

**Q: Which of the four settings below do you think may be a public injecting site?**



**A: All of them**

New research demonstrates the importance of understanding injecting drug use in public settings. **Stephen Parkin, Ross Coomber** and **Gary Wallace** look at a controversial issue

### **'Public injecting is a "risk multiplier" for... health concerns because of the nature of the sites themselves and of the populations that use them - the most marginal and "disconnected" of the injecting drug user population.'**

To many people, the notion of injecting illicit drugs in public or semi-public settings may seem like behaviour representative of antisocial and chaotic drug use that has spiralled out of control. However, while this may be true for some exceptional cases, findings from a recently completed study at the University of Plymouth suggest that public injecting should not necessarily be regarded in such a stereotypical manner.

Instead, the research proposes that public injecting is more characterised by highly organised and logical responses to conditions that make injecting practice difficult for drug users. The research identified almost 70 different public injecting sites within one square mile of Plymouth city centre and a total of 78 sites when areas beyond the immediate central area were included. Significantly, most of these sites were not necessarily recognised by the general public, drug services or outreach workers as locations used by local drug users for injecting purposes.

This unawareness obviously relates to the fact that injecting normally involves the use of secret or hidden settings in a rushed manner to avoid interruption or detection by non-drug users, especially the police. As such the world of public injectors typically remains clandestine and deliberately unknown to those not directly involved in the activity. So important is the issue of concealment to public injecting that it is highly probable that anyone reading this article may pass at least one such setting on a regular basis as they travel to and from their place of work, without being aware that injecting drug use occurs there on a frequent basis.

Bloodborne viruses like hepatitis and HIV, wound sepsis and death by overdose continue to be real and significant risks to injecting drug users, and the NTA has re-emphasised the need to deliver good harm reduction services to minimise these and other drug-related hazards. Public injecting, however, is a 'risk multiplier' for all of these health concerns because of the nature of the sites themselves and of the populations that use them – the most marginal and 'disconnected' of the injecting drug user population.

The research also identified several issues that counteracted local harm reduction interventions and had the effect of increasing opportunities for risk taking among injectors when using drugs in hidden, public places. Environmental and political factors meant that local drug users simply could not apply fundamental harm reduction advice when injecting drugs in public settings.

Plymouth DAAT and the University of Plymouth decided to research the issue of public injecting in 2006, in order to inform strategic responses to an issue about which very little was known. In addition, concerns had been raised prior to the study from the local council, police and DAAT members regarding issues like drug-related litter and fatalities in public and community settings. The study therefore aimed not only to identify the extent of public injecting throughout the city and map the variation in settings, but also to identify appropriate means of managing and responding to this particular public health concern.

The research concluded in the summer of 2009 and identified a wide range of settings throughout the city used for public injecting. These included public toilets, bus and train stations, car parks, parkland, derelict buildings, alleyways, doorways and even rooftops – all of which contained their own particular environmental characteristic that served to increase injecting hazards and/or diminish harm reduction advice provided by local drug workers. The research was greatly helped by 31 local injecting drug users who were interviewed about their experiences of

public injecting – with their help the researchers identified a wide range of place-based harms that ranged from minor, such as plastic burns resulting from using swabs as 'lighters', to major hazards like fatal and non-fatal overdoses.

Overall, the research has greatly informed Plymouth DAAT and its strategic response to local drug policy, service delivery and needs assessment with regard to public injecting. The study identified various difficulties relating to the way in which needles and syringes may be accessed and/or distributed as well as the shortcomings of local policies that made the legal ownership and possession of unused injecting paraphernalia difficult for injecting drug users, and it provided recommendations regarding more appropriate public health responses to drug-related litter in particular settings.

The study identified a range of settings that may increase the opportunity for drug-related harm, including bloodborne virus transmission and death, as well as particular 'at-risk' populations who may benefit from hepatitis A and B vaccination. Other benefits included identifying what factors increased the risk of harassment or arrest and information on the influence of policing and displacement practices and local hostel and housing policies on risky behaviour, as well as suggestions on more appropriate placement of needle bins in city centre locations.

In describing injecting environments and practices, commissioners and services were able to identify opportunities where harm reduction services could be both targeted to, and disseminated through, 'low-level drug seller' networks and peer using groups as a further means of reaching out to equally hidden and at-risk populations that may not necessarily frequent outdoor, public injecting sites.

The research and its recommendations have enabled Plymouth DAAT to better target services and develop policies that are likely to mitigate rather than increase risk, reduce waste – both in terms of discarded 'clean' equipment and services that are not needed or inappropriately sited – and develop partnerships and practices designed to reduce deaths associated with public injecting.

Following this localised project, the team has taken the decision to extend the study to other areas of the UK as commissioned research. The aim is to provide DAATs in other parts of the country with an awareness of public injecting and recommendations regarding appropriate responses – whether in rural, urban or suburban environments.

The service aims to provide commissioners with a snapshot of public injecting within a given DAAT area, conducted within a relatively short time frame – such as two to three months – and provide service-relevant data on the range and variation of public injecting sites via multi-agency and local drug user participation, as well as details on drug-related litter and other visual data.

For these reasons, the project has been named the Public Injecting Rapid Appraisal Service (PIRAS) and details of availability and cost are available from Dr Ross Coomber, director, Drug and Alcohol Research Unit, School of Applied Psychosocial Science, Faculty of Health, University of Plymouth, Drake Circus, Plymouth PL4 8AA or ross.coomber@plymouth.ac.uk

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