not included in this data as they are not considered social disorder.

Source: The Calgary Police Service (2024). Monthly Statistical Reports 2019 to 2022. https://www.calgary.ca/cps/statistics/calgary-police-statistical-reports.html
The City of Calgary (2024). Calgary and Region Economic Outlook 2023-2028 | Fall 2023. https://www.calgary.ca/research/economic-outlook.html?redirect=/economicoutlook

OVERDOSE CRISIS

For the Calgary Zone, there was a significant increase (186%) from 2016 to 2023 in acute substance deaths.

"YOU MIGHT ACTUALLY GO, AH, [THE DRUG CRISIS] CAN'T BE THAT
BAD. YEAH, IT CAN. AND IT IS THAT BAD." - POLICE OFFICER

Rate per 100,000 people

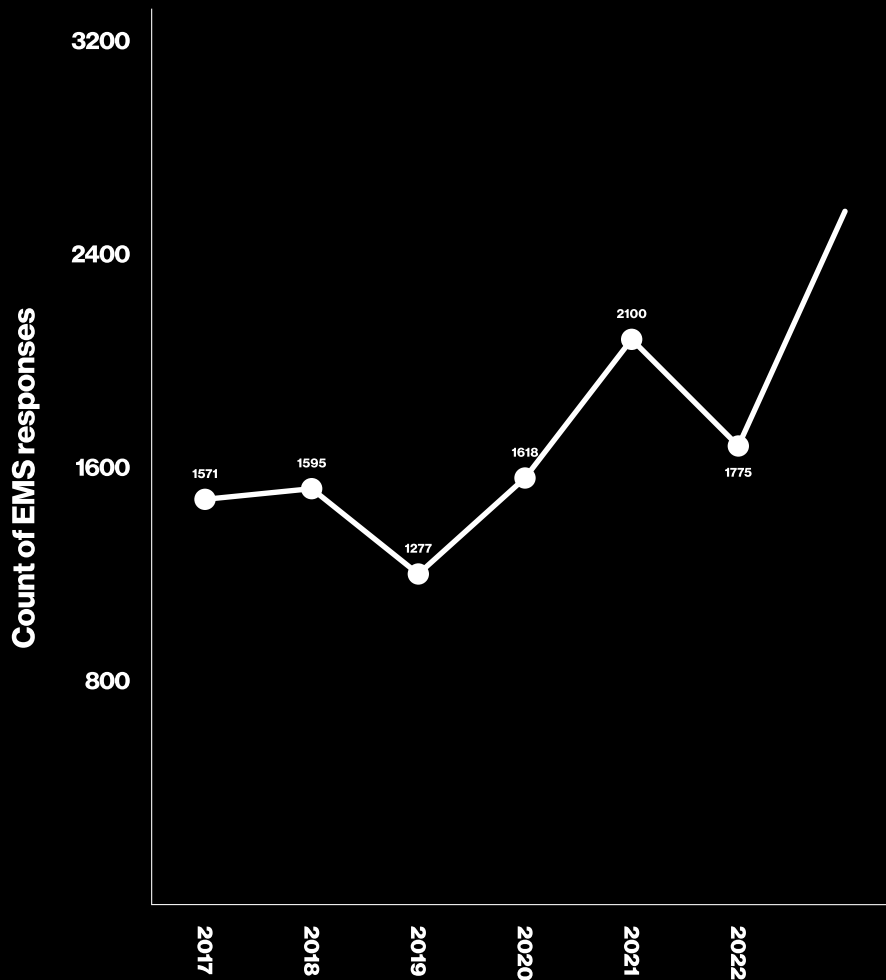| Year	Rate
2016	13.3
2017	19.1
2018	21.8
2019	14.7
2020	25.1
2021	33.2
2022	29.3
2023	38

DEFINITION:
Data includes unintentional acute drug-poisoning deaths that have been certified by the Medical Examiner and any apparent, unintentional, fentanyl-related deaths. Apparent fentanyl-related deaths have identified fentanyl in toxicology and the initial circumstances point to a likely drug-poisoning death. Several deaths in more recent years are currently under investigation by the Medical Examiner.

Source: Alberta Health Services (2024) Alberta substance use surveillance system [data set], accessed 17 February 2024. https://healthanalytics.alberta.ca/SASVisualAnalytics/?reportUri=%2Freports%2Freports%2F1bbb695d-14b1-4346-b66e-d401a40f53e6&sectionIndex=0&sso_guest=true&reportViewOnly=true&reportContextBar=false&sas-welcome=false

OVERDOSE CRISIS

Calgary's municipal EMS responses related to opioid events increased by 68% between 2017 and 2023 (October).

3200

2400

1600

Count of EMS responses

800

1571

1595
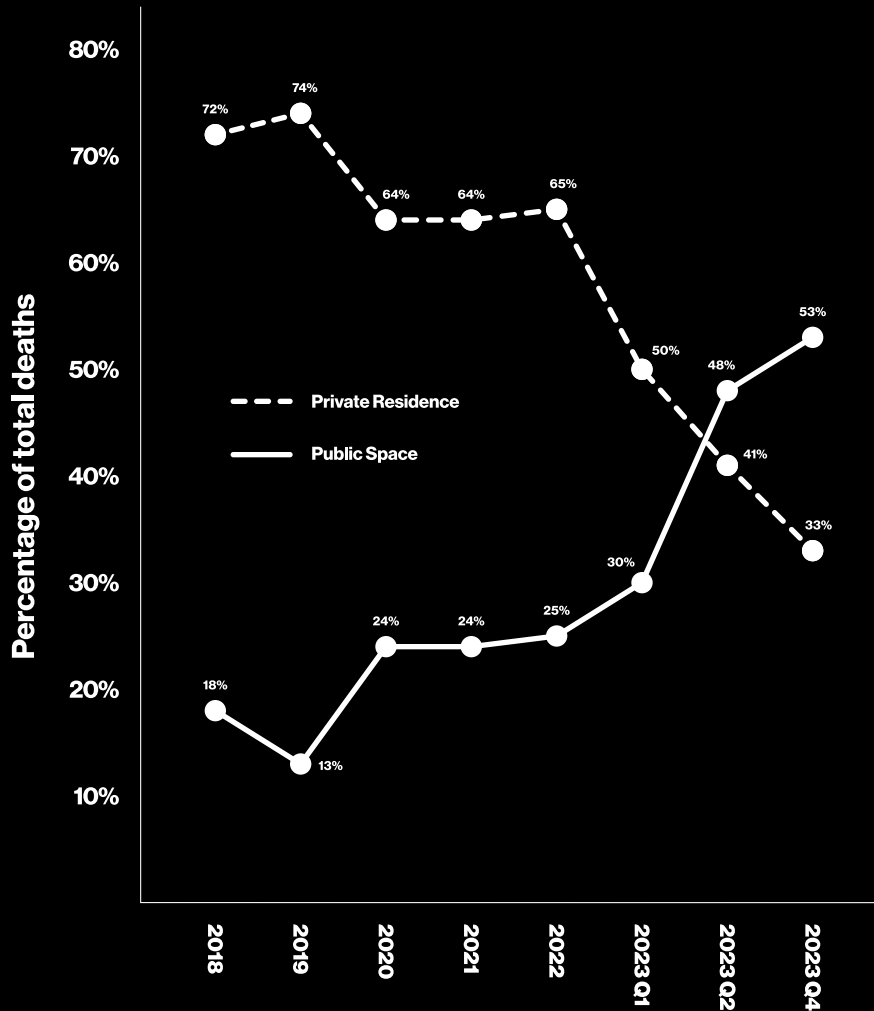
1277

1618

2100

1775

2017 2018 2019 2020 2021 2022

DEFINITION:
Emergency Medical Services (EMS) data comes from AHS EMS Direct delivery and most AHS Contractors – ground ambulance services. Air ambulance and Interfacility Transfers are not included. AHS direct delivery does 99% of the operational responses in the Municipality of Calgary. EMS opioid-related events refer to any EMS response where the Medical Control Protocol of Opiate Overdose was documented and/or naloxone was administered.

Source: Alberta Health Services (2024) Alberta substance use surveillance system [data set], accessed 17 February 2024. https://healthanalytics.alberta.ca/SASVisualAnalytics/?reportUri=%2Freports%2Freports%2F1bbb695d-14b1-4346-b66e-d401a40f 53e6&sectionIndex=0&sso_guest=true&reportViewOnly=true&reportContextBar=false&sas-welcome=false

OVERDOSE CRISIS

In 2023, public spaces became the primary location of unintentional opioid-poisoning deaths in Calgary, accounting for 53% of deaths. This has shifted from previous years.

Percentage of total deaths

- - - - Private Residence
——— Public Space

	2018	2019	2020	2021	2022	2023 Q1	2023 Q2	2023 Q4
Private Residence	72%	74%	64%	64%	65%	50%	48%	33%
Public Space	18%	13%	24%	24%	25%	30%	41%	53%

DEFINITION:
The location of the unintentional opioid poisoning death is based on where the fatal opioid poisoning event occurred, when possible, to determine. This is determined by investigations conducted by The Office of the Chief Medical Examiner.

Deaths in public spaces follow a similar pattern as EMS responses.

Number of reports / **Percent of deaths in public spaces**

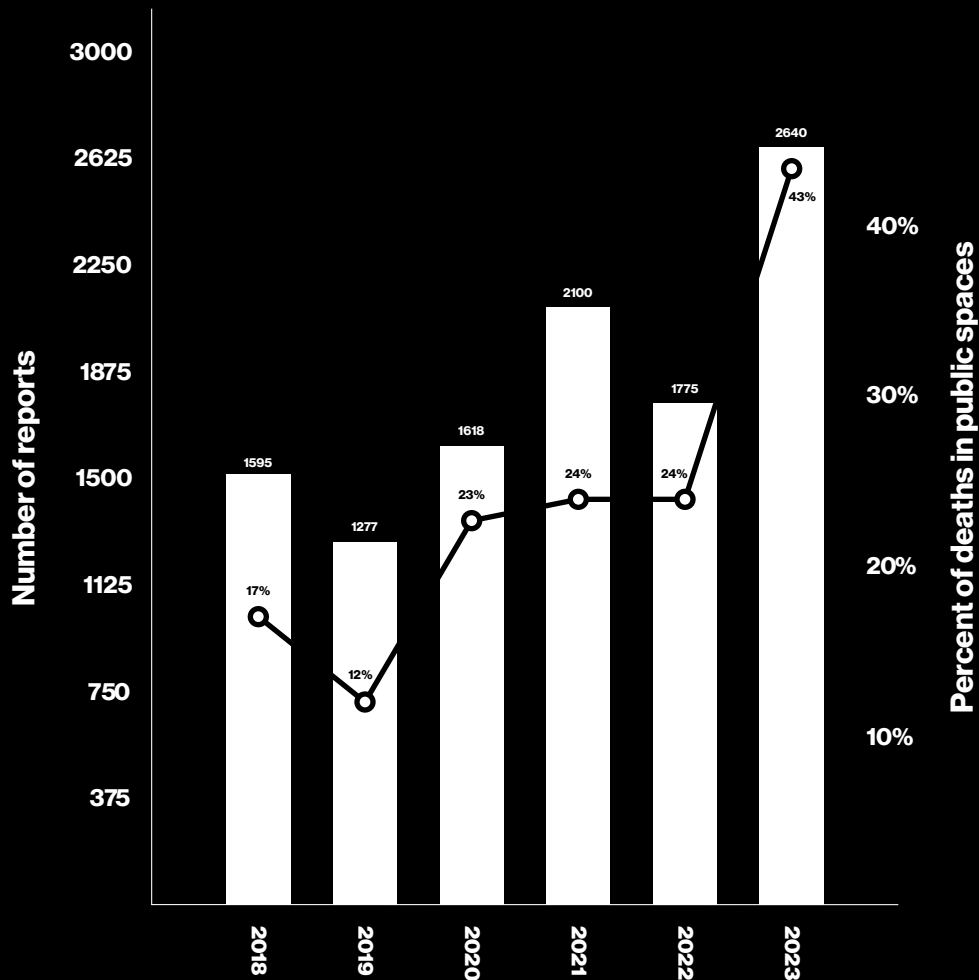| Year	Number of reports	Percent
2018	1595	17%
2019	1277	12%
2020	1618	23%
2021	2100	24%
2022	1775	24%
2023	2640	43%

DEFINITION:
The location of the unintentional opioid poisoning death is based on where the fatal opioid poisoning event occurred, when possible, to determine. This is determined by investigations conducted by The Office of the Chief Medical Examiner.

Source: Alberta Health Services (2024) Alberta substance use surveillance system [data set], accessed 17 February 2024. https://healthanalytics.alberta.ca/SASVisualAnalytics/?reportUri=%2Freports%2Freports%2F1bbb695d-14b1-4346-b66e-d401a40f53e6&sectionIndex=0&sso_guest=true&reportViewOnly=true&reportContextBar=false&sas-welcome=false

OVERDOSE CRISIS

Fentanyl represents the most common substance causing unintentional drug-poisoning deaths in Calgary (65% in 2023) followed by metham-phetamine (49%) and cocaine (31%).

Percentage of deaths

80%

73%

71%

70%   68%   67%   65%

        65%

60%

                                                    Fentanyl
50%   49%

                        44%   44%   47%   Methamphetamine
        38%   38%
                        42%
40%   36%   35%   36%   30%   Cocaine
        35%   33%   31%   34%
                                 30%   29%
                                                        Alcohol
30%   26%

20%

10%

2018   2019   2020   2021   2022   2023
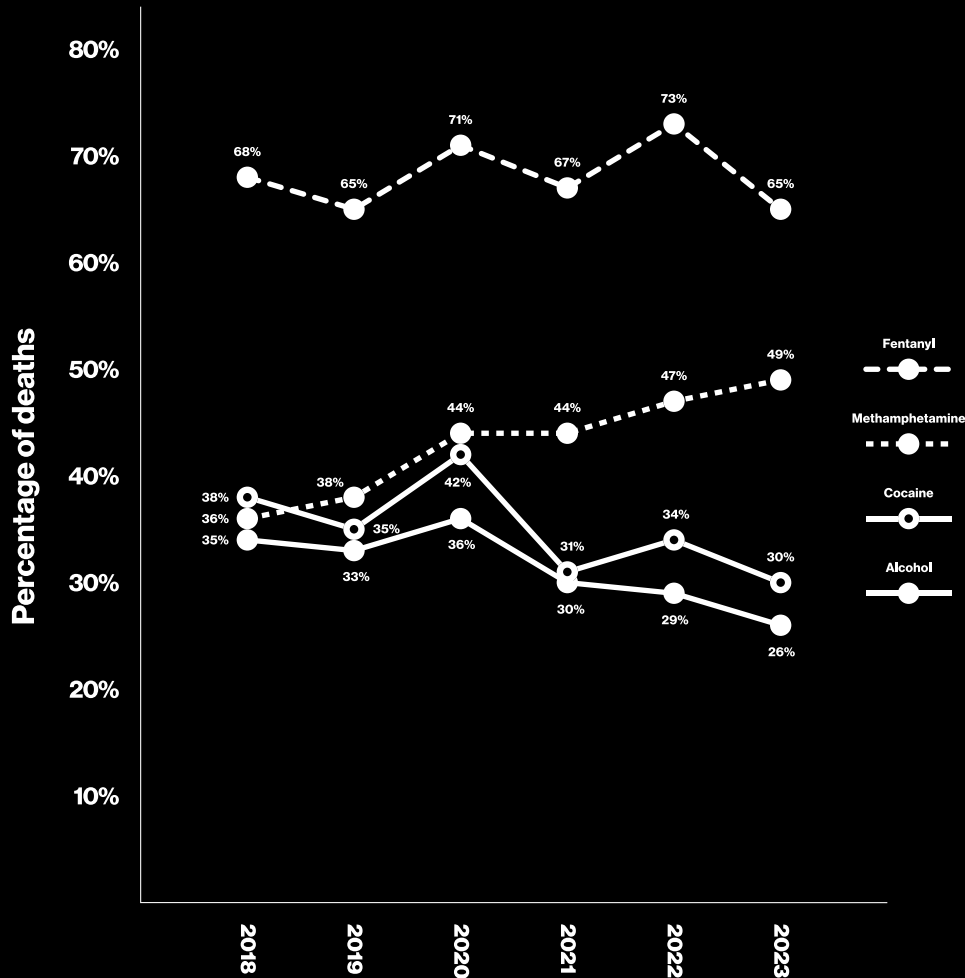
DEFINITION:
This data is based on certified unintentional acute drug-poisoning deaths only. Apparent unintentional fentanyl poisoning deaths are not included. This data is stratified by the most commonly fatal substances. The specific substance is identified from the list of drugs causing deaths on the death certificate. Multiple drugs can be involved in one death, therefore counts are not mutually exclusive.

OUTDOOR SLEEPING

Encampment reports through 311 have increased fivefold (+410%) in 2023 compared to 2018.

"WHY DON'T YOU GO TO [A SHELTER]? THEY HAVE AGENCIES. [THEY SAY] 'WELL, MY STUFF GETS STOLEN. I GOT RAPED, THEY GOT ASSAULTED.' THEY DON'T WANT TO BE IN THE SHELTERS. THEY HAVE NO DESIRE TO GO TO THE SHELTERS." - PEACE OFFICER

Number of reports

- 2018: 1397
- 2019: 1944
- 2020: 2591
- 2021: 3441
- 2022: 5314
- 2023: 7124
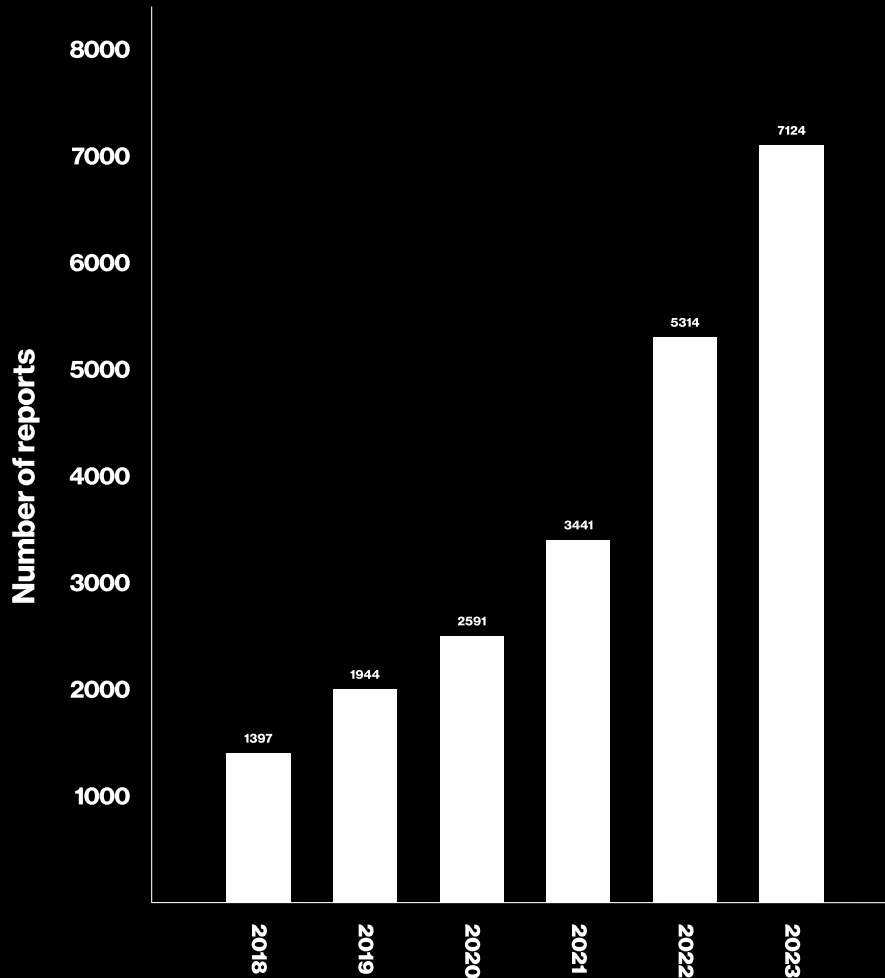
DEFINITION:
311 is the City of Calgary's Citizen Services division and is a number that can be called by anyone looking for specific City of Calgary services or information. Active encampments will have a tent/structure and/or people have been witnessed using the site within the past 72 hours. The City of Calgary has a special team of community peace officers called the Encampment team that works in partnership with Alpha House outreach workers to address encampments after receiving the reports.

Source: The City of Calgary (2024) 311 Service Requests [dataset], accessed 17 February 2024. https://data.calgary.ca/Services-and-Amenities/311-Service-Requests/iahh-g8bj/about_data

Hard truths:

The following themes are evident from the data presented previously:

Calls to CPS that pertain to mental health concerns have increased substantially since 2018.

Deaths associated with unintentional drug poisonings are on the rise in Calgary. Fentanyl is the most prevalent drug associated with these deaths, but methamphetamine is increasingly a factor.

The share of Calgary's overdose deaths happening in public is rising quickly.

Encampments (i.e., people sleeping outside in groups) are on the rise in Calgary.

Experiences of shelter users

To gain perspectives of shelter users, we held focus groups at Calgary homeless shelters in November 2023. Each focus group lasted an hour and took place at the Calgary Drop-In Centre and the Mustard Seed shelter. We talked with 16 participants who shared what they were going through in their day-to-day life.

Three themes emerged from these sessions.

01. Some areas of transit see more disorder than others

Focus group participants were emphatic that social disorder is much more pronounced in some areas of public transit than others. For example, in one focus group, all participants were clear that the CTrain network, including stations, sees more social disorder than does the bus system.

The focus group participants highlighted the following public transit stations as being particularly problematic with respect to social disorder:

⬆ Chinook

➡ Free Fare Zone and City Hall/Bow Valley College in particular

⬆ Marlborough Mall

⬅ Sunalta

⬇ Victoria Park

WHERE IT'S WARM
AND IT'S FREE THERE'S
MORE
DISOR
DER

02. Perceptions of transit peace officers were mixed

Some participants spoke positively about transit peace officers. One stated: "I recently saw peace officers politely explain the new Fair Entry program to a person who looked vulnerable and low income; it was cold out and all she had on was a t-shirt." Another noted: "They've always been nice and respectful to me."

One participant recounted: "I once had to ring the emergency button at Chinook Station because a man was being assaulted. They were there very quickly, on the platform. peace officers came immediately and took a statement from him. No one knew I personally had rung the button (so I felt safe)."

But in the words of another focus group participant: "I see peace officers walk by people who are slumping over, but not stopping. They may stop to make sure people have paid, but they'll walk by the slumped-over person."

"THEY'VE ALWAYS BEEN NICE AND RESPECTFUL TO ME."

"I SEE PEACE OFFICERS WALK BY PEOPLE WHO ARE SLUMPING OVER, but not stopping."

03. There are limited daytime options
for people experiencing homelessness

Protection from bad weather was a frequently cited reason for some shelter users spending time on transit, including in stations. During one focus group, a participant noted: "We're not allowed into the Mustard Seed shelter until 4 p.m. Mondays through Fridays. Saturdays and Sundays it's open all day — but you can't come and go as you please. So there are lineups. Sometimes we have to kill time, and it might be raining."

During the same focus group, all participants agreed that if there were more places to go to during the day, they would have less reason to spend time in that fashion.[1]

Other participants noted that, in order to pass the time during the day and sometimes recharge their phones or access Wi-Fi, they often go to malls (food courts in particular), fast food outlets and libraries.

"AT A MALL, I'M NOT ALLOWED TO STAY IF I'M NOT BUYING SOMETHING. SECURITY SOMETIMES COMES AND ASKS ME TO MOVE ALONG"

Having said that, not all participants reported the same experiences. In the words of one participant: "Sometimes, in a mall, if I have a backpack, a security guard may follow me around." Another participant noted: "Sometimes, at a mall, I'm not allowed to stay if I'm not buying something. Security sometimes comes and asks me to move along … [also,] not all libraries are the same though. Some won't let you stay as long as you'd like."

One focus group participant noted: "There are malls and libraries, but there are too few of them. And I'd feel awkward at a mall if I weren't buying anything."

During one focus group, two participants reported rather different experiences at the same location. One stated, "I can stay at City Hall as long as I want, and they let me stay." However, another said, "I've had a different experience at City Hall. Security would ask me to move along."

"THEIR ACTIVITIES ARE GREAT. IT'S A WONDERFUL PLACE TO GO! BUT THEY'RE CLOSED ON WEEKENDS."

Some participants also noted that there are some organizations with specific social purposes operating daytime spaces. Many participants were especially emphatic about how permissive staff at the Central Library have been in terms of allowing people experiencing homelessness to be at the library during the day.

One participant mentioned that, during the day, they can freely be at the Mustard Seed Warming Centre – "the one near the library downtown." Another noted, "I like the Kerby Centre. Their activities are great. It's a wonderful place to go! But they're closed on weekends."

1 These responses were collected before this year's implementation of the annual Coordinated Community Extreme Weather Response, which includes over 400 daytime spaces in nine locations (it runs from December 1 until March 31).

According to another focus group participant: "During the day, I often go to The Alex (near Franklin Station). They let me hang out there. Every Monday and Thursday, there's an Elder there you can talk to and do smudge with. They have computers you can use. It has a pretty "opendoor" policy. They also have health services, which are very good. They provide free food. You can get ID replaced there."

Interestingly, the other three participants in the same focus group stated that they did not know about these options offered at The Alex.

One participant remarked, "I go to The Women's Centre (on Edmonton Trail, across the bridge from here – a 10 min walk). It's open five days a week. I can hang out and just relax. Open door policy to all women and their children."

Some participants noted that there has been a reduction in daytime options offered, over time. During one focus group, a participant said, "There used to be daytime options at the DI [Drop-In Centre]. There used to be a band, bingo, etc. That stopped a few years ago."

Another participant noted: There used to be a labour office at the DI. It was open Monday to Friday – they'd open at 7 a.m. each day – there were two full-time staff there. A lot of my friends used it; several of them got full-time employment out of it. Other participants in the same focus group stated unequivocally that they would like to see more supported work opportunities at the DI.

"I RIDE THE RAILS. I'D RIDE FROM ONE END OF TRANSIT TO THE OTHER."

The lack of daytime options often encourages the use of public transit for purposes not intended. In the words of one participant: "I ride the rails. I'd ride from one end of transit to the other. I'm referring to the CTrain." Other participants reported doing the same.

Going forward, many participants expressed interest in seeing more daytime options. One focus group participant at the DI stated: "I would love to have more social activities here (e.g., cards)." In terms of where exactly daytime activities could be offered, one participant noted that there would be advantages to having multiple options, noting: "Variety would be good. If we had the activities here at the DI, that would be good for people with mobility challenges. Meanwhile, it would be good if more mobile folks had the option of going elsewhere." Another participant suggested, "A recreation centre might be nice. It would be nice to swim."

FOR 12 HOURS A DAY, THERE'S NO PLACE TO GO

The transit & police perspective

For the present report, 10 CPS officers, nine transit peace officers, and two staff members from the Alpha House homeless shelter were interviewed. Both Alpha House staff and two of the transit peace officers are members of the Calgary Transit operated Community Outreach Team (COT).[2] Some were interviewed one-on-one, some as pairs, and some in groups.

2 According to Alpha House's website: "The Transit team began in 2019 as a partnership with Calgary Transit and consists of mobile response teams (one Alpha House worker with one transit peace officer). They respond to calls from transit riders, transit help phone, and city calls to support those on the trains or platforms needing support related to homelessness. They advocate for Alpha House clients, share information about services, and support greater understanding of homelessness in the community."

Both transit peace officers and CPS officers described encounters on transit with people experiencing homelessness as typically involving conversations related to littering, loitering, fare evasion, and urinating or defecating in transit stations. Although these issues are statistically reported as "social disorder," they are not usually considered criminal in nature. Officers also described an increase in more serious criminal offenses including weapons possession and drug use.

The following themes emerged from these interviews:

01. Homeless shelters are inadequate and unsafe

Members of the COT Team reported that "people don't want to go to the [shelters] and their preferred shelter may be full, which is why they go to transit stations." Another member of the COT Team noted: "I've been doing outreach three years, and I don't think I've ever gotten anyone successfully into a women's shelter."

Transit peace officers and CPS officers consistently reported on a perceived lack of safety in emergency facilities. According to one transit peace officer, officers have learned that people do not want to go to the shelters for reasons related to belongings getting stolen, fear of catching a disease, or fear for their own safety: "They don't want to be in the shelters. They have no desire to go to the shelters. Their stuff gets stolen, they get beat up, they get raped, they get lice... it's the last place any of them want to be. So they come to transit..."

In reference to a Calgary shelter, one CPS officer noted: "They're worried about getting jumped or beaten up, just trying to get into the place." According to another CPS officer: "You can't park in the parking lot. It looks like East Hastings[3]"

"THERE'S PEOPLE JUST PASSED OUT EVERYWHERE. I'M LIKE, THAT LADY MIGHT BE DEAD, BUT I NEED TO GO DEAL WITH SOMETHING ELSE."

02. Limited treatment and harm reduction options

Officers cited the overdose crisis and a lack of available service options as contributing factors to social disorder on transit. Responding to frequent overdoses, seeing individuals experience worsening substance abuse and mental health crises, and seeing the lack of services to address the opioid crisis is taking an emotional toll on officers. In the words of one transit peac officer interviewed for this report:

"WHEN I STARTED FIVE YEARS AGO, IT WAS LIKE 'AN OVERDOSE, LIKE, OH MY GOD'. YOU'D GET ALMOST PANICKY. NOW, YOU BARELY, BARELY EVEN REACT. BECAUSE YOU'RE SO DESENSITIZED TO IT, IT JUST HAPPENS ALL THE TIME."

We also learned from members of the Alpha House Human-centered Engagement Liaison and Partnership (HELP) team that some shelters have a "walk to the mat" policy—if a person is unable to walk to their sleeping mat on their own they will be turned away.

Several officers interviewed highlighted a lack of treatment options for individuals experiencing mental health and substance abuse issues. One police officer noted: "We need to quadruple the number of detox facilities and beds that we have available, and they need to be open for intake all times of day as well." Due to the shortage, the Calgary Remand Centre was often referred to as a detox facility in the absence of other appropriate alternatives.

According to interviews with members of the HELP Team, which provides street-level outreach to individuals dealing with substance abuse issues primarily in the Calgary downtown area, the Sheldon Chumir SCS has only limited use, as it only permits injection and not inhalation. A transit peace officer elaborated: "They're not interested because they can't smoke in there. There's not a lot of intravenous drug users anymore. It really is mainly smoking."

According to transit peace officers and members of the HELP Team, people feel safer doing drugs on transit because of the CCTV system and help phones—if they overdose on transit, they feel they have a better chance at survival. According to one transit peace officer:

"THEY'VE DIRECTLY TOLD ME ON NUMEROUS OCCASIONS THAT BECAUSE WE HAVE A GOOD CCTV SYSTEM THAT THEY KNOW THEY WILL BE FOUND."

3 East Hastings is one of Vancouver's oldest neighbourhoods and the site of disproportionately high levels of drug use, homelessness, poverty, crime, mental illness and sex work.

THEY HAVE NO DESIRE

TO GO TO THE SHELTERS.

THEIR STUFF GETS STOLEN,
THEY GET BEAT UP,
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THEY GET LICE.

IT'S THE LAST PLACE ANY
OF THEM WANT TO BE.

SO THEY COME TO TRANSIT.

03. Limited care at local hospitals

We heard from several research participants that people with mental health and addictions challenges are not receiving adequate care from hospitals.

Both members of the HELP Team and transit peace officers discussed stigma encountered in local hospitals. According to one transit peace officer, hospital staff will refuse to see people if they are intoxicated. One transit officer elaborated: "The frustrating part is we take [an individual] to the hospital to be seen by a doctor. Well, the doctor looks at [the physical ailment], [and says] it's brought on by drugs. Sorry, kicks him out, can't really help them."

We heard from CPS officers that they are rarely successful when bringing individuals to the hospital for mental health care which has resulted in tensions between police and the hospitals. The inability to share case files and other information between police and health services was cited as a source of frustration for officers. According to one police officer interviewed for this report: "I do my banking online, I can book a trip to Tahiti online, but AHS won't talk to me about somebody's mental health background or allow me to book them up for limited detox services. And social work agencies don't necessarily talk to us, and we don't talk to them either."

04. Limited respite options

Members of the HELP Team provided several examples of hospitals discharging their clients quickly and not offering to provide post-discharge care. One example concerned a woman living in an encampment with infected leg wounds. Once brought to the hospital, hospital staff wanted to discharge her an hour and a half later. An Alpha House staff member had to intervene before they would treat her leg wounds.

Two CPS officers further expressed concern about a lack of outpatient supports for people who were admitted to hospital due to mental health concerns when discharged. The inability to access long-term treatment and support for complex mental health needs was cited as a frequent problem for people experiencing homelessness.

05. Ticketing on transit lacks effectiveness

Both transit peace officers and CPS officers consistently expressed frustration at the lack of effectiveness of ticketing. One CPS officer complained that writing tickets for drug use or loitering feels a bit like a revolving door, where people are arrested but then quickly let go, only to do the same thing again. In the words of that same officer, "They just get thrown out because it's not in the public interest to pursue a lot of these violation tickets."

A transit peace officer elaborated:

"YOU HAND THEM A TICKET, YOU DO AN ARREST INTERVAL, THEY'LL LITERALLY CRUMPLE IT UP AND THROW IT AWAY LIKE OKAY, I'LL GET ANOTHER FAILURE TO ATTEND."

06. Challenges with respect to outreach

Both CPS officers and transit peace officers expressed concern about capacity issues and a lack of community-wide coordination among outreach teams. Those teams include: the Calgary Transit and Alpha House partnership Community Outreach Team (COT), the Police and Crisis Team (PACT), a partnership between Alberta Health Services and CPS, the HELP team led by Alpha House, and numerous volunteer-led grassroots outreach teams. Some officers interviewed expressed their view that effective outreach teams were under-resourced, and outreach hours need to be extended. According to one police officer interviewed for this report: "DOAP team [now the HELP Team] is overwhelmed. So when you call them, sometimes a phone call won't even go through. You'll be calling, it'll ring, ring, ring. And then when you do get through, they're like, 'yeah, we'll be there in an hour or four hours,' you're the 10th person on our list."

## 07. Law enforcement officials have limited referral options

"People think there's a social net that catches people. It's not a net. It's a tennis racket with no strings. If you can grab onto the edges, you're okay. But most people don't." - Police officer

CPS officers interviewed for this report drew attention to a lack of detox and treatment options. Many indicated they often "shoo" people away only to have them come back because they have nowhere else to go.

According to one CPS officer interviewed for this report, many people displaying problematic behaviour on transit have been barred from emergency facilities for behaviour-related issues. In the words of that officer: "So in our lexicon the Drop-In Centre is literally the last chance. There's nowhere else to take you. And if I can't take you there ... where do they go?" The same officer noted that the situation is especially dire in the middle of the night: "So again, two o'clock in the morning until about six o'clock in the morning. Okay, what are we going to do? Where are we taking you?"

One CPS officer, in expressing concern about the lack of referral options for people experiencing homelessness, said:

"THEY'RE DISPLACED FROM THE SHELTERS AND THEN THEY'RE GETTING DISPLACED FROM THE TRAIN STATIONS, BUT THERE'S NOWHERE FOR THEM TO GO. WE'RE JUST MOVING PEOPLE AROUND."
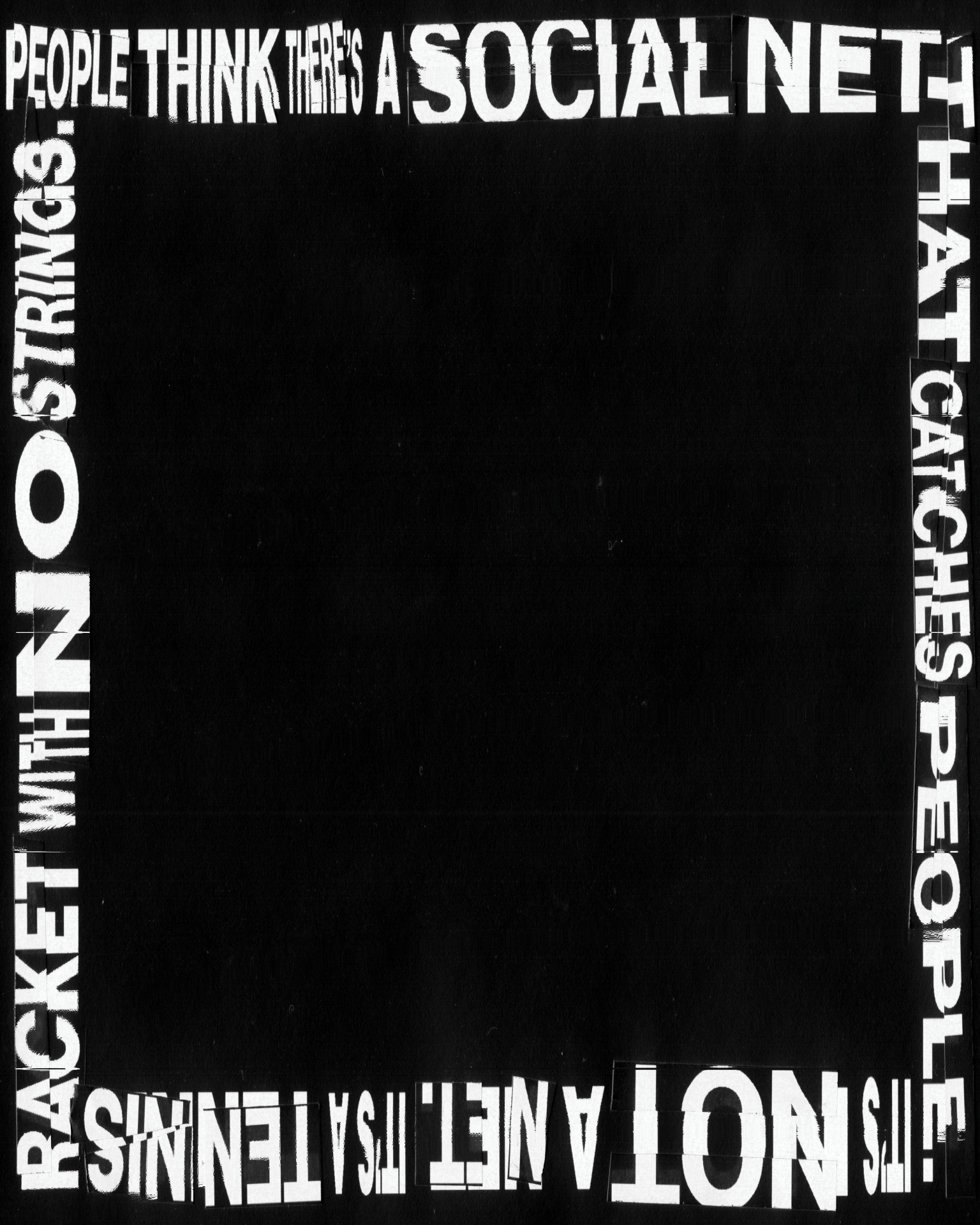
PEOPLE THINK THERE'S A SOCIAL NET THAT CATCHES PEOPLE. IT'S NOT A NET. IT'S A TENNIS RACKET WITH NO STRINGS.

Discussion

Ten major themes are now discussed.

They relate to the entire research project discussed in this report.

01

Calgary Police Service is receiving more calls related to mental health concerns. Such calls increased by 38% between 2018 and 2022, far outpacing population growth during the same period. While the reasons for this increase are not entirely clear, isolation related to the COVID-19 pandemic may have been a contributing factor.

02

Deaths associated with substance use are on the rise in Calgary. The overdose crisis is a global phenomenon, and Calgary is no exception. Data from Alberta Health Services indicate that deaths associated with unintentional drug poisonings are on the rise in this city. Between 2016 and 2023, the Calgary Zone saw a 186% increase in the rate of drug-poisoning deaths per 100,000 people. This is associated with a major increase in municipal EMS responses related to opioid incidents.

03

Substance use deaths are increasingly happ- ening in public spaces. Alberta Health Services data for Calgary also confirm a major uptick in accidental overdose-related deaths happening in public. Such public spaces include those on public transit (e.g., CTrains, buses, transit stations).

04

Fentanyl is the most common drug associated with Calgary's overdose deaths, with methamphetamine on the rise. Since 2018, fentanyl has been by far the most commonly involved drug in deaths associated with unintentional drug poisonings; on an annual basis, it is involved in roughly two-thirds such deaths. Methamphetamine is now involved in roughly half of all such deaths, with its role growing steadily each year since 2018.

05

Calgary has limited daytime options available to people experiencing homelessness. This point was made consistently throughout this research project by people experiencing homelessness, transit peace officers and CPS officers. Some people experiencing homelessness make arrangements that work for them in public and private spaces; many do not. Some "ride the rails" on the CTrain to pass the time until they are allowed evening entry into their shelter of choice.

06

Calgary appears to have insufficient treatment and harm reduction services. This theme was brought up consistently during interviews with transit peace officers and CPS officers. Accordinging to transit peace officers and members of the HELP Team, people feel safer using drugs on transit because of the CCTV system and help phones—if they overdose on transit, they feel they have a better chance at survival.

07

Encampment sleeping is on the rise in Calgary. Across Canada, outdoor sleeping has been on the rise since the pandemic, and Calgary is no exception. More people living in encampments can lead to an increase in calls to police for issues related to social disorder such as suspicious or unwanted person and checks on welfare. Publicly available data for Calgary suggest far more encampments in the city each year. The data in question uses encampment reports to 311 as a proxy for encampments. Such reports to 311 have increased fivefold since 2018, and the annual number continues to grow. Key factors driving this likely include Calgary's low rental vacancy rate of 1.4% as of October 2023 (CMHC, 2024.), inadequate shelter conditions and a lack of harm reduction options discussed in this report.

08

Local hospitals are not meeting the needs of people experiencing homelessness. Members of both the HELP Team and transit peace officers raised the issue of stigma encountered by people experiencing homelessness in local hospitals. According to one transit peace officer, hospital staff will refuse to see people if they are intoxicated. Another transit peace officer described taking an individual to the hospital and witnessing them be denied medical care because of substance use.

09

Upon discharge from hospital, Calgary has insufficient medical respite options for vulnerable people. Medical respite initiatives are intended for people experiencing homelessness who are well enough to be discharged from hospital, but not quite well enough to return to a homeless shelter. Staffed by health care providers, including physicians and nurses, their services can include case management, as well as assistance with housing searches and income assistance applications. Interviews conducted for this study suggest that Calgary has very few options for respite—and where options do exist, it appears they are not well known among CPS officers and transit peace officers. Members of the HELP Team provided several examples of hospitals discharging their clients quickly and not offering to provide post-discharge care. Two CPS officers further expressed concern about a lack of outpatient supports for people who were admitted to hospital due to mental health concerns, then discharged.

10

Local outreach efforts could be better coordinated. Both CPS officers and transit peace officers interviewed for this report expressed concern about what they felt amounted to insufficient coordination among outreach teams. Those teams include: the COT, the PACT team led by CPS (joint with Alberta Health Services), the HELP transit team led by Alpha House and numerous volunteer-led grassroots outreach teams. Many officers believe that outreach hours should be extended, while noting that most of these teams do not operate 24-hours a day, seven days a week.

Recommendations

Five policy recommendations will now be discussed.

They are intentionally non-prescriptive, in order to provide latitude with respect to their implementation.

Members of the research team heard throughout the interviews that there is a lack of adequate emergency space in Calgary's homelessness-serving sector. This manifests itself as a lack of bed space at night, insufficient year-round daytime options, and unsafe conditions for those who are fortunate enough to gain access.[4] Greater investment in emergency shelter options could come in the form of new facilities, the creation of more space at existing facilities, making more facilities accessible at all times rather than only at night and the creation of more daytime programming. Such daytime options could include assistance with housing searches, employment searches and income assistance applications. Safe Haven shelters in New York City offer a different approach to traditional shelters, which could potentially address some of the issues in Calgary. These Safe Havens provide more flexibility and more private spaces compared to traditional shelters, offering a more secure and personalized environment (Falvo, 2023).

Invest in more emergency shelter options.

[4] At times there may be empty bed spaces in some areas of the city not being utilized. This may be due to clients or service providers not knowing about the spaces in question; in other cases, the spaces may not be desirable to the client. Interviews and focus groups conducted as part of this research were conducted before the implementation of the annual Coordinated Community Extreme Weather Response.

People interviewed for this research project consistently noted that a major reason for drug use on public transit stems from the safety found in CCTV monitoring and the possibility of being saved from dying due to an unintentional drug poisoning. This speaks to insufficient harm reduction options in Calgary. One possible way forward would be to create one or more supervised consumption facilities that allow inhalation—an option currently lacking in this city. Interviewees also brought up the need for more treatment and detox options.

Create more treatment and harm reduction options.

Several research participants noted that people with both mental health and substance use challenges are often not well-received at local hospitals. When they do receive care, they are often discharged quickly with insufficient post-care planning. Indeed, it would appear that more medical respite options, with a harm reduction orientation, are needed in Calgary. Most medical respite programs throughout Canada are small (fewer than 20 beds), operated by non-profit entities, and have average lengths of stay of two to four weeks. They are staffed by health care providers—including physicians and nurses—and their services include case management, as well as assistance with housing searches and income assistance applications. Such initiatives are less costly to taxpayers than hospitals and can reduce the likelihood of a person's readmission to hospital. A systematic review of such programs found they reduce in-patient hospital days, while also improving housing outcomes (Doran et al., 2013).

Create more medical respite options.

We learned through this research that existing street outreach efforts in Calgary consist of well-intentioned efforts that could benefit from improved coordination. If outreach programs were to work better together, they could provide better services and create more options 24-hours a day and seven days a week (at present, only the HELP Team operates 24-hours a day). The Calgary Homeless Foundation (CHF) does seek to coordinate existing outreach efforts, maintaining an inventory of existing outreach services and holding regular meetings. CHF is also piloting GIS mapping technology that would allow data-sharing and improved coordination amongst the various providers of outreach services.[5] Having said that, CHF only funds three of the more than 30 outreach teams, meaning not all organizations cooperate with a unified strategy.[6]

Coordinate street outreach.

All of the above options are extremely important, especially in the short term. Ultimately, well-funded housing initiatives with appropriate wraparound supports for vulnerable people are also key. All orders of government need to invest more in this respect.

Invest in more housing.

Conclusion

Calls to Calgary Police Services related to mental health are on the rise in Calgary, as are deaths associated with unintentional drug poisonings. Increasingly, these deaths are happening in public spaces, including on or around public transit, where many people feel safer using drugs. What is more, encampment sleeping is also on the rise in Calgary.

This report finds that these trends are driven in part by:

Limited year-round daytime options available to people experiencing homelessness.

Insufficient treatment and harm reduction services.

Inadequate health care options for people experiencing homelessness (especially if they have both mental health and substance use challenges).

Insufficient medical respite options for vulnerable people who are discharged from hospital.

Insufficient coordination among those providing street outreach.

Policy options that could address these challenges include enhanced investments in emergency options (including daytime options), improved treatment and harm reduction services, more medical respite options, better coordination of street outreach, and more investments in housing (including wraparound supports for vulnerable tenants).

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