



The Experience of Safety, Harassment and Social Exclusion Among Male Clients of Sydney's Medically Supervised Injecting Centre

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Abstract

Research on drug harm reduction services has found these operate as a safe haven from health harm. Less is known about the wider sense of security experienced by clients of such services as a counterbalance to social marginality in their daily lives. As part of a larger study of the experience of violence among Australian men, the authors completed 20 qualitative semi-structured interviews with male clients of Sydney's Medically Supervised Injecting Centre (MSIC) in 2016–2020. These were conducted anonymously in a private clinical room inside the MSIC and focused on aspects of drug use and general life experiences of violence, law enforcement, safety and security. Interviews were analysed by thematic content through a combination of preliminary and second close readings. Our analysis found that the MSIC consistently acted as a reprieve from harassment and violence from police and members of the public, conflict in drug deals, and general social exclusion.

Keywords

Violence; policing; safety; drug use; safe injecting facilities; SIF.

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Introduction

Harm reduction services have long been concerned with making drug use safer. Indeed, there is much public health literature focused on how needle and syringe programs, overdose prevention and safe injecting facilities (SIF) in North America and Eastern Europe protect against the transmission of blood-borne viruses, such as HIV and Hepatitis C (Cooper et al. 2005; McLean 2012; Sarang et al. 2010; Sherman et al. 2009; Sarang et al. 2008; Sherman et al. 2008) and act to reduce overdose (Kerr et al. 2007). Beyond public health measures like overdose prevention and the transmission of blood-borne viruses, qualitative research from North America has also signalled how supervised consumption sites cater to some broader understanding of safety, including a sense of social connection, links with social services and protection from violence in drug markets (Kerman et al. 2020).

Even in the context of unsanctioned overdose prevention sites in North America, which provide supervised injecting services, it was found that clients felt a strong sense of community belonging that juxtaposed against the significant stigma they are otherwise subject to (Foreman-Mackey et al. 2019; Bardwell et al. 2018). In qualitative accounts of the provision of supervised drug consumption sites with women who inject drugs, these services have also been found to interrupt the violence that occurs in less regulated settings (Boyd et al. 2018; Bardwell et al. 2021). Taken together, public health and qualitative research provide a strong empirical foundation for the sense of safety experienced by clients of North American supervised injecting services.

However, less has been written about the Australian context and this much wider sense of safety that is derived from the use of harm reduction services. In the first instance, there are some empirical accounts of the most longstanding supervised injecting service in the country, Sydney's MSIC (operating from 2001), that referenced client understandings of safety, which also provide contextual material for this. Kimber and Dolan noted that the need for shooting galleries in the inner-city of Sydney, which were '*safe places to inject*' (2007: 261), slowly diminished after the establishment of the MSIC. Rance and Fraser's (2011) study of client logbook entries at the MSIC illustrated how careful supervision of an otherwise highly stigmatised practice such as injecting produced a form of 'accidental intimacy' around the physical act of injecting. The first author also conducted research with people who injected pain medications, which included illustrative examples of how the MSIC can empower the agentive capacity of clients in strategies to regulate drug use (Dertadian 2019).

To expand on this understanding, in this paper, we provide evidence of what constitutes the broader sense of security and safety experienced by (male) clients of the Sydney MSIC that both includes and exceeds issues of health and protection from disease and overdose. It offers a qualitative account of how the centre's clients feel a deeper sense of protection against police brutality, drug market violence, public harassment and aspects of homelessness.

Methods and Results

The authors conducted and analysed 20 in-depth qualitative interviews with young men (aged between 18–35 years) who were clients of Sydney's MSIC, located in King Cross, an inner-city suburb and home to a once-notorious street-based drug market. Ethical approval for the study was received from the Western Sydney University Human Research Ethics Committee. The interview material was collected as part of a broader qualitative study on young men's experiences of violence in everyday life (Tomsen and Gadd 2019), of which a final interview component was conducted at the MSIC.

The interviews were semi-structured and guided by a set of themes around the participant's life, drug use, sense of safety/vulnerability and violence. Participants were asked open-ended questions that sought to elicit narrative responses, and these questions were followed by clarifying questions to consolidate key demographic characteristics and contextual details. For instance, participants were asked to 'Tell me a bit about yourself' and 'Tell me a bit about your drug use'; if a participant then shared details about past relationships, a clarifying question was asked about their sexuality; if participants shared a story of their

first time injecting, clarification was sought on the participant's age at their first injecting experience. Interviews were conducted in a private clinical room inside the MSIC and lasted between 30 and 60 minutes. Participants were remunerated A\$50. They are referred to using pseudonyms in the manuscript to protect anonymity. Interviews were audio-recorded and transcribed verbatim. Transcripts were analysed by thematic content, by both authors, through a combination of preliminary and second close readings.

The sample comprised a diverse set of social backgrounds. Of the total sample, seven were Caucasian, five were mixed race (a mixture of Caucasian and European backgrounds), three Aboriginal, three Māori, and one Lebanese, with a final participant's ethnic background unknown. Within the sample, five had grown up or spent significant parts of their adolescence in outer Western Sydney, three grew up in middle-class neighbourhoods in Sydney, three were from regional New South Wales, and two were from the inner-city. A further five were originally from out of state, and two were from outside Australia. The majority of the sample identified as heterosexual (n = 14), with three men identifying as gay, one as bisexual, while the remainder did not state their sexuality. None of the men in the sample completed high school. The majority of them (n = 12) had work histories in unskilled labour, including in hospitality, construction, agriculture and related areas, while two had enrolled in apprenticeships, and another had owned his own business. Two participants supplemented their current income by selling drugs, and one engaged in sex work.

The profile and patterns of drug use varied substantially. At the time of the interview, patterns of use included daily injecting (n = 9), several times per week (n = 6), once weekly (n = 2), and less frequently than once a week (n = 3). The average age at first injecting was 16 (five participants did not provide a clear age of first injecting). Participants had injected a mixture of substances, including heroin, crystal methamphetamine and other amphetamine-type stimulants (ATS), prescription opioids, methadone and benzodiazepines. The majority primarily injected heroin and ATS, sometimes interchangeably, meaning that regular engagement with the drug market was a necessary part of their drug use.

As is characteristic of MSIC clients more broadly, the sample was characterised by substantial marginalisation and trauma (Fetene, Hall and Dietze 2019; Goodhew et al. 2016). This included significant exposure to the criminal justice system, with eight of these men having spent time in jail. Participants also reported stressful histories of domestic and family violence:

I've seen a lot of trauma with the violence of what alcohol does to people and the violence and abuse it does to people. (JB, 21)

I remember when he [father] couldn't find the car keys once when I was five, and he just picked me up and just threw me at the fucking wall. (James, 32)

Current intimate partner violence was reported by two participants, and others also revealed that they had perpetrated violence against their former partners and girlfriends. Five of the men spoke about previous arguments, physical fights, and occasional serious violence with their intimate partners. Fortunately, these were almost always short-term patterns of abuse due to frequent relationship breakdown.

MSIC, Injecting and Personal Health

Our participants often explicitly described the MSIC as a place where their health and their drug use became safer, and by extension, their lives were more manageable. For instance, one client noted that visiting MSIC was 'better than doing it out on the street because you know you're relaxed, your mind's relaxed, you don't have to look over your shoulder every two minutes' (Yasim, 18). A major element of this sense of 'being relaxed' inside the walls of MSIC was related to how much clients trust the staff to be looking out for their best interests: 'We have a good bunch of people [at MSIC], and if something was to go wrong, they're on the ball, and they're there to help' (Tom, 27). Part of this trust in MSIC staff was built through the centre's educative function:

Yeah, well, I do it safely, you know that in this place, you've got cottons, you've got fresh needles. Some people, they can't even open their meds, and they burn it, and they close it, and they want to give it to other people. At least this place is safe, and then you've got people that can help you. It's something that they can direct you to where there's nurses, there's oxygen. If this place wasn't here, I can't even imagine. (Yasim, 18)

Participants also noted that MSIC allowed them to manage their drug use more effectively:

I find it much easier. (Craig, 35)

I mean, I've got it under control. (Jason, 26)

I come here because I don't want to have too much and withdrawal. (John, 30)

With these reasons in mind, many noted that, whenever possible, they would always choose to inject at MSIC. For instance, one participant noted that to maintain his safety from unsanitary conditions: 'I would only ever inject here [MSIC]' (Mark, 33). The nearly half of the sample that reported injecting daily also all attended MSIC daily: 'Yeah, yeah [I use] daily—a couple times a day depending—unless I'm working' (John, 30).

Participants praised the service provided by MSIC and credit the facility with assisting them to achieve a range of health and lifestyle benefits:

I'm still relatively healthy. (J Boy, 30)

I'm cutting down; I'm not using it as much. (Ross, 23)

I used to be [living] under Woolloomooloo Bridge. Now I've managed to get myself an apartment in Leichardt. I've got my new car. I've cut my habit down. (Jason, 26)

The injecting centre was well regarded by all interviewees as a place where they could find respect, security and relative safety in this health service delivery: '*I come here because it's safe*' (John, 30).

Drug Market Conflicts

Some of these men also spoke in detail to us about the stress and danger of their engagement with the local illicit drug market. While they described having 'friends' in the 'drug world', as well as a requirement to make and maintain 'connections' in the drug market, these relationships were palpably infused with the potential for aggression and violence. Most often, this involved abusive language, with one noting: 'We call each other "junkie dogs"' (Alexis, 29). Participants recalled that even when buying drugs from those who were regarded as friends, this could quickly devolve into a violent altercation: 'Best mates, especially with ice, can go from being your best mate to your enemy so quickly' (Mark, 33). A few of our interviewees recounted harrowing stories of drug purchases gone wrong:

There's a friend of mine, and I go and see him probably once or twice [a] week, and he lives in a shared house. Every single time I go there, there's incidents. People have been like stabbed, punched, kicked, bashed. It's always problems there. There's always arguments, and I learned the hard way. I've had screwdrivers up against my throat and gone, 'fuck it, just take what I've got'. (Mark, 33)

I had a mate the other day—a so-called mate I've known for fucking over 10 years—another mate of mine come from Orange down here to get some drugs. I couldn't get it, and I asked my mate if he could look after him. He went and robbed him. (Zane, 35)

More generally, when dealing with people who sell drugs and people who use, participants noted their fear of the potential for serious violence that seemed to characterise the illicit drug market.

If you hang around the circle and stay in the concrete jungle, it [violence] will fall your way. That's inevitable, I think. (Craig, 35)

I've seen known dealers around here like being beaten up, and people try and take their drugs off them. (Aaron, 35)

Furthermore, given that instances of violence in the drug market were unlikely to be dealt with by formal reporting and law enforcement means, this exacerbated the high insecurity of people who inject drugs (PWID) in street-based drug markets. The atmosphere inside the MSIC could not be more starkly contrasted to these accounts of violence with clients respectfully sharing the space for the goal of using a safe injecting environment, and any tense exchanges were quickly defused by the presence of competent nursing and centre staff.

Harassment From the Public

Members of the general public were also described as a significant cause of bother for some of our interviewees. In fact, a defining experience in being viewed as a person who injected and inhabited the urban landscape of Kings Cross were forms of public harassment by 'just randoms on the street' (Ross, 23). Participants recalled:

People [are] singling you out because you use drugs and that, especially up here, it happens a lot. (Zane, 35)

People do target you because you're homeless or because you look a certain way, or because you use drugs, or they think you're a junkie. Actually, that has happened to me quite a bit. (Bill, 34)

Criticism and disrespect from strangers were described by the majority, who noted that 'You get people trying to wind you up and that or saying like, abusing you, verbal abuse basically' (Aaron, 35). Slurs levelled at participants in and around the streets of the inner-city included 'pill head', 'piece of shit', 'fuckwit', 'junkie', 'dirty junkie' and 'junkie dogs'. Forms of harassment by the public were so common that they were even viewed as inevitable: 'It usually just goes in one ear out the other. It doesn't affect me. I've got past caring and giving a shit' (Junior, 34). These men were also subjected to hostility in and around local businesses, including from shop attendants and security personnel.

I'd spilled ice cream on my hands when I was eating. I just wanted to go use their bathroom. Anyway, she just said to me, 'no, no, get out'. Then she said, 'no junkies in here'. I said I just want to wash my hands. (James, 32)

In retail, and security guards. I've had altercations with [them] recently because they've come running after me. The security guards... they have a knack for wanting to grab you and manhandle and that sort of thing. (J Boy, 30)

You might have the security guard following you around like that. (Aaron, 35)

The verbal abuse and harassment by members of the public and local businesses were most pronounced when participants could be visually identifiable as someone who uses drugs or sleeps rough. Participants also noted that public aggression and verbal abuse would even come from unexpected places, such as the elderly, and it often overlapped with hostility towards the homeless.

Yeah, it's all types of people, really. You know what I mean? You even get the old woman around here who will sit there and fucking abuse some homeless—poor homeless person or something. You know what I mean? You just don't know why, but yeah, they think they're better, I suppose. (Zane, 35)

Yeah, some bloke outside the train station asked some old lady for a cigarette or something. This little old lady turned around and abused the living shit out of this bloke, calling him everything under the sun; 'useless, homeless, fucking bum', 'fucking get a job'. (Zane, 35)

In this respect, a gaunt physical appearance, spending time out the front of harm reduction services, wearing aged or damaged clothing, and carrying belongings in large backpacks, plastic bags or suitcases could all set off public harassment.

Homelessness, Rejection and Vulnerability

All of the men interviewed for this study recalled multiple instances of sleeping outdoors, if not describing this as their permanent living arrangements, and the sense of danger that accompanied finding a place to sleep at night. A significant precursor to homelessness was the way the stigma of injecting drug use broke down relationships with traditional support networks, such as family and friends. When discussing experiences of abuse related to his status as a person who uses drugs, one participant notes, 'Family members do it to you too' (Jeffery, 21); while another recalls, 'A lot of really, really good friends have just put a boot up my arse and went fuck off' (Jason, 26). In a more extreme case, a participant's relatives reacted violently when they found out he was injecting:

I had two of my cousins [almost] lash me to death because they saw these [track] marks and all of that stuff... They caught me and then bashed me, kept screaming at me, yelling at me, slapping me. Then it got to a stage where they're just swinging their shirts [at me], and it was a real big royal rumble. (Yasim, 18)

Without the support of family and friends, participants would often require accessing crisis accommodation that is concentrated in the inner-city. Such services were not easy to access: '[I have] heaps of trouble getting a place to sleep, heaps of trouble' (Jarvis, 28). Underfunded inner-city housing services were regularly unable to meet these needs.

When I've been out of jail, I might have been through Matthew Talbot [local homeless shelter], like anywhere that'll take you I'll go. If they won't take you, I sleep rough. (Chris, 35)

I just sleep wherever. I just go where the wind may take me. (John, 30)

Sleeping locations were often underneath large public fixtures, like bridges, that provide shelter in the suburbs surrounding the MSIC, such as Darlinghurst, Woolloomooloo and Surry Hills, as well as out the front of businesses and shops towards the city's business district.

Sometimes I get there [a homeless shelter] late, and then there's just too many people there, or I just sleep somewhere around, down near Woollies next to the bank, ANZ bank, I think it is. Or just [in] the park near the fountain. (Paul, 32)

It's usually under the bridge. Sometimes I go to Martin Place and sleep in front of Westfields and David Jones. (Trevor, 34)

For the most part, sleeping outside was a matter of lacking any other options, though in a few cases, participants did this to avoid the shame that came with 'going home': 'I can go home if I want, but I choose to stay out on the street... I just don't want to go home looking like this with all this and all that' (Yasim, 18).

Whatever the reason for sleeping rough, there was a range of material concerns about occupying such unstable living arrangements, including fear of being subject to sudden theft and unprovoked violence.

Sometimes sleeping out on the streets—you see people coming and going, homeless people walking back and forwards. So you don't know whether they're alright or they're not. I used to feel that surge—so if you're lying there and then you just feel—all the homeless sleeping and then there's just people coming and going past you and all that. So you do feel that urge of, there is danger. Some of them, they could just flip out and whatever—steal from you or whatever. (Craig, 35)

It's pretty horrible—you've got people that don't approve of you, you're loitering around and that, and you've got people who will steal your blankets, just stuff, your bags, and then you can't—you can't sit your bag down and have a piss behind a tree or nothing, because people pick up your bag and take off with it. (Thomas, 27)

For some of our interviewees, the experience of 'couch surfing' and occasional stayovers with acquaintances or friends was often not much better.

Like I was living in this house. The guy was letting the dogs go to the toilet in the kitchen and the lounge room and everywhere you went. It was absolute squalor. I ended up dragging the wheelie bin in one day, and like there were faeces on the floor and in the kitchen and stuff like that. I'd lost 15 kilos. I didn't feel at all safe eating in there. I thought I would get sick. (Aaron, 35)

These concerns regarding how to find a suitable place to sleep were exacerbated for those participants whose family home was not nearby. The commute to and from the centre of the city was flagged as a particular concern by clients (n = 5) who used to live in or go between the outer suburbs of Sydney and the inner-city. These men travelled very long distances to attend the facility, which significantly intensified police surveillance at public transport hubs:

Last time I got out of jail, I got off the train, I got out at Campsie and caught the train down, got off the train here at Kings Cross, walked across the road, police pulled me up, [and] stripped searched me on the fucking main street. (Zane, 35)

They picked me up at Central [train station], and I wasn't doing [anything]—I was on my way to my missus here in the Cross. (Jason, 26)

To limit contact with police when travelling to and from the facility, several participants indicated that they would sleep rough for short stretches of time to remain near the MSIC—others permanently shifted to homelessness for the same reason. We have elsewhere noted that this is a serious and even life-threatening hazard for PWID in a large sprawling city that has only one official supervised injecting centre (Dertadian and Tomsen 2020). While the MSIC does not provide sleeping quarters, it does provide referral services to local crisis accommodation. It was not a solution to homelessness, but for some, the centre provided the occasional opportunity to take a nap on the couch or a comfortable chair in the aftercare area of the centre.

Encountering Police

This risk while using public transport was only one dimension of the constant trouble our interviewees had experienced with police surveillance and attention. Walking the streets of Kings Cross (which for those who slept rough doubled as their home) for whatever reason typically involved the threat of police harassment and violence: 'The police are fucking heavy-handed' (Mark, 33). The frequency and intensity of police harassment and assault were widely discussed by participants.

I don't know. I don't know how to explain it. They just harass. (Ross, 23)

They start searching us, and then they started talking aggressive and stuff, man. Like, 'What's your name?', 'Are you sure you're not on drugs, mate?', 'What are you doing with this guy?', you know? 'Where'd you get these, mate?', 'This better be your name, mate', 'I know you've got drugs'. (Paul, 32)

Several men recalled serious instances of overzealous and eventually brutal conduct by police officers.

Well, once I was in town, and the police officer said, 'you're resisting arrest', and ran me headfirst in the back of the paddy wagon, looked that way, looked that way and made sure no one was there. No one was there, [so he] grabbed me, smacked me in the face and said, 'that's assault on a police officer'. So, explain that. He punched me in the face and then charged me with assaulting a police officer. (Bill, 34)

At times it happens on the street. At times it happens when you're thrown in the back of a paddy wagon. At times it happens when they take you down to the lock-up, just where they park the cars. They'll belt the fuck out of you, saying, 'oh, he's been problematic coming out of the paddy wagon'. So they unload on you. Or it's happened in the cells. Happens everywhere now. (Jason, 26)

Then I got handcuffed and dragged out of the back of the paddy wagon by one foot. But my handcuffs were tied behind my back. So imagine doing that, getting taken out of the paddy wagon and just like literally smashing my tailbone on the concrete from a metre and a half. Then just getting, like I had bruises all over my arms, everything. (Mark, 33)

It is significant to note how such accounts describe a person who uses drugs or is homeless experiences abuse or violence by these officers. This was often evidently because of their perceived deviance or 'low' social status: 'Police will often pick people that look more like drug abusers or people like—they will appear—because they use drugs ... or they're a minority' (Daniel, 31). This was also corroborated by reports that officers used slurs when dealing with, and especially when assaulting, PWID.

They just came in and just literally belted [me]. There [were] a few words that I'm a 'junkie, worthless piece of shit', 'scum'. (Jason, 26)

[Police say] 'You're a piece of shit, you germ', all sorts of things. (Trevor, 34)

Participants also noted the way their status as people who use drugs cast a long shadow, unduly marking their overall relationship with police and in unrelated non-drug matters: 'Police, when they see track marks on your arm, you can never be a reformed druggie. You're always a druggie. That's what really fucking shits me' (James, 32). Furthermore, assaults by police officers often clustered around arrests for minor offences.

They picked me up just for loitering or some bullshit. They took me back to the cells at Kings Cross, and they belted the living fuck out of me. I was sitting in the cell and all of a sudden I saw the cameras turn off, the video, the TV screen. Next minute six officers came into the cell and just belted the fuck out—they didn't touch my face. But everything else. I came out of there black and fucking blue. (Jason, 26)

You're saying, 'look, I'm coming, I'm not resisting at all. Why do you keep restraining me harder?' I just said, 'okay, I'm coming with you'. They'll often keep using more force, I found. (Daniel, 31)

They're arresting you, they're putting you on the ground, but at the same time, they're dropping knees into you, elbows and stepping on your head. I had a cop step on my head.
(Bill, 34)

When asked directly about their views of police, many interviewees presented surprisingly sympathetic accounts of officers and their challenging job, yet they often also went on to describe a highly combative relationship with law enforcement, replete with constant inappropriate exertion of authority and physical attacks. By virtue of high-level government understanding, the police do not enter the MSIC, and they are also ostensibly supportive of its existence in Kings Cross (NSW Health 2010). This has meant that a visit to the centre acted as a clear though temporary reprieve from intense public surveillance by the police, and in many cases, the likely harassment and violence that is directed at PWID.

Discussion

These findings illustrate how the MSIC provides a reprieve from otherwise relentless social marginalisation and punitive criminalisation, as well as highlighting the victimisation of men who inject. There is a burgeoning body of literature from North America that demonstrates how safe injecting facilities (SIF) intervene in the illicit context in which injecting drug use occurs, providing the opportunity for safer injecting practices (Small et al. 2012a; Small et al. 2012b), reductions in overdose (Kerr et al. 2007) and refuge from violence (Fairbairn et al. 2010; Fairbairn et al. 2008). In describing the health benefits of harm reduction services, this literature has used terms such as 'refuges' (Fairbairn et al. 2008; Small et al. 2012a), 'safe spaces' (McLean 2012; Parker et al. 2012) and 'safe havens' (MacNeil and Pauly 2011) to describe SIF. Furthermore, qualitative research has provided key insights into the way a visible police presence and heavy-handed police practice can constrain access to supervised injecting sites (Watson 2021; Kolla and Strike 2020), while minimal police presence can facilitate access (Bardwell et al. 2019).

The results from our small scale MSIC-based study confirm the likely relevance of these findings in an Australian context. We argue that, while notions of 'safety' at harm reduction services have most immediately encompassed protection from harm to health, our findings speak to a broader understanding of safety. General conditions of exclusion, harassment and the likelihood of community and police violence give rise to an existential state of insecurity from which the MSIC provides reprieve. Our study demonstrates that there is a difference between the way our interviewees discussed the precarity that characterised their outside lives and the sense of personal and physical safety associated with being inside the MSIC.

Moreover, the findings presented here provide a much-needed counterpoint to the way men who inject drugs are often regarded as a public nuisance and an innate 'criminal danger'. The threat of violence posed by people who use crystal methamphetamine (colloquially termed 'ice') is the most recent embodiment of longstanding concerns around the presumed frequent violence of men who inject drugs (Boyd et al. 2018; Cartier, Farabee and Prendergast 2006; McKetin et al. 2006; Sommers and Baskin 2006; Boles and Miotto 2003). While the violence of PWID is often a real specific concern, public discourse tends to exaggerate levels of violence from people who inject towards others, and it ignores the role of prohibitionist policy in facilitating violence in illicit drug markets. Drug policies and street-level policing of drug use disproportionately criminalise Indigenous people, the mentally ill and the socioeconomically disadvantaged (Goldson et al. 2020; Cunneen and Tauri 2019; McCausland and Baldry 2017; Porter 2016). Public health framing also generally discounts the experience of PWID as frequent victims of more direct forms of harassment, stigma and physical assault. Indeed, past research investigating violence among people using methamphetamines and opioids in Sydney showed that 95% of the sample had experienced lifetime violence victimisation and 46% had experienced victimisation in the past 12 months (Torok et al. 2008). Our research provides qualitative evidence of the way those who inject are themselves victimised, including by serious police violence and public harassment, and these are further sources of marginalisation from which our interviewees found refuge at the MSIC.¹

The findings summarised above support longstanding calls to expand the number of medically supervised injecting facilities in Sydney (Maher and Salmon 2007; Maher et al. 2004). In research outlining the distribution of overdose deaths across Sydney, the authors have argued elsewhere that the greatest need for at least a second SIF is in the outer suburbs of Sydney, ideally in Western or South-Western Sydney, which are the furthest away from the inner-city location of the current centre (Dertadian and Tosmen 2020). While the Local Government Area (LGA) with the highest number of overdose deaths is consistently Sydney City (where the current MSIC is located), seven of the top 10 ranked LGAs on the measure of usual residence of the deceased are all areas of Western Sydney. Our findings provide further illustration of the way people who live in Western Sydney are disadvantaged by the lack of provision of such a service closer to where they live. This has the effect of forcing residents of outer suburbs to spend long periods of time on public transport, where they are exposed to increased securitisation by police and forms of harassment by members of the public, as well as contributing to the presence of people who sleep rough in the streets that surround the current MSIC. These findings suggest that an expansion of services that provide medical supervision of injecting in Sydney is an appropriate, even urgent next step.

Conclusion

While notions of security and safety regarding harm reduction services overwhelmingly refer to the issue of health, there is evidence from a growing international scholarship and our own interview study that signals the importance of a wider understanding of safety. For these male clients of Sydney's MSIC, safety appeared to refer to proximate issues of health and a much broader physical and mental state or goal of personal security. This contrasted with a sense of being abandoned, including by many family and friends, because of their 'low' status as men who inject drugs and frequent homelessness, and the insecurity arising from harassment, violence and vulnerability in dealings with police, unsympathetic members of the public, and hostile others. By contrast, clients entering the MSIC were typically greeted by supportive staff who conveyed a sense of mutual respect for the purpose of clinical service delivery. These findings provide further understanding and endorsement of MSIC's role in providing people who inject with a place to 'feel safe, be cared for and understood', which has been stressed in major evaluations of the service (UnitingCare 2014, 35; NCHECR 2007).

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¹ Our study had several limitations in its scope. This qualitative research used a small sample size to conduct an in-depth study of people who inject drugs (Green and Thorogood 2013), and as part of a larger study of male understandings of violence it only included men. As a result, the findings must be considered alongside complimentary research about women who are subject to criminalisation and violence because of their drug use, and who also seek refuge at SIF.

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