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Value in the Visual: On Public Injecting, Visual Methods and their Potential for Informing Policy (and Change)

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Abstract

This paper concerns the application of visual methods within qualitative research and the ways in which they can be developed and applied to a range of settings for applied health (and other policy) purposes. Traditionally visual methods have been used as adjunct means to record data and representations of individuals, groups and cultures. Having emerged from a research tradition deeply rooted within the field of social/cultural anthropology they have been largely understated in more policy-orientated research or that with more practical benefits. Visual research however has potential to be utilised in this way, particularly in behavioural and other health areas, in which 'added-value' to 'traditional' text-based research findings can be provided. This paper seeks to demonstrate this potential and provide examples of 'added-value' with specific reference to a study of public environments appropriated by injecting drug users in an urban location.

Key words: Public injecting; applied visual methods; risk environments

Introduction

According to Howard Becker, 'photography and sociology have approximately the same birth date' (Becker, 1974: 3) during the mid-nineteenth century. Arguably this same period also 'gave birth' to anthropology and the subsequent study of human evolution (biological and social). However, it has been the latter discipline that has been more widely associated with an engagement with visual research methods (such as photography, cultural artefacts and ethnographic film-making). Indeed, as Harper (1998) notes, such technologies within early anthropological endeavours were instrumental in classifying 'societies' and as supportive evidence of theories concerning racial and cultural inferiority and superiority. Although anthropology has subsequently placed greater emphasis upon phenomenological inquiry and the representation of social, sensory and physical experience (Banks, 1998), its preoccupation with visual culture and visual research has remained constant throughout the discipline's development. Becker (1998) states that photography sits so comfortably within anthropology that the collection of visual data becomes almost obligatory during ethnographic fieldwork. Furthermore, Banks (2001) has written at length on the development of the sub-discipline of visual anthropology and its concomitant growth throughout the academy, at an undergraduate, post graduate and applied level of its parent discipline. Indeed, this popularity may be noted in two recent literature reviews that chart the transformation of visual anthropology from a marginalised practice towards an established and accepted sub-discipline on a global scale within a period of two decades (Ruby, 2005; Davey, 2008).

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The application of visual methods (VM) within sociology however has had a far less commendable history. In fact, visual sociology has been characterised by 'a barrage of criticism' (Harper, 2004: 232) typically regarded as suitable only for 'teaching aids' (Becker, 1998: 87) and regarded as incommensurate with the discipline's wider concern for reform and social change (*ibid*). Similarly, a further objection, summarised by several writers (Banks, 2001; Prosser, 1998), is that photographic material in sociological research may be considered as 'unscientific' data lacking empirical value. Such criticisms, in their penchant for objectivity, do not seem to consider what VM can achieve in representing understanding and completeness of experience of others' social realities (Evans and Hall, 1999; Quine and Taylor, 1998). Becker (1974, 1998) also notes that the growth and development of 'photojournalism' has many parallels with the origins of sociology in its tendency to highlight social injustice, inequity and the consequences of poverty and marginalisation as part of 'reformist projects to … inspire change' (Rose, 2001: 20). Although Becker provides numerous examples of such reformist-orientated photo-documentary from the early twentieth century, it was not until the 1960's when, according to Harper (1998), *sociologists* began to utilise VM as a means of exposing social problems in order to influence social change. Such a paradigm shift may have been influenced by the zeitgeist of the period, during which time photographers received Pulitzer Prizes for horrific images taken during the Indo-China conflict. Indeed, such photojournalist images have been accredited for mobilising anti-war sentiment and strengthening global opposition to the structural violence of warfare (Adams, 2009; Chong, 2001).

Harper (2006) also claims to have produced the first synthesis of sociology with photojournalism in 'the new genre' of visual ethnography to emerge during the 1970s in a study of homeless, itinerant workers that travelled across the United States on freight trains. In this ethnography of 'tramp life', Harper resituates the concept of homelessness, problematic alcoholism and provides 'alternative cultural logics' (Harper, 2006: 1) surrounding those considered marginalised and disaffiliated. However, Harper also explicates the importance of photography in contextualising the structural and economic influences surrounding homelessness and transient lifestyles.

Subsequently, VM within contemporary sociology have been utilised on an equally ever increasing basis as anthropology and are typically employed as an adjunct and innovative means to record representations of social experiences and social phenomena. However, VM have been largely understated in more *policy-orientated* research or that with more practical benefits despite a history of association with public health (e.g. Ostherr, 2002, 2005; Vokes, 2008). Visual research clearly has potential to be utilised in this way, particularly in behavioural and other health areas, in which added-value to 'traditional' qualitative research may be provided. One such approach is exemplified by Sarah Pink's (2007a) collated accounts of the way in which recent anthropological-orientated studies - with a VM emphasis – have informed various fields of health intervention. Prior to the following account of the way in which VM have been utilised to inform local policy concerning a substance use agenda, it is perhaps necessary to further define different formats of visual data; explicitly between documentary and documentation, and with specific reference to drug and alcohol-related research.

Visual Methods: Documentary, Documentation and Substance Use

Henley (1998) makes a distinction between field-based 'documentary' and 'documentation' in relation to an epistemological understanding of VM within the social sciences. Namely, VM that seek to produce recordings *about* a given reality should be regarded as *documentary*. Examples of this may include anthropological (or other ethnographic) recordings of unique cultural events, 'disappearing cultures' or specific ways of life. In such film/photography, participants (or 'environments') are largely 'actors', and typically play a *passive* (if any) role in the collection of visual data. Furthermore, the subsequent visual outcomes are typically used for interpretive and illustrative purposes (e.g. Dovey *et al*., 2001; Malins *et al*., 2006; Parkin and Coomber [in press]) in attempts to further understandings of wider qualitative research regarding a given issue. However, such documentary material may also be simultaneously open to mixed, subjective interpretation by audiences outwith the research environment. Ranard's (2002) photo-essay of the social suffering of Russian injecting drug users (IDU) perhaps illustrates this latter point. Namely, when viewed in isolation, Renard's images may exemplify a 'specialised form of pornography … a voyeuristic interest in the intimate details of other people's

lives … and the fetishistic cathexis of the Other' (Henley, 1998: 52), if it were not for the accompanying text that serves to politicise the repression of drug users, as well provide documentary evidence of influential HIV-risks within the macro-environment. Furthermore, Renard's visual account of injecting issues has received commendation within academic circles (Fitzgerald, 2002) for advancing harm reduction *per se* and has proven practical value as an HIV training aid amongst epidemiologists and medical professionals by Medecins Sans Frontieres[i] (Burrows, 2002).

Documentation however, according to Henley (1998), involves a more positivist approach towards data collection in which the film-maker aims to produce *objective* visual accounts, or visualised transcriptions, of a given reality, situation and/or cultural event/setting. Henley furthers this distinction in adding that documentation may be regarded as 'fly-on-the-wall' recordings involving 'minimal interference' (Henley, 1998: 46) by those making the film. Accordingly, documentation requires a more collaborative approach with research participants in which the latter assume a more *active* role and are directly involved in the production of the recorded event. Several notable examples of this genre have emerged within the last decade from the field of injecting drug use. Taylor *et al*. (2004) and Rhodes *et al*. (2006) for example have each recorded films that address blood-borne viral infection (hepatitis, HIV) via injecting drug use. Within each respective setting, drug users were filmed preparing and injecting drugs in their own home (Taylor *et al*., 2004) and in street-based settings (Rhodes *et al*., 2006) as a means of identifying the social production of viral infection due to the way in which drugs were prepared and/or ingested. In these studies, attempts have been made to visually transcribe drug using realities involving a participatory research process in a manner to similar to 'fly-on-the-wall' documentary. Such accounts of injecting drug use have contributed towards an increased sociological and epidemiological understanding of the social settings that house particular risk environments. Of further import is the value the findings from these studies provided to policy and practice regarding the distribution of injecting equipment and associated implications from both harm reduction and public health perspectives.

Similarly, Bourgois and Schonberg's (2009) collection of visual images represent over a decade of collaborative photo-ethnography with a group of homeless injectors in an attempt to politicise the cultural relativism of social suffering of marginalised and dispossessed populations. However, the authors acknowledge an awareness of the potential for misinterpretation of their drug-focused images in stating, 'applying cultural relativism as a heuristic device to document the lives of drug users is often misconstrued as celebrating drug use' (Bourgois and Schonberg, 2009: 7).

Other research has included documentation of behaviour as part of experimental interventionist agendas and located within specific 'treatment' centres. Mihai *et al*. (2006) for example found that alcohol-dependent individuals that retrospectively viewed recordings of their own *delirium tremens* were less likely to suffer relapse than those that did not see such videos. Mihai *et al*. argue that the use of video in such a manner provided *some* therapeutic value in the treatment of dependency due to the collaborative and informative application of the method. Similar observational work has been conducted by Treloar *et al*. (2008) in a study of the injecting practices of service-users attending a safer injecting facility as part of a novel approach to hepatitis C (HCV) prevention. In recording participants' injecting practice and subsequently viewing this in a research setting, Treloar *et al*. (and their participants) were able to identify a number of unsafe practices throughout the injection process that had important implications for the transmission of HCV. As such, VM were interpreted as a way of reinvigorating HCV prevention efforts amongst IDU. Both of these studies have policy-orientated implications when considered in the treatment of dependency/health issues and accordingly may be interpreted as providing opportunities for developing *innovative* intervention via *innovative* method.

In summary, the distinction between these VM genres is one that relates to the method used in acquiring visual data. That is, whereas both documentary and documentation provide data of academic, illustrative and informative value, the latter has greater potential to further inform analysis as well as the agendas of non-academic, interventionist audiences. Such benefits are directly attributable to collaborative methods employed with active research participants (Bourgois and Schonberg, 2009). Indeed, it is perhaps this collaborative and participatory design that provides potential for application within a wider range of disciplines and/or behavioural contexts and especially those with a specific health agenda (e.g. nutrition and diet) but perhaps also for most areas concerned with behavioural outcomes.

A Cautionary Note on Interpretation

In 1962 the artist Stan Lee coined the phrase 'with great power there must also come great responsibility' (Lee, 1962) and although describing one of his animated creations, it may also be applied to methodological innovation within the social sciences. This could not be more appropriate in the field of VM, and even more so when used in conjunction with an ethnographic inquiry of sensitive issues such as homelessness and/or injecting drug use. Previous researchers (Bourgois and Schonberg, 2009; Fitzgerald, 2002; Rhodes and Fitzgerald, 2006) in such fields have stressed that photography and ethnography are both methods that have potential to consolidate existing power structures and may legitimise the continued marginalisation and/or repression of populations considered 'other'. This is due to the capacity of ethnographers to become inadvertent 'conduits of power' (Bourgois and Schonberg, 2009: 11) in providing an academic bridge between social structures and socially and economically disadvantaged populations. Likewise, Rhodes and Fitzgerald (2006) warn that images of particular groups (e.g. IDU) may reproduce negative stereotypes that also contribute towards their ongoing discrimination. This echoes Fitzgerald's (2002) argument that drug photography has a tendency to be 'eroticised and exoticised' and provides images of 'dark, seedy, secret worlds … (that) can have the effect of Othering the subject' (Fizgerald, 2002: 374). One example of this particular sensationalist genre may be Clark's (1971) photo-essay of amphetamine injectors that portrays a world of sex, violence and hedonism in small town America. Visual images therefore have the potential to create (and further) social distance between the powerful and powerless (Rose, 2001) as well as distort the reality of social and physical suffering, and accordingly 'letting a picture speak its thousand words can result in a thousand lies' (Schonberg and Bourgois, 2002: 388).

Such discrepancies regarding the 'meaning' of visual images have been discussed at length by Rose (2001) who argues that disputes typically relate to differences in opinion regarding one of three 'sites' of interpretation. These sites concern the production of image; the image itself and how this may be viewed (or 'audienced') by different spectators. Accordingly, Rose defines the site of production as the circumstances surrounding the creation of visual representations (including technology, pose and/or naturalistic settings) and the degree to which these have been manipulated or shaped by the image taker. Secondly, images influence ways of seeing and contribute towards the contextualising of social practice and behaviour which may again be influenced by the photographer's own personal reasons for taking particular pictures. Finally, Rose describes the process of image renegotiation and rejection by different audiences (including gender and those from different historical periods). The point being expressed here is that images are as open to interpretation as they are manipulation and that they do not necessarily provide conclusive truths; and reflect experience and varying degrees of power and ambiguity (Becker, 1974).

Due to the power inherent with VM (latent or otherwise) it is therefore necessary to emphasise the need for all visual researchers to employ considered and rigorous ethical protocols within such data collection strategies. In addition to those advocated by the British Sociological Association (Visual Sociology Group)[ii], other ethical procedures employed in the current setting included notifying the relevant authorities that such street-based research was taking place (and obtaining a 'comfort letter' from a relevant body in the event of any challenge to taking photographs of particular settings); meticulous informed consent procedures with respondents and maintaining the anonymity and confidentiality of all participants throughout fieldwork. Indeed, of almost 400 photographs and over 1 hour of video footage, only one image of a drug-user participant was taken[iii], as all lenses were principally focused upon the environmental settings of injecting drug use.

Visual Methods: Public Injecting in the city of Plymouth (UK)

As an illustration of the employment of VM in the field of public health, reference is now made to research that incorporated such methods throughout fieldwork in a study of injecting drug use in public settings (such as toilets, car parks and other amenities). This was located in the city of Plymouth (in the county of Devon in the South West of England) and concerned the way in which different environments used for injecting drug use affect health risk due to the manner in which they are situated (environmentally, socially and/or spatially).

Fieldwork predominantly rested upon 'traditional' qualitative data collection methods (semi-structured interviews and ethnographic observation) but was complemented by VM (photography and video) in a variety of street-based settings. The collection of *visual* data took place in two distinct stages of fieldwork. Photography was used prior to any interviews with drug users in order to document known public injecting sites. This was followed by semi-structured interviews with 31 current public injectors; of which 7 were invited to participate in a street-based video-ethnography of outdoor settings they had previously visited for injecting purposes. Each aspect of these visual procedures is discussed separately below.

The Academic Rationale for Applying Visual Methods in the Field of Public Injecting

The application of VM sought to determine the social organisation of injecting environments, from both an individual and collective perspective, and in so doing, aimed to identify associative health-harms within such places. Primarily, VM aimed to provide representations of public injecting and to 'visualise' verbal accounts of respondents' experiences obtained during semi-structured interviews (that took place prior to any video recording of public injecting sites). VM also aimed to represent the lived-experience of public injecting, including the range of emotional, sensory and situational factors that are embedded within street-based drug use. In short, the overall rationale for applying VM was to develop an alternative way of understanding the public injecting phenomenon through the application of non-conventional research strategies (Pink, 2004). From a *sociological perspective* however, it was envisaged that such an alternative approach would contribute towards a wider understanding of the inter-relationship between local structures within the macro-environment (relating to policy, practice and enforcement); those of individual agency (IDU) and specific micro injecting environments located throughout Plymouth. In applying various VM in this field it was anticipated that a more complete understanding of the social and political constraints that contribute towards the 'risk environment' (Rhodes, 2002, 2009; Rhodes *et al*., 2005) and associated harms would emerge in a manner more nuanced than from more 'interview focused' research methods. This aim is perhaps made more pertinent by Fitzgerald's (2009) suggestion, (in a discussion of drug dealing risk environments), that place is shaped by experience and is modified by the relationship between individual agency and structural forces. Therefore, this unconventional qualitative research within drugs research aimed to uncover the social, political and cultural contexts (Keller *et al*., 2008) of public injecting drug use and identify a range of harms associated with this behaviour (located within both the macro and micro environment).

The Non-Academic Rationale for applying Visual Methods in the Field of Public Injecting

The use of VM also aimed to develop an exploratory synthesis of academic and applied visual sociology, in a manner similar to that emerging in other disciplines (Pink, 2007a). It was envisaged that the inclusion of such a method would inform the academy whilst simultaneously providing practicable data for multi-agency intervention at a local (and potentially, national) level. As such, this approach was designed to contribute towards the development of an 'applied visual sociology' in making a bridge between epistemology and intervention.

To build this bridge, it was necessary to become involved in a process of 'cultural brokerage' (Chalfen and Rich, 2007; Pink, 2007a), involving the collation of views of one group (e.g. IDU) and re-presenting these to a distinctly different group (e.g. Drug and Alcohol Action Teams [DAAT][iv]), in which the research serves to inform and direct specific social intervention. Pink (2007a) emphasises that it is this 'applied' nature of visual research that differentiates it from a more 'academic' orientation, in which the former contributes to social change as a result of participatory, collaborative research with participants from a given field. In this instance, 7/31 respondents (all with recent experience of injecting drug use in a public setting) participated as such 'collaborators' in drug-related research within a variety of street-based settings.

Documentary Data of Public Injecting: Photography and Field Procedures

The initial stages of fieldwork involved a rapid appraisal of public injecting throughout Plymouth's city centre in order to determine the nature, level and locations of this activity prior to any interviews with local IDU. This was a necessary 'mapping' exercise, as formal documentation of public injecting was unavailable and existing knowledge was limited or based upon assumption and hearsay. One aspect of this rapid appraisal therefore involved 'walk and talk' tours (Pink, 2007b, 2008; Rhodes and Fitzgerald, 2006) of Plymouth with representatives from various agencies who were familiar with street-based injecting as a consequence of their particular employment. During these sessions, photographs were taken of known injecting sites including evidence of drug-related litter (DRL). Images of the latter were taken as confirmation that sites were used for injecting purposes and could be used as clarification of rumour and/or hearsay. A further rationale for taking such pictures was for the researcher to become familiar with injecting environments, in which a visual database provided opportunities to 'revisit' such locations whenever necessary and provided descriptive data that may have been overlooked when completing fieldnotes after each successive walk and talk tour. However, the main reason for taking such images was to provide guidance in designing a semi-structured interview schedule to be used in future meetings with the respondent IDU sample. Indeed, this latter aspect of data collection was greatly influenced, (although in an inverted format), by Suchar's (1997) 'shooting scripts' model.

Suchar (1997) developed a framework for conducting visual research in a study of the effects of gentrification upon an urban area of Chicago. This procedure involved the compilation of questions that needed to be answered using photographs (for example, 'what stores/businesses are located in particular environments?'). Suchar terms these questions as 'shooting scripts' as they provide guides for both photographic and sociological inquiry, and give structure and direction to the relevant fieldwork. In the present setting however, these guidelines were inverted and photographs were taken in order to inform the questions to be asked of the future sample. In compiling over 150 pictures of injecting environments prior to any such interview, the researcher was able to identify numerous themes of commonality and difference within and across injecting sites (such as cleanliness, dirt, marginality, seclusion and contact with others). Such themes therefore informed the topics included in the interview schedule in which there was a direct correlation between question and image (although at no point during procedures did interview respondents view the images taken). In short, whereas Suchar advocates that 'shooting scripts involve the creation of a series of categories of photographic evidence to be collected and questions to be explored' (Suchar, 1997: 36), in the present setting this became 'scripts shot' (i.e. photographs) that generated a series of questions to be organised and asked at a future date. Accordingly, the application of photography may be considered as an inductive research process in which observations (photographs) of injecting sites were used to formulate modes of inquiry regarding the use and effect of place upon injecting drug use. Photography, in the present setting, should therefore *not* be considered as a positivist, deductive device that sought to confirm (or otherwise) particular theories relating to public injecting. In this regard, the more interpretive framework of *inductive* research methods greatly assisted the overall design (and direction) of the wider qualitative study in which the 'added value' of VM became apparent as the study progressed.

The Added-Value of Photography as Research Method

As a consequence of attending and photographing public injecting sites prior to any interview with IDU, the researcher became familiar with over 40 known injecting sites and had acquired an awareness of the environmental circumstances contained within such locations via the aforementioned walk and talk tours (albeit from the perspective of agency employees and representatives). Such grounding in local issues also provided a geographic understanding of injecting locations later discussed in drug-user interviews and provided a knowledge base upon which the veracity of participant responses could be assessed.

In addition to the above, two[v] further significant outcomes were to emerge from the photographic database of injecting sites. These aspects of added-value are discussed below as *Typology of Descending Safety* and *Forensic Resource*.

Typology of Descending Safety

At the conclusion of the rapid appraisal described above, a database containing over 150 images of public injecting sites was established. Due to the nature and content of these photographs, it was possible to 'code' these data in a manner similar to that concerning textual data (e.g. using qualitative software packages such as Nvivo). This was due to the wide range of environments visited and the diversity within their respective physical and social milieux. In analysing all images as a complete set, it was possible to identify a series of constants that emerged from the visual data relating to socio-environmental diversity and commonality. Consequently, the photoset was coded into categorical nodes such as 'Place', 'Sanitation and Hygiene', 'Danger', 'DRL', 'Barriers' and 'Presence of Others'.

Following this categorical classification, further nodal analysis produced findings relating to each individual theme. For example, analysis of the 'Place' category produced important findings that related to the various physical environments in which drugs are prepared and injected. In short, these settings were coded into one of three categories; namely, 'controlled', 'semi-controlled' and 'uncontrolled' environments; in which 'control' refers to the level of safety and hygiene from a harm reduction perspective (rather than any Foucauldian notions of power and dominance). From such an interventionist-viewpoint, those environments considered 'uncontrolled' were the least safe and posed significant risks of drug-related harm as a direct consequence of the immediate environment. To illustrate, a disabled toilet in a shopping centre is considered a 'controlled' injecting environment (due to adequate space, lighting, sanitation and hygienic surfaces) in contrast to 'uncontrolled' settings such as doorways and rooftops in isolated street-based locations (that provide none of the aforementioned 'safety' features). Indeed, it was possible to establish a typology of descending safety in which injecting sites could be placed within a league table that pertained specifically to risk environments (see Appendix 1.). This is perhaps significant as such findings have important harm reduction implications that will be of value to services concerned with minimising hazard in such settings.

Forensic Resource

A second aspect of added-value emerged from a *re-analysis* of visual data following the completion of all interviews with the respondent sample. For example, throughout interviewing the issue of discarded needles and syringes often provoked emotional outbursts from respondents regarding the littering practices of other drug users (ODU). Overall, there was recognition that reckless discarding posed health and safety risks to ODU, children and members of the public in community settings. Due to this awareness there was unanimity throughout the sample that they did not engage in practice that was considered anti-social and abhorrent. Although caution should be noted here regarding a potential 'interviewer effect' (in which respondents attempt to portray themselves in a positive light by 'under reporting' any involvement in sensitive/controversial issues), many of the sample provided details of their own individual discarding strategies. When disposal did not involve the use of personal 'sin bins'[vi], discarding at public injecting sites involved snapping off needles and leaving syringes *in situ*, placing used equipment into cans, drains, toilets or by plunging needles into soil/soft earth. Respondents were cognisant that such strategies were not ideal and conceded that it was not entirely appropriate. However, those concerned were equally adamant that such practice minimised the risk of needlestick injury in various settings and stressed the reduced potential for viral infection from such discarding strategies.

Post-interview analysis of photographs taken during the rapid appraisal exercise appeared to illustrate many of these claims relating to 'inappropriate' discarding strategies, as numerous images were found to contain limited evidence of this practice. One such image is presented below (Figure 1.) and clearly shows 5 syringes discarded in an outdoor injecting site that was used on a daily basis by IDU (at a site of which many of the interview sample had direct experience). This particular site was used almost exclusively by drug users and was not a location frequented or attended by members of the general public. However, what is perhaps most striking about this image is the almost regimental manner in which the 5 items have been placed onto and into the earth. From this image one could assume at least 5 injecting episodes have taken place at this particular

spot, and each episode would almost certainly have not involved the same individual due to the frequency with which the site was used. As such, it is feasible to infer that multiple persons had injected at this spot and the equipment had been carefully positioned (rather than thrown aside in a random, haphazard manner) in an attempt to maintain some degree of 'safety' within this public injecting setting.

Further inspection of this image reveals other significant and relevant features of outdoor injecting; features that further illustrate and reflect the interview responses summarised above. Of the insulin syringes pictured, those numbered 1-4 have had the *fixed* needle removed from the syringe barrel, whereas Syringe 5 is partially submerged into the soil. This image (and others like it) would appear to provide a forensic resource of injecting behaviour previously described by respondents, in which attempts to 'make safe' used, discarded equipment may be visualised.

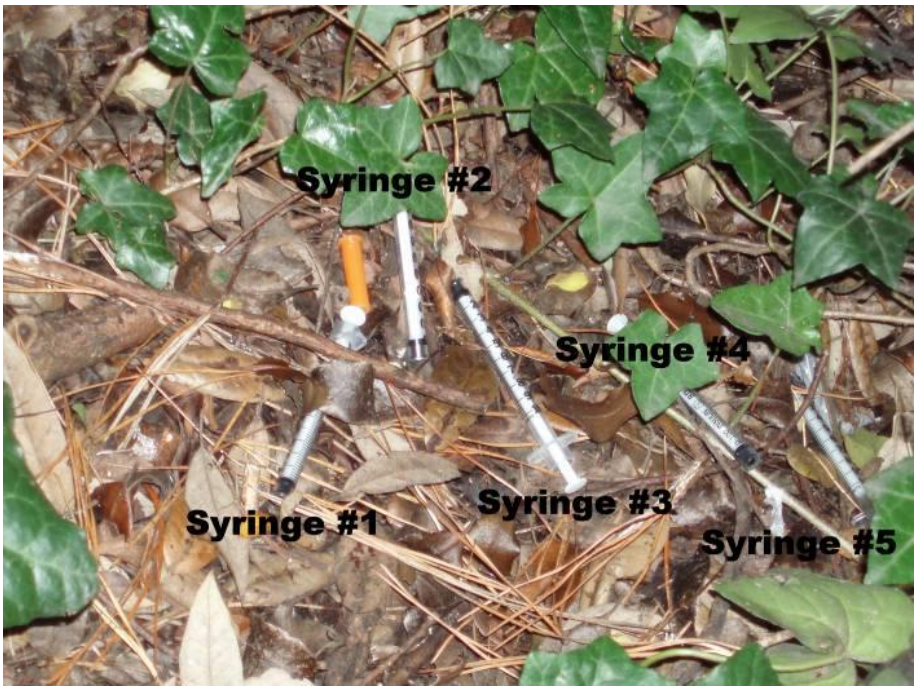

Figure 1.: Evidence of 'informal' (street-based) harm reduction practice?

The implications of this suggestion may not be immediately apparent, but has important connotations that pertain to the discussion above regarding the interpretation of images. Indeed, one should consider how this image, without the above analysis, may *likely* be viewed by, for example, journalists, police officers, nurses, or refuse collectors. One may anticipate that each of these individuals would provide their own subjective analysis that would typically concur with a negative portrayal of IDU. Indeed, it is likely that such images would justify demands for sanctions and reprisals against those responsible for public injecting. Accordingly, such subjectivity would perhaps overlook the attempts made by drug users to employ 'informal' (street-based) harm reduction practice that seeks to minimise the assumed health-risks associated with used, discarded needles; practice that extends to those that may seek to marginalise and discriminate. Indeed, some may argue that the multi-layered meaning of images perhaps demonstrates the unreliability of VM as a credible research tool. However, as Henley (1996) suggests, such varied interpretations of an image actually serves to enrich ethnographic description. Furthermore, he suggests that such visual data indicate a 'quality of thick *in*scription' (Henley, 1996: 12, original emphasis). Accordingly, VM provide data that can be a source of 're-analysis and re-interpretation' (*ibid*) that can contribute to the resituating of initial interpretation. Indeed, this became evident in the present setting; in which Figure 1. was initially viewed as merely a collection of randomly discarded syringes. The subsequent reanalysis, following drug user interviews, provided far richer (and perhaps more provocative) interpretations of the images concerned.

Documentation of Public Injecting: Video and Field Procedures

The collation of *video* data however, involved a more systematic approach than that described above concerning photography. Street-based visual research took place with a micro-sample of respondents obtained from the wider sample (n = 7/31) in which recruitment was based upon each respondent's overall public injecting experience (including frequency, range of sites used, drug-related harms experienced).

During each individual video session, each participant was asked to select up to six sites they had used for public injecting. As each site was visited, participants were asked to explain how, why and when these sites were accessed; recreate the processes of drug preparation[vii] and to describe the measures used to manage personal safety and risk avoidance. These responses were audio-recorded *in situ* (without the presence of others) in order to avoid conducting interviews 'on camera'. Subsequently, all injecting environments were visually recorded from the actual position in which participants had previously prepared and injected drugs. From these viewpoints, the immediate environments were recorded (where possible) in a 360 degree angle in order to fully capture the immediate physical surroundings used for public injecting. In this manner an attempt was made to instantiate respondents' 'skilled vision' (Grasseni, 2004) regarding the environmental qualities considered 'appropriate' for injecting drug use. This contributed to the representation of public injecting sites as such skilled vision provided advice and direction on appropriate camera positions for recording the sites visited. In this way, the researcher also gained a sensory and spatial appreciation of behaviour associated with public injecting; information that had not necessarily been articulated during the semi-structured interview process.

The Added-Value of Video as Research Method

The inclusion of video recordings as a research method was a means of concretising views previously obtained from participants' semi-structured interviews. In adopting the above procedures the aim was to obtain visual documentation of public injecting sites, based upon participatory and collaborative procedures with IDU. Namely, whereas the research interview had typically focused on *generic experiences* of public injecting, those recorded in the field focused on *specific environments* and events based on the experience and knowledge of the relevant sample. Whereas photography provided data that related to thick *ins*cription, video recordings of injecting sites provided opportunities to gather thick *de*scription data that illustrates and communicates the lived experience of public injecting (including structural constraints, as well as the social and physical barriers that attempt to minimise such activity); providing data not to be explained by the researcher, but data that provided opportunities for IDU to articulate explanations and accounts of an 'everyday activity' (in the context of their own lives). In this respect, VM were applied as a heuristic device for reflecting and interpreting the mundane (yet needful) practices surrounding public injecting.

It was further envisaged that 'observant participation' (Crossley, 2007) of public injecting sites would provide opportunities to acquire more credible representations of such environments. In collating all audio-visual data (from the generic to the specific) it was anticipated that an analytical depth of injecting sites would emerge. Furthermore, the ethnographic element of producing such visual recordings would provide an insight of the lived-experience of accessing injecting environments including contact with and/or problems associated with security, the general public and other environmental obstacles to injecting drug use. In this regard, the collection of visual data aimed to 'collapse spatio-temporal' (Lovejoy and Steele, 2007: 296) boundaries and thus provide opportunities to 'revisit' injecting sites as and when required (i.e. bringing the 'field' to the 'office'). Finally, it was also anticipated that such data would contribute towards the development of a visual narrative of injecting environments (in the form of a DVD production) for possible service development by local drug services.

Examples of Actual Added-Value

During VM fieldwork with 7 IDU, a total of 42 public injecting sites were visited, (36 of which were different settings), and each recorded from a variety of drug user perspectives. Post-fieldwork data analysis involved a synthesis of visual data, ethnographic interview and fieldnotes that each provided insights of the processes employed by drug users in their appropriation of public environments for drug using purposes. Each of the expected value-added outcomes described above were obtained, and examples of thick description data that emerged are presented below.

Accessing Sites

The process of gathering video-related data of public injecting sites involved accessing/exiting the places chosen by respondents in a manner that emulated their attendance of going there to use drugs. Furthermore, with the exception of public toilets, many of these locations were well concealed within the urban environment; located in hidden stairwells, small enclosed spaces and recessed doorways as well as within areas of city greenery (bushes and shrubs). Consequently, the nature of accessing/exiting many of these spaces involved moving at speed in a manner that would evade detection by the police, wider public and/or any relevant security staff (including surveillance cameras). The need for such urgent secrecy was primarily to avoid challenges for having no obvious, legitimate, purpose in specific places (for example, on land owned by the Ministry of Defence). A second explanation related to a need to maintain the 'privacy' afforded by hidden locations so that they remained unknown and unseen to those using such places 'legitimately' (e.g. within a stairwell of a business complex).

This aspect of public injecting cannot be understated due to the implications it carries for those attending *in situ*. Indeed, many respondents spoke of the need for haste and urgency whilst accessing/exiting public places and explained that this spatial exigency extended to their actual injecting behaviour. For example:

> That's what I call a 'rush-spot'; if you use in there you gotta be *really really* quick in case you get…. If there is an attendant in there they'll get to recognise ya face and if you're going in 2-3 times a day sort of every day, they will get a bit suspicious and call the police in.
>
> (Video Participant [VP]002, Male, Aged 29; original emphasis)

Rushing

The rushed technique described above may also extend to injectors 'slamming' the syringe plunger during injection; that in turn provides a more rapid delivery of the drug to the bloodstream. The sudden rush of opiates (such as heroin) into the bloodstream may produce physical effects similar to those of overdose (including confusion and fainting) due to an abrupt depletion of oxygen to the brain. This phenomenon is known as 'cerebral hypoxia' and is a common effect of injecting heroin use (Dursteler-MacFarland *et al*., 2000) that may be mistaken as overdose amongst drug users. This can be illustrated with the following respondent's account of such an experience that was recounted outside the public lavatory in which it had occurred:

> … one of my mates conked out once, an' me an' my other mate had one leg an' one arm each side of him. An' we had to carry him out the toilet up to here, (up two flights of stairs to street level), an' all the way up to the top of town (approximately 500 metres) on the grass an' leave him there, where he was out of view of everyone till he came round a bit. That was the worst. … but me an' my mate having to carry someone through town an' that! S'fucking pretty embarrassing innit?
>
> (VP006, Male, Aged 23)

Overdose

However, for others, actual overdose (as opposed to cerebral hypoxia described above) was a feature of the lived-experience of injecting sites they had chosen to frequent. In fact, the reality of overdose was not only a unanimous concern within the visual sample of 7 respondents, but also amongst the wider sample of 31. For example, 32% (n = 10) of the wider sample had ever overdosed in an outdoor location and 77% (n = 24) had witnessed a friend or associate overdose in either indoor or outdoor locations. During visual data collection, several respondents made remarks similar to the following in connection with their own outdoor injecting experience:

> I overdosed up here once. I was with some other people and I was lucky I was with them cos they had a mobile phone on them and called the ambulance. I remember waking up with all these yellow jackets around me and they said I was lucky to be alive really.
>
> (VP001, Male, Aged 34)

Furthermore, those involved in all aspects of the research appeared cognisant of the dilemma presented by the need to access places of privacy and seclusion in an attempt to conceal their preparation and injection of drugs, whilst simultaneously recognising such isolated places may present hazardous consequences to their health/life in the event of overdose. This is evident in the following video-respondent's account of an isolated injecting site on the outskirts of the city centre:

> Because coming here, you're out of people's way. But then, if you go over, nobody knows you're here do they? So you've got that risk ain't ya, and the seclusion an that.
>
> (VP005, Female, Aged 35)

Injecting Environments

A further feature noted within numerous injecting sites was the accumulation of dirt, debris and drug-related litter. Accessing such sites on occasion was an overwhelming sensory experience involving pungent, overpowering smells coupled with a lack of adequate lighting within enclosed environments in which the slightest sound echoed all around. Such environmental conditions are also of significance as they provide the sanitary conditions in which drugs are prepared for injection. That said, there appeared to be respondent-wide acceptance of such conditions, in which the cleanliness of the immediate injecting environment *was* a concern but *not* a priority. The following fieldnote illustrates this paradox of need:

> Throughout the ascent to the top floor of the car park, the stairwells stunk of urine. Respondent explained that this didn't matter if you were ill and desperate for a hit as you knew it wouldn't be long before feeling well again! (The actual injecting site) was covered in pigeon excrement and there was various drug-related litter scattered around. (The site) was incredibly unpleasant to see and smell. (Respondent) explained that this was a place other people brought him to and was not necessarily one he would choose to visit alone. On these occasions he would come because his associates had the drugs. To question their choice of place may have negated access to his share of whatever was available, and to refuse to accompany on the basis of 'preferred place' may deny access to the drug on offer. As such, injecting partners may expose one another to place-based risk as a result of compliance to this particular mediation.
>
> (Fieldnotes, July 2008)

Similarly, all video-respondents reported varying degrees of contact with (used and unused) discarded injecting equipment at all sites recorded during fieldwork. Nevertheless, the issue of drug-related litter in public injecting sites was an emotive issue within the sample, and those involved tended to speak pejoratively of injectors that were involved in such littering behaviour. Not only was this considered to be unacceptable practice but was also viewed as a way in which injecting sites were identified to the relevant authorities in which they were located. Similarly, concerns were expressed regarding the potential for needlestick injury in such sites and the potential for blood-borne virus transmission. For example:

> It's probably half a dozen (injectors) that come up here regularly and just discard it. … That's gotta be a health hazard innit? Y'know, Hep? Hepatitis an' all that? It only takes to get stabbed by a needle an' you're fucked aint ya?
>
> (VP004, Male, Aged 38)

Similarly, VM provided opportunities for respondents to explain the minutiae surrounding drug-related litter (based upon their skilled vision, experience and construal appreciation of environments visited). This may be illustrated in the following Field Journal extract:

> Inside the toilet cubicle was a coke can that had been used as a cooker and there was an opened needle pack on the floor. (Field Assistant) believed somebody was going to go back and inject again as most of the equipment was still inside the pack. Respondent countered this and explained that such mass discarding was typical, as users will not necessarily keep the whole 10-pack of needle and syringes; instead, using only one set of works for a single hit (and discard the remainder).
>
> (Fieldnotes, June 2008)

The Value of Visual Methods in Drug-Related Research

The application of VM in the present study greatly enriched the wider research process. Employing such a strategy involved ethnographic participation in accessing/attending/exiting sites used for public injecting and in so-doing provided the researcher with an insight of the lived-experience of such activity. Indeed, the collection of visual data became a process that emulated the traditional procedures surrounding participant observation. This was due to spending periods of extended engagement (3 hours per session) with each participant in various locations throughout the city of Plymouth. In this respect, VM were almost incidental to the process of participants relaying and articulating movement and motion, experience and knowledge, throughout the various injecting niches spread across the city centre. Similarly, in conducting participatory fieldwork with a sample of current public injectors, the research was greatly informed by the skilled vision of those with recent experience of such settings. Such conclusions alone achieved the primary purpose in applying VM in the field; as they served to concretise semi-structured interviews and consolidated these responses with a wealth of thick description data obtained from ethnographic inquiry.

Furthermore, visual data contributed towards more nuanced insights pertaining to injecting behaviour, its socio-spatial context, the social meaning drug users attach to such places and how each of these were made meaningful to the researcher. For example, analysis of visual data provided a typology of public injecting sites that was premised upon safety and hygiene (with important harm reduction implications). Similarly, the pre- and post-interview analysis of photographs established these as an informative, forensic resource that directed questions to be asked and *illustrated* answers given at a later stage of the study.

In addition, the visual data obtained throughout the study may be used to validate the wider-findings that suggest public injecting sites are isolated and peripheral places that are temporarily appropriated as a means to address injecting needs, in which subsequent injecting practice may be rushed or involve inappropriate administration procedures. Although public injecting sites provide temporary shelter to conceal drug use, they simultaneously conceal incidents of drug-related harm (such as overdose). Similarly, public injecting sites may be characterised by unsanitary conditions that may impact upon injecting hygiene and/or the preparation of drugs. Drug users appeared cognisant of these place-based hazards and vocalised both an acceptance of and a preparedness to take injecting-related risks in such settings. Indeed, the *amplification of risk* appears to emerge as *an* effect of place on health-risk and such tentative conclusions expect to be confirmed in the continued ongoing analyses of the various (visual and textual) datasets obtained during fieldwork.

From a more methodological perspective however, the *VM* that complemented more conventional qualitative techniques (interviews, observations) throughout this research serve to further validate wider understandings of public injecting in the present setting. This is made possible by the process of triangulation, described by Quine and Taylor (1998) that seeks *completeness* (not confirmation) of such understanding. Such completeness is made possible by interrogating different facets of a given phenomenon in order to obtain a

more holistic (and complete) interpretation through the variety of accounts and experiences concerned (in this case, the interrogation of photography, interview and video data, with agency representatives and IDU; each concerning the issue of public injecting). Such triangulation strategies are frequent within qualitative research (Quine and Taylor, 1998) and should not be confused with triangulation via convergence; involving seeking confirmation of understanding via mixed and multi- methods (quantitative and qualitative) research (*ibid*).

Perceived Benefits of Visual Methods in Public Health Research

The visual data outlined throughout this paper have, to date, provided both immediate and long-term benefits. For example, they have influenced decisions by harm reduction practitioners (in the local setting) to introduce a pilot service within community pharmacies concerning the distribution of *single* sets of injecting equipment. It is anticipated that this service will complement the existing distribution of needle/syringe multi-packs in an attempt to minimise the discarding of excess equipment in street-based locations. Other visual data (photographs) have provided documentary material within a number of local, influential reports made available to the relevant Drug and Alcohol Action Team (the body responsible for commissioning and co-ordinating local drug and alcohol services). Finally, a more long-term benefit (and currently ongoing) will be the production of a *pedagogic* DVD for distribution amongst local drug services that provides documentation of the effects of place on health risk in the context of public injecting. Added-value will be inherent in the permanency of these data (in which particular settings can be viewed with relative ease and as frequently as required without having to actually access the field) and possibly provide service-relevant detail/application for practitioners that may have been overlooked by the research team. Furthermore, this project will aim to visualise particular risk environments that may have particular value for those with little/no work experience of accessing such locations and provide a nuanced insight into the clandestine settings that influence known drug-related hazards.

In conclusion, the added-value of VM within qualitative research (concerning injecting drug use) has provided a number of benefits. These include those of an academic orientation but also extend to the development of local harm-reduction drug services and applied intervention. In short, VM appear to have met the potential described below that emphasises the value of such data:

> Visual data are powerful ways of hitting home a research finding and raising new questions for research as well as potentially creating the evidence required to bring about a policy change. (Rhodes and Fitzgerald, 2006: 360)

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References

Adams, A. (2009) *Vietnam.* Umbrage Editions: New York.
Banks, M. (1998) 'Visual Anthropology: Image, Object and Interpretation', in J. Prosser (ed.) *Image-based Research*. Falmer Press: London.
Banks, M. (2001) *Visual Methods in Social Research*. Sage Publications: London.
Becker, H.S. (1974) 'Photography and sociology', *Studies in the Anthropology of Visual Communication* 1(1): 1-26.
Becker, H.S. (1998) 'Visual Sociology, Documentary Photography and Photojournalism: It's (almost) all a Matter of Context', in J. Prosser (ed.) *Image-based Research*. Falmer Press: London.
Bourgois, P. and Schonberg, J. (2009) *Righteous Dopefiend.* University of California Press: Berkeley.
Burrows, D. (2002) 'Power of the picture: A personal account of the use of photographs by Ranard in harm reduction training', *International Journal of Drug Policy* 13: 393-395.
Chalfen, R. and Rich, M. (2007) 'Combining the applied, the visual and the medical: Patients teaching physicians with visual narratives', in S. Pink (ed.) *Visual Interventions: Applied Visual Anthropology.* Berghahn Books: New York.
Chong, D. (2001) *The girl in the picture: The remarkable story of Vietnam's most famous casualty.* Scribner, (Simon and Schuster UK Ltd), London.
Clark, L. (1971) *Tulsa.* Grove Press: New York.
Crossley, N. (2007) 'Researching embodiment by way of 'body techniques'', *The Sociological Review* 55, Supplement 1: 80-94.
Davey, G. (2008) 'Twenty years of visual anthropology', *Visual Anthropology* 21(3): 189-201.
Dovey, K., Fitzgerald, J. and Choi, Y. (2001) 'Safety becomes danger: Dilemmas of drug-use in public space', *Health and Place* 7: 319-331.
Dursteler-MacFarland, K.M., Stormer, R., Seifritz, E., Hug, I., Muller-Spahn, F., Ladewig, D. and Stohler, R. (2000) 'Opioid-associated effects on oxygen saturation in humans', *Addiction* 95(2): 285-287.
Evans, J. and Hall, S. (1999) *Visual culture: the reader.* Sage Publications: London.
Fitzgerald, J.L. (2002) 'Drug photography and harm reduction: Reading John Ranard', *International Journal of Drug Policy* 13: 369-385.
Fitzgerald, J.L. (2009) 'Mapping the experience of drug dealing risk environments: An ethnographic case study', *International Journal of Drug Policy* 20: 261-269.
Grasseni, C. (2004) 'Video and ethnographic knowledge: Skilled vision in the practice of breeding', in S. Pink., L. Kurti and A.I. Afonso (eds.) *Working Images: Visual Research and Representation in Ethnography.* Routledge: London.
Harper, D. (1998) 'An Argument for Visual Sociology', in J. Prosser (ed.) *Image-based Research*. Falmer Press: London.
Harper, D. (2004) 'Photography as Social Science Data', in U. Flick., E. von Kardoff and I. Steinke (eds.) *A Companion to Qualitative Research*. Sage Publications: London.
Harper, D. (2006) *Good company. A Tramp Life. (updated and expanded edition).* Paradigm Publishers: London.
Henley, P. (1998) 'Film-making and ethnographic research', in J. Prosser (ed.) *Image-based Research.* Falmer Press: London.
Henley, P. (1996) *The promise of ethnographic film*. Stirling Lecture at the 5th International Festival of Ethnographic Film, November 1996. University of Kent at Canterbury. http://www.kent.ac.uk/anthropology/department/stirling/henley.pdf
Accessed 5 May 2009.
Keller, C., Fluery, J., Perez, A., Ainsworth, B. and Vaughan, L. (2008) 'Using visual methods to uncover context', *Qualitative Health Research* 18(3): 428-436.
Lee, S. (1962) *Amazing Fantasy* #15. Marvel Comics.
Lovejoy, T. and Steele, N. (2007) 'Engaging our audience through photo stories', in S. Pink (ed.) *Visual Interventions: Applied Visual Anthropology.* Berghahn Books: New York.
Malins, P., Fitzgerald, J.L. and Threadgold, T. (2006) 'Spatial 'folds': The entwining of bodies, risks and city spaces for women injecting drug users in Melbourne's central business district', *Gender, Place and Culture* 13(5): 509-527.

Mihai, A., Damsa, C., Allen, M., Baleydier, B., Lazignac, C. and Heinz, A. (2006) 'Viewing videotape of themselves while experiencing delirium tremens could reduce the relapse rate in alcohol-dependent patients', *Addiction* 102: 226-231.

Ostherr, K. (2002) 'Contagion and the boundaries of the visible: The cinema of world health', *Camera Obscura 50* 17(2): 1-39.

Ostherr, K. (2005) *Cinematic prophylaxis: Globalization and contagion in the discourse of world health.* Duke University Press: Durham.

Parkin, S. and Coomber, R. 2009. Public injecting and symbolic violence. *Addiction Research and Theory*, 17, (4) 390-405.

Pink, S. (2004) *Home Truths. Gender, Domestic Objects and Everyday Life.* Berg: Oxford.

Pink, S. (2007a) 'Applied visual anthropology: Social intervention and visual methodologies', in S. Pink (ed.) *Visual Interventions: Applied Visual Anthropology.* Berghahn Books: New York.

Pink, S. (2007b) 'Walking with video', *Visual Studies* 22(3): 240-252.

Pink, S. 2008. Mobilising visual ethnography: Making routes, making place and making images. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 9, (3).
http://www.qualitative-research.net/index.php/fqs/article/view/1166/2575 Accessed August 2009

Prosser, J. (1998) 'The Status of Image-based Research', in J. Prosser (ed.) *Image-based Research*. Falmer Press: London.

Quine, S. and Taylor, R. 1998. Methodological strategies. In: Kerr, C., Taylor, R. and Heard, G. (Eds) *Handbook of public health methods.* McGraw-Hill, Sydney. pp 17-23.

Ranard, J. (2002) 'A little less shock and more therapy', *International Journal of Drug Policy* 13: 355-367.

Rhodes, T. (2002) 'The 'risk environment': A framework for understanding and reducing drug-related harm', *International Journal of Drug Policy* 13: 85-94.

Rhodes, T. (2009) 'Risk environments and drug harms: A social science for harm reduction approach', *International Journal of Drug Policy* 20: 193-201.

Rhodes, T., Briggs, D., Holloway, G., Jones, S. and Kimber, J. (2006) *Visual Assessments of Injecting Drug Use: A Pilot Study.* National Treatment Agency for Substance Misuse, Centre for Research on Drugs and Health Behaviour, Imperial College London.

Rhodes, T. and Fitzgerald, J. (2006) 'Visual data in addictions research: Seeing comes before words?', *Addiction Research and Theory* 14(4): 349-363.

Rhodes, T., Singer, M., Bourgois, P., Friedman, S. R. and Strathdee, S. A. (2005) 'The social structural production of HIV risk among injecting drug users' *Social Science and Medicine* 61: 1026-1044.

Rose, G. (2001) *Visual methodologies. An introduction to the interpretation of visual materials.* Sage Publications: London.

Ruby, J. (2005) 'The last 20 years of visual anthropology - a critical review', *Visual Studies* 20(2): 159-170.

Schonberg, J. and Bourgois, P. (2002) 'The politics of photographic aesthetics: Critically documenting the HIV epidemic among heroin injectors in Russia and the United States', *International Journal of Drug Policy* 13: 387-392.

Suchar, C. S. (1997) 'Grounding visual sociology research in shooting scripts, *Qualitative Sociology* 20(1): 33-55.

Taylor, A., Fleming, A., Rutherford, J. and Goldberg, D. (2004) *Examining the Injecting Practices of Injecting Drug Users in Scotland.* Effective Interventions Unit, Scottish Office: Edinburgh.

Treloar, C., Laybutt, B., Jauncey, M., van Beek, I., Lodge, M., Malpas, G. and Carruthers, S. (2008) 'Broadening discussions of 'safe' in Hepatitis C prevention: A close-up of swabbing in an analysis of video recordings of injecting practice', *International Journal of Drug Policy* 19: 59-65.

Vokes, R. (2008) 'On ancestral self-fashioning: Photography in the time of aids', *Visual Anthropology* 21(4): 345-363.

Appendix 1

A Typology of Descending Safety.

(a harm reductionist perspective of the environmental conditions within public injecting sites: rated *from safety to danger*)

Controlled Sites (most safe)

Disabled Toilets
Supervised Toilets
Fast Food Restaurant Toilets
Isolated Toilets

Semi-Controlled Sites

Areas containing Blue Lights
Supervised Car Parks
Unsupervised Car Parks
Unsupervised Toilets
Stairwells
Parkland
'Red Light District' (street-based sex work)
Central Reservations
Railway Lines/Tracks/Bridges/Tunnels

Uncontrolled Sites (least safe)

Abandoned/Derelict Buildings
Opportunistic Sites (Phone Boxes, Behind Street Bins)
Rough Sleeping Sites (Doorways, Rooftops)
Secluded Alleyways

Footnotes

[i] An international agency dedicated to medical and humanitarian aid.

[ii] Details of which can be found at http://www.visualsociology.org.uk/BSA_VS_ethical_statement.pdf (accessed 07/02/2009)

[iii] One respondent demonstrated how a crack-pipe could be made from various debris scattered around a public injecting site. During this demonstration, the video camera focused upon the respondent's hands and anonymity was maintained throughout.

[iv] The body responsible for commissioning and co-ordinating local drug and alcohol services.

[v] That is, to date. Visual analysis of all images is currently ongoing (May 2009).

[vi] In*cin*eration bins: small containers distributed with needles and syringes for personal, safer disposal.

[vii] No drugs or paraphernalia were used throughout this exercise.