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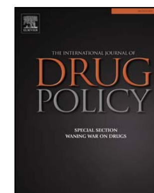

Research Paper

A fragmented code: The moral and structural context for providing assistance with injection drug use initiation in San Diego, USA

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ABSTRACT

Background: Injection drug use initiation is shaped by social networks and structural contexts, with people who inject drugs often assisting in this process. We sought to explore the norms and contexts linked to assisting others to initiate injection drug use in San Diego, USA, to inform the development of structural interventions to prevent this phenomenon.
Methods: We undertook qualitative interviews with a purposive sample of people who inject drugs and had reported assisting others to initiate injection (n = 17) and a sub-sample of people who inject drugs (n = 4) who had not reported initiating others to triangulate accounts. We analyzed data thematically and abductively.
Results: Respondents' accounts of providing initiation assistance were consistent with themes and motives reported in other contexts: of seeking to reduce harm to the 'initiate', responding to requests for help, fostering pleasure, accessing resources, and claims that initiation assistance was unintentional. We developed analysis of these themes to explore initiation assistance as governed by a 'moral code'. We delineate a fragmented moral code which includes a range of meanings and social contexts that shape initiation assistance. We also show how assistance is happening within a structural context that limits discussion of injection drug use, reflecting a prevailing silence on drug use linked to stigma and criminalization.
Conclusions: In San Diego, the assistance of others to initiate injection drug use is governed by a fragmented moral code situated within particular social norms and contexts. Interventions that address the social and structural conditions shaped by and shaping this code may be beneficial, in tandem with efforts to support safe injection and the reduction of injection-related harms.

Introduction and background

The social contexts for injection drug use initiation

Research suggests that a range of influences shape the initiation of injection drug use, including age, gender, socio-economic position and structural shifts (Guise, Horyniak, Melo, McNeill, & Werb, 2017; Harocopos, Goldsamt, Kobrak, Jost, & Clatts, 2009; Syvertsen, Paquette, & Pollini, 2017). Injection drug use initiation has also been linked to a range of meanings and experiences for individuals, including cost-efficacy, pleasure and belonging (Guise et al., 2017). Social networks are also influential (Fast, Small, Krusi, Wood, & Kerr, 2010; Guise et al., 2017) with people who already inject drugs often described as playing a critical role in assisting initiation by educating, modeling behaviors, or directly injecting individuals (Bluthenthal et al., 2014; Bravo et al., 2003; Bryant & Treloar, 2008; Crofts, Louie, Rosenthal, & Jolley, 1996; Rotondi et al., 2014; Simmons, Rajan, & McMahon, 2012; Small, Fast, Krusi, Wood, & Kerr, 2009). Such a role could be taken by friends, family, associates (Harocopos et al., 2009; Roy, Haley, Leclerc, Cedras, & Boivin, 2002) or by 'hit doctors' who inject in exchange for money or resources (Murphy & Waldorf, 1991). Providing initiation assistance to others has also been linked to pressure and repeated requests for help (Kolla et al., 2015), to ensure an initiate's safe first injection and thereby to prevent harm (Kolla et al., 2015; Rhodes et al., 2011; Wenger, Lopez, Kral, & Bluthenthal, 2016), to increase access to drugs (Kolla et al., 2015), or to the goal of fostering pleasure (Kolla

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et al., 2015).

The potential for socio-structural approaches to preventing injecting drug use initiation

Preventing injection drug use initiation is an ongoing focus of public health efforts (Vlahov, Fuller, Ompad, Galea, & Des Jarlais, 2004; Werb, 2017) owing to how, in the context of limited access to harm reduction services (Degenhardt et al., 2014), drug injection can result in a range of negative health and social outcomes including blood borne disease transmission and fatal overdose (Mathers et al., 2008). Interventions to prevent injection initiation have mainly focused on awareness raising and social marketing; however, these have demonstrated limited efficacy, potentially reflecting their orientation to seeking behavior change rather than to addressing influential social and structural factors (Werb, 2017). In response, there is increasing interest in responses that address the environment and social networks that increase the potential for injection initiation (Rhodes et al., 2011). One such initiative is the *PReventing Injection drug use by Modifying Existing Responses* (PRIMER) study, which specifically aims to reduce injection initiation by addressing the role of people who inject drugs in assisting this process. The study is exploring the hypothesis that increasing access to structural interventions including stable housing, medication-assisted treatment for opioid dependence (Mittal et al., 2017), and medically-supervised injection facilities could support people who inject drugs in seeking to avoid circumstances in which they are asked to initiate others. Such hypothesised effects could come about through these interventions reducing the pressure to assist initiation based on financial need or social pressure, or by reducing the number of situations in which people inject publicly and so minimizing the potential for unwanted requests for assistance (Werb, Garfein et al., 2016). There remain, however, gaps in understanding how social and structural factors shape initiation assistance (Werb, Garfein et al., 2016), and so little insight in to how such a hypothesised strategy corresponds to the lived experience of injection assistance. Addressing this gap is essential for developing an effective intervention strategy acceptable to people who use drugs (Blankenship, Friedman, Dworkin, & Mantell, 2006; INPUD, 2015).

Conceptualizing injection initiation assistance

The process of injection drug use initiation—as well as the context within which people provide assistance—has been described as involving negotiating moral boundaries and values within social contexts that shape the values, norms and resources available to people (Rhodes et al., 2011). Such positions link to theories of ‘risk environments’ and ‘structural vulnerabilities’ where drug use and harms are understood to emerge from the interplay of structure and individual agency (McNeil, Kerr, Anderson et al., 2015; Rhodes, 2009). Initiation assistance can then be understood as the product of individuals enabled and constrained by specific contexts, mediated by local configurations of relations and resources (Rhodes et al., 2011).

Prior analysis of injection initiation assistance has explored an experience of ‘moral ambivalence’ in response to conflicting pressures and norms (Wenger et al., 2016), grounded in a prohibitory ‘code’ that proscribes injection initiation assistance (Fast, Shoveller, Small, & Kerr, 2013; Small et al., 2009). Following others, we define a code as ‘a set of social norms that prescribes, proscribes and describes how a specific set of people ought to behave’ (Jimerson & Oware, 2006). Such moral codes, and the moral economies intertwined with them, can be linked to the enactment of other widely proscribed behaviors, whether assistance to initiation or the sharing of drugs and needles (Bourgois, 1998; Karandinos, Hart, Castrillo, & Bourgois, 2014; Wakeman, 2016). These analyses situate particular moralities in specific social and structural conditions. Prominent analyses in this vein include Bourgois’s ethnography of urban social marginalization (Bourgois, 2003) and Anderson’s (1999) study of urban violence, both undertaken in the USA. In these accounts the actions of people engaged in criminal or otherwise damaging actions are linked to a ‘street culture’ that is in opposition to ‘mainstream society’ (Bourgois, 2003). For Anderson, violence is understood as emerging from a ‘code of the street’ that is in opposition to a sense of ‘decency’ that seeks to uphold ‘mainstream’ values. This code is reliant on ‘street justice’ in the absence of civil law in distressed communities. Individual reputation and respect become a focus, with a moral code mandating violence as a means to ensure respect and so in turn improve or protect an individual’s social position or their access to resources under conditions of scarcity and official neglect (Anderson, 1999; Bourgois, 2003). Moral codes are then socially situated sets of norms proscribing and prescribing behavior.

Whilst an understanding of moral codes governing social conduct has long been central to social analysis (Hitlin & Vaisey, 2013)—particularly in contexts of urban poverty—they are as yet undertheorized in respect to injection initiation assistance, in terms of their origins, effects and their interaction with other social conditions (Wacquant, 2002). Elucidating the previously reported code in-depth (Small et al., 2009) could provide insight in to the local and specific configurations around injection initiation assistance.

San Diego, California, USA and the PRIMER study

PRIMER is a multi-cohort mixed methods study exploring the hypothesis that structural interventions to address injection-related health harms may provide secondary benefits in disrupting the process of injection initiation assistance. San Diego, USA is one of seven sites across four countries included in the study, along with Vancouver, Canada; Tijuana, Mexico; and Paris, Marseille, Bordeaux, and Strasbourg, France (Werb, Garfein et al., 2016). The full methodology has been described in full elsewhere (Werb, Garfein et al., 2016); briefly, the study links existing cohort studies of people who inject drugs to quantitatively and qualitatively explore the contexts, roles and processes of injection initiation assistance provision. In this paper we report on qualitative study of experiences in San Diego.

San Diego’s estimated population of approximately 21,000 people who inject drugs is dispersed across the county (Friedman et al., 2004). Injection drug use focuses on black tar heroin, methamphetamine (Roth et al., 2015), cocaine (Muñoz, Burgos, Cuevas-Mota, Teshale, & Garfein, 2015), and prescription opioids (Pollini et al., 2011). Previous studies report hepatitis C virus prevalence of 27% and HIV prevalence of 4% amongst the city’s population of people who inject drugs (Garfein et al., 2013); this population also experiences significant health and social harms (Roth et al., 2015) reflecting the limited availability of harm reduction services (Siddiqui et al., 2015) as well as ongoing police violence and persecution resulting from the criminalization of drug use (The Sentencing Project, 2015; Werb, Strathdee et al., 2016).

We sought to explore the social norms and contexts related to assisting injection drug use initiation in San Diego. We draw in particular on previous analyses of morality and ‘moral codes’ in urban settings, in an effort to understand the social and structural context for assistance to injection initiation. Through this we sought to critically explore the potential for social and structural interventions to prevent the process of injection drug use initiation.

Methods

The study used a qualitative approach nested within the *Study of Tuberculosis, AIDS, and Hepatitis C Risk* (STAHR) II cohort study in San Diego, USA (Robertson et al., 2014), which is participating in the multi-cohort PRIMER study (Werb, Garfein et al., 2016). Semi-structured interviews were used to explore peoples’ experiences and perceived social norms related to assisting others into drug injection.

We used a purposive sampling strategy to identify people who inject drugs who had experience of assisting others in injection drug use

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