Agency, strategy and image management: Long term injectors staying safe from hepatitis C in Sydney

Magdalena Harris, Carla Treloar, Lisa Maher
12 men, 1 woman recruited through ‘HITS-c’ study
Aged 25 – 37 (mean 31)
9 Caucasian, 3 Vietnamese/Laotian, 1 NZ Samoan
8 previous jail, 7 detox or rehab, 11 OST (9 current)
Eligibility: HCV- , currently injecting, from 8-15 yrs
Length of time since first injection:
• 6 – 7 years: 2 participants
• 8 –15 years: 9 participants
• 17 – 20 years: 2 participants
Interview process
• Detailed life history interview
• Timeline
• In-depth narrative interview
Findings

- Image management
- Family / ‘cleanliness’
- Injecting alone, at home
- Waiting / withdrawal
- Avoiding track marks
- Peer education and informal exchange
“Even though I was using heavily I still kept a sense of doesn’t look like a drug addict, you know, doesn’t act like one … knowing [that] I could walk into anywhere and sort of be who I am without people saying oh this guy’s a drug addict, you know, he’s a dealer … I’d draw better people, a type of crowd. So you know, or I could easily blend into that crowd.” (Evan)

“Eat. Eat. Eat, eat, eat. Eat everything that’s not nailed down. Yeah, just look after yourself. Shower … people just think well if you don’t care about yourself they’re not gonna care about you either, you know.” (Matt)
“Well when mum found out [I was using], she started telling me everything, I knew most of it anyway but there was things that I didn’t know ... I didn’t know about the spoon, she told me about the spoon, to make sure that ... a clean spoon ... If she wasn’t a nurse, I probably would have shared.” (Dylan)

“Just being a clean person, always wash my hands after going to the toilet, stuff like that ... If I wouldn’t eat from that spoon why would I shoot from it sort of thing. That’s my attitude ... More because of my mother, you know, being a clean person ... So it was just the cleanliness factor more than, you know, contracting disease factor I would think.” (Evan)
“I don’t use on the street or in the car, I use at home and it’s always there … I hate to rush and I take my time, like anyway if you was to use it on the street I reckon I would get busted ‘cause like I need my time.” (Jonny)

“I usually do it [inject] on my own ... I don’t like doing it with blokes really to be honest, they talk too much shit, you know.” (Dylan)
“Even when I’ve been sick, like for a couple of days, and haven’t had ‘done or whatever, I’ll still wait until I get home. I think it’s just because I don’t want to get caught … I was in Cabramatta once when I was first doing it and the police came and I had to squirt it out, so that was a waste of money.” (Dylan)

“Family. I’d ring up friends, see if they can help me out, like with gear … when it came down [to it] I could always get money or drugs from somewhere if I really had to.” (Phouc)
“I think the first time he mixed up everything clean and ... he done me. He was telling me all the steps, like you’ve gotta be clean, this and that. And it was all wrappers there and that. And he’s always been clean; he hasn’t got it [hepatitis C]. And I trusted him.” (Phil)

“In his house he’s obviously got like everything in bulk, so everyone gets their own equipment. And he’s pretty fussy on that sharing shit as well.” (Kai)
Avoiding track marks

“[I didn’t share] because I didn’t want scars to start off with and blunt needles give you scars … And that was a massive thing to me ‘cause I didn’t want to go home and embarrass my family.” (Lisa)

“Yeah, getting blunt mainly and just leaves scars. Also that picture in the clinics and all that. Once, twice, three, five times used and you see it wear down.” (Phil)
Discussion

- Self presentation ↔ social capital
- Safe injecting locations
- Overdose prevention: naloxone access
- Empowering peers: informal needle exchange
- Non health orientated interventions
- Engaging with multiple priorities
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