



At the dark end of the street

A report on street based injecting in Dublin City Centre

Ana Liffey Drug Project

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Introduction

There is a substantial amount of street based injecting taking place on an ongoing basis in Dublin city centre. This carries with it risks, both specifically to those injecting and more generally to all using the public domain. Ireland's National Drug Strategy¹ emphasises a health-led response to drug use in Ireland, and consistent with this focus, a pilot supervised injecting facility (SIF) will open shortly in Dublin City Centre.

As the country moves towards implementation of the country's first SIF, having information about street based injecting in Dublin's inner city is important. This short document from the Ana Liffey Drug Project seeks to contribute to this information base.

What is 'street based injecting'?

In this paper, 'street based injecting' refers simply to the practice of injecting drugs in public or semi-public places. It is synonymous with, but preferred to, 'public injecting'; as Parkin has noted, the latter can be perceived as both ambiguous (as it can be conflated with an open injecting drug scene) and can create feelings of shame for people who use drugs². In essence, 'street-based injecting' is a more neutral term, focusing more on the purely geographical (rather than the social) aspects of the injecting act.

¹ <http://health.gov.ie/wp-content/uploads/2017/07/Reducing-Harm-Supporting-Recovery-2017-2025.pdf>

² See Parkin, S. (2017, February 19). "Why should 'we' stop saying 'public injecting'?". Retrieved from <http://www.injectingadvice.com>

Why are we concerned about street based injecting?

With street based injecting comes harm. There are both private harms affecting the individuals who are injecting, and also public harms that affect the community where injecting is occurring. This situation benefits no-one.

There are many direct private harms which are associated with street based injecting. As Rhodes et al have noted, “qualitative evidence links injecting in public places with hasty injection, increasing the risk of ‘missed hits’ and disruptions to safety and hygiene routines”³. Such unsafe injecting practices carry elevated risk for a range of health harms⁴. Sharing of injecting paraphernalia is a leading cause of BBV transmission, and over a fifth (22%) of participants in Rhodes’ study reported using a needle or syringe previously used by someone else in the previous four weeks⁵. Of course, BBVs can be transmitted through the sharing of other paraphernalia, even if using sterile needles and syringes. Hepatitis C is more easily transmitted than HIV, and the sharing of filters, swabs and even spoons can transmit the virus⁶. Given that street based injecting “is characterized by perpetual haste, hurriedness and swift actions; all of which are strategies used to avoid detection, interruption and loss of liberty whilst situated within in public environments”⁷ it is not surprising that such environments are not conducive to safer injecting practices, and a number of studies show elevated levels of risk behaviour among street injecting populations⁸.

³ Rhodes, T., Watts, L., Davies, S., et al. (2007, August). “Risk, shame and the public injector: A qualitative study of drug injecting in South Wales”. *Social Science & Medicine*, 572-585, at 573. <https://doi.org/10.1016/j.socscimed.2007.03.033>.

⁴ See, for example, Small, W., Rhodes, T., Wood, E., and Kerr, T. Public injection settings in Vancouver: physical environment, social context and risk. *Int J Drug Policy* Jan 2007;18(1):27-36.

⁵ *Ibid.*, at 574.

⁶ See, for example, Crofts, N., Caruana, C., Bowden, S., & Kerger, M. (2000). Minimising harm from hepatitis c virus needs better strategies. *British Medical Journal*, 321, 899.

⁷ Parkin, S.(2014). *An Applied Visual Sociology: Picturing Harm Reduction*. Surrey: Ashgate, at 57.

⁸ Marshall, B. D. L. K., T. Qi, T. Montaner, J. Wood, E. (2010). “Public injecting and HIV risk behaviour among street-involved youth.” *Drug and Alcohol Dependence* 110: 254-258.

To put these risks broadly in context, it is worth noting that at the end of 2009 there were 5,369 diagnosed HIV cases in Ireland, of which 1,447 (27%) were probably infected through injecting drug use; further, in 2009, 40% of newly reported hepatitis C cases had risk factor status recorded.

The majority of these cases (70.9%) reported injecting drug use as the main risk factor⁹. According to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Ireland is one of the few countries that is not following the trend of decline for new HIV infections in the injecting community. They report that from 2014 to 2015, there were a total of 491 new HIV cases, with 50 related to injecting drug use. This is a sharp increase on previous years, and the reasons for this are still being examined¹⁰. Before this increase, a prevalence of 8.33% for HIV and of 45% for Hepatitis C was reported for people using the NSP at Merchants Quay Ireland¹¹. Against this backdrop, it is worth noting that Ireland has one of the highest levels of problem opioid use in the EU, estimating a population of 18,136 to 23,576 users¹². Obviously not all people who use opioids do so by means of injection¹³, but many do. Drug related deaths are also a serious issue, with the drug-induced mortality rate among adults running at more than three times the European average¹⁴. Finally, it is worth noting that there may also be an underrepresentation of women in the available data. Women face more barriers to accessing services and often are fearful of stigma and risk of losing their children if they attend needle exchange programs¹⁵.

⁹ Long, J. (2011). Update on blood-borne viral infections in injecting drug users. Drugnet Ireland. Dublin, Health Research Board. Spring 2011 19-21.

¹⁰ European Monitoring center for Drugs and Drug Addiction.(2017, June). "Ireland, Country Drug Report 2017". Publications Office of the European Union.

¹¹ Jennings, Ciarán J. (2013). "Re-establishing contact; A profile of clients attending the Health promotion Unit- Needle Exchange at Merchants Quay Ireland". Merchants Quay Ireland: Homeless & Drugs Services, at x.

¹² European Monitoring center for Drugs and Drug Addiction.(2017, June). "Ireland, Country Drug Report 2017". Publications Office of the European Union; at 6.

¹³ And not all people who inject drugs inject opiates

¹⁴ European Monitoring center for Drugs and Drug Addiction.(2017, June). "Ireland, Country Drug Report 2017". Publications Office of the European Union; at 9.

¹⁵ Jennings, Ciarán J. (2013). "Re-establishing contact; A profile of clients attending the Health promotion Unit- Needle Exchange at Merchants Quay Ireland". Merchants Quay Ireland: Homeless & Drugs Services at 9.

Aside from the direct harms inherent in street based injecting, street based environments can also be unpredictable in and of themselves. A number of authors have noted how people who inject drugs can access services like supervised injecting facilities as a means to access refuge from street based issues such as fear of physical violence¹⁶. Further, the types of harm faced by people engaging in street based injecting are not limited to physical health. As noted, the street based injecting process can be marked by stigma and shame, and drug use related stigma is recognized as a barrier to individuals seeking and completing treatment for their drug use, as well as affecting physical and mental health¹⁷.

Besides harm to the individual, street based injecting is also of concern to the communities in which it occurs. Street based injecting takes place in many public or semi-public locations such as alleyways, abandoned land, old garages, and empty storage spaces, common areas of residential buildings and stairwells¹⁸. This type of drug use is often done hastily and in fear of being discovered, and an individual may resort to leaving behind their paraphernalia where they injected, creating a risk for others.

What do we know about street based injecting in Dublin?

Street based injecting has been a matter of concern in Dublin for some time. In 2005, the Lord Mayor's Commission on Crime and Policing highlighted public perception of the problem:

¹⁶ See, for example, McNeil, R., and Small, W. (2014) 'Safer environment interventions': A qualitative synthesis of the experiences and perceptions of people who inject drugs. *Social Science and Medicine*, 106. 151-158

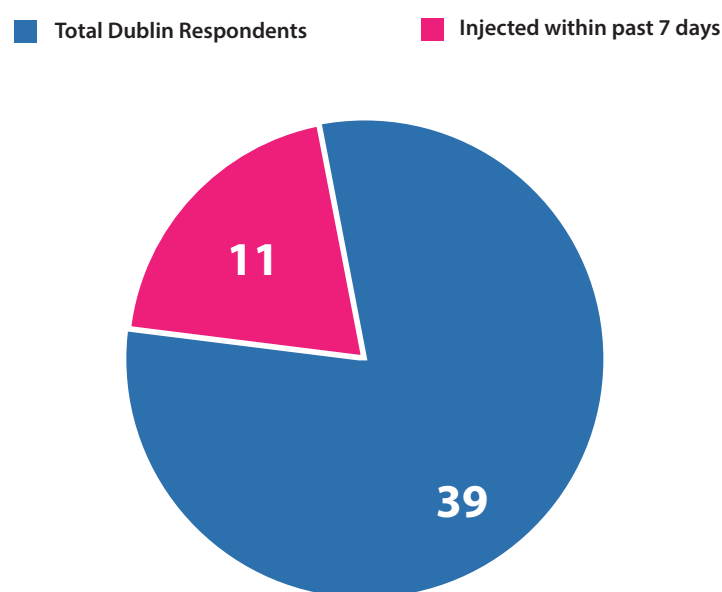
¹⁷ See, for example, Kulesza, M., Ramsey, S.E., Brown, R.A. and Larimer, M.E. Stigma among Individuals with Substance Use Disorders: Does it Predict Substance Use, and Does it Diminish with Treatment? *J Addict Behav Ther Rehabil*. 2014 Jan 15; 3(1)

¹⁸ Rhodes, T., Watts, L., Davies, S., et al. (2007, August). "Risk, shame and the public injector: A qualitative study of drug injecting in South Wales". *Social Science & Medicine*, 572-585, at 576

“...addicts injecting in public places...a sight [which] causes distress to members of the public who feel threatened by such overt drug abuse on the streets...and a perception of lawlessness often ensues”¹⁹.

In the same year, a study showed that 68% of 66 homeless intravenous drug users (IDUs) reported injecting in a public place in the past month²⁰. In 2013, Merchants Quay Ireland reported that 44 (14%) people who used the needle and syringe programme (NSP) service generally injected in public places²¹. Assuming that the sample was representative of the population as a whole who use the MQI NSP service, this would mean that 375 people are generally engaging in street based injecting from that cohort. More recently, Ana Liffey asked the people who use the Dublin services to take part in a survey; of the 39 respondents, 11 (28.2%) reported injecting drug use within the past 7 days (Fig 1).

Figure 1



¹⁹ Cudden, J. (2011). "Your Dublin Your Voice" Top Line Results. Your Dublin Your Voice. Dublin, Office of International Relations and Research, Dublin City Council.

²⁰ Lawless, M., and Corr, C. (2005). Drug Use Among the Homeless Population in Ireland. Dublin, NACD.

²¹ Jennings, Ciarán J. (2013). "Re-establishing contact; A profile of clients attending the Health promotion Unit- Needle Exchange at Merchants Quay Ireland".

Merchants Quay Ireland: Homeless & Drugs Services, at x

Seven (18%) reported mostly injecting on the street or in a service during this time. The issues facing this group are many and complex (see Fig 2) – of the 11 people who presented as current injectors, 5 report being registered as homeless for 5 years or longer; all report polydrug use; 8 report femoral injecting. Five reported previous week use of crack, and three of snowblow. Nonetheless, there is evidence of good access to services – ten report being tested for BBVs in the past year, and nine have a current prescription for methadone (although 8 of these report using heroin as well). Sharing is a concrete risk - three reported sharing paraphernalia in the last week, with eight reporting sharing at some point in the past. Similarly, overdose is a lived reality, with seven of the 11 having prior experience of overdose, with 5 reporting heroin as a sole or contributory drug. The risk of fatal overdose is a constant reality in street based injecting. As the Health Service Executive note:

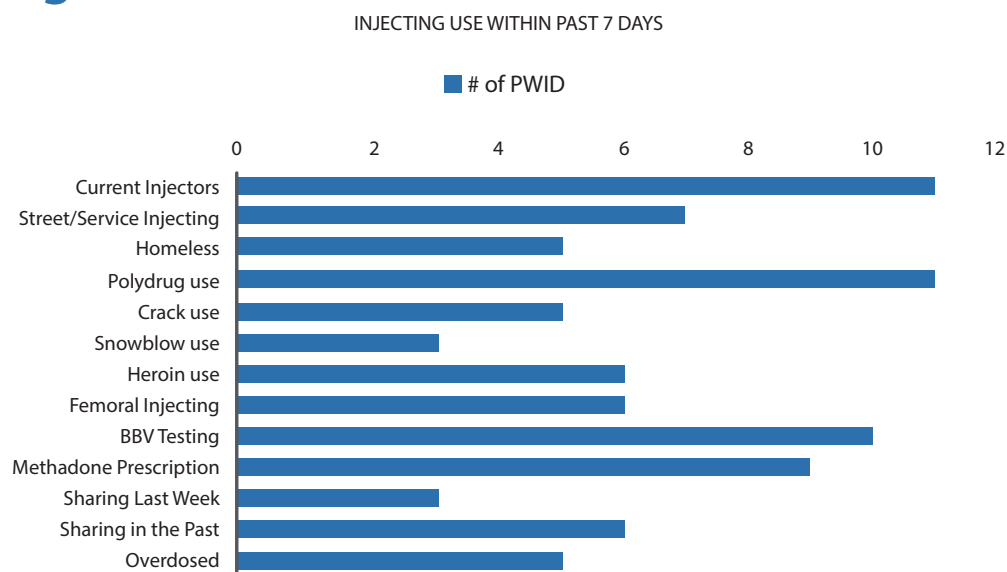
“Public injecting is visually apparent in Dublin city centre through people using drugs and from drug-related litter... Between 2012 and 2014 there were 25 drug related deaths among people who inject drugs in public places in Dublin and 18 drug-related deaths among people who inject drugs who were in touch with homeless services in Dublin”²².

Providing people with the opportunity to access safer injecting spaces such as supervised facilities is a pragmatic approach to addressing this issue. Such services have repeatedly been shown to be effective in reducing harm, including overdose²³.

²² See <http://hse.ie/eng/about/Who/primarycare/socialinclusion/homelessness-and-addiction/medically-supervised-injecting-centre/faq.html>

²³ See, for example, Potier, C., Laprevote, V., Dubois-Arber, F., Cottencin, O. and Rolland, B. (2014, December). “Supervised injection services: What has been demonstrated? A systematic literature review”. *Drug and Alcohol Dependence*, 48-68

Figure 2



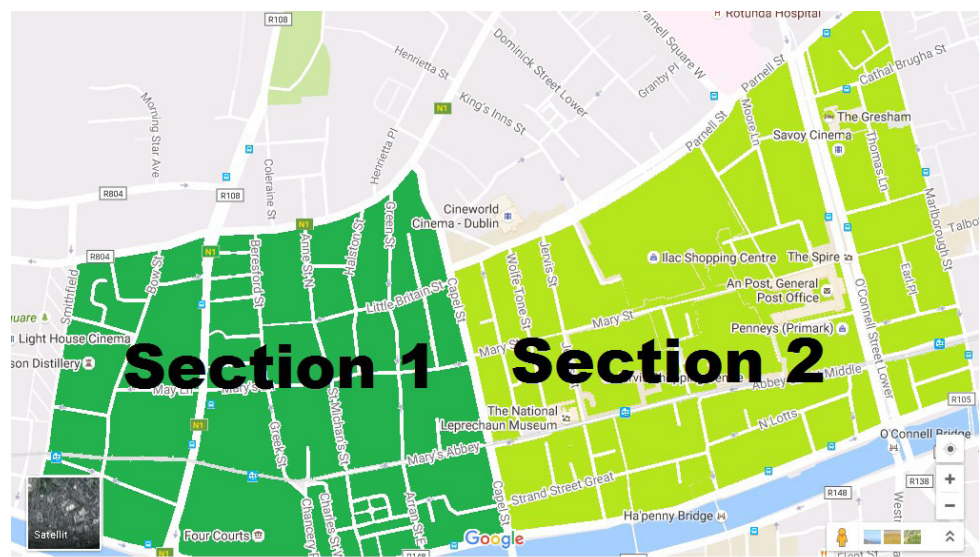
It is also the case that street-based injecting is, as the HSE note, visually apparent in the city centre. In late 2016, Ana Liffey undertook a small project to document drug related litter in the North Inner City area. Each afternoon for two weeks, a staff member walked two alternating routes (see Fig 3) in the area, meaning each route was covered every second day. GPS and other data was recorded using an app on a mobile phone. In total, 57 separate instances of drug related litter were recorded, with over 1,750 individual pieces of litter being recorded²⁴. The most observed litter type was packets of citric acid, which accounted for over a 23% of all observed litter. The least observed litter was discarded pipes – only one was seen during the time, accounting for only 0.06% of the total litter.

However, since the study in the North Inner City area was completed the Ana Liffey has witnessed an increase in discarded homemade crack pipes and an increase in people reporting smoking Crack. The organisation has responded by providing Crack pipes to people who use the Ana Liffey

²⁴ See Appendix A for a note on types of drug related litter

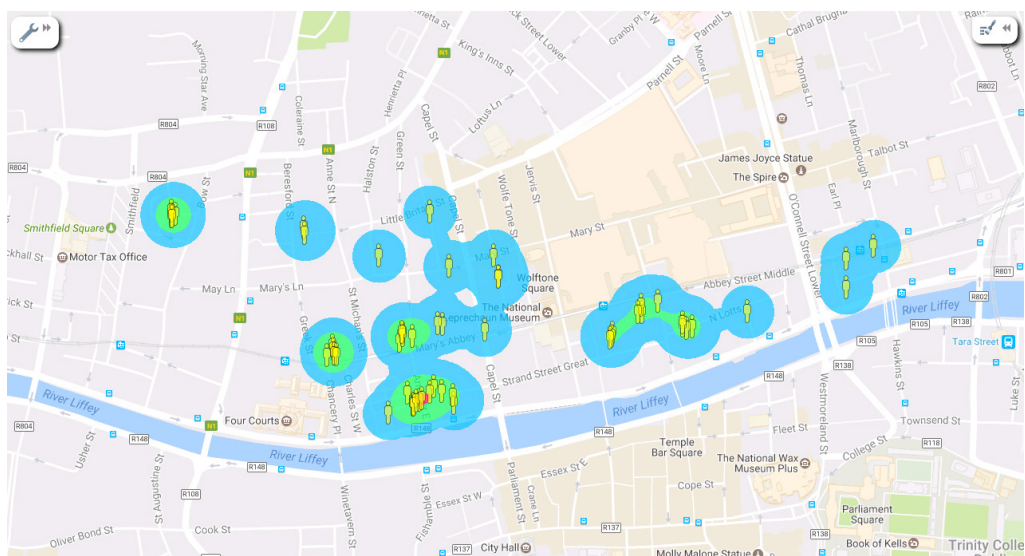
Needle and Syringe Program, and other Harm Reduction interventions, in an attempt to reduce the spread of blood borne viruses and overdose.

Figure 3



Litter was observed in a number of locations, but there were two 'hot spots' - the area bounded by Capel Street, Ormond Square, Mary's Abbey and Ormond Quay, and that bounded by Jervis Street, Abbey Street Middle, O'Connell Street Lower and Ormond Quay (see Fig 4).

Figure 4



Evidence of water for injection, citric acid and syringe caps were most frequently observed, and were recorded at 48 (84%), 47 (82%) and 45 (78%) instances respectively. Syringes were observed at 53% and needles at 51% of the total instances. Faeces were recorded at over a quarter of locations, highlighting the lack of public toilets in the area.

Summary

It is clear that street based injecting is an issue which requires attention in Dublin city centre. The current situation is perpetuating the use of high risk environments by people who inject drugs as well as resulting in drug related litter. However, there are a number of actions which can be undertaken to improve the area for everyone.

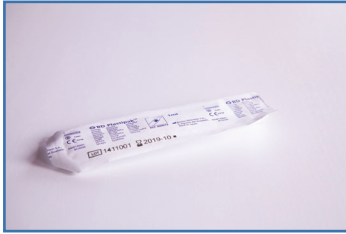
First, there are structural interventions which could help. A supervised injecting facility (SIF) will open in Dublin city centre in 2018, and provided it is sufficiently close to areas with evidence of high levels of street based injecting, this intervention will have a significant impact. Public sharps bins have been used in the city and are also an option.

Second, there are a range of practice based interventions which may assist. Peer-led approaches to promoting safer disposal/return. Continued outreach to identify people engaging in street based injecting and to involve them in defining and developing innovative solutions to the issues the city faces is important. Given the obvious and well documented risks from opioid overdose, rapid and extensive naloxone coverage for people who inject drugs is important.

Finally, more generally, remove any barriers that can hinder the ability of people engaged in street based injecting, and who often have multiple and complex needs, from accessing the services they require.

Appendix A

Types of Drug Related Litter



A wrapper from a packet which contained sterile drug paraphernalia (a barrel).



A stericup and filter, used in the process of preparing drugs for injection.



A wrapper from a packet which contained sterile drug paraphernalia (a syringe).



A syringe barrel with no needle attached.



Tinfoil used for smoking drugs.



A citric packet, citric is used in the process of preparing drugs.



A personal sharps bin, used to safely dispose of used drug paraphernalia.



A needle and cap, not affixed to a syringe barrel.



A syringe, a barrel with a needle affixed to it.

Note: all of the above items may be contaminated with blood and/or drug residue.

Keane, M., Korovich, M., Duffin, T., & Russell, D. (2017). At the dark end of the street (Rep.). Dublin: Ana Liffey Drug Project.