



Staying Safe: Engaging with multiple priorities

Magdalena Harris, Carla Treloar, Lisa Maher

National Centre in HIV Social Research, Australia



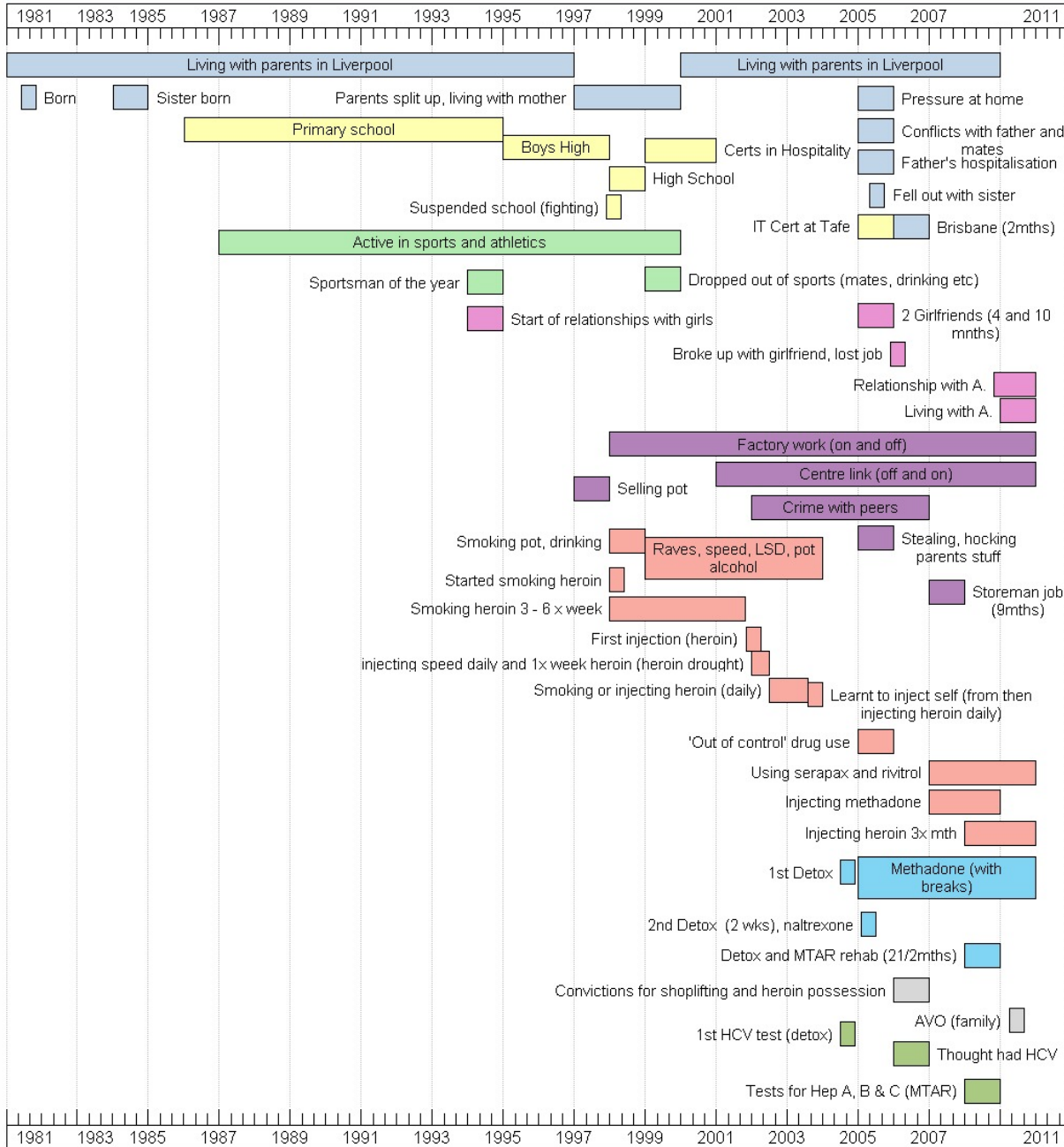
Introduction: Staying Safe

- Project sites: New York, Valencia, London and Sydney
 - Learning from the experts
- Sydney pilot project
 - Method
 - Preliminary findings
 - Family support and injecting at home
 - Image management and vein care
 - Being prepared and buying in bulk
 - Peer education and informal exchange
 - Recommendations: Empowering communities
 - Conclusion: Engaging with multiple priorities

Method: the Sydney arm

- HCV negative participants recruited through the 'HITS-C' study
- 13 people interviewed – 12 twice, 1 once
- 12 men, 1 woman.
- Aged 25 – 37
- 7 Caucasian, 3 Vietnamese/Laotian, 2 European, 1 NZ Samoan
- 8 spent time in jail, 7 in a detox or rehab, 11 on OST (9 current)
- Length of time since first injection:
 - 6 – 7 years: 2 participants
 - 8 –15 years: 9 participants
 - 17 – 20 years: 2 participants
- Interview process
 - Detailed life history interview
 - Timeline
 - In-depth narrative interview

Alan, 27, Liverpool



Legend: Family (blue), Drug use (red), Sports (green), Relationships (pink), Education (yellow), Health (light green), Justice system (grey), Work, income (purple), Drug treatment (cyan)

Preliminary findings

- Image management and social support
- Family and “cleanliness”
- Injecting alone, at home
- Being prepared and buying in bulk
- Peer education and informal exchange
- Smoking heroin, eating speed
- Reusing fits and vein care

Image management and social support

“Even though I was using heavily I still kept a sense of doesn’t look like a drug addict, you know, doesn’t act like one ... knowing [that] I could walk into anywhere and sort of be who I am without people saying oh this guy’s a drug addict, you know, he’s a dealer ... I’d draw better people, a type of crowd. So you know, or I could easily blend into that crowd. (Evan)

“Eat. Eat. Eat, eat, eat. Eat everything that’s not nailed down. Yeah, just look after yourself. Shower ... people just think well if you don’t care about yourself they’re not gonna care about you either, you know.” (Matt)

“Family. I’d ring up friends, see if they can help me out, like with gear ... when it came down I could always get money or drugs from somewhere if I really had to.” (Phouc)

Family: living at home, nurses and “cleanliness”

“Well when mum found out [I was using], you know she started telling me everything, I knew most of it anyway but there was things that I didn’t know ... I didn’t know about the spoon, she told me about the spoon, to make sure that ... a clean spoon ... If she wasn’t a nurse, I probably would have shared.” (Dylan)

“Just being a clean person, always wash my hands after going to the toilet, stuff like that ... If I wouldn’t eat from that spoon why would I shoot from it sort of thing. That’s my attitude ... More because of my mother, you know, being a clean person ... So it was just the cleanliness factor more than, you know, contracting disease factor I would think.” (Evan)

Injecting alone, at home

“I don’t use on the street or in the car, I use at home and it’s always there ...I hate to rush and I take my time, like anyway if you was to use it on the street I reckon I would get busted ‘cause like I need my time. Yeah I’m that type of person I can’t rush it yeah.” (Jonny)

“I usually do it on my own ... I don’t like doing it with blokes really to be honest, they talk too much shit, you know” (Dylan)

“Even when I’ve been sick, like for a couple of days, and haven’t had ‘done or whatever, I’ll still wait until I get home. I don’t know what it is. I think it’s just because I don’t want to get caught ... I was in Cabramatta once when I was first doing it and the police came and I had to squirt it out, so that was a waste of money.” (Dylan)

Injecting equipment: “being prepared” and buying in bulk

“[I was] getting a lot of fits from the city ... just the big box, like 150 or 200 in there. So I’d take most of those to the places that we knew that we’re going to be using at. So they’d always be there....there was a lot of spots, even other places I’d leave a box around, like in the streets, you know. Like behind a bush or somewhere, you know.” (Evan)

Peer education and informal exchange

“The first time, he mixed up everything clean and ... he done me. He was telling me all the steps, like you’ve gotta be clean, this and that. And it was all wrappers there and that. And he’s always been clean; he hasn’t got it. And I trusted him.” (Phil)

“In his house he’s obviously got like everything in bulk, so everyone gets their own equipment. And he’s pretty fussy on that sharing shit as well.” (Kai)

Smoking heroin, eating speed

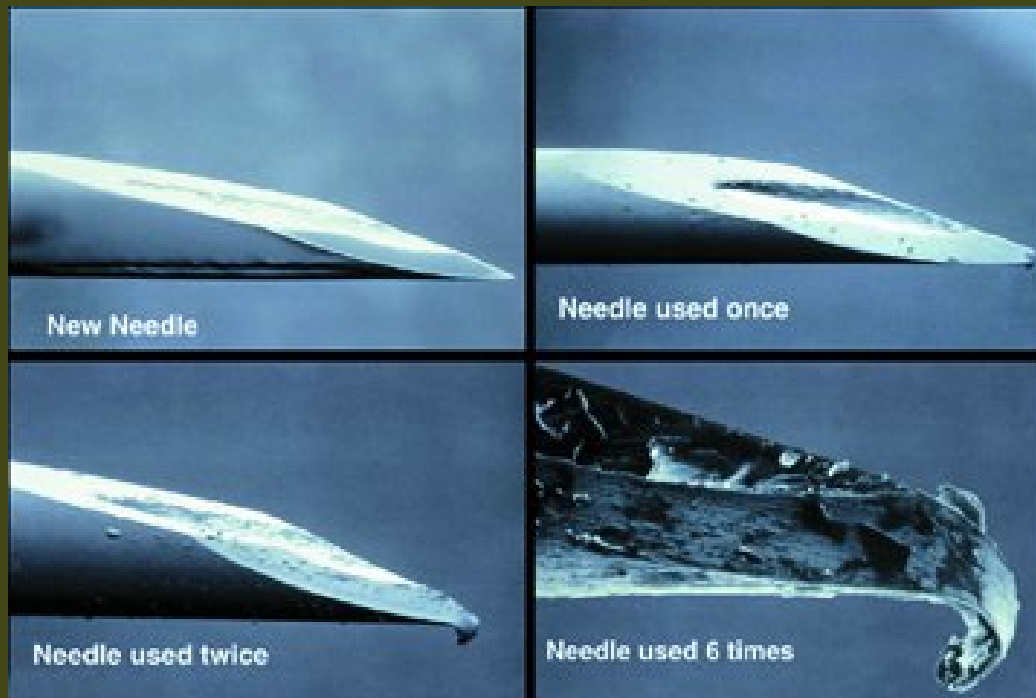
“I didn’t want the track marks ... All the people around me were just eating it [speed] and they always looked at it as no matter how much money you spend, you keep your pride by doing it this way.”
(Matt)

“There were a few times [I couldn’t get equipment]. I think I just smoked it. Because I was on and off smoking and injecting” (Phil)

“If you can’t really get access to fits, you can just smoke it.” (Sam)

Reusing fits and vein care

“[I didn’t share] because I didn’t want scars to start off with and blunt needles give you scars... And that was a massive thing to me ‘cause I didn’t want to go home and embarrass my family.” (Lisa)



Yeah, getting blunt mainly and just leaves scars. Also that picture in the clinics and all that. Once, twice, three, five times used and you see it wear down.” (Phil)

Discussion : Empowering communities

- Housing and social supports – reducing the hierarchy of needs
- Safe injecting locations
- Empowering peers
- Bulk equipment access
- Legalising informal secondary needle exchange
- Health promotion: Engaging with multiple priorities

Conclusion : Empowering communities

We would like to acknowledge:

- The 13 participants of this study
- The HITS-c team
- Hepatitis C Council of NSW
- NSW Users and AIDS Association
- Faculty of Arts and Social Sciences, UNSW.
- Australian Government Department of Health and Ageing