“I WAS NEVER TOLD YOU COULD CATCH A THING FROM YOURSELF”

USING THEORIES OF PRACTICE TO UNDERSTAND HARM REDUCTION NEEDS AMONG PEOPLE HOSPITALISED WITH AN INJECTING-RELATED INVASIVE INFECTION

Burnet
reach for the many

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THIS WORK WAS PRODUCED ON THE UNCEDED LANDS OF THE WURUNDJERI WOI WURRUNG AND THE BOON WURRUNG PEOPLE OF THE EASTERN KULIN NATIONS IN NAARM (MELBOURNE).

I ACKNOWLEDGE THAT WE ARE MEETING ON LARRAKIA COUNTRY TODAY AND ACKNOWLEDGE THE LARRAKIA PEOPLE AS THE TRADITIONAL OWNERS OF THIS LAND.

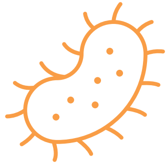
I PAY MY RESPECT TO ELDERS PAST AND PRESENT, AND EXTEND THAT RESPECT TO ALL ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE.

Disclosure of interests

- PH has received investigator-initiated research funding support from Gilead Sciences and Abbvie for work on hepatitis C unrelated to this research.
- SS, LA, PD and SCF have no competing interests to declare.

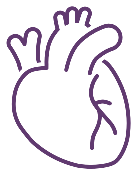
Injecting-related invasive infections

WHAT?



Bacterial (or fungal) infections that occur in or around the injecting site or are introduced through the bloodstream.

COMMON DIAGNOSES



- Skin and soft tissue infections
- Sepsis (blood poisoning)
- Endocarditis (heart infection)
- Osteomyelitis (bone infection)
- Septic arthritis (joint infection)
- CNS abscess (spinal/deep abscess)

EPIDEMIOLOGY

Hospitalisation data point to increasing incidence

Expensive to treat

High morbidity and premature mortality

People who inject drugs experience worse outcomes

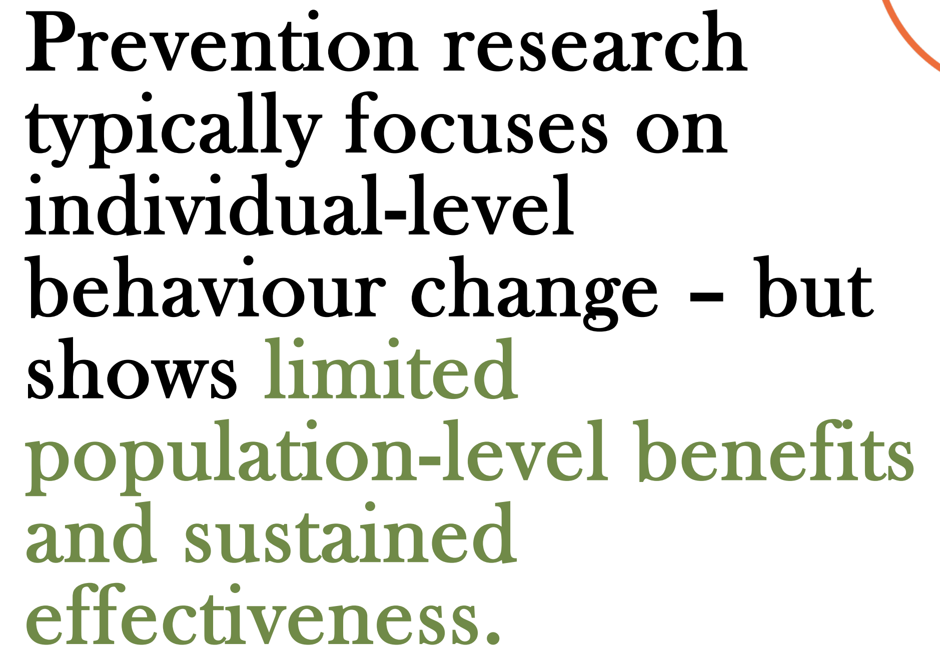
How do they happen?

IMMEDIATE RISK FACTORS

- Re-using needles
- Unsterile equipment/injecting site
- Not using swabs or filters
- Frequent injecting
- Injecting in the groin or neck
- Injecting insoluble solutions
- Injecting in unsterile environment
- Colonisation of staph/strep bacteria

SOCIO-STRUCTURAL CONTEXT

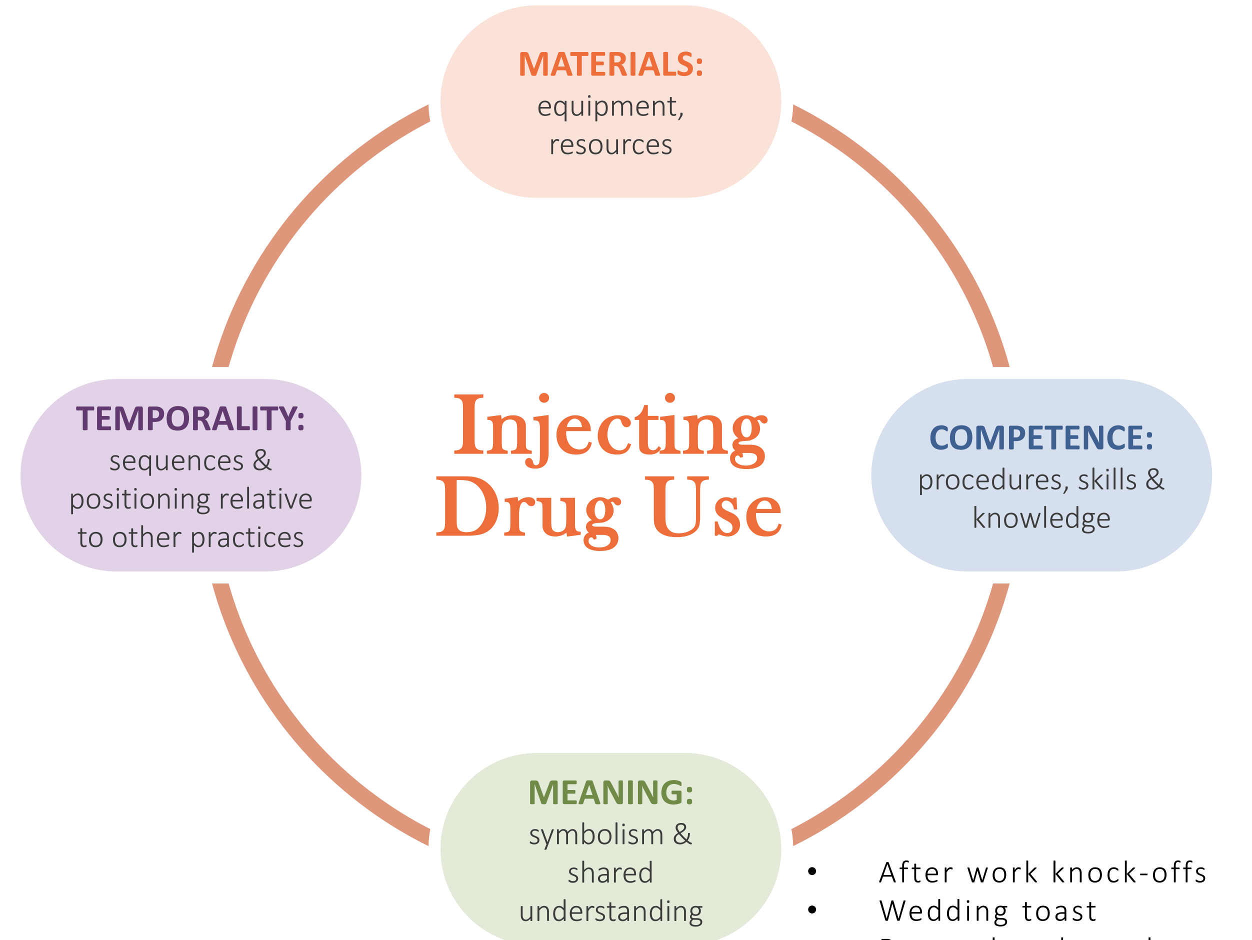
- Limited harm reduction services
- Harmful healthcare practices
- Poverty
- Unregulated drug quality
- Criminalisation
- Insufficient housing
- Incarceration



Applying practice theory to the study of injecting

Social Practice Theory focuses on practices (e.g., showering, drinking, injecting drugs), as:

- performances of routinised behaviour, shared across groups of people
- consisting of materials, competencies, meanings and temporal elements



- After work knock-offs
- Wedding toast
- Bottomless brunch
- Clubbing
- Quiet drink at my local
- Binge-drinking

Bourdieu 1977; Shove et al., 2005; Meier et al., 2017; Schroeder et al., 2023

Moving beyond independent risk-factor approaches

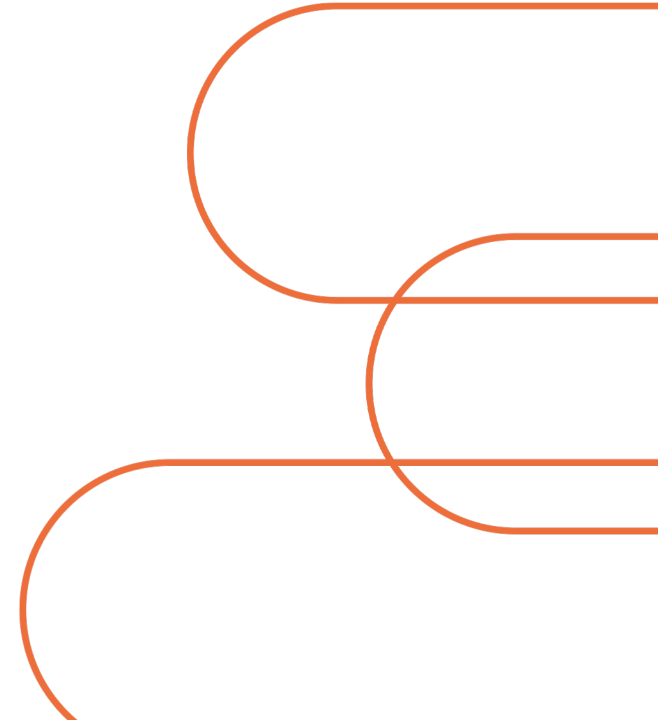
Artificial separation of ‘injecting’ into its various composite elements…

1, Helps to **look beyond individual behaviours**

2, Allows to identify **which elements are of concern** or more likely to produce ‘risk’

3, Identifies which elements of concern **can be modified**

Driving → seat-belt legislation
Drinking → age-restrictions, reduced hours of operation



Aim

To qualitatively examine injecting practices among people hospitalised with an injecting-related invasive infection in Melbourne

...identify modifiable elements that introduce 'risk' to their practice.

Methods

RECRUITMENT

- Purposive sampling from SuperMIX cohort
- Any previous hospitalisation with an injecting-related invasive infection
- $50 reimbursement

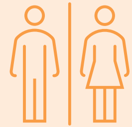
DATA COLLECTION (April –August 2023)

- In-depth interviews (~60 mins)
- Audio recorded, transcribed, anonymized
- Nvivo 12

DATA ANALYSIS

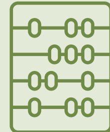
- Directed qualitative content analysis
- Deductive coding of main elements (from Social Practice Theory)
- Inductive coding of sub-elements (from the data)

Participants (n=20)



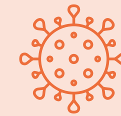
11 male

9 female



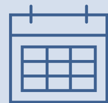
43 years (29-64)

4 identified as Aboriginal or Torres Strait Islander



50% endocarditis

Injecting career duration: 4-43 years



Average: 35 years

16 currently injecting

Drugs injected:

- Heroin & meth = 9
- Heroin & unis = 8
- Heroin = 3
- Meth = 1

12 On OAT (Methadone, Suboxone, Buvidal)

Injecting among people with invasive injections

“Getting myself”

The labour of finding a vein

Materials interacting with competency

"We never shared!"

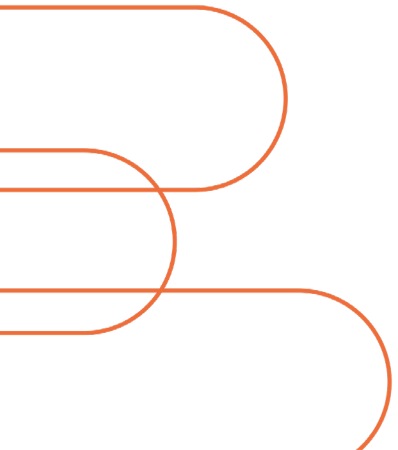
Blood-Borne Virus (BBV) prevention is gold standard

Competency interacting with meaning

"You can't be perfect"

Constrained agency

The limits to updating competencies



Materials: The labour of finding a vein

Injecting partner to enable access

- *I never knew how to do it and I kept putting the needle in and out and in and out (…) trying to find a vein.* (Cathy*)

Drug quality and formulation effect venous collapse

- *People do that to make the heroin last longer and it goes through their bodies slower.* (Mike)

- *If you use unis, you'll have no veins in no time. Like, I have to inject in the groin now.* (Marcus)

Fluctuating accessibility and forward planning

- *Especially in the mornings, I can never get myself, it takes me a long time (…) any more than 3 times going in and out, I will swap the needle.* (Veronica)

*names are pseudonyms

Meanings: BBV prevention as gold standard

Implementing risk reduction

If you're sort of out in the community and you think, like, ***"ok, it's my fit!"*** *you know what I mean, like,* ***"only I've used it, I know what I've got." You know, so it's not hurtin' anyone, that's how I always thought.*** *But then that doctor said that that could have caused it." (Chris)*

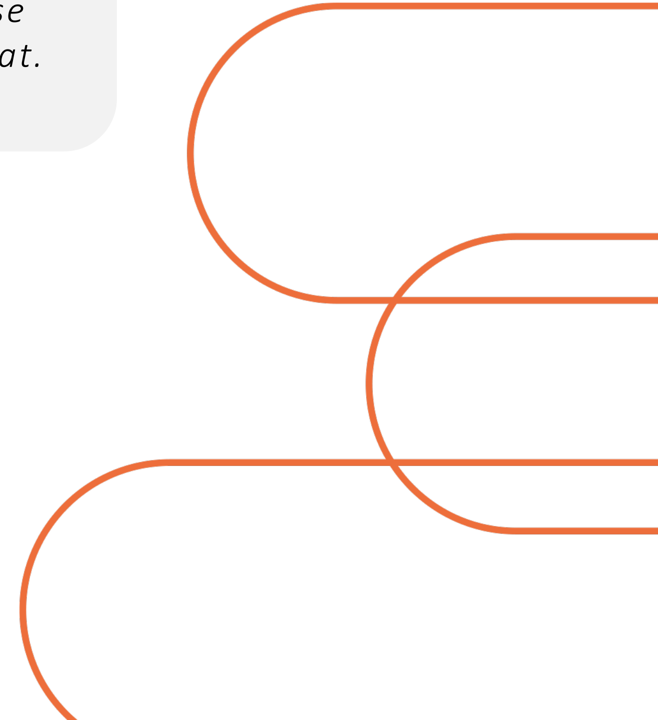
False security

I'd use the same needle like 3 or 4 days out of the 7 a week. Which is very dangerous and that can make you very, very sick. Because ***I was never told you could catch a thing from yourself.*** *But you could catch this from using the same needle over and over. Yeah, so I had no idea. But* ***when I learnt about it, I was like 'wow. Fuck that.'*** *So now I try to maintain that I've got fresh needles every time now. (Alice)*

Competencies: Health care for harm reduction

Updating the meanings of 'safe injecting'

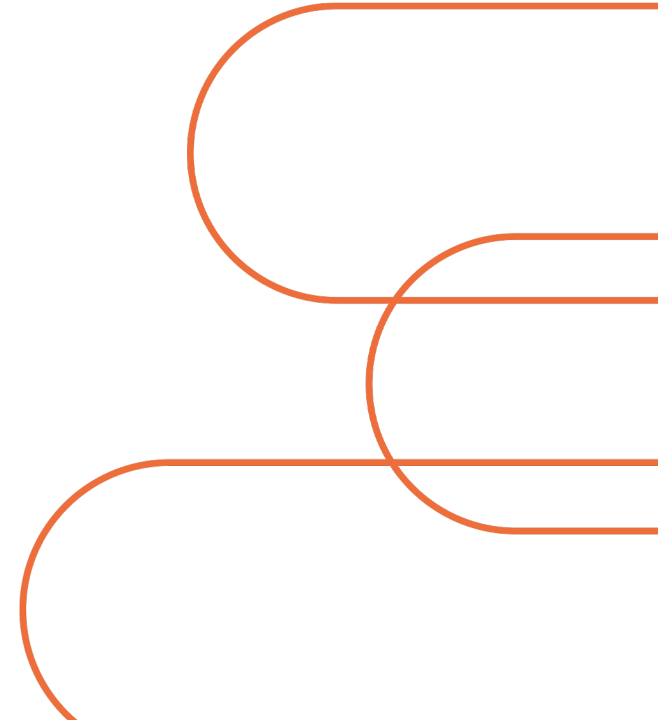
When I was in hospital they would go through the whole process with you and sort of say, okay, so what do you do when you use? (...) [and] ***even though they were trying to say, look, you can't keep using or you're gonna die, they did give me a run down on what was safer practices*** *and that sort of thing. And of course there was the obvious, you know. Don't reuse needles, blablbabla, but they also then told me about the spoons, the filters, things like that. ... cleaner water. (Nicole)*



Material constraints persist

Unmet need for clean spaces

"*It wasn't until then [using the MSIR] that I really, like, sort of learnt how to do it properly.* That would be the best way to say it. But then there's also like times when you're, you know, if, *when I'm not using that service, and I'm injecting, in,* you know, areas that are maybe not like the cleanest, like especially like *the high rises, like the stairwells* and things like that. *They're not the most sanitary places.*" (Maeve)



Meanings disabling competencies for safer practice

Caring for current vs. future self

*It was just because **I was homeless. I was living on the street.** Obviously, I couldn't carry around 100 needles, so I would continually have to walk from one part of [suburb] to the exchange because they're open 24 hours. So it was never a problem of getting it, but **sometimes I would be lazy and think "I don't give a fuck. I'm hanging out, I'm just gonna have this hit."*** (Kate)

Trying not to use

*It's like, you've got access to fucken' thousands of clean syringes. But sometimes, like: "**Nah, I'm not using drugs anymore.**" So you don't have the syringes around. Then, when you want to, it's like, you know, **you got to use somebody else's fit**.* (Raymond)

Discussion

“Getting myself”

The labour of finding a vein

- Early intervention for new injectors and those using Unisom
- Technologies: vein finders, detachable needles/syringes

"We never shared!"

Upholding gold standard of BBV prevention

- Health promotion campaigns work
- Need for updating meanings of "safe injecting“
- Services (hospital, MSIR, NSPs) are critical points of contact – as are peers

"You can't be perfect"

Constrained agency

- Expanding supply (e.g., filters), opening hours, access to sterile environments
- Caring for immediate versus distal needs
- Internalised discourses of 'laziness' limit self-efficacy

There is work to do...

- **Harm reduction campaigns** work - time to expand on BBV/STIs
- **Improve access to auxiliary materials** at low/no cost
- **Unisom** – a location-specific practice with severe consequences
- **Support people** for whom injecting holds particular tensions (new injectors, those wanting to stop)

...To ensure that people are in a position to implement safer practices that work for them.

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Bibliography

Blue S, Shove E, Carmona C, Kelly MP. Theories of practice and public health: understanding (un)healthy practices. Critical Public Health. 2016;26(1):36-50.

Bourdieu P. Outline of a Theory of Practice. Cambridge: Cambridge University Press; 1977.(cited in Crowe, 2000)

Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. Journal of Advanced Nursing, 62(1), 107–115.

Fairclough N. Discourse and social change. Cambridge, UK; Cambridge, MA: Polity Press; 1992.

Gale, N. K., Heath, G., Cameron, E., Rashid, S., & Redwood, S. (2013). Using the framework method for the analysis of qualitative data in multi-disciplinary health research. BMC Medical Research Methodology, 13(1), 117.

Gomes T, Kitchen SA, Tailor L, Men S, Murray R, Bayoumi AM, et al. Trends in Hospitalizations for Serious Infections Among People With Opioid Use Disorder in Ontario, Canada. J Addict Med. 2022;16(4):433-9.

Hardeman W, Johnston M, Johnston D, Bonetti D, Wareham N, Kinmonth AL. Application of the Theory of Planned Behaviour in Behaviour Change Interventions: A Systematic Review. Psychology & Health. 2002;17(2):123-58.

Johnson BT, Scott-Sheldon LAJ, Carey MP. Meta-synthesis of health behavior change meta-analyses.(RESEARCH AND PRACTICE)(Author abstract)(Report). The American Journal of Public Health. 2010;100(11):2193.

Langham FJ, Curtis SJ, Tang MJ, Jomon B, Doyle JS, Vujovic O, et al. Acute injection-related infections requiring hospitalisation among people who inject drugs: Clinical features, microbiology and management . Drug Alcohol Rev. 2022.

McCarthy NL, Baggs J, See I, Reddy SC, Jernigan JA, Gokhale RH, et al. Bacterial Infections Associated With Substance Use Disorders, Large Cohort of United States Hospitals, 2012-2017. Clin Infect Dis. 2020;71(7):e37-e44.

Reckwitz, A. (2002). Toward a Theory of Social Practices: A Development in Culturalist Theorizing. European Journal of Social Theory, 5(2), 243–263.

Schroeder, et al., (2022) *"It's not just the hit itself": the social practice of injecting drug use among gay and bisexual men in Australia.* IJDP

Shove E. The dynamics of social practice everyday life and how it changes. Pantzar M, Watson M, Ebooks C, editors. Los Angeles: Los Angeles : Sage; 2012

Wurcel AG, Anderson JE, Chui KK, Skinner S, Knox TA, Snydman DR, et al. Increasing Infectious Endocarditis Admissions Among Young People Who Inject Drugs. Open Forum Infect Dis. 2016;3(3):ofw157.

Thank you!

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