

# Responding to street-based heroin overdose, injecting drug use and sex work: A risk environment approach

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## ABOUT THIS REPORT

This report has been written specifically for policymakers and drug service providers. Its purpose is to suggest a range of policy and practice recommendations that arise from a two-year research project focusing on street-based heroin use and related harm in the St Kilda area of Melbourne. These recommendations focus on potential ways to reduce the harm associated with heroin overdose specifically and street-based injecting drug use and sex work more generally. While the content of these recommendations applies specifically to St Kilda, the framework underpinning the recommendations may be applicable to other street drug markets.

The report is underpinned by the following general principles:

- Social problems such as drug-related harm require social interventions that complement individualised forms of intervention (eg, pharmacotherapy).
- Policy and practice should identify and build upon, rather than work against, local and wider community resources, structures and realities, and be flexible enough to respond to changes in drug markets.
- Limitations in policy and practice are conceptual as well as operational – policymakers and practitioners may develop particular ways of understanding and performing their roles which may impede, as well as facilitate, the development of new directions in policy and practice.

The report applies a 'risk environment' framework, which recognises that drug-related harm is shaped by social, cultural, political, historical and economic contexts. Risk environments consist of two interconnected levels:

- The local and immediate aspects of drug use – eg, what injecting drug users think, say and do; the types of social relationships they form; the influence of their friends and associates; how and where they use drugs; the specific characteristics of the local area in which drug use occurs.
- The wider societal aspects and how these interact with and shape drug use at the local level – eg, national and state government policy; drug laws; community attitudes; gender discrimination; gender inequality; marginalisation.

Reducing drug-related harm involves identifying and removing the barriers to safer drug use at the local level while also advocating wider policy initiatives.

[A focus on risk environments] helps to overcome the limits of individualism characterising most [drug] prevention interventions as well as to appreciate how drug-related harm intersects with health and vulnerability more generally.

Rhodes, T. (2002). The 'risk environment': A framework for understanding and reducing drug-related harm. *International Journal of Drug Policy* 13(2):85.

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## ABOUT THE RESEARCH PROJECT

This report is based on ethnographic research, which focuses on describing and understanding the values and beliefs of drug users (ie, what they think), their practices (ie, what they do) and their social organisation (ie, the social relationships they create). In this approach, the values and beliefs, practices and social organisation of drug users are seen as being shaped by local and wider cultural, social, economic, political and historical contexts. The focus on examining drug use in natural social settings distinguishes ethnography from other approaches and enables it to produce unique insights into drug-related harm. Ethnography has played an important role in explaining drug-related behaviour; documenting the negative impacts of poorly-designed policy and practice; providing data on 'hidden populations'; challenging conventional wisdom in policy and practice; contributing to multidisciplinary drug research; and informing the design of prevention programs that target the social, cultural and economic dimensions of drug-related harm.

The research was conducted mainly between August 2000 and June 2002. Follow-up work was undertaken in September and December 2002 and May and August 2003.

Ethical approval to conduct the research was granted by the Victorian Department of Human Services Ethics Committee and the Deakin University Human Research Ethics Committee. Data collection involved:

- Extended interactions with injecting drug users and sex workers in street settings.
- Participation in night-time outreach work to street-based injectors and sex workers.
- Observation of office-based service provision and client/worker interactions.
- 78 in-depth interviews with 67 clients of the Health Information Exchange (a primary needle and syringe program).
- In-depth interviews with 56 local practitioners delivering drug or related services.
- A snapshot survey of Health Information Exchange clients conducted over a six-week period in 2002.

*This report is based on ethnographic research, which focuses on describing and understanding the values and beliefs of drug users, their practices and their social organisation.*

## ABOUT THE PEOPLE

This report focuses on injecting drug users who participate in street-based social networks – mainly female sex workers and their male partners. The males are commonly known as ‘spotters’ because they note the car registrations of sex work clients, to be reported to police in the event of a sex worker failing to return. The profile of this population was drawn from information collected during interviews with 42 participants in street-based injecting drug use and/or sex work (drawn from a larger convenience sample of 67 participants, which also included 25 non-street-based injectors). ‘Street-based’ drug use refers to the purchase and consumption of drugs in public settings. In Table 1, the profile of these ‘street’ participants is compared with information gathered during two snapshot surveys of all clients of the Health Information Exchange requesting sterile injecting equipment (one conducted by the Health Information Exchange in 2000 and one conducted for this project in 2002).

**Table 1: Street sample profile in comparison to snapshot surveys**

	Street sample 2000-02	HIE snapshot 2002	HIE snapshot 2000
Age (20-34)	71%	64%	NA
Female	43%	35%	NA
Anglo-Australian	83%	NA	NA
Homeless/squat/refuge/hostel/shelter/boarding	52%	22%	NA
Secondary schooling incomplete	85%	59%	NA
Not in full-time work	98%	85%	64%
Living outside St Kilda	52%	60%	52%
Major source of income = sex work*	74%	10%	NA
‘Main drug’ = heroin	76%	NA	NA
Polydrug use	95%	25%	NA
Drug conviction	40%	NA	NA
Ever in treatment	80%	NA	52% detox 27% curr. methadone
Overdose	71%	NA	43%
HCV+	59%	NA	NA
Shared – ever	50%	NA	NA
Shared – last year	38%	NA	NA

\* Includes interviewees who regularly engaged in street sex work and interviewees who were the male partners of female street sex workers

The street sample differed from typical Health Information Exchange clients in the degree of marginalisation experienced. They were much more likely to be involved in sex work (either as a worker or partner), to be living in unstable housing, to have lower levels of education, to be unemployed, to be polydrug users and to have experienced an overdose. In addition, many were Anglo-Australian heroin users with experience of drug treatment and, to a lesser extent, the legal system. The majority believed that they were infected with hepatitis C and more than one-third reported sharing needles and syringes in the last year.

While Table 1 shows that, on the basis of these standard indicators, the street sample was more marginalised than typical Health Information Exchange clients, the interviews and fieldwork highlighted the experience of marginalisation from the perspective of street injectors and sex workers – financial instability, inadequate access to housing and employment, stigmatisation and social disconnection. Another dimension of marginalisation, one that has particular consequences for many aspects of policy and service provision in St Kilda, is temporal. Many potential users of services lead mainly nocturnal lives, sleeping for much of the day and engaging in late evening or all-night sex work and heroin-injecting or, in the case of amphetamines, bingeing for several days before ‘crashing’, often with the aid of alcohol, cannabis, benzodiazepines and/or heroin.

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## FINDINGS ON OVERDOSE

The most serious potential acute consequence of heroin use is fatal overdose. The research found that street-based injecting drug users generally had good knowledge of the risk factors for overdose and of widely-disseminated strategies to reduce the chances of an overdose:

1. **Sample your heroin first.**
2. **Avoid mixing heroin with benzodiazepines and/or alcohol.**
3. **Avoid injecting alone.**
4. **Always call an ambulance in the event of overdose.**
5. **Monitor your tolerance to heroin.**

The research also found that, depending on the specifics of particular injecting episodes (eg, who they were with, time of day, recent heroin and other drug use, size of drug 'habit' and time since last injection), some street injectors used these prevention strategies to reduce their risk of overdose. However, some street injectors continued to use drugs in ways that put them at risk of overdose. What were the barriers to their adoption of overdose prevention strategies? The research revealed six linked social, cultural and economic reasons:

### 1. Prioritising multiple risks

All of the women in the street-based sample were involved in street sex work, and were therefore at considerable risk of physical and/or sexual assault, robbery, arrest and sexually transmitted infection. Some of these women and many of the men were also involved in various forms of criminal 'rorts' and lived in unstable accommodation. Overdose prevention strategies, such as 1-5 above, were balanced against other priorities that were sometimes deemed more urgent — eg, avoiding arrest and assault, evaluating potential 'mugs [sex work clients]' for safety, finding the money to 'score' and use drugs, avoiding creditors and securing accommodation.

### 2. Attempts to avoid street-based heroin withdrawal

Street-based injectors emphasised the pain of withdrawal. Having expended great effort to secure money for drugs (through street sex work or 'rorting') and organise drug purchases, while feeling 'sick' throughout, one sought immediate relief in heroin injection (undermining overdose prevention strategy 1).

### 3. The desire for heavy intoxication

Several reasons underpinned the high value placed on heroin or polydrug intoxication, particularly the fine line between heavy intoxication and overdose: consuming heavily during the early stages of heroin use, using too much heroin as a result of impaired judgment (which was attributed to ignorance, greed, drunkenness or drug intoxication), dealing with emotional crisis and developing an ambivalent attitude to ill-health and death (undermining overdose prevention strategies 1 and 2).

### 4. Intentional or unplanned polydrug use

Some long-term street injectors, whose tolerance had risen over the years, deliberately mixed their heroin with 'benzos' in order to 'get on the nod', or had begun doing so as a result of the heroin shortage. Polydrug use also occurred not as the result of careful planning, but as an outcome of relatively unstructured days (with the notable exception of obtaining money and heroin on a regular basis) and the search for action and purpose, or as the result of a mistake (undermining overdose prevention strategy 2).

### 5. The fluidity of street drug markets and the relationships formed in them

The transience of participants is a key feature of street drug markets. Factors creating this dynamism included unstable housing, precarious income generation, imprisonment, treatment and the search for drugs. As a result, social relations could be superficial, exploitative and sometimes unreliable in emergencies (undermining overdose prevention strategies 3 and 4).

### 6. Attitudes towards the police

Service providers frequently informed their clients that police were called only to a relatively small percentage of ambulance attendances at overdose. However, street-based injectors with outstanding arrest warrants were not always prepared to play the odds, meaning that they remained reluctant to call an ambulance (undermining overdose prevention strategy 4). Some also alleged that they had been the victims of past police violence.

The adoption of overdose prevention strategies 1-5 was therefore being undermined by aspects of the social, cultural and economic contexts of street-based injecting drug use and sex work. The remainder of this report focuses on recommendations designed to address some of these barriers to harm reduction. In applying a risk environment framework, it proceeds from the local to the wider level before concluding with the implications for national policy on overdose.

*The most serious potential acute consequence of heroin use is fatal overdose.*

## LOCAL LEVEL RECOMMENDATIONS

### RECOMMENDATION 1:

#### That St Kilda's 24-hour street drug market requires:

- Extended needle and syringe distribution via vending machines
- Extended condom distribution via vending machines
- Staggered services to avoid duplication
- Extended operating hours for services

The research data and related epidemiological indicators suggest that, because of its connections with sex work, the St Kilda street drug market operates on a 24-hour basis. A primary unmet need is 24-hour access to sterile injecting and safer sex equipment. There are various potential ways of meeting this need, with the most cost-effective being vending machines. Needle and syringe vending machines have been established in many urban and rural areas of NSW. Advice from the NSW Department of Health and the Kirketon Road Centre in Kings Cross points to their overall success (despite problems of faulty machines, occasional vandalism and opposition from members of the local communities in which the machines are sited). Needle and syringe vending machines are also supported by the Alcohol and Other Drugs Council of Australia and the Association of Needle and Syringe Programs.

The most obvious site for such a program in St Kilda is the Health Information Exchange, the drug-related service most widely known and used in the St Kilda area. Concerns have been raised regarding the lack of contact between service providers and drug users when vending machines are used, and thus the clear limitations of such a service. However, they could operate only in those hours when sterile injecting equipment and condoms are unavailable, therefore complementing rather than replacing existing services.

Another way of responding to the 24-hour nature of the St Kilda street drug market is through better coordination of services and programs. For example, improved integration of various modes of outreach service delivery might reduce 'over-servicing' and exploit the strengths of a multi-agency area. Consideration should also be given to extending operating hours for services aimed primarily at street injectors and sex workers (eg, primary health-care services).

### RECOMMENDATION 2:

#### That assertive outreach to and engagement with street-based injectors and sex workers be extended

The research data suggest that street-based injectors and sex workers want:

- anonymous, rapid delivery of sterile injecting and safer sex equipment.
- engagement with service providers for advice and support, when needed.

The three modes of outreach – car, bus and foot patrol – all have strengths. Car-based outreach is an anonymous and efficient way of distributing sterile injecting and safer-sex equipment, particularly to those clients who want a rapid exchange (eg, when conducting street sex work). It can service more people, more quickly than other outreach modes (ie, foot patrol, bus). However, car-based outreach also limits opportunities for more assertive engagement that might lead to the development of effective and ongoing relationships with participants in street-based social networks. Bus-based outreach has the 'tools for engagement' (eg, a space in which to shelter from bad weather, basic medical care/advice, hot drinks) that make extended engagement possible. Foot patrol affords a different kind of engagement from car or bus-based outreach, being less efficient but often producing more in-depth interactions in street settings.

If building relationships with street-based injectors and sex workers is a core activity, then reliance on car-based outreach may not be sufficient. Establishing such relationships should be an end in itself that potentially informs any kind of service delivery. The issue of engagement and relationship-building is 'primary' and any issues flowing from it are 'secondary' (eg, linkage to other services or follow-up of potential clients). Without initial contact and engagement, these 'secondary' issues become irrelevant.

Creating opportunities for engagement is also relevant if outreach is to move beyond a focus on individual drug users. Overseas research has suggested that 'community outreach' often retains a focus on individual behaviour change rather than on addressing the shared norms, values and practices of social networks of injectors. Identifying group norms, values and practices in order to encourage less risky drug use should be a key component of assertive outreach. In overseas settings, ex- and current drug users, or others with local knowledge and acceptability, have been successfully employed as 'indigenous advocates', 'indigenous leaders' and 'indigenous field-workers', and provided with specific training and other support. Such an approach builds on existing channels of communication amongst drug users to disseminate harm reduction messages, via existing friendship networks and contacts, and to collect timely data on the social contexts of drug-related harm.

### RECOMMENDATION 3:

**That some services be delivered on the streets**

In addition to recent developments in primary health care and after-hours sexual health services, consideration should be given to extending the delivery of services in an outreach capacity (eg, minor dental care, basic medical examinations and procedures). At present, outreach programs employ a 'catch-the-client' model where outreach is a means to refer clients to office-based services, which often operate during normal business hours. The Inner South Community Health Service's Youth Health Bus has the capacity for such delivery.

### RECOMMENDATION 4:

**That community development initiatives be maintained**

Designing and implementing innovative drug policy and practice requires the support of the broader community. A key part of engaging the community is providing it with opportunities to be involved in debates regarding street-based injecting drug use and sex work. In recent times, the City of Port Phillip and other stakeholders have been active in community development initiatives that aim to educate local residents, and these should be encouraged and supported.

### RECOMMENDATION 5:

**That existing research/policy/practice partnerships be maintained and new partnerships established**

In addressing the local and immediate aspects of risk environments, innovative policy and service provision requires both current knowledge of drug markets and a conceptual framework for understanding changes in local conditions over time. Developing an ongoing monitoring capability allows changes in service user profiles and needs to be documented and provides timely data to inform policy and practice development. Research/practice/policy partnerships also provide opportunities for identifying impediments to the development of new visions or directions for policy and practice (eg, organisational structure, service models, funding bases).

## WIDER LEVEL RECOMMENDATIONS

Local level recommendations target those issues in street-based injecting drug use and sex work most amenable to immediate action. Recommendations aimed at the wider level are intended to complement and support those made at the local level.

### RECOMMENDATION 6:

**That there is an urgent need to:**

- expand public housing programs so that crisis accommodation as well as longer-term housing is available
- renew labour market training programs
- design innovative policy and practice that increases social capital amongst marginalised groups, such as street-based injectors and sex workers

In order to reduce drug-related harm, policy and practice must begin to address the marginalising social-structural conditions that create pathways into street-based injecting drug use and sex work. For example, many street-based injectors and sex workers are homeless or live in insecure housing. There has been a drastic reduction in affordable housing in Melbourne generally and St Kilda specifically. There are long waiting lists for public housing, and the number of low-cost rooms has decreased as a result of gentrification, inner-urban redevelopment and the conversion of inexpensive hotels and rooming houses into backpacker hostels. There is, therefore, an urgent need for policy to ensure an adequate supply of secure and affordable housing in order to meet rising levels of homelessness.

### RECOMMENDATION 7:

**That creating safer working environments for street sex work be reconsidered**

In 2002, the Attorney-General's Street Prostitution Advisory Group recommended that a two-year trial and evaluation of safer working environments for street sex work be conducted in St Kilda. Its proposal envisaged demarcated areas within which street sex workers could solicit clients without fear of prosecution, and the installation of street-worker centres where they could service clients. Soliciting and servicing clients, and the associated public order problems, would continue to be policed outside these areas. Other recommendations included the establishing of a range of health, education, support and referral services for street sex workers and improved amenities. The proposal thus addressed the concerns of local residents, the need to develop innovative forms of service delivery to a highly-marginalised group and some of the financial, health and safety issues confronting street sex workers.

- Recommendations 7 and 8 are included under Wider Level Recommendations because they require approval from the state government before implementation.

#### **RECOMMENDATION 8:**

**That Supervised Injecting Facilities aimed at street-based injectors be reconsidered**

The Alcohol and Other Drugs Council of Australia and the Victorian Drugs and Crime Prevention Committee have noted that a trial of Supervised Injecting Facilities is one possible policy response to the harm associated with injecting drugs in public places (eg, increased risk of overdose and blood-borne virus transmission, public order problems). The 2003 evaluation of the Sydney Medically Supervised Injecting Facility, the basis for the NSW government's funding commitment to 2007, found that the facility was feasible and could inform public health responses to injecting drug use. It had been used by the target population, referred clients to treatment, managed a small number of overdoses that may have been fatal in other settings and was accepted by the community. Its operation had not led to increases in crime or the risk of blood-borne virus infection, and there was no overall loss to community amenity.

The street drug market in St Kilda is associated with considerable levels of public injecting and related problems of public order. These might be reduced by Supervised Injecting Facilities. The Drugs and Crime Prevention Committee also found that Supervised Injecting Facilities might best be implemented as part of primary health-care services. In St Kilda, a Supervised Injecting Facility could be integrated into the primary health-care centre or into the street-worker centre outlined under Recommendation 7.

#### **RECOMMENDATION 9:**

**That policy should focus less on specific drugs**

Although the majority of St Kilda street-based injectors and sex workers are heroin users, they are also regular, sometimes heavy, users of other drugs – such as cannabis, amphetamines, benzodiazepines and ecstasy. The pressing issues amongst the street-based population are social, cultural and economic marginalisation. Drug policy built around particular drugs may also be too slow to respond to emerging trends, such as the reduction in heroin use during the heroin shortage and the consequent increase in methamphetamine use and associated harm.

### **NATIONAL POLICY RECOMMENDATION**

The National Heroin Overdose Strategy currently emphasises two key strategy areas:

- preventing heroin-related overdose.
- improving the management of overdose.

To address the first key strategy area, it prioritises expanded treatment provision (including court diversion), the education of drug users, an improved evidence base and improved data collection. The second key strategy area targets improved management of overdose (including a trial of peer-administered naloxone and training in cardio-pulmonary resuscitation for injectors and their friends and family), increased use of emergency services and a more developed evidence base.

#### **RECOMMENDATION 10:**

**That the National Heroin Overdose Strategy adopt a risk environment framework and be expanded to include measures addressing the social, cultural and economic aspects of street-based heroin overdose**

Existing overdose prevention strategies need to be complemented and extended by attention to the local and wider social, cultural and economic aspects of street-based heroin overdose, injecting drug use and sex work. Reducing overdose, and drug-related harm more generally, requires complementary and integrated interventions that range from the individual through to the environmental levels.

### **ACKNOWLEDGMENTS**

This research project was funded by the Victorian Health Promotion Foundation (Project Grant 1999-0263: An Ethnographic Study of Heroin Markets and Health-Related Harm in Melbourne). We acknowledge the support of the School of Health Sciences, Deakin University, in administering the grant, and the School of Health and Social Development, Deakin University, for funding the printing of this report. The National Drug Research Institute receives core funding from the Australian Government Department of Health and Ageing. We also gratefully acknowledge the assistance we received from agencies in St Kilda – Inner South Community Health Service, Salvation Army Crisis Centre, Health Information Exchange, Salvation Army Bridge Program, City of Port Phillip, Sacred Heart Mission, Streetwork and Argyle Street Housing Service – and from Co-Investigator Dr Greg Rumbold. We also thank Robyn Szechtman and Peter Streker for their helpful comments on an earlier draft of this report. Most importantly, we thank the injecting drug users and sex workers who participated in the research.

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Moore, D. & Dietze, P. (2004). *Responding to Street-Based Heroin Overdose, Injecting Drug Use and Sex Work: A Risk Environment Approach*. Perth & Melbourne: National Drug Research Institute, Curtin University of Technology & School of Health and Social Development, Deakin University.

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39015-10-2004