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Injecting drug user views (and experiences) of drug-related litter bins in public places: A comparative study of qualitative research findings obtained from UK settings

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ABSTRACT

This paper provides a comparative study of qualitative research concerning drug-related litter in community settings (associated with illicit drug use/rs) and of the modes of intervention (noted by municipal authorities in two different UK settings) aimed at reducing harm associated with this contemporary public health issue.

More specifically, the paper focuses upon the views and experiences of 51 injecting drug users regarding DRL-bin provision, service uptake and connected events in the relevant settings.

Comparative analysis of these qualitative experiences appears to confirm Fitzpatrick and LaGory's concept of 'place matters' in any consideration of applied, low threshold, health intervention. Accordingly, street-based, drug-related intervention within public settings needs to be culturally, environmentally, spatially and geographically relevant to the intended target population in order to have any meaningful benefit (e.g. reduced opportunities for needlestick injury in community settings), impact (e.g. improved community safety) and related outcome (e.g. service uptake by injecting drug users).

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1. Introduction: hypodermic equipment as cultural artefacts

The hypodermic syringe (with or without a needle attachment) in contemporary western settings is a technical artefact that typically evokes a multitude of social, cultural and symbolic responses (Vitellone, 2003, 2004, 2010). For some, needles and syringes (N/S) may represent over 150 years of medical endeavour, including vaccination programmes, the clinical management of disease/infection or as an instrument that has significantly assisted public health on local, national and global scales. For others, discarded N/S represent associations with infectious disease (especially HIV and hepatitis), as items allied with illicit drug-related disorder and/or the visual manifestation of immorality, pain, suffering and/or illness. Symbolic associations with injecting equipment are perhaps so multivocal that the issue became a topic of an interactive, digital exhibition at the University of Melbourne (Australia) in 2007. Furthermore, the various 'exhibits' were arranged and displayed to reflect the range of emotions N/S inspire within contemporary society; namely 'hope, fear, pleasure, pain and confidence' (Fitzgerald, 2007, 2).

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Nevertheless, the ubiquity of injecting equipment throughout western society is so apparent that the curators of the exhibition note that 'syringes are part of life and of culture' and may be regarded as dualistic devices that have the ability to 'cure, heal ... or maim and kill' (Fitzgerald, 2007, 3).

1.1. Drug-related litter in community settings

The ubiquity of injecting equipment in modern society also includes the relatively recent public health phenomenon of drug-related litter (DRL) in community settings (Philipp, 1993). Discarded paraphernalia (such as un/used injecting equipment and items associated with inhalation) in community settings and shared social space (such as public toilets, play areas and parking lots) has been acknowledged to be of peripheral concerns in numerous international studies concerning illicit drug use (Darke et al., 2001; DeBeck et al., 2009; Fitzgerald, 2005; Green et al., 2003; Hunt et al., 2007; Marshall et al., 2010; McKnight et al., 2007; Small et al., 2007; Taylor et al., 2006). Similarly, discarded injecting equipment in the public sphere appears to be significantly associated with the places that are temporarily appropriated by drug users for injecting episodes (de Montigny et al., 2011; Devaney and Berends, 2008; Parkin and Coomber, 2009c). In addition, other studies have equally noted an apparent escalation in the amount of N/S found in community settings since

approximately 2001 and of increased awareness of DRL by municipal authorities throughout the UK over the last decade (Blenkharn, 2008; ENCAMS, 2005; Blake-Stevenson, 2010). Such community wide escalation of discarded N/S may therefore intensify public health concerns regarding infectious disease whilst simultaneously initiate media reports/campaigns that invoke drug-related threat and hazard throughout the wider community (pertaining specifically to blood borne virus transmission, increased social disorder and reduced community safety) (see Forsyth and Davidson, 2010; Lupton and Tulloch, 1999 for examples).

It is possible to draw on various social theories that may help explain the invocation of drug-related threat and the negative (and often pejorative) cultural responses to *discarded* injecting equipment in community settings. For example, these responses (and their associations with blood borne virus transmission) may be indicative of a wider 'culture of fear' (Furedi, 2003) that provides 'a cultural script that instructs people on how to respond to threats to their security' (Furedi, 2007, 2). As an illustration of the social fears surrounding HIV/AIDS, other researchers suggest that individuals with pre-existing 'high-HIV fears' view the virus as 'more active, mobile and fast moving' than those with 'low-HIV fears' (Riskind and Maddux, 1994, 440). Such findings are used to explain negative attitudes towards HIV-affected populations and the difficulty people have in 'distinguishing between the virus and the HIV-positive person and ascribe to the carrier the same dangerous and threatening qualities they ascribe to the virus' (Riskind and Maddux, 1994). Accordingly, this viral miasma promotes fearful understandings of social experiences that may influence (stigmatising) reactions and (demonised) perceptions of the way in which 'other' social worlds are organised (Albert, 1986; Lupton and Tulloch, 1999).

Tudor (2003) similarly notes that fear is mediated through the cultural and social environments in which it is located. Namely, social fear is determined by a knowledge (or lack) of a specific event/situation within a given cultural setting, in which there is often the *expectation* of a negative outcome from the fearful event. Accordingly, socially accepted fears of anticipated negative outcomes that are associated with injecting drug use/rs (for example, HIV/AIDS, hepatitis, dependency, injecting practice) may contribute to the social construction of threat and disorder, namely, elements of society that need to be contained, controlled and possibly neutralised.

A second theoretical explanation for fearful reactions to DRL (and *used* N/S in particular), relates to Mary Douglas' seminal thesis that advocates a socio-cultural avoidance/control of 'dirt'. In *Purity and Danger*, Douglas (1966) argues that dirt and pollution are culturally-accepted, symbolic dangers that threaten individual and societal function. Culturally specific 'pollution taboos' (codes of conduct for managing dirt) subsequently seek to regulate transgressions of hygiene (symbolic of 'culture') and are considered necessary in protecting particular societies from wider destabilisation. Indeed, such transgressions have become synonymous with the oft-cited 'matter out of place' (Douglas, 1966, 36); a term used to define that which is considered culturally offensive, requiring cleansing or other redress. As an explanation, Douglas states that

ideas about separating, purifying, demarcating and punishing transgressions have as their main function to impose *system* on an inherently untidy experience

(Douglas, 1966, 4, emphasis added).

That is, *dirt and danger are political*, and 'cleansing' social danger seeks to secure order, structure and function upon and within the affected milieu. Indeed, this view of dirt may be noted

in recent research that clearly 'politicises' the issue of litter. Namely, Campbell's (2007) attitudinal study of generic littering practice appears to have been greatly influenced by Douglas' cultural theories. In an account of 'people who litter' Campbell appears to emulate grid-group analysis (Douglas, 1970) in an attempt to establish a hierarchical model of socially acceptable–unacceptable littering practices that is further informed by individual attitudes to the immediate environment. In this model, biodegradable organic waste (such as fruit) is considered the most socially acceptable form of littering in contrast to discarded needles (and diapers, condoms, sanitary towels) that are regarded amongst the most socially *unacceptable* of litter (with only dog excrement below these items in Campbell's schema of 'waste un/acceptability'). Accordingly, the socio-cultural associations and avoidance of items made 'political' and 'taboo' by human bodily fluids (blood, excrement and semen) should not go unnoticed.

1.2. Fear of dirty (drug-related) needles?

It is thus a relatively simple task to translate these sociological theories of fear and contagion to the issue of drug-related litter in public spaces due to the latter's association with 'dangerous bodies'. For example, perhaps the most noteworthy hazard associated with discarded N/S (i.e. beyond the aesthetic) relates to potential/actual needlestick injury (NSI) acquired in community settings; that is, the process of being stuck by an exposed needle deposited in a public setting. More specifically, discarded (used) N/S are considered particularly hazardous due to the potential for blood borne virus transmission (hepatitis B, C [HBV, HCV] and HIV). However, although previous research illustrates NSI may indeed occur in community settings, viral seroconversion and life-threatening infection are *not* a commonly reported consequence (Blenkharn, 2008; Gomez et al., 1998; Nourse et al., 1997; Philipp, 1993; Russell and Nash, 2002; Wyatt et al., 1994). However, although infection may not necessarily follow NSI, post-exposure blood-testing procedures may prove equally anxious, stressful and psychologically debilitating for all concerned (including the relevant others of those directly affected) (Blenkharn, 2008; Sohn et al., 2006). Nevertheless, it is perhaps important to reiterate that whereas viral infection from NSI may be considered a form of 'low risk' exposure, such injury should not be *completely* dismissed as 'no risk' (Nyiri et al., 2004; Thompson et al., 2003). More precisely, the odds of seroconversion following community acquired NSI 'where the source is unknown but assumed to be an injecting drug user [IDU] is 12–31% for HBV, 1.62% for HCV and 0.003–0.05% for HIV' (Blenkharn, 2008, 727). As such, and from an *epidemiological* perspective, there is perhaps only limited rationality in fear associated with virally contaminated N/S in community settings.

1.3. The politics of drug-related litter

In 2005 the UK government's Department for Environment, Food and Rural Affairs (DEFRA) published *Tackling Drug-related Litter: Guidance and Good Practice*. These guidelines were produced in recognition that discarded N/S 'creates (a) very real fear of infection and disease ... (and) acts as stark reminder of the wider harm caused by the misuse of drugs' (DEFRA, 2005, ii) including the general undermining of local communities (DEFRA, 2005, ii). In essence, this document provides a template for intervention at a local and municipal level throughout the UK regarding how to best manage the recording, collection and disposal of DRL in community settings. Indeed, the intervention described in this paper (that of DRL-bins in community settings) is one that is both recommended and advocated by central government policy-makers as an example of good practice that

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