Seeking refuge from violence in street-based drug scenes: Women’s experiences in North America’s first supervised injection facility

Nadia Fairbairn, Will Small, Kate Shannon, Evan Wood, Thomas Kerr*

British Columbia Centre for Excellence in HIV/AIDS, Urban Health Research Initiative, St. Paul’s Hospital, 608-1081 Burrard Street, Vancouver, British Columbia, Canada

Abstract

Supervised injection facilities are a form of micro-environmental intervention that aim to address various harms associated with injection drug use. Given the numerous threats faced by women who inject drugs and are street-involved, including heightened risks for violence, we sought to elucidate how North America’s first supervised injection facility (SIF) mediates the impact of violence among women during the injection process. Semi-structured qualitative interviews were conducted with 25 women recruited from the Scientific Evaluation of Supervised Injecting (SEOSI) cohort of SIF users in Vancouver, Canada. Audio-recorded interviews elicited women’s experiences using the SIF and the related impacts on experiences of violence. Interview data were transcribed verbatim and a thematic analysis was conducted. The perspectives of women participating in this study suggest that the SIF is a unique controlled environment where women who inject drugs are provided refuge from violence and gendered norms that shape drug preparation and consumption practices. Further, by enabling increased control over drugs and the administration of drugs, the SIF promotes enhanced agency at the point of drug consumption. Although this micro-environmental intervention serves to reduce risks common among women who inject drugs, additional interventions that address the structural forces producing and shaping violence and other risks are needed.

Introduction

Injection drug use is associated with an array of extreme health and social harms, including elevated risk for infectious disease acquisition and fatal overdose. Many of the harms experienced by injection drug users (IDUs) can be traced back to economic, legal, and social forces which act to marginalize IDUs and shape the context of risk that characterizes street-based drug scenes. Violence is endemic to injection drug user populations, with exceptionally high documented rates of victimization among women who inject drugs (Braitstein et al., 2003; Cohen et al., 2002; Vlahov et al., 1998). The illegal status of drugs places drug use in an unregulated sphere of street dynamics and frequently involves instrumental and interpersonal violence (Singer, Simmons, Duke, & Broomhall, 2001). The violence common within street drug scenes has been well documented and is further exacerbated by the subordinate role women are often forced to take within this culture (Epele, 2002). Violence is also known to be common within intimate drug-using partnerships and has been associated with increased sexual and drug-related HIV risk behavior among women IDUs (Castillo Mezzich et al., 1997; El-Bassel, Witte, Wada, Gilbert, & Wallace, 2001; Wechsberg et al., 2003). In turn, female IDUs in some settings have been found to be at heightened risk for HIV infection (Miller et al., 2005; Spittal et al., 2002).

A conceptual framework is necessary for delineating the complex intersections of violence and gender and can be...
described as consisting of everyday, symbolic, and structural levels of violence (Bourgois, Prince, & Moss, 2004; Shannon et al., 2008). Interpersonal or “everyday” violence describes the normalization of violence that renders it invisible because of its routine pervasiveness (Schepers-Hughes, 1996). Women’s daily survival on the streets requires vigilance in coping with immediate dangers such as the threat of robbery, physical abuse, rape, murder, and arrest (Epele, 2002; Romero-Daza, Weeks, & Singer, 1998). Symbolic violence manifests as the subordination of women as a result of the male-centered street culture that situates men in dominant roles with respect to control of resources and protection/ownership of women (Bourdieu, 2001; Epele, 2002). For example, this symbolic violence can systematically exclude women from higher-level roles in the hierarchy of drug dealing and limit a woman’s ability to control resources derived from the illicit drug trade (Maher & Daly, 1996). Structural violence refers to the broader political and economic inequality that functions to keep women IDUs in the margins of society and limits access to basic resources (Farmer, 1997).

Understanding the context of risk for women IDUs provides a greater appreciation for those factors that influence engagement in sexual and drug-related behaviors and affect a woman's ability to assert agency (Bourgois et al., 2004). Current conceptualization of HIV transmission among injection drug-using populations has moved beyond an individualist approach to risk and acknowledges the critical role factors exogenous to the individual play in HIV prevention practices (Rhodes, Singer, Bourgois, Friedman, & Strathdee, 2005). A “risk environment” framework is useful for conceptualizing the context of risk and describes how physical, social, economic, and policy factors intersect at two levels to structure the potential for drug-related harm: the micro (or, in other ecological approaches, the “proximal,” “direct,” or “local”) and macro (or the “distal,” “indirect,” or “structural”) levels. Micro-environments describe the immediate social settings of drug use and the local neighborhood, and include social networks, peer influences, and group norms, rules, and values (Rhodes et al., 2005). Macro-environments describe the political economy of health, and include the public and legal/policy context as well as economic, ethnic, and gender inequalities (Rhodes et al., 2005).

The extraordinary set of challenges faced by women, including concerns of daily survival under the threat of violence and HIV risks, points to the need for novel interventions with potential to mediate and modify the contextual and gendered factors which shape the negotiation of risks among women IDUs (Cler-Cunningham, 2001; Romero-Daza et al., 1998; Shannon et al., 2008). This is true of Vancouver’s Downtown Eastside, where the intersecting epidemics of violence and HIV infection have been well documented. For instance, in Vancouver, women IDUs under the age of 30 are 54 times more likely to die prematurely, compared with the general female population, with the most frequent cause of death being homicide (Miller, Kerr, Strathdee, Li, & Wood, 2007; Spittal et al., 2006). The disappearance of more than 30 survival sex trade workers from Vancouver’s Downtown Eastside (DTES) neighborhood also called attention to the extreme threat of violence faced by street-involved women (Canadian Broadcasting Corporation, 2005; Cler-Cunningham, 2001).

Supervised injection facilities (SIFs) are one form of micro-environmental intervention that has been implemented to address a broad set of risks associated with injection drug use, especially those faced by IDUs who are homeless and who inject drugs publicly within street-based drug scenes (Kerr, Small, Moore, & Wood, 2007; Wood et al., 2005). At SIFs, IDUs may inject pre-obtained illegal drugs under the supervision of nurses or other individuals trained to provide an emergency response in the event of overdose. These facilities also seek to promote safer injecting and aim to refer IDUs to other health and social services.

Vancouver’s SIF, known locally as “InSite,” opened in September 2003 after years of community activism and political struggles related to the epidemics of HIV and overdose occurring in Vancouver’s troubled Downtown Eastside (Small, Palepu, & Tyndall, 2006). The SIF was approved as a pilot study by the Canadian government, and operates under regulations that require participant registration and also prohibit the sharing of drugs and assisted injection. InSite is open 18 hours a day, 7 days a week, and includes 12 individual spaces for injection (Tyndall et al., 2006). On average, there are approximately 600 injections supervised there each day, and to date, more than 5000 unique IDUs have used the facility (Tyndall et al., 2006). The staff team includes nurses who work primarily in the injecting room and provide safer injecting education and emergency response in the event of overdose, as well as peer workers who work in the post-injection “chill-out” room.

Given the known impact of violence on reducing women IDUs’ ability to safely negotiate risks within street-based drug scenes (Shannon et al., 2008), and given that SIFs are micro-environments with potential to mediate and modify the conditions that shape the context of risk (Kerr, Small, et al., 2007), we sought to evaluate the potential role of the Vancouver SIF in mediating the impact of violence on the risk environment of women IDUs at the time of injection.

Methods

This study presents analyses of data from qualitative interviews with women IDUs in Vancouver to investigate their reasons for using the SIF and the impacts of SIF use on violence and related risks. We draw upon data from 25 in-depth qualitative interviews conducted from November 2005 to March 2007. Interviewees were recruited from the Scientific Evaluation of Supervised Injecting (SEOSI) cohort, which is composed of more than 1000 randomly selected SIF users in Vancouver (Tyndall et al., 2006). As an initial step, 50 interviews involving female and male IDUs were undertaken by four different trained interviewers (two males and two females) and facilitated through the use of a topic guide to encourage discussion of reasons for SIF use, and the impact of the SIF. Recognizing that violence among women was emerging as a dominant theme in these initial sets of interviews, one of the female interviewers (Fairbain) undertook an additional four
interviews with women in order to gain further insight into gender-based street dynamics, violence, and related risks, as well as women’s experience with the SIF. The entire sample of women was purposively selected to include interviewees with varying levels of SIF use, and many study participants continued to frequently perform injections in other settings.

Interviews lasted between 30 and 60 minutes, were tape-recorded, and were later transcribed verbatim. The research team discussed the content of the interview data throughout the data collection process, thus informing the focus and direction of subsequent interviews as well as developing a coding scheme for partitioning the data categorically. Two members of the research team (Fairbairn and Small) separately catalogued the transcribed interview data using a coding framework, thus allowing for discussion of areas of agreement and instances of divergence. The following analysis explores themes that emerged in relation to gender and the potential impact of SIF use in mediating the experience of violence and gender relations as they apply to injection-related risks among women.

The sample of qualitative interview participants was composed of 25 women who ranged from 25 to 60 years of age. All IDUs interviewed through this current study had previously used the SIF. Interviewees provided informed consent to participate, and the study was undertaken with ethical approval granted by the University of British Columbia – Providence Health Care Research Ethics Board. There were no refusals of the invitation to participate in the qualitative interview and no drop-outs during the interview process. All interviewees received CAD$20 for their participation.

Findings

Several key themes emerged from the qualitative interview data regarding women’s experiences with use of the SIF that related to the social context within the site as working to mediate the adverse impacts of violence on women’s risk environment and injection process. These themes included the provision of a refuge from structural and interpersonal violence of the street that also serves to facilitate the safe preparation and injection of drugs, and the SIF offering environmental-structural support for women to assert greater agency and control over resources in the process of drug consumption.

Refuge from interpersonal and structural violence

Qualitative interviews documented the everyday violence that shapes the daily experiences of women IDUs. Women articulated a mistrust of others and a fear of violent confrontations that frequently arise over money or drugs in an economy of scarce resources. Many women described how survival on the streets is linked to the avoidance of everyday violence that characterizes street-based drug scenes. A central theme that emerged in discussions on women’s reasons for seeking out the SIF was the diminished threat of violence within this controlled environment.

I mean, like, the safe site was more than just an injection thing, ’cause it was the only thing that was open, right? I’d get scared and go down there and, y’know... I need to get out of my room for a bit. I’d go down there, and... do my half point... And I think – I haven’t been there a lot lately – but I think a lot of the women use it for that purpose, too. I’d hazard – I don’t really know – but I’d hazard a guess to say that they have more women there at night than usual. ’Cause there’s no place for women to go at night... Yeah, a personal safety thing, you bet. Interview participant # 21.

Yeah, yeah, it’s looked after, and like I said I feel safe in there. Like, I don’t have to worry about someone coming up and like, if I’m high and I’m sitting there, and fuckin’ me around ’cause I’m high. They know they can take advantage of the situation. I know I don’t have to worry about that... I don’t feel rushed, I don’t feel threatened or insecure by any means. Interview participant # 5.

And also, me not being predatorized. Like, you don’t have to pay off somebody to watch your back. Interview participant # 21.

Some women emphasized their experience of exploitation for drugs or money in relationships with male “boyfriends.” They described the intimate partner violence that often ensues following disputes over control of the resources generated by women. For many women, the SIF was a safe alternative environment that removed the threat of violence and potential loss of resources at the time of injection.

I: The times you went there, why did you go there?
R: Um, because something would be going on at home. Y’know, like if I was fighting with my partner or something like that. I’d use the InSite. Interview participant # 4.

R: He puts me down all the time, constantly. I go out there and grind all day long to get what I need and he just lies in bed and I can’t afford him ’cause I took care of him for a long time and I can’t do it now. I just don’t feel like I have a space of my own at all. Like, I don’t really feel comfortable there a lot of the time. Like, all my stuff is crammed in a corner of the room... I was supporting him for a long time, for like a year, and then I got life insurance from my husband’s death and I took care of him with that too, a lot of money, and then... I’m not supporting him any more, I just can’t do it. Maybe once a day I might give him a fix but I told him I can’t do it, I just can barely take care of myself right now it’s so hard out there.
I: How does he deal with that?
R: He calls me names. He starts pouting and calling me down and picking fights.
I: In those instances you might go down to the site?
R: Definitely. Definitely. Lots of times that’s why I go there. Interview participant # 25.

The SIF was not only seen as a refuge for women from interpersonal violence, but was also viewed as providing relief from structural forms of violence experienced by IDUs, including encounters and confrontations with the police.
When the InSite wasn’t there, you were fixing outside and you’re worrying about if the cops are going to come or if someone’s gonna attack or rob you. If you are at the InSite, you’re comfortable because you know there’s people around watching and everybody there respects each other’s space – so they don’t bug you. Interview participant # 7.

Improved control over resources and the injection process

Women’s descriptions of gender relations depicted the subordinate position women are ascribed within the male-centered ideology of street culture. Women described how they are routinely hassled and exploited ("grinded") by men for drugs or money due to their perceived ability to access resources and generate income, such as through survival sex work.

I: Do you think women get grinded more?
R: They have more money, they have more access to being able to get more money. Interview participant # 23.

I: Do you think women get grinded more than guys do?
R: I think so, definitely. Again, like a lot of the men assume, or presume, that they’re willing to barter or negotiate with. And what better thing to negotiate than with drugs or money, or whatever. I think a lot of them assume that they’re all street workers, and will give in at a certain cost. So, for sure... On the street, no, I think definitely the women – y’know, like, men tend to sort of treat them... or some men treat them less respectfully. Like, proposition them, or assume that they have a price and they can be bought out, or manipulated easier, and... just that the men sort of tend to have more of a seniority on the street level, in a sense. Interview participant # 12.

Women described how the SIF provides a place where they are less likely to be “grinded”, thereby enabling them to maintain control over drugs and money.

Sometimes I don’t want it – y’know, people sometimes tend to see you come in the hotel, and right away they’re trying to grind you to see if you have anything. Or, “Where you been? You got anything?” And you just don’t want to go through the rigmarole, and you know at the safe site it’s an unconditional acceptance. Like, people are there for the same reason, and people aren’t going to grind people. I think we’re all pretty much on the same level, which is one of the benefits of why I do go in there [SIF]... like, we’re more equals with the men, rather than, sort of, assumed to be a certain stereotype, or whatever. Interview participant # 12.

R: It’s... it’s a homey atmosphere to me. Nobody asks for your dope, where if you’re doing it on the street, people want your dope, right? Yeah, they pretty much protect you in there, I guess is the word.
I: And so, it’s a place – like, you feel safe there?
R: Yeah, exactly. That’s one reason why I go there. ‘Cause I get muscled [intimidated and forced to give up drugs] for dope lots out here, right?
I: Like, when you’re out on the street?
R: Yeah, yeah, ‘cause I’m so small, right? And my old man [boyfriend] is in jail. Interview participant # 10.

I like it. I like it ‘cause ... it’s safe there and women – working girls – don’t get ripped off, robbed in other ways, man. ‘Cause, like, I’m mad. I’m saying this in a really angry way because I used to get ripped off and robbed and... jacked... by the guys. Now, try and touch us. They can’t get a break there, eh? Interview participant # 19.

Women described staff intervention to be an integral part of mediation in order to minimize “grinding” at the site. Several women described the role of the SIF in providing environmental and structural support that enables them to assert greater agency over their drug preparation and injection process, including where and when they inject. This in turn works to create a safe space that neutralizes the gendered norms that shape injecting processes within street culture.

I think men can be cruel at times. You know, the guys. They say ah well we need to get in there and quit putting your routine on and they try to sit down and everything. But the staff put an end to that. Interview participant # 24.

Although not widely reported, some women described their reliance on boyfriends for manual assistance with injections. For these women, the SIF afforded opportunities to develop competency in the self-administration of injections, which also enhances agency over drug preparation and the injection process.

R: Yep. So bevel up and I’m able to get myself almost every single time, and I always needed a doctor. Like, my partner always had to inject me, and that was really frustrating.
I: ...your boyfriend assists you?
R: Yeah, yep. He would jug me.
I: Jug you? Okay, um, and, but then you started going to InSite, and then you started fixing yourself?
R: Well, I learned how to fix myself properly in there... Like, y’know, I knew how to find a vein and that stuff, but I always had problems getting, y’know? But once I started doing that bevel-up thing that they showed me, I’ve had a lot less problems... Interview participant #11.

Interpretation

In this study, women regarded the threat of violence and sense of danger on the street as a primary concern in negotiating daily survival. These women also described the challenges faced in maintaining control over resources and the frequent “grinding” that occurs on the street. The SIF was described as an alternative to street-based injection and a place where these threats are reduced. It is
particularly significant that women’s narratives include examples of how the micro-environment of the SIF affords women environmental and structural support to assert agency and control over resources and their injection process.

Conceptualizing three categories of violence (everyday, symbolic, and structural) allows us to better understand how a range of gendered power relations shape a context within which risky behavior may occur, and also allows us to move beyond the typical individualistic approach that views risky behavior as a failure of individual agency (Rhodes et al., 2005). Previous work has described how the omnipresent threat of violence and women’s persistent struggle to avoid violence impinge on the ability to make protective health choices such as avoidance of HIV (Bourgois et al., 2004; Epele, 2002; Romero-Daza, Weeks, & Singer, 2003). This type of everyday violence likely contributes to the heightened rates of HIV and HCV infection occurring among women who inject drugs (Miller et al., 2004; Shannon et al., 2008). The context of street-based injecting provides an example of a micro-risk environment that contributes to elevated risk for drug-related harm such as HIV and HCV, since the injecting of drugs in street-based drug scenes has been identified as a time of particular threat of violence (Klee & Morris, 1995; Latkin et al., 1994; Small, Rhodes, Wood, & Kerr, 2007; Suh, Mandell, Latkin, & Kim, 1997). Fear of physical confrontation, confiscation of drugs, and arrest by police, as well as the threat of assault and theft by “street predators” during the administration of drugs, are often of paramount importance, and safe injecting strategies are relegated to secondary concern (Aitken, Moore, Higgs, Kelsall, & Kerger, 2002; Maher & Dixon, 1999; Small, Kerr, Charette, Schechter, & Spittal, 2006; Small et al., 2007). Therefore, interventions such as SIFs that specifically target the act of injecting and the context in which it occurs are particularly important. By providing a refuge for women from threat of everyday and structural violence on the streets during drug preparation and consumption (a time of particular vulnerability), they thereby afford women the opportunity to assert greater agency with respect to resources and negotiation of drug-related risks.

Drug-using intimate partner relations have been identified as a priority for harm reduction strategies because the unequal gender scripts within these relationships can directly affect a woman’s ability to control sexual and drug-related practices (Amaro, 1995, 2000; Bourgois et al., 2004; Quina, Morokoff, & Saxon, 1997; Rhodes & Quirk, 1998; Simmons, 2006; Zierler, & Krieger, 1997). For example, women’s first injecting experiences often involve an older male facilitating the injection, and information regarding proper injection techniques and potential vectors of infectious disease transmission are often not disclosed (Bourgois et al., 2004). Some women described how the SIF provided a place to inject as an alternative to injecting with a partner, particularly during times of conflict. By providing a safer space for injecting, SIFs offer environmental and structural support that enables women to assert agency and control over their injection practices and may mediate the potential adverse impacts of emotional and physical abuse by intimate drug-using partners around the process of injecting. This is of particular importance given that extensive literature has documented the role of partner violence and the threat of violence in drug-using partnerships in increasing the risk of HIV transmission among female IDUs through reducing women’s control over resources and drug preparation process at the time of injection (Bourgois et al., 2004; El-Bassel, Gilbert, Rajah, Folena, & Frye, 2000; Maher & Daly, 1996). Further, as a venue where safer injecting education is provided, the SIF also was described as fostering competency in self-administration of injections, and thereby served to reduce reliance on male partners for assistance with injections. The significance of acquiring this competency is considerable given that individuals requiring assistance with injections have been found previously to be at heightened risk for HIV infection, non-fatal overdose, and violence (Kerr, Fairbairn, et al., 2007; O’Connell et al., 2005).

Despite some women’s improved ability to mobilize resources, ability to retain those resources that are acquired is often challenged. Women described the “grinding” that happens on the street as a result of men assuming that women are likely to be in possession of money and drugs. This type of symbolic violence works to keep women in a subordinate position in interpersonal relationships with men and within street-based drug scenes. Access to a SIF mediates this risk during the time of drug consumption; however, it is recognized that these risks likely persist or may potentially be exacerbated outside of the SIF when women return to the street. Further qualitative and ethnographic research needs to explore the potential impact of the micro-environment of SIFs in changing gendered social norms and power dynamics within street injection culture. Amaro (1995, 2000) described the historical and cultural dimensions of structural power relations that manifest as disproportionate suffering among the poor, including higher infectious disease and mortality rates. Interventions that alter the structural power relations on the street, if only temporarily, have potential to mediate patterns of infectious disease and mortality, as well as to reduce the everyday violence perpetrated and experienced by the poorest of society. Women IDUs face extreme suffering because of their subordinated position within street culture, and interventions that mediate gendered power relations among IDUs are urgently needed. While the SIF appears to provide an alternative venue that diminishes risk for violence and exploitation during drug consumption, as well as refuge from some forms of structural violence (e.g., confrontations with police), any impacts of this intervention beyond the immediate environment remain to be determined.

Previous research indicates that individuals are more inclined to talk about violence at a distance by describing past violence, rather than by discussing present experiences of violence which could identify them as either current victims or perpetrators, and this may lead to under-reporting of violence (Singer et al., 2001). The routine pervasiveness of violence may also limit a woman’s ability to conduct a critical self-analysis of the role violence and subordination play in current lived experience. In addition, women’s day-to-day efforts to survive in the male-centered street culture may result in women normalizing violence without acknowledging the pivotal role their
subordinated position plays in lived experience. However, it is notable that the women in this study did describe various forms of violence occurring in several contexts, suggesting that violence may not have been under-reported in this study. As well, it may be that previous experiences with supervised injecting may have potentially precipitated interviewees to view other injection settings negatively. Further, it is evident that many male IDUs are also victims of violence and that the protection against violence afforded by the SIF may also extend to men. However, given the gendered nature of violence among IDUs and the exceptionally high level of violence experienced by women IDUs in our setting, we elected to focus this analysis on the experiences of men.

This study documents how the SIF acts as a micro-environmental intervention that helps provide reprieve for women IDUs from various forms of violence that structures their lived experience within street-based drug scenes. However, given that various economic, legal, and social forces continue to shape the contextual risks that characterize street-based drug scenes, additional interventions are necessary to more fully protect the health and safety of women who inject drugs.

Acknowledgments

The authors wish to thank the participants in SEOSI and the staff of InSite, the Portland Hotel Society, and Vancouver Coastal Health (Chris Buchner, David Marsh, and Heather Hay). We also thank the current and past SEOSI staff. We would specifically like to thank Deborah Graham, Tricia Collingham, Caitlin Johnston, Steve Kain, and Calvin Lai for their research and administrative assistance. We would also like to express our sincere thanks to the reviewers of the first draft of our paper for their thoughtful suggestions. The evaluation of the supervised injecting facility was originally made possible through a financial contribution from Health Canada, although the views expressed herein do not represent the official policies of Health Canada. The evaluation is currently supported by the Canadian Institutes of Health Research and Vancouver Coastal Health, and this qualitative study received support from the Canadian Institutes of Health Research. Thomas Kerr is supported by the Michael Smith Foundation for Health Research and the Canadian Institutes of Health Research. Thomas Kerr is supported by the Michael Smith Foundation for Health Research and the Canadian Institutes of Health Research. Will Small and Kate Shannon are supported by Canadian Institutes of Health Research Doctoral Research Awards. Funding agencies had no role in study design, data collection, analysis, or writing of the report, nor did they have a role in the decision to submit the paper for publication.

References


