

Experiences of food insecurity and social and material deprivation among people who inject drugs.

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INTRODUCTION

To be food secure is to have physical, social and economic access to adequate food to support healthy life¹. Food security is an important social determinant of health. Being food insecure is associated with increased risk of health harms such as metabolic disease, mental ill-health, communicable diseases, experiences of violence, and mortality².

Experiencing food insecurity may involve of some or all the following adverse circumstances: being unable to afford food, needing to resort to personally unacceptable methods of obtaining food, and relying on a diet of poor quality, undesirable, or even unsafe food in order to avoid hunger³.

Food insecurity is particularly prevalent among people who inject drugs in Australia; in 2022, 87.6% of respondents to the Illicit Drug Reporting System survey were at risk of food insecurity, and 42.3% were classified as experiencing severe food insecurity⁴. By comparison, the national food insecurity rate in 2022 was 21%⁵, highlighting the significant disparity between people who inject drugs and the general Australian population.

Many systemic determinants associated with food insecurity, such as poverty, gender inequality, disability and homelessness, are also associated with injecting drug use⁶. Understanding how food insecurity is experienced by people who inject drugs may provide insight into the unique challenges and unmet needs of this population.

This research aimed to investigate: How people who inject drugs characterise food insecurity, the factors perceived to be driving their experiences of food insecurity, and how food insecurity is perceived to impact their health and wellbeing.

METHODS

Material, social and psychological aspects of food insecurity experiences were investigated using a phenomenologically oriented descriptive approach. Ten participants of the Melbourne Injecting Drug User Cohort Study (SuperMIX), identified as food insecure, shared their experiences through semi structured interviews conducted face-to-face in public locations between August 2022 and the end of April 2023. Interview transcripts were analysed thematically, guided by the six-step process described by Braun and Clarke⁷.

To be eligible to participate in the SuperMIX, participants must: reside in Melbourne, be aged 18 or over, report injecting heroin or amphetamines regularly prior to baseline and present a valid Medicare number⁸.

Participants were recruited opportunistically via street outreach and snowball sampling. Participants were aged between 40 and 70, seven identified as men, three identified as women. Participants either identified as white or as having a European background. Multiple participants had a history of incarceration, with one describing himself as recently released. Two participants lived in private housing, four in public housing, one had been staying on their friend's floor for eight months, two were couch surfing but did not know where they would sleep the night of the interview, and one described his living situation as "sleeping rough".

BARRIERS TO FOOD SECURITY

Participants highlighted the barriers to food security relating to a lack of housing or inadequate housing conditions. Participants explained out contexts surrounding the environment where the participant lived informed the food-related choices they felt they could make. **OSCAR** shared that he felt his accommodation was not a safe place to cook and eat his food.

"Because um, you can't, it's filthy, you can't you know."

PAT explained that it is not possible to plan meals, cook food or even keep food on him while he relies on emergency accommodation or when he is "sleeping rough"

"It's impossible to um, where I'm staying, to cook anything or do anything. You can't carry bags of food around."

Participants described their drug use as a barrier to food insecurity. **SIMON** explained how it is almost impossible to eat while sick from "hanging out" but solving that problem would leave no money for food.

"It's an absolute joke and you know you're not going to be hanging out sick so you spend the money on that, drugs, and then you go steal your food."

Many participants shared their complex resource budgeting which included time, energy and their mood. **PAT**, who relies almost solely on food relief services explained that he would often miss the food vans because he had lost the day to chasing or waiting around to acquire drugs.

"You miss out on getting a feed because you've only got limited hours in the day that you can access the charity stuff... you might be chasing your shit all day or waiting and then they're all shut."

FOOD INSECURITY DRIVEN BARRIERS TO HEALTH

Themes relating to the impact of experiencing food insecurity covered poverty related stigma, mental ill-health and feelings of isolation from community. Participants described how their experiences of food insecurity exacerbated feelings of being less-than and isolated from "normal life". **VICKI** shared how she felt judged for being underweight.

"And it devastates me. Um, my yeah I hate being fucking skinny like this, I hate people walking past telling me to eat or, look at her, you know you just hear comments."

ADELLE shared how her reliance on food relief she was often forced to eat foods she would otherwise avoid or go hungry.

"They've usually got ham sandwiches and stuff and I don't eat pork at all."

MITCH explained how his reliance on food relief would expose him to foods which triggered his dietary intolerances, and how sometimes he would choose to go hungry out of concerns he would be accused of over-utilising medical care.

"yeah if it gets real bad like I said, I end up at the hospital and that's just a pain in the butt...I'd rather not inconvenience the doctor for a pissy little thing like that so yeah I just won't eat for the day, I'll just go without."

CONCLUSION

The experiences shared by participants highlight the importance of a supportive environment (or lack thereof) in the characterisation of food insecurity. Our study highlights how people who inject drugs navigate considerable material, social and psychological poverty. These findings align with international research on food insecurity among people who inject drugs, which also emphasised the importance of the physical and social contexts surrounding obtaining and consuming food^{2,6,9}.

Understanding these attributes is likely of interest to harm reduction interventions concerned with the risk environment of their beneficiaries' drug use⁹. The findings of this study suggest that future interventions which cultivate the stable and supportive living situations necessary for food security may improve the ability of people who inject drugs to take greater agency over their wellbeing.

REFERENCES

1. Coming to Terms with Terminology. Rome, Italy: Food and Agriculture Organisation; 2012. Available from: <https://www.fao.org/4/MD776E/MD776E.pdf>
2. Syssa V, Flounzi E, Roussos S, Hatzakis A, Benetou V. Food insecurity among people who inject drugs in Athens, Greece: a study in the context of Aristotle programme. Public Health Nutr. 24(5):813–6.
3. Loopstra R. Interventions to address household food insecurity in high-income countries. Proc Nutr Soc. 2018 Aug;77(3):270–81.
4. Beardmore T, Higgs P, Dwyer R, Dietz P. Experiences of food insecurity among a sample of people who regularly inject drugs in Australian capital cities in 2022. Sydney: National Drug and Alcohol Research Centre, UNSW; 2023. Available from: <https://www.unsw.edu.au/content/dam/pdfs/medicine-health/ndarc/research-reports/australian-drug-trends/2024-06-national-idrs-2023-foodinsecurity.pdf>
5. Foodbank Hunger Report 2023 - Foodbank Reports. 2023 [cited 2024 Oct 16]. Available from: <https://reports.foodbank.org.au/foodbank-hunger-report-2023/>
6. Miewald C, McCann E, McIntosh A, Temenos C. Food as harm reduction: barriers, strategies, and opportunities at the intersection of nutrition and drug-related harm. Critical Public Health. 2018;28(5):566–95.
7. Braun V, Clarke V. Thematic analysis: a practical guide. London: SAGE Publications Ltd; 2022.
8. Boom WVD, Quiroga M del M, O'Keefe D, Kumar D, Hill PL, Scott N, et al. Cohort Profile: The Melbourne Injecting Drug User Cohort Study (SuperMIX). International Journal of Epidemiology. 2022 Jun 1;51(3):E123–30.
9. Roushani S, Allen ST, Whaley S, White RH, O'Rourke A, Schneider KE, et al. Food access among people who inject drugs in West Virginia. Harm Reduction Journal. 2021 Aug 21;18:90.