

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.

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). 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’ (ibid; 3).

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 as 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 2011, Devaney and Berends 2008, Parkin and Coomber 2009d). 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 2007, 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).

Theorising Fear and Dirt

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' (ibid). 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 organized (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.

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 is *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 IDU [injecting drug user], 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.

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 (ibid). 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 seeks to proactively reduce drug-related harm in public places (DEFRA 2005; 37).

Despite the availability of DEFRA guidelines, an online audit of DRL management strategies (Blenkharn 2008) reports of inconsistent collection procedures conducted by over 500 organisations (including statutory bodies) throughout the UK. Similarly, the audit notes only limited evidence of DRL-bins made available in 'high risk areas' of public injecting drug use. Given the direction and assistance from central government (DEFRA 2005), these inconsistent approaches to DRL management at a unitary level appear somewhat perplexing. Similarly, the apparent lack of dedicated DRL-bins installed in public settings for the disposal of injecting paraphernalia appears equally concerning given the positive evaluation such low threshold intervention has previously received in numerous international settings (DEFRA 2005, Riley et al 1998, de Montigny et al 2010a).

DRL-bins in Two UK Settings

The remainder of this paper focuses upon the efforts of two municipal authorities in the UK (referred to with the pseudonyms of *Aragon* and *Boleyn* in an attempt to establish anonymity of setting) who each made the somewhat controversial decision¹ to install DRL bins in settings affected by public injecting drug use. More specifically, presented below is a summary of IDU views and experiences of the relevant bins that were gathered from the two urban centres concerned as part of commissioned research that focused primarily upon public injecting drug use. Furthermore, the DRL-bins described in the two settings are of completely different design and similarly installed in geographically diverse, (yet environmentally specific), locations.

The Research Settings

Aragon is an historic maritime centre that is located in the south west of England, (approximately 200 miles [300 km] from London). Aragon was founded upon a defensive coastal position, with the city's port playing a significant role in the development and expansion of the entire region. Contemporary Aragon is a unitary authority with an estimated population of 256,000; a population that is predominantly 'white British' with less than 2% of the population comprising of ethnic groups (as noted in the 2001 census). Employment in the city is based upon four main areas; public administration (including defence), manufacturing, retail and health/social work. Unemployment in the city (at the time of fieldwork) was 5.8%; a figure that was comparable at the time with the wider national unemployment rate of 5.7% (2008)

¹ Such decision making may be regarded as controversial as statutory bodies may be seen to 'condone' injecting drug use in the settings that house such installations (DEFRA 2005, Flemen 2005, Riley et al 1998).

Boleyn is an equally historic coastal centre (as a seaside resort) located on the east coast of England (approximately 45 miles [70 km] from London). Although Boleyn's origins are predominantly ecclesiastical, it is the town's location near the sea and proximity to the capital that accounted for its expansion during the 18th century). Contemporary Boleyn is also a unitary authority with an estimated population of 165,000; a population that is also predominantly 'white British' with less than 7% of the population comprising of ethnic groups (as noted in the 2001 census). Boleyn's proximity to London accounts for its current status as a dormitory town; seaside tourism in the town has declined since the 1960s and the major employment is currently service-based provision. Unemployment in the town (at the time of fieldwork) was approximately 7% a figure that is comparable to the current national unemployment rate of 7.8% (2010).²

According to Hay et al's (2009a, b) various prevalence studies of opiate and crack-cocaine use throughout England, Aragon has an estimated population of 2,180 'problematic drug users' (defined by the researchers, rather simplistically, as those 'that use opiates or crack cocaine' (Hay et al 2009a; 3)), whereas Boleyn has an estimated similar population of 1,140. These estimates translate to 0.85% and 0.69% of the populations of Aragon and Boleyn respectively.

Method

This paper is based on data generated from rapid appraisals (McKeganey 2000, Stimson et al 1998) of public injecting that were located in the two UK settings here referred to as Aragon and Boleyn. Each study was premised upon qualitative research methods (involving semi-structured interviewing, direct/participant observation, visual methods, environmental visual

² All figures relating to 'Aragon' and 'Boleyn' populations were obtained from the Office of National Statistics website (www.statistics.gov.uk). In order to maintain the anonymity of the settings, the relevant links to the respective settings have not been provided.

assessments and ethnographic inquiry). Similarly, a specific rapid appraisal design seeks to triangulate various datasets (obtained from participation by agency representatives, injecting drug users [IDU] and reflexive fieldnotes recorded during data generation). The subsequent qualitative analysis (assisted with the software package NVivo, version 8) of these data aims to provide a more holistic appraisal of public injecting and DRL in local settings.

The field methods and analytical procedures summarised above (regarding ethical approval, funding, recruitment, respondent groups and the aim/purpose of the overall research design) have been covered at length in previous publications (Parkin and Coomber 2009b, 2011 Pearson et al 2011). As such, it is perhaps only necessary to emphasise that this paper has been informed by a comparative analysis of findings obtained from two separate studies of public injecting drug use that were commissioned by local organisations responsible for overseeing the implementation of the UK's national drug policy at local level (i.e. Drug and Alcohol Action Teams).

The Joint-Sample

The research methods (summarised above) aimed to engage as many agencies and individuals as possible within time-limited appraisals of public injecting drug use. Similarly, fieldwork involved ethnographic attachment to agencies/individuals that may have direct 'front-line' contact with public injecting issues / drug-related litter (such as street cleansing teams, car park attendants, security guards, toilet attendants etc) as well as local outreach teams and drug services. Indeed, it is with the assistance of the latter that IDU with recent experience of public injecting (i.e. 'within the last month') were recruited into the respective studies. All interviews with IDU were conducted and digitally-recorded in confidential settings; and later transcribed verbatim. Each IDU respondent provided verbal informed consent (Coomber

2002) to participate in the study (also digitally recorded) and received an ethically approved £10 honorarium for completing the interview.

The Collective IDU Cohort (Aragon and Boleyn)

The views of 51 IDU with recent experience of public injecting drug use has informed this account of DRL-bins in two urban UK settings (Aragon = 31, Boleyn = 20). Of these, 40 were male (Aragon = 24, Boleyn = 16) and 11 female (Aragon = 7, Boleyn = 4). 42/51 were 'current injectors' (Aragon = 26, Boleyn = 16). 35 individuals (Aragon = 19, Boleyn = 16) were in receipt of treatment (typically opioid substitution therapy) for drug dependency. Heroin was the preferred drug of choice for 35/51 respondents (Aragon = 25, Boleyn = 10). Almost all of the joint-cohort had experience of homelessness and/or rooflessness (45/51; Aragon = 26, Boleyn = 16) and the average injecting career was 11.75 years (Aragon = 14 years, Boleyn = 9.5 years). Finally, almost all respondents were in receipt of welfare benefits and/or reported experience of long term unemployment (46/51; Aragon = 27, Boleyn = 19).

Accordingly, the combined sample of Aragon and Boleyn IDU is characterised by long term drug dependency, physical vulnerability and economic marginality. Similarly, the overall socio-economic profile of the collective cohort is consistent with, and similar to, other IDU populations that regularly attend public injecting sites in other (national/ international) locations (Darke et al 2001, Dovey et al 2001, Fitzgerald et al 2004, Green et al 2003, Klee and Morris 1995, McKnight et al 2007, Navarro and Leonard 2006, Parkin 2009, Parkin and Coomber 2010, Small et al 2006, Taylor et al 2004, 2006).

The Aragon DRL-Bins

In 2007, Aragon City Council introduced *street-based* DRL-bins for the purposes of drug and sex-related litter collection. Four bins were installed in street-based settings in areas of the city previously associated with drug and sex related litter and/or sex work / public injecting during October 2007, with a fifth installation added during April 2008. The precise locations included the entrance to a local public park, several alleyways within residential settings and near to a homeless hostel in an area subject to gentrification (during the relevant period of fieldwork). The bins were promoted in the local press and by an information leaflet designed specifically for the target audience (street-based sex workers and IDU). The latter was designed by the local authority in conjunction with drug services and police and provided advice on preferred N/S discarding practice, as well as details of the various locations where the DRL-bins could be found. The leaflet was distributed amongst those accessing injecting equipment from Aragon network of needle and syringe programmes (NSP). It was also envisaged that the DRL-bins would be used for collecting sex-related litter with the expectation that *sex workers* (rather than their clients) would utilise them for depositing used condoms.

Description and Design of Aragon DRL-bins

Each DRL-bin consists of steel outer-casing that protects and conceals a conventional, plastic, hazardous-materials, container within. Deposited materials are placed into a ‘periscope’ style opening at the top of the bin and all items fall into the sealed container within. This internal receptacle can be removed with relative ease when the steel enclosure has been unlocked (see Figure 1) and items can be removed for incineration. The DRL-bins have the ‘periscope’ opening purposely designed to prevent rainwater (or other liquids) entering the concealed container and is positioned at an appropriate level above the internal receptacle (to prevent the manual retrieval of discarded items). All DRL-bins are securely

locked (with two internal locks and a padlock) and bolted to the pavement in order to prevent removal or other disturbance. The bins are thus mobile in design and may be re-positioned in locations on a temporary/permanent basis (according to need). During fieldwork (2007-08), the DRL-bins did not include any external signage or notification of the containers' actual purpose and function.

Figure 1 (about here) one of the Aragon DRL-bins opened for content inspection, 14/12/2007.

Aragon Drug User Views of DRL-bins

Only 4 of 31 respondents expressed awareness of the street-based DRL-bins, of which 2 had actually used them for discarding equipment. Despite this overall lack of awareness of the facility, over half of those interviewed (55%, 17/31) believed that the street-based bins were a positive approach to the issue of DRL. The remainder expressed indifference or negative views about the project.

Positive views

Nevertheless, over half of Aragon IDU interviewed believed that DRL-bins provided increased opportunities for the disposal of N/S to take place and that they may help local injectors be more proactive in discarding practice. Respondents holding such opinions were also aware of the negative views held by community members of DRL and believed the bins would be supported by the general public. Similarly, IDU were of the opinion that the bins provided alternative solutions to carrying used N/S upon their person. Several respondents stated that the bins could be used for disposing of previously used equipment and subsequently avoid any police officers if stopped, questioned and searched as a result of

carrying N/S³. This is perhaps evident in the following illustration in which the respondent discusses the bins in relation to ‘stop and search’ procedures by local police officers:

Because the problem you get, if you’re gonna get caught with a needle, you’re gonna get arrested. So it’s a perpetuating problem where the police shouldn’t be like that. They should say ‘right OK, if he’s got (N/S) on him, at least he hasn’t thrown it on the floor’, you know? He hasn’t thrown it down a drain or whatever, you know? (AIDU8⁴)

Positive opinion may also be noted in the following extracts:

It’s a good idea, but I hope it don’t make people think they can pin-up (inject) more in the streets. But I do think it’s a good idea for people that live on the street. Instead of having a safe box⁵ when they’re moving round all day, they can’t be carrying (this) around with ‘em all day, can they? Obviously if they’ve got a bin in (the street) then they can just empty ‘em in there everyday. So I do think that is a good idea. (AIDU12)

Indifference

A further set of views regarding the DRL-bins may be generally categorised as indifference; as they were not negative or positive, critical or insignificant in any way. Indeed, such views

³ Although, it should be noted, to be in possession of needles and syringes is not a criminal offence (in the UK) and does not justify arrest or bodily search.

⁴ AIDU8 = Aragon Injecting Drug User, respondent #8. Similarly, BIDU1 (etc.) = Boleyn Injecting Drug User, respondent #1.

⁵ Sharps box

were typically premised on a general unawareness of the bins and where they were situated.

For example:

Never seen one. Maybe I've walked past one, but I've never noticed one.

(AIDU13)

I've never seen 'em. I know they supposed to be up in (residential area), but I've never seen em. Seriously, I've never seen one. *(AIDU9)*

Nevertheless, underlying these indifferent views was the inference that an improved awareness may not necessarily lead to changes in existing discarding practice. For example:

No I haven't seen (the bins). It would be handy (useful), but what I do is keep needles on me till I get home, dispose of them in a bottle or put them in the rubbish and they get incinerated. *(AIDU2)*

... at the end of the day, it's down to the individual if you want to dispose of them properly *(AIDU4)*

Similarly, those expressing indifference typically believed that people will discard injecting equipment regardless of place/location and that the provision of a dedicated bin would not necessarily change attitudes to litter management.

(There are bins) but you know, people still don't care ... I've seen needles all over this city just on the floor and that. *(AIDU6)*

(In an interview setting near the location of a DRL-bin) ... there's needles outside here if you go and have a look around the corner. Some people's been using around here, on this street (next to the bin). (AIDU15)

Negative Views

For others, the DRL-bins were viewed negatively. For example, several voiced concern they appeared to advertise and alert residents of a 'local heroin problem'. For example:

It's gonna make the place look scabby (dirty) ... putting smackhead (heroin user) needle bins around. (And) it's gonna be a downfall for the council if one day there's ... a kid that touches a syringe and catches something. ... And it's gonna be all over the place that 'smackhead this and smackhead that' ... and that 'people shouldn't do (drugs) anyway'. I mean, people shouldn't throw their needles on the floor in the first place. (But) they're not gonna take it to a bin are they? (AIDU25)

Within the above response is an indication that street-based DRL-bins may inadvertently further an already stigmatised identity (that of IDU) within community settings. Indeed, this was an issue that was raised by several respondents who believed that they would use such bins *hesitantly* in order to avoid revealing an injecting identity (no matter how positively their safer discarding may be 'viewed' by other community members). For example:

It's pretty embarrassing, innit, pulling a few pins (N/S) out of your pocket and putting em in there. People would go 'ooh look at him' you know? But I think if

you could do it when people weren't around ... you could put 'em in there without people seeing, I *think* I would use it, yeah. (AIDU11 original emphasis)

(Would I use it?) Yes and no. Because (people) might see me using it. If ... not many people knew I used and I wanted to keep it that way, yes, I'd be worried that someone saw me and – say my girlfriend didn't know and they told her – that'd worry me. But then, it's a case of ... if someone sees me using it, they might think, 'well done, at least you're being clean and *doing what you should be doing*'. (AIDU14 emphasis added)

Similarly:

(They aren't a good idea) because they're gonna have to put 'em by the recycling bins and bottle bins. (And) if you're going out and putting your needles in, people's watching ya. And that's it, (you're) instantly labelled. And I can't be dealing with that. It's bad enough when people have a fuckin' go at me (for being a heroin user). (AIDU9)

Another respondent was critical of the entire scheme and felt that DRL-bins illustrated a (national) drugs policy that was contradictory and inappropriate to the actual needs of IDU. The following was voiced with considerable anger and frustration during interview:

You can come here (NSP) and you can get needles, you can get citric, you can get spoons, (and) they're even putting in bins to throw your pins away! But it's illegal to use drugs? It's a fucking piss-take, it's a piss-take. Here's the stuff to get rid of

your pins, but you're not allowed to do it in the first place! It just don't make sense, it's backwards, it's completely backwards. They should have somewhere – a room like this – where it's nice and safe (to inject) ... (*AIDU21*)

Other criticisms obtained during street-based research focused on the design of the DRL-bins. These criticisms related to the lack of signage that notified the public of their actual purpose and function. One respondent made the following suggestion whilst standing next to one of the bins during a street-based interview:

They should be yellow like the 'cin bins'⁶. They should have the (Drug Agency telephone) number on and places where you can get clean works an' all that. It just needs at least to have a sign on it. You ask anybody (around here). I bet there's not even one (needle/syringe) in there. And if there is it's probably what the council blokes have picked up and put in there! No. I never knew that was there. (*AIDU14*)

Finally, others were of the opinion that the bins were located in places considered to be inappropriate and did not reflect current locations of public injecting. This was due to the physical removal of public injecting sites (by local authorities) where DRL had been previously collected and where drug use had subsequently ceased to occur (or was greatly curtailed). Similarly, other respondents felt that the bins could have been more appropriately positioned in more renowned settings throughout the city centre as opposed to the more marginal settings in which they were positioned during fieldwork. Several IDU suggestions for improved locations included city centre public toilets and/or car parking facilities. Indeed,

⁶ 'cin bins: a local term used to describe 'incineration bins' (namely, portable sharps boxes available from NSP)

the reported inappropriate positioning of DRL-bins provided justification for some IDU *not* to use the bins. For example:

When you want to get rid of what's in ya pockets you want to do it there and then and not go walking a mile, go somewhere out your way (Q: for example, if you use in a toilet in the other end of town?) Yeah, right, and then come all the way back here to get rid of the needle! No way! It ain't gonna happen. I'd stick it down the drain, *that's my bin*. ... No way would I use the (street-based) bin ...
(AIDU29; *original emphasis*)

Boleyn Drug-related Litter Bins

Ethnographic observations throughout Boleyn (2010-2011) noted 3 settings of public convenience that had been particularly affected by public injecting / drug-related litter during fieldwork. Each of these units were designed and manufactured by a provider of specialist 'stand-alone' public toilet and all appeared uniform (and recognisable) with a distinctive 'Swiss chalet-style' design. All of the toilet blocks (consisting of a row of unisex/disabled cubicles) also complied with a standardised internal design determined by the manufacturers. Namely, minimalist internal space equipped with all appropriate, stainless steel, toilet furnishings (including safety alarms, washing facilities and reduced surface space for littering opportunities [including an absence of ledges and crevices]). Within 2 of the 3 blocks, this standardised design also included the provision of separate receptacles for the discarding of non-hazardous ('non-sharps') and hazardous materials (i.e. 'sharps' such as N/S, razors and safety pins) Figure 2 presents visual detail of this unique design feature.

Description and Design of Boleyn DRL-bins

The toilet cubicles equipped with the aforementioned dual-purpose bins include appropriate ambiguous signage (visual, symbolic, textual and in Braille - see Figure 2) for patrons to discard all sharp, hazardous materials into the appropriate receptacle (DRL-bin). This ambiguity is significant as it alerts the public of a facility for discarding 'sharps', whether done legitimately (such as an insulin injector) or otherwise (as in a heroin injector). All waste deposited into the small 'birdhouse hole' subsequently falls down a chute into an appropriately placed container located within a 'service area' at the rear of the toilet unit (i.e. a restricted access zone that contains the entire unit's plumbing facilities). This effectively assists in removing N/S (and other sharps) from the 'functional' area in a manner that is less hazardous for the public *and* relevant cleansing operatives (see Figures 2-3). Projects with a similar design in other geographic settings have been recommended and endorsed by DEFRA (2005).

Throughout fieldwork, these 3 settings of public convenience were continuously noted and reported as locations for public injecting drug use (by agencies and IDU) and as those sites consistently reporting the greatest volume of DRL.

Boleyn Drug User Views of DRL-bins

17/20 IDU interviewed were familiar with, and aware of, the DRL-bins located in the relevant toilet units providing such amenity in Boleyn. Similarly, *and significantly*, there was equal widespread recognition that a third public convenience (similar in design and appearance) *did not* contain similar sharps bins and were equipped with conventional litter bins only. Although this design flaw was noted by the Boleyn IDU, there was, nevertheless, consensus that DRL-bins in public conveniences were a valuable and useful resource.

The Boleyn cohort typically *viewed* the initiative as positive but framed these opinions with negative *experiences* endured within the relevant toilet cubicles. Furthermore, unlike the Aragon sample, there were no indifferent views regarding service provision amongst Boleyn drug users (that may relate more to the ‘lived-experience’ of relevant DRL-bin location than considered critical acumen). In short, views obtained from Boleyn were either positive, negative or a combination of both.

Positive Views

Overall, DRL-bins in toilet cubicles were regarded as a ‘good idea’, as something that should be made more ‘widespread’ and were viewed as appropriate methods in reducing the presence of used/unused needles and syringes in community settings. Similarly, almost all expressing favourable opinions of the bins also believed that the DRL-bins promoted safer discarding practice amongst IDU. For example:

(I think the sharps bins are a good thing), because I wouldn’t leave my stuff anyway because of kids going in there. People don’t want to be exposed to it but ... at least if there’s something there then ... people that don’t care as much will think more if they’re chucking it. (BIDU1; emphasis added)

Figure 2: Dedicated chute for sharps (front of unit)

Figure 3: Dedicated chute for sharps (rear of unit)

(Both about here)

In association with the above was the shared view that local authorities appeared to recognise that public injecting occurs throughout Boleyn and were attempting to reduce harms to the public by providing DRL-bins for discarding purposes. A similar viewpoint in this respect was that the provision of DRL-bins in public settings appeared to give the outward impression that ‘the council’ and relevant authorities were attempting to ‘cater’ for IDU needs in public conveniences. The following female respondent stresses this view in an account of police intervention within the relevant setting:

... they obviously cater (for it) because you’ve got a bin that says you can put your sharps in there. So ... when the copper (police officer) saw that she was really shocked. I said, “Well I’ve put my sharps in the sharps bin.” She was like, “*What?*” (expressing surprise, shock). And I was like, “Well it’s obviously catered for. Because it says on there, ‘needles’” (pointing at the notice on the wall).
(BIDU14)

Negative Views

In contrast to the above were those views that were critical of the operational presence of other agencies in the vicinity of the various toilet locations, particularly those involving policing and surveillance procedures. For example, there was common belief that the DRL-bins established a form of ‘entrapment’, in which IDU accessing the relevant toilets were monitored on CCTV cameras and subsequently reported to the local constabulary. These views were substantiated by numerous IDU accounts of police intervention and/or arrest at two of three locations, of which the following was typical:

In public toilets, the (DRL) facilities some of them have, I think, should be made more widespread ... but only on the basis that we can go to these places discretely, with discretion and without the fear of having that *bang, bang, bang*. “We’re (police) outside waiting for you.” (BIDU20)

Similarly, due to the apparent provision of facilities to reduce DRL within toilet cubicles and the perceptions of increased policing immediately outside the conveniences, IDU were aware of service contradictions.

I’ve (also) been arrested in a few toilets, when I’ve been standing like in the toilets. I’ve used (location) a lot of the time. And there’s also toilets which are the same at (location). And they’ve got the... on the wall they’ve got the needle... where you put like needle disposals and all sorts like that. So really they like sort of... it’s sort of like being catered for, isn’t it? It is isn’t it, really? If you’ve got them amenities there. (BIDU16)

As such, some Boleyn IDU had elected ‘never to use’ the relevant toilets for injecting purposes (to avoid drug-related arrest) and several others regarded the location as an environment that increased the risk of arrest or detention. Arguably, increased policing of public toilets resulted in the increased marginalisation of injecting episodes, as may be noted in the following account:

(describing police interruption whilst in cubicle) ... because it was the first time (I’d used in those toilets), I did feel like (the DRL-bins) were put there purposely

to catch me. ... Well, it did put me off for a long time. ... This I why I ended up
(injecting) behind bushes and things... where people couldn't see me (BIDU20)

Despite the negative views and experiences reported by Boleyn IDU, frequent usage of the DRL-bins in the town's most centrally-located toilets was reported throughout the cohort. Many of those interviewed disclosed details of discarding injecting equipment in the appropriate bins due to concomitant injecting episodes within this preferred street-based setting of drug use. Similarly, some stated that they had used the *non-hazardous litter bins* at those facilities **not** equipped with DRL-bins. For those involved, these actions were not considered malicious, inappropriate or anti-social in any way. Indeed, they were considered rational responses to discarding N/S in a manner that was believed 'safer' (as it involved 'using a bin') and was thought to present no danger to the general public. Similarly, one individual expressed concern regarding an inability to deposit used equipment in one particular toilet fitted with DRL-bins. This individual believed the bins to be overfull and added that items were subsequently deposited in the conventional litter bin as a compromise. Namely:

Well only some of the toilets have got (the hazardous material bins) and a lot of them are pretty much full. You can't even get the works in them... they're that full. ... I don't know if they employ special companies to come along and empty them or whatever but you try and push (needles) in. But I ended up just putting them in the (conventional) bin to be truthful. (BIDU4) ⁷

The Fearful Social Construction of Purity and Control

⁷ Field observations of this view were confirmed following an inspection of the relevant bin chutes at the rear of the toilet cubicle. Some of the chutes were blocked with N/S due to the overfilling of the plastic container (i.e. to a level that exceeded volume capacity).

Underlying this comparative study of DRL-bins is perhaps a more theoretically-situated debate that concerns the purification of wider public space, via installations that seek to control and contain hazardous behaviour (discarding of sharps within specific settings) and make secure fearful and potentially infectious materials (neutralising used N/S). Indeed, regardless of the well-intended public health messages associated with DRL-management, the overt attempts at the socio-cultural control of people and substance (by appropriately placed receptacles) may be noted throughout this essay. Similarly, the installation of street-based bins in remote, marginalised yet specifically residential areas demonstrates a particular cleansing regime that possibly equates people with dirt. For example, one Aragon IDU view was that the DRL-bins could be likened to ‘dogshit bins’⁸ and was an inadvertently poignant and symbolic statement that locates specific people within a particular framework of dirt and danger (see Campbell’s hierarchy noted above). Indeed, this symbolic view could be further consolidated by the purposive design and installation of DRL bins within concealed settings of *public defecation*. Accordingly, the provision of DRL-bins within these niches of spatial control may be interpreted (in a Douglasian manner) as the deliberate and intensified marginalisation of ‘matter out of place’ towards more regulated and sanitised space within the already ‘polluted spaces’ of public convenience.

Similarly, the various responses noted by the IDU cohort may be interpreted in more Foucauldian frameworks regarding compliance with, and resistance to, governmentality. Namely, those seen to use the relevant DRL-bins may be regarded as ‘docile bodies’ (Foucault 1975) that become complicit in the project of self-control/management, self-surveillance and internalisation of state control. In short, the uptake of harm reduction intervention initiatives (aimed specifically at IDU) reflects the subjectification and

⁸ Local initiatives that require residents to deposit dog excrement into appropriately designed containers

responsibilisation of the self in wider attempts at controlling and monitoring an errant population. Similarly, those that do not comply with street-based facilities may also be seen as demonstrating resistance to the control of injecting behaviour. These individuals expose themselves to continued drug-related harm in public settings, in which local services, paradoxically, provide the means to inject (equipment) but not the hygienic facilities to inject (such as safer injecting facilities). Such contradictions in drug policy were regarded above by one IDU as a 'piss-take' and possibly serve to consolidate the management of public space (and people) as a process based predominantly on social control and spatial manipulation. Accordingly, IDU resistance strategies inform a perpetuating cycle of continued injecting and amplified hazard in street-based environments in which concepts of 'harm reduction' are reduced to a series of implausible 'hyper sanitary messages' (Bourgois et al 1997: 160) that have the symbolic intent of 'morally rebuking street-based users' (ibid.) who exist 'off message'.

Place Matters in Street-based Service Provision

A more pragmatic comparative analysis of these qualitative experiences however would appear to confirm that in any consideration of a specific health intervention, '*place matters*' (Fitzpatrick and LaGory 2000, 4). 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 NSI in community settings), impact (e.g. improved community safety) and related outcome (e.g. service uptake by IDU, safer discarding procedures by those involved in public injecting, safer use of N/S). Similarly, such intervention needs to be spatially sensitive to potentially stigmatising situations and contact with street-based security/surveillance or policing procedures. An unconsidered and insensitive approach to these issues is likely to

foster suspicion amongst IDU that in turn influences resistance to service provision. These place-based concerns may be evidenced in the responses outlined above by the cohort of 51 IDU.

More specifically, Aragon's *street-based* DRL-bins were viewed with both positive and negative responses by a cohort of local IDU. Most believed that they had potential to minimise public concerns surrounding the contentious and emotive issue of DRL in community settings *despite a general lack of experience in accessing the bins concerned*. However, there was also the cautious view that *street-based* facilities may identify individuals as injectors and contribute towards further stigmatisation (of individuals *and* communities). Perhaps more significant was the view that the bins were *inappropriately* (spatially) situated and the places of installation did not reflect the current environments frequented by public injectors at the time of fieldwork (principally public toilets and/or stairwell environments). In this respect, the local authority may have unwittingly partially problematised an attempt at reducing drug-related harm. Namely, some of the bins were installed within areas that had been previously regarded as public injecting 'hotspots' but had subsequently been subject to various 'displacement' policies. This, in turn, resulted in a reduced frequency of public injecting in the areas of DRL-bin installation. Accordingly, some of the 5 bins may not have been environmentally or geographically relevant to the 'lived experience' of public injecting in Aragon. This finding makes explicit the notion that *place matters* when considering the placement of intervention in relation to street-based behaviours.

Similarly, Boleyn's DRL-bin initiative was equally viewed positively by the cohort of local IDU. However, these bins were situated within more geographically and environmentally relevant settings to local IDU and reflected the places typically appropriated for public

injecting episodes chosen by those interviewed. However, due to the associations of particular toilets with injecting drug use, experience of the bins in these settings was further characterised by police intervention and/or arrest. Furthermore, it should also be noted that Boleyn IDU expressed willing to use the DRL-bins for discarding (relating to the opportunistic environments provided by individual cubicles that may be locked from within). This may be emphasised by the seemingly errant use of non-hazardous bins in toilet settings that had the outward appearance of providing DRL-bins as noted elsewhere in the town. Once more, these IDU experiences consolidate the *place matters* ideal and suggest that the subsequent management of street-based intervention needs to be sensitive and considered.

Place Matters in Harm Reduction

From a harm reduction perspective, place also matters. This comparative study perhaps emphasises the need for suitably designed receptacles to be positioned in culturally and spatially relevant settings of injecting drug use (*from the perspective of IDU*). As demonstrated throughout this paper, DRL-bins that are more discrete (in design and location) are more likely to be used by IDU with greater frequency than those that are street-based, highly visible, lacking discretion (and signage) in which deposits may be observed by others. Indeed, the latter characteristics are perhaps the antithesis of the environmental characteristics that typify public injecting practice due to a need for IDU to conceal rapid drug preparation and administration procedures whilst located in street-based public settings (Parkin 2009).

In addition to the previous point, this study also demonstrates a need for consistency in terms of DRL-bin design and location within a particular municipal authority area. That is, if public toilets are considered an appropriate environment for one DRL-bin, then it is perhaps valid to ‘roll-out’ the intervention on a wider basis so that all local public conveniences are furnished

in a similar manner. This consistent design would therefore avoid the inadvertent establishment of public injecting ‘hotspots’ and/or stigmatise particular amenities as catering for a particular clientele (i.e. IDU). Similarly, greater consistency in design and wider availability of DRL-bins in comparable environmental settings may discourage concentrated pockets of injecting from emerging in town/city centres.

Second, is the need for any relevant body responsible for the commissioning of DRL-bins to explicate the rationale of such installations in public places in an attempt to address social fear associated with injecting drug use/rs. This need is perhaps fundamental to the support, success and development of such schemes in any setting. Furthermore, this explication of intent specifically needs to clarify whether the intervention is premised upon preventative measures or upon the principles of harm reduction. An explication of the latter would necessitate multi-agency acceptance (including police constabularies) that injecting drug use *does* occur in the affected public settings and that these settings should be subject to less enforcement procedures and, instead, be the focus of more assertive outreach programmes (by drug agencies for example) aimed at engagement with (rather than the prosecution of) ‘hidden’ populations of IDU. In accepting (or, indeed, *establishing*) these fundamental ground rules, one would expect a more coherent (local) drugs policy to emerge and one that may be made apparent to local IDU with relative ease (using advisory materials from NSP for example).

Third, this comparative study illustrates that some IDU are as equally concerned about discarded N/S in community settings as non-IDU residents may be. For example, previous research has noted the informal discarding strategies employed by some IDU to include the use of conventional litter bins, drainage systems, neutralised using drinks containers and/or

soil (Villeteone 2010, Neale 1998, Parkin and Coomber 2009d). Nevertheless, these informal strategies of discarding employed by IDU (that also extends to the practice of ‘stashing’ unused N/S) are not necessarily approved by various authorities due to the potential for subsequent contact (and NSI) at a later stage in the ‘lifecycle’ of the discarded item. However, when IDU attempts to rapidly inject illicit substances in hidden locations are more fully considered, such responses may appear as a more logical form of practice (Parkin 2009) that simultaneously illustrate the ‘nomadic’ existence of the public injector (Rhodes et al 2007). Accordingly, this study demonstrates opportunities for possible wider-service provision amongst IDU and their concomitant willingness to utilise amenities aimed at developing community safety. Indeed, such conclusions confirm similar research findings (de Montigney et al 2010, Devaney and Berends 2008, Liu and Sibley 2004) that contend manipulation of existing environmental structures moderates littering behaviour *per se*. Similarly, this paper would equally appear to provide confirmatory findings (from empirically-informed, comparative, research) of some of the key recommendations made by DEFRA (2005) regarding pragmatic guidelines for tackling drug-related litter in community settings.

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