

Everyday objects and injecting: Why do people who inject drugs in sexual partnerships 'run out' of equipment?

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BACKGROUND

- Rates of hepatitis C transmission among people who inject drugs appear to be decreasing
- But need to understand and respond to better a key site of transmission: the sharing of injecting equipment within sexual partnerships
- Why does equipment sharing continue within sexual partnerships?
- What meanings are attached to sharing, to injecting equipment and to relationships forged in the context of injecting drug use?

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This presentation reports on preliminary findings of a qualitative research project that on these questions.

METHOD

- Total of 80 interviews were conducted with people who inject drugs in New South Wales and Victoria.
- Most are separate interviews with both partners in partnerships (n=68), and remainder (n=12) are with individuals currently or recently involved in partnerships where injecting occurred.
- Recruited via harm reduction services in NSW & Victoria
- Semi-structured interviews; 20 – 50 mins
- \$30 remuneration per PWID participant

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Progress

- All interviews have been collected

Participants: 'couples'		Men	Women
Hepatitis C concordant – both partners negative		5	5
Hepatitis C concordant – both partners positive		12	12
Hepatitis C serodiscordant		17	17
Sub total		34	34
Participants: 'single'			
Participant HCV negative		2	4
Participant HCV positive		4	2
Sub total		40	40
Health care workers			
Health care workers (NSW)			12
Health care workers (VIC)			10
Total			102

- Coding is advanced
- Two preliminary articles have been published, one on the thinking behind fitpack design (*IJDP*) and one on need to see health promotion as social practice (*D:EPP*)

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APPROACH

Individualising approaches to public health interventions have been widely criticised.

As Duff (2014) puts it:

Among a panoply of forces, the subject (so for instance, the individual drug user) is picked out merely because it is the most familiar, the one considered most amenable to intervention if not transformation.

He asks us to think of health as an *assemblage* of forces, people and objects.

Likewise, this project asks what happens if we focus on partnerships and on objects and their circulation.

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Understanding 'convenience' (Shove 2003):

What is required is an understanding of how such elements are integrated into systems of provision within and beyond the home, how they are fitted into constantly shifting frameworks of 'normality', and how concepts of service are thereby reconstructed.

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What is convenience?

(Farquhar and Rowley, 2009):

a judgment made by consumers according to their sense of control over the management, utilisation and conversion of their time and effort into achieving their goals ...convenience is not an inherent characteristic of a

Yale and Venkatesh (1986):

convenience has numerous dimensions and we need to understand this if we want to achieve convenience: time utilisation, accessibility, handiness, appropriateness, portability and avoidance of unpleasantness service [or object. It must be understood]

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FINDINGS

Important to treat people who inject drugs as we do other consumers of goods and services and to consider that issues of convenience help shape their decisions.

- Participants regularly reported 'running out' of sterile injecting equipment as a primary reason for sharing
- Some reported distributing their stock of equipment to others in need
- Some said trust in their relationships meant sharing was not risky
- Some likened injecting equipment to mundane household objects such as bread or milk, easy to forget

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What can make or break convenience?

Picking up boxes of 100 syringes from NSPs:

We usually only come in once or twice a month, just not wanting to come in to the city. (Brian: M, 28, NSW)

[Bulk boxes]: make us feel a lot safer. We know we're going to have one each for at least 20 days...almost the month...but there's moments like Christmas Day and Boxing Day you run short... (Elias: M, 26, NSW)

It's mostly when we're on ice [that we share]...you know we're up all the time and things aren't up all the time... (Elias)

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Convenience:

- time utilisation (travel)
- accessibility (travel, opening hours)
- handiness (size of fit safes)
- appropriateness (waters? tourniquets?)
- portability (hundreds, fit safes)
- avoidance of unpleasantness (staff, police, other service users)

Opening hours (Elias), location relative to home (Brian), access to the right sort of equipment (Nigel: M, 34, NSW), being able to carry equipment around comfortably and safely and without fear of police intervention (Cath: F, 31, Vic; Christine: F, 26, NSW), and avoiding uncomfortable encounters with staff (Janine, F, 48, NSW) or other clients etc.

Many ways in which convenience of NSPs limited.

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Convenience not always enough to shape conduct. Other values also relevant:

- Boxes of hundreds allows supply to others (Suzie: F, 47, NSW)
- Syringe may be offered to partner for first use (Tanya: F, 23, NSW and Tim: M, 39: NSW – 'ladies first')
- Needle tips may be snapped off to prevent others using them (Jack: M, 23, Vic)

Injecting equipment is laden with meaning, as much within partnerships as elsewhere. One response to this is to consider new fitpack designs that intervene in meaning to change use (Fraser, 2013, *IJDP*).

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CONCLUSIONS

- Reasons for sharing not well understood
- Our study: many participants described 'running out' of equipment
- Can consider this issue through the idea of convenience (informs calls for increasing NSP coverage, but offers other insights into equipment access and use)
- Increasing coverage very important but other issues also important
- Status of injecting equipment as everyday objects needs to be acknowledged: suggests that rethinking presentation of injecting equipment could reshape use and help reduce 'running out'

Fitpacks might need to be both meaningful and convenient if sharing within partnerships is to be reduced.

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