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## **The missing mass of morality: A new fitpack design for hepatitis C prevention in sexual partnerships**

### **Keywords**

Hepatitis C, injecting drug use, injecting equipment design, sexual partnerships, individual responsibility, Bruno Latour

### **Abstract**

In the West, most hepatitis C transmission occurs through the sharing of equipment used for injecting drugs, and most sharing occurs between sexual partners. Despite this, little is known about how injecting practice, including equipment use, is managed in these partnerships. This article draws on science studies theorist Bruno Latour's work on technology and ethics (2002), and preliminary data collected for a research project on sexual partners who inject together, to illuminate these issues. Responsibility for avoiding transmission has long been conceived individually, as have measures intended to aid individuals in fulfilling this responsibility, such as the distribution of sterile injecting equipment. This individualising tendency has been criticised for inequitably responsabilising disadvantaged people. This article aims to exceed this individualising approach by proposing a different understanding of agency and a new mode of prevention. Rather than treating hepatitis C in conventional terms, as a bounded, ontologically stable object that pre-exists its encounter with individuals and the material objects they use in injecting, it formulates it as made in its enfolding with other phenomena, including social relationships and technological objects. In turn it sees transmission in new terms; as a question of *social relationships* and of *object design*. The article goes on to discuss a new Australian research project that takes this approach as its starting point, aiming to develop two key prevention innovations: 1) new messages aimed at partnerships rather than individuals, and 2) a new injecting pack or 'fitpack' that treats the partnership as a primary unit of resourcing. The article concludes by considering the politics of this shift to an ethics of technology, social relationships and objects.

## **Introduction**

Hepatitis C is a blood-borne virus that affects the liver. In the West, most transmission occurs through the sharing of equipment used for injecting drugs, and most sharing occurs between sexual partners (NCHECR, 2010). Responsibility for avoiding transmission has long been conceived individually, as have measures intended to aid individuals in fulfilling this responsibility, such as the distribution of sterile injecting equipment. This individualising tendency has been criticised for relying on simplistic concepts of the subject and inequitably responsabilising disadvantaged people (Fraser, 2004). This article aims to exceed this individualising approach by proposing a different understanding of subjectivity and a new mode of prevention. Drawing on science studies theorist Bruno Latour's work on technology and ethics (2002), and preliminary data collected for a research project on sexual partners who inject together, the article does not see hepatitis C in conventional terms, as a stable object that pre-exists its encounter with individuals and the material objects they use in injecting. Instead it formulates it as made in its enfolding with other phenomena, including social relationships and technological objects. In turn it sees hepatitis C prevention in new terms; as a question of *social relationships* and of *object design*.

This shift in focus leads to at least two nested prevention innovations, both underway in a new Australian research project: 1) the development of prevention measures aimed at partnerships rather than individuals, and related to this, 2) the design of a new injecting pack or 'fitpack' that treats the partnership as a primary unit of address and resourcing. The article goes on to discuss these innovations, theorising the relationship between subject, object and practice at work in them, and concludes by considering the politics of this shift to an ethics of technology, social relationships and objects.

## **Background**

Approximately 200,000 Australians are thought to be chronically infected with hepatitis C. An estimated 9,700 new infections occur each year, with most (88.6%) occurring among people

who inject drugs (Razali, Thein, Bell, Cooper-Stanbury, Dolan, Dore et al., 2007). Most transmission of hepatitis C occurs through the sharing of equipment used for injecting drugs (needles and syringes and other equipment such as spoons, filters, waters, swabs and tourniquets). The majority of equipment sharing occurs between sexual partners. In 2009, injecting drug use surveillance data indicated that the majority of needle sharing incidents (approximately 60%) occurred between sexual partners (NCHECR, 2010). Similar patterns were found in other research. In one study, 64% of people who inject drugs who reported needle sharing had done so with their partner (Cao & Treloar, 2006). In another study, more than half (51.3%) of sexual partners surveyed shared needles and other equipment with each other (Bryant, Brener, Hull & Treloar, 2010). The high incidence of equipment sharing between sexual partners is likely to contribute significantly to the high number of incident hepatitis C infections. As the literature review and new interview data presented below suggest, there is reason to believe that specific features of sexual relationships contribute to equipment sharing in ways not found in other social relationships such as friendships. As such they warrant investigation so that prevention education can best respond to their specific features and effects.

### **Literature review**

A great deal of social research has been undertaken to identify the obstacles people who inject drugs face in practising safe injecting. Very little of this, however, looks specifically at sexual relationships or attempts to understand how the sexual relationship itself can encourage or produce risky injecting. Largely concerned with the epidemiology of risk, the existing research is useful in estimating the extent of particular patterns of risk and has made important contributions by demonstrating that patterns of risk are different for women and men. Women have been found to:

- be far less likely to inject alone (Sherman, Latkin, & Gielen, 2001);

- be more likely to have a sexual partner who also injects drugs (Choi, Wah Cheung, & Chen, 2006; Davies, Dominy, Peters, & Richardson, 1996; Evans, Hahn, Page-Shafer, Lum, Stein, Davidson et al., 2003; Freeman, Rodriguez, & French, 1994; Gossop, Griffiths, & Strang, 1994);
- go 'second on the needle' when sharing with a male sexual partner (Grund, Friedman, Stern, Jose, Neaigus, Curtis et al., 1996);
- be injected by a male sexual partner (Choi, Wah Cheung, & Chen, 2006; Evans, Hahn, Page-Shafer, Lum, Stein, Davidson, et al., 2003; Thiede, Hagan, Campbell, Strathdee, Bailey, Hudson et al., 2007; Freeman, Rodriguez, & French, 1994; Bennett, Velleman, Barter, & Bradbury, 2000; Rhodes, Davis, & Judd, 2004; Strathdee, Patrick, Archibald, & Ofner, 1997; Wechsberg, Dennis, & Stevens, 1998; Maher & Hudson, 2007), and;
- have been introduced to injecting by a male sexual partner (Evans, Hahn, Page-Shafer, Lum, Stein, Davidson, et al., 2003; Bryant & Treloar, 2007; Crofts, Louie, Rosenthal & Jolley, 1996; Diaz, Vlahov, Edwards, Conover & Monterroso, 2002).

While these studies are valuable in describing broad patterns of risk practice among men and women in sexual relationships, they are unable to tell us much about precisely *why* and *how* sexual partners engage in such practice. Further, in comparing women and men, epidemiological studies have at times reproduced gender stereotypes in their analyses by reading agency and decision-making through unexamined gender norms. They have rarely, if ever, conceptualised the sexual relationship as a unit of analysis in its own right and a space in which risk practices such as needle sharing do not simply occur but are *produced* (Rhodes, & Quirk, 1998). Likewise, this research is limited by its tendency to treat gender, injecting practice and heterosexual relationships as independent phenomena instead of recognising that each helps to produce the other.

Qualitative sociological research in the area goes some way towards engaging with these issues, but leaves many questions unanswered. Rhodes and others have suggested that sexual relationships shape the ways individuals think about, discuss and act on blood-borne virus prevention. On the one hand, needle sharing between sexual partners can result in or act as a sign of emotional bonding, commitment, fidelity, mutual trust and shared intimacy (Davies, Dominy, Peters, & Richardson, 1996; Rhodes, & Quirk, 1998; Habib, 2003; Lakon, Ennett, & Norton, 2006; MacRae, 2000; Simmons, & Singer, 2006). On the other hand, refusal to share can introduce the suggestion of distrust and a denial of a kind of intimacy taken to be foundational to such relationships (Barnard, 1993; Unger, Kipke, De Rosa, Hyde, Ritt-Olson, & Montgomery, 2006; Dear, 1995). In these ways, sexual relationships can 'give rise to, and influence, risk behaviour' (p.158) (Rhodes, & Quirk, 1998). That is, the very nature of sexual relationships – their association with particular ideas of commitment and intimacy – can encourage partners to share needles in order to demonstrate trust and love for each other.<sup>1</sup> Dynamics such as these can make discussion of hepatitis C prevention difficult. Indeed, there is some evidence that people who inject drugs engage in little or no discussion of hepatitis C serostatus within sexual partnerships (Rhodes, & Quirk, 1998; Lakon, Ennett, & Norton, 2006; Dear, 1995; Loxley, & Ovenden, 1995).

Research also shows how sexual relationships and drug use shape each other in indirect ways relevant to hepatitis C prevention. For example, regular drug use is a central part of some sexual relationships, forming the foundation for partners' initial attraction to each other (Rhodes, & Quirk, 1998). Relationships that are centred on drug activities in this way are sometimes characterised by a shared belief that drug use should be prioritised. This mutuality can be both stabilising and destabilising for the relationship in that it provides a high degree of commonality, but can also become the source of conflict in that reducing or ceasing drug use can prove difficult to negotiate for one partner alone. Individuals can feel compelled to prioritise the stability of the relationship over changes that minimise the risks of

drug use and/or hepatitis C transmission (Rhodes, & Quirk, 1998). Some research suggests that this conflict is felt more profoundly by women. Challenging the relationship status quo can lead to violence, jeopardise sources of income, drugs and other resources, and threaten women's subsistence more broadly (Freeman, Rodriguez, & French, 1994; Bourgois, Prince, & Moss, 2004; Rhodes, Singer, Bourgois, Friedman, & Strathdee, 2005). The potential losses associated with changing injecting practice and disrupting existing relationship dynamics can be especially stark for women who live on the street in that their male partners sometimes provide physical protection from attack by other men (MacRae, 2000; Bourgois, Prince, & Moss, 2004).

Although a considerable body of research has demonstrated the gendered social embeddedness of injecting drug use, gender and sexual partnerships remain marginal to health promotion efforts (Dwyer, Fraser, & Treloar, 2011). Prevention education materials continue to address and represent injectors as individuals, treating them as sole agents operating in an environment in which others are to be seen only as a source of infection (Fraser, 2004, Dwyer, Fraser, & Treloar, 2011). Likewise, the packaging and distribution of injecting equipment (or fitpacks) via needle exchanges, vending machines and other outlets tend to conceive of the target audience as a population of atomised individuals, each of whom should be supplied with individualised units of injecting equipment (each person is given one or more fitpacks containing equipment for their sole use).

### **Rethinking the individual via the fitpack**

How can the socially embedded, reciprocally produced character of injecting within sexual relationships be better acknowledged and accommodated in efforts to limit the spread of hepatitis C? One approach, currently being developed in a nationally funded research project in Australia, is to develop a new fitpack design that departs from the existing

emphasis on individuals to service couples who inject together. The project focuses on heterosexual relationships because the literature suggests that gender dynamics play a key role in shaping injecting risk practice.<sup>2</sup> The project will produce, and research the use of, a prototype fitpack for couples or partnerships and accompanying literature on hepatitis C prevention in the context of couples. Thus the project aims to materialise two main phenomena: a new object and new text to contribute meaning to this object. For many reasons, research of this kind is not common among social scientists. Perhaps the most straightforward of these reasons is that it requires an unusual range of skills for social scientists (including industrial design and prototype manufacture) and highly developed collaborative relationships with providers who deliver such services. It is rare too because, with some important exceptions, action research being the most obvious (Greenwood & Morten, 2006), social research tends to be directed towards investigating 'social conditions as they are' rather than explicitly intervening in them in material ways. Indeed, in traditional positivist research, intervening in the object of study is considered a methodological weakness. There is a third reason – perhaps the most fundamental of all – for the relative rarity of such initiatives among social scientists, that is, prevailing understandings of the nature of technology and reality. On the one hand, social scientists have long tended to treat technological objects (such as injecting fitpacks) as merely the conduits for social concepts, politics and values; as intrinsically neutral but able to convey meanings already circulating in the social context. As science and technology studies (STS) theorist Bruno Latour (2002, p. 247) puts it:

Such is the current view of a large number of sociologists (Collins & Kusch, 1998).

Technologies belong to the realm of means and morality to the realm of ends...

If technological objects are merely neutral vessels for existing social meanings, they cannot in themselves shape or change social conditions in any significant way. In this sense, they are of little interest to those who wish to understand the making of the social or seek to create change. On the other hand, as Latour also suggests, technological objects have often

been treated deterministically: as the products of prevailing values, fixed in their meaning and use such that they demand and reproduce particular social and political conditions:

some technologies end up invading the whole horizon of ends by setting up their own laws, by becoming 'autonomous' and no longer merely automatic (2002, p. 247).

On this view, objects are determined by the circumstances of their invention or production, or their intended use, unamenable to adaptation or change, always waiting to import (sometimes undesirable) built-in concepts and effects wherever they are used. Neutral or determining – these two main ways of understanding technological objects seem to position technological objects as outside or beyond the processes by which the social is made and remade. As such they hardly offer a promising means of transforming the social, or focus of attention for a project of the kind discussed here. Yet Latour's insights into the nature of technology propose quite a different role for objects, one which opens up valuable space in which to conceive avenues for change anew. His work emerges from, and builds on an important range of critiques in the social sciences that have long sought to rethink materiality generally, and technological objects specifically. As we will see, a different conception of materiality and technology invites us to reconsider the object in creating change. Taking this approach, designing and introducing a new fitpack, can create new conditions under which intimate relationships can be acknowledged, negotiations around equipment use can be supported, and responsibility for hepatitis C prevention can be prised off the mythical figure of the individual.

Do we really need a different theoretical approach to the object? Can we not somehow force into service one or other of the existing approaches – neutrality or determinism? The very particular politics of injecting drug use render this a dubious strategy. Where material objects are seen deterministically, forces of injunction and prohibition gather around them. The object of the 'drug', for example, has come to be invested with such determining power that it

is thoroughly circumscribed (and, one could say, in turn produced) by global regulatory and criminal justice forces that make daily life for affected individuals punishingly hard. Where objects are seen as neutral, where the drug is merely a conduit for or expression of an already criminal or pathological subjectivity, the implications and consequences are different but no less unsatisfactory. Here, other forms of injunction and stigma coalesce. What is required is an approach to technology and material objects that exceeds both of these framings.

### **Theorising technological objects**

In 2002, Dick Pels, Kevin Hetherington and Frédéric Vandenberghe introduced a special issue of *Theory, Culture and Society* by observing that, after a long period in which academics and critics had been focusing on the role of language and discourse in making reality, 'objects are back in strength' (2002: 1). As they explain:

After poststructuralism and constructivism had melted everything that was solid into air, it was perhaps time that we noticed once again the sensuous immediacy of the objects we live, work and converse with, in which we routinely place our trust, which we love and hate, which bind us as much as we bind them...

A decade on from this observation, this return to materiality and the object is still being negotiated via the tools their special issue introduced and others that emerged around the same time. Certainly, the turn of the decade constituted a key moment for the object. Influential feminist science studies theorist Karen Barad published two major articles (1997, 2003) combining Judith Butler's performativity, feminist science studies and contemporary physics to produce her agential realist theory of materiality. STS ethnographer Annemarie Mol published her important book, *The Body Multiple* (2002), which understood the body and disease as inescapably material as well as made in discourse. In the same year, Mol also co-edited with John Law, a collection of essays that treated reality as multiple; made in

complex engagements by objects, language and practice (2002). In doing so, this collection destabilised common sense notions of objects or matter as anterior to social relations, and reality as the stable ground for knowledge or action. Bruno Latour also made an important contribution to this renovation of matter and the object in 2002 through the article he contributed to PeI and colleagues' special issue. It is this article that forms the basis for the approach to the object of the fitpack in the study I describe here.

Latour's contribution develops a way of understanding technology and objects that departs quite decisively from the two conventional approaches described above. He begins by making an assertion about the nature of technology and its relation to the human reminiscent of Donna Haraway's earlier mobilisation of the figure of the cyborg (1987):

it is enough to briefly take account of the work by paleontologists and historians of antiquity to recognise that, according to them, the question of the emergence of technologies and that of humanity have been mixed up for about two and a half million years.

In other words, the human and the technological are inseparable. Indeed, to be human is to embody technology. If this is the case, approaches to technology that present humans as able to simply 'use' technology, or, in the face of technology-related problems, to withdraw from it or reject it, are spurious. We can no more merely use technology or abandon it than we can 'use' our humanity or abandon it. Likewise, we cannot use or abandon our intrinsically human morality, that is, our need to reflect on the relationship between means and ends in our actions and interactions. Latour challenges the conventional moral distinction drawn between means and ends in which technology is all too often treated as the (neutral) means for achieving politically, socially produced human ends. He argues instead that 'technologies and moralities happen to be indissolubly mingled' (p. 248), that rather than occupying distinct domains or referring to distinct phenomena, they are 'regimes of

enunciation' or ways of 'exploring existence'. In seeking to specify the particular regime of enunciation peculiar to technology, he nominates the figure of the 'fold' (p. 248). As he explains, using the example of a hammer,

What is folded in technical action? Time, space and the type of actants. The hammer that I find on my workbench is not contemporary to my action today: it keeps folded heterogenous temporalities [ancient minerals for the metal hammer head, forests for the handle, factories for the manufacturing process and so on].

The technological object embodies or enfolds (here he cites Dagognet, 1993) what he calls, following Michel Serres, a 'garland of time', and it is into this garland those who encounter the object step, or insert themselves. Speaking of his hammer, Latour spells out the historical, geographical and cultural spaces and phenomena that make up this technological object. Thus the hammer is made up of many elements, all of which lend it shape and other attributes. In this respect it would seem, it always already exceeds neutrality. Likewise, it always always exceeds human mastery.

If subjects cannot simply use or master objects, how, precisely, should the relation between the two be conceived? Here Latour poses the concept of mediation, carefully distinguishing it from popular definitions of mediation as neutral conduction. Technology is, he says, mediation proper – it allows 'being-as-another', that is, he says speaking of himself, it literally allows him to become 'another man' (2002: 250). All uses of technology create change, or involve translation. In engaging with technologies, 'affordances' are created – capacities and possibilities at once. Technologies are so complex they do not offer a direct route from intention to ends. Instead, Latour argues, they create a 'detour' in the pathway from intention to ends. Using a technological object, that is, offers only indirect access to goals. Why does this indirectness and complexity matter? They mean that, in the process of taking up technological objects, the intentions or ends the subject began with tend to mutate. We are changed by the use of technological objects and so are our circumstances and the ends to

which we originally aspired. As Latour explains, the object (here the hammer) renders the subject 'other' by allowing it capacities and actions otherwise beyond its scope:

Without the hammer, I would have but my fist or some stone picked up outside my door to drive the nail in – and without the nail, I would be even more bereft.

Here, the hammer offers the user a prosthetic extension of the body in line with the vision that prompted its invention and manufacture (hammering nails). Yet neither this vision of ends (the inserted nail), nor the processes and materials through which the hammer came into being, determine its uses or effects. In this sense it is much more than an extension of the body. Indeed, the many specificities enfolded into an object, the many layers of meanings and applications it comprises and accumulates, make very unlikely that it be 'used' only according to a predetermined end. As Latour puts it, 'all technologies incite around them that whirlwind of new worlds' (p. 250).

But why, Latour asks, do we forever return to the assumption that such objects constitute means alone? Here he nominates habit – the habit of forgetfulness that means we lose sight of the many interconnected mediations that make up, and flow from, any object:

we end up by being able to count on a unity of action which is so reliable that it becomes invisible.

As a result of this forgetfulness, we are often unaware that the ends to which we originally aspired undergo change when we adopt new means (new technologies) for reaching these ends. More than this, 'through a slipping of the will, we [begin] to wish something quite else from what we at first desired'. This function of technology, its ability to exceed means, to shape action, create affordances and alter our intentions and the ends to which we aspire, is described by Latour as: the 'missing mass of morality' (p. 253). In other words, if technology shapes the decisions, actions and goals it is produced merely to enable, we must recognise its active role in morality, in the making of worlds and lives in particular ways. 'Of course', he says, 'the moral law is in our hearts, but it is also in our apparatuses' (p. 253).

Latour expands upon this newly identified confluence between morality and technology, nominating grounds the two can be seen to share. Their commonality derives partly from the fact that both place demands on conduct, but both also mould 'being-as-another'. Both place the human into contingency. Moving the debate onto distinctly posthumanist territory, he says they both traverse the world, engendering 'forms of humanity, choices of subjectivity, modes of objectification, various types of attachment' in their wake. In this sense, the human does not originate morality and technology. Instead, morality and technology are ontological categories *from which the human emerges*. One mode generates possibilities, the other scruples, both working on the same materials. As he puts it,

Nothing, not even the human, is for itself or by itself, but always *by other things* and *for other things*.

This is not to say the two are indistinguishable or have identical implications or effects. Morality, Latour suggests, always opens and reopens matters to debate and dismantling. It does not 'black box' – that is, it does not obscure or pack away into an impenetrable 'black box' – its constituents: the garlands of time and agents from which it is composed, as does technology. In summing up their connections, however, we can say that both disrupt the taken-for-granted relationship between means and ends. Technologies always displace the goals for which they were made or taken up, and multiply the agents enfolded in their making and their effects. In this openness to multiple agents, technology cannot be readily contained within one set of ordinary intentions or uses. In this respect it cannot be mastered. Morality always interrogates aggregates for their aims, deferring agreement on which aspect constitutes means and which ends. Added together in this way, Latour argues in characteristically playful terms, morality and technology spell 'the end of the means'. And where this end is identified, where the two can be found constituting common worlds, can be explored another mode of enunciation: politics.

## **Using fitpacks: Means and ends**

It is this question, the politics of a technological object – in this case, the fitpack – that occupies the research project described here. Understanding how morality and technology make politics in practice, in the use of the object of the fitpack, requires empirical research. For this reason, the project is also informed by a study (a small pilot project) based on 15 interviews with heterosexual people who inject drugs with sexual partners.<sup>3</sup> Drawing on the literature described earlier that suggests sexual relationships present a special challenge to existing prevention frameworks, the study explored the relevance of the issues they raised to Australia and considered whether their observations about gender dynamics and relationships remain relevant in the years since the research was conducted. The interviews discussed injecting practice, equipment use and the social and emotional aspects of injecting in couples (see Seear, Gray, Fraser, Treloar, Bryant, & Brener, 2013, for a detailed analysis of the interviews). Using Nvivo data management software and a systematic discourse analysis which aimed to identify key concepts informing the meaning and practice of injecting within couples, three interconnected themes were identified that relate directly to the concerns of this article. As we will see, considering them through Latour's theorisation of objects opens up new ways of thinking prevention. These three themes are:

1. the role of perceived differences between friendships and partnerships in shaping equipment use;
2. the role of forms of intimacy specific to sexual partnerships in shaping equipment use, and in turn building and demonstrating trust; and
3. the role of shared habits in constituting shared injecting practice.

In relation to the first theme, participants describe making different decisions about injecting with partners compared with friends. As one participant, Eddie (age 29, HCV positive) explains:

If I had friends over and there weren't enough fits...I'd given them two each and me and my girl would share...because we have unprotected sex and we've shared

before...what she's got I've got...I'd say to the boys, here, have [the spare fits] and I'd share with my girl.

Here, the intimacy implicit in a sexual relationship directly shapes patterns of equipment sharing. Friends do not share, but partners do.

Eddie's comments also relate to the second theme identified in the interviews, that is, that decisions about whether and how to share needles are shaped by the *unique forms of intimacy* between sexual partners. Couples having unprotected sex can believe this warrants the sharing of needles too. Some report that because they have unprotected sex they have 'probably' seroconverted already. As Gemma (age 38, HCV positive) puts it,

Yep, we share [injecting equipment]. *You do?* Needles, yeah...we sort of figure that we've both got hep C, we're already having sex with each other and it doesn't really matter if we share.

Here, Gemma repeats a common perception that hepatitis C is sexually transmitted, and that unprotected sex renders safe injecting redundant. We could say here that where the object of the condom is eschewed or rejected, the object of the fitpack is reciprocally constituted as irrelevant.

Related to this point, some participants explain that, for them, injecting drugs with a partner is an intimate and trusting act. So Adam (age 31, HCV positive) says,

...there's intimacy, sort of, and sexual things...so, it's a lot more of an intimate experience... Like safe sex, it's like...a barrier...it sort of feels like the extra level of trust, really. Even though it's a risk...it's like taking away that last like barrier...it's probably not the smartest thing to do but emotions don't always make you do the smart thing.

Here, the morality of intimacy trumps the morality of prevention.

In relation to the third theme, the interviews indicate that injecting practice is co-created between partners, becoming part of a daily, ritualised routine. Again, Gemma explains:

Him and I, we've sort of got it down pat. Our roles in the shooting up? I do this and he gets the filter ready, and he'll clean up the rubbish. So, *what are your roles?* When he goes to get the stuff, I'll get everything ready...so when he comes home it's all on the table ready to go.

As Gemma explains, the practice of injecting, of using the object of the fitpack, materialises a relationship and the familiar routines that help constitute it.

Following Latour, we can say that safe injecting fitpacks engender specific kinds of being-as-another, specific forms of the human. As such, they inevitably muddle means and ends. This muddling occurs at several levels. In the comments quoted above, fitpacks are used for a far greater range of ends than might be assumed at first glance. Yes, the equipment is often used to achieve the aim articulated by those who designed and distributed it. Taken up by the individual subject of health education, the fitpack allows the introduction of one substance (a drug) directly into the bloodstream while ensuring another substance (a virus in the bloodstream of another individual) is not also introduced. Where subjects use the fitpack this way, they participate to some extent in its moral expectation that independent, self-managing individuals take proper steps to protect the integrity of their bodily boundaries, whatever the effects on social relationships. This is the sense in which a technology articulates or enunciates a certain morality, this is the affordance it formally creates. Yet as we can see from the comments made by Eddie, Gemma and Adam, the fitpack also allows or creates other affordances. Offered to others, it can afford friendship and communal injecting practice, and, used against the intended purpose – its components shared – it can afford the intimacy, trust and daily routines proper between sexual partners. In both cases the ends for which the fitpack was designed have, as Latour might say, mutated. The moral/technological object of the fitpack creates a new world of individual injecting, infection

control and asocial (even antisocial) drug consumption. Yet it also creates new worlds of exchange, sociality and intimacy.

If this is the case, what can a different fitpack hope to do? As I have noted, technological objects are not able to guarantee the ways they are used or their ends. In their histories, constituent parts and symbolic associations they are too complex by far for this. Yet this does not mean they make no claim on conduct. Latour does not tell us about the tiresome feature built into the drawers of his desk, one that rigidly requires he open and close them in a particular sequence, to have us think this. As he puts it (p. 253),

If the robe does not make the monk, wearing a frock makes us slightly more pious. To put this more seriously, for our topic here is a serious one, a different fitpack that acknowledges and affords different conduct and different relations, will not guarantee new subjects, but it can make them 'slightly more' imaginable, slightly more available. In our case, the subject we aim to afford is not a narrowly, potentially onerous or isolating, individual one, but one that is, as we have seen, both enmeshed in friendships and partnerships, and *a/so* able to inject safely in keeping with and for such relational ends.

### **New fitpacks, new worlds?**

What might this new fitpack, with its different affordances, look like? As I have suggested, redesigning the technological objects used in injecting may contribute to changes in this practice, in relationships and in subjects themselves. What are our ends here, and how might we hope to afford them? As the literature in this area suggests, and as our interview data illuminate, when people inject drugs, many considerations need to be taken into account. They often do so together, and indeed some safety advice promotes this as an important safeguard against accidental fatal overdose. This sociality of injecting can include acquaintances and friends as well as sexual partners. If the ends we are interested in pursuing are those pertaining to partnerships, and to the sharing of equipment between partners, and preventing hepatitis C transmission in those moments of sharing, we must ask

a series of questions. Why does sharing occur? If it has a productive or performative role, how can this be afforded in a new fitpack design? If it is an uncertain or unwelcome aspect of injecting for some, how can a new fitpack afford negotiation around injecting practice such that the sharing of equipment is averted without harming the relationship, diminishing trust or producing other risks? Many possibilities are available here, and we begin with a simple one on which we will build in collaboration with those most directly affected by these issues: people who regularly inject drugs with a sexual partner.

Insert image of standard fitpack (Figure 1)

Caption: The standard fitpack (produced by ASP Plastics) was first distributed in Australia in 1991.

Figure 1 shows a standard fitpack distributed through needle exchanges, fitpack vending machines and other outlets around Australia since 1991.<sup>4</sup> It comprises a rectangular black plastic box (fitsafe) in which is packed sterile syringes, water capsules, disinfectant swabs and cotton wool balls.<sup>5</sup> Distributed alongside regular health promotion campaigns that strongly advise recipients against sharing their injecting equipment, the fitpack is presented as the sole property of the individual. The box and its contents should not be shared with others, excepting that the whole unit be passed on unopened for the sole use of another individual. The integrity of the individual is implicitly constructed and affirmed in this object.

Insert figure 2

Caption: Proposed fitpack prototype. Its light beige colour is the result of the material used for constructing the prototype and does not reflect the intended colour, which is currently under investigation in our research project.

Figure 2 shows the prototype of an alternative fitpack design. As the image shows, the prototype is an object of about double the thickness of the standard fitpack (but the same

thickness as a second, larger single box fitpack also available). It is made up of two boxes, connected by a breakable perforated section at the top. Each box has room, as does the standard box, for injecting equipment. At this stage the fitpack has no labelling or other textual material attached to it, but this will also be added as a result of the research process (many fitpacks come with stickers containing health messages and other information). The intended use of this object is as follows. The pack is picked up at an outlet by a person who plans to inject with a partner. The labelling and other text is read by one or both of the partners, and the unit is snapped into two. Each partner injects using the equipment supplied with their half of the unit, and used materials are disposed back into the same half. Labelling will make distinguishing each half easy after separation.

Readers will no doubt observe this is a very simple innovation. Two connected boxes, some labelling and other text. In what ways might it make a difference? Here I would like to return to the three performative features of injecting between sexual partners identified in the interviews described above: sharing among friends, intimacy and trust, and habit.

Relationships between people who inject drugs are often treated as illegitimate – unhealthy, lacking genuine attachment or feeling. Such people, it is thought, are so attached to drug use they do not have the capacity for proper attachment. Their relationships are instrumental and lack the integrity of ‘normal’ sexual relationships (Fraser, 2008). By catering to, and, as science studies theorist John Law (2004) might put it, bringing to ‘presence’, these relationships, this fitpack departs from this moral view. People who inject drugs are not stereotyped as lone figures lacking the inner resources to form meaningful attachments here. Instead, the fitpack recognises, and imagines, these attachments. Such attachments are formed in a social context that also includes others – friends and acquaintances among others. The fitpack we propose cannot in itself solve the equipment access problems that lead to social injecting with insufficient new equipment for all participants. But, by foregrounding *safety for and in partnerships* – drawing attention to the need for prevention beyond that between friends – it can help remake the meaning of sharing between partners,

highlighting the need to consider hepatitis C transmission even from one sexual partner to another. How might this be done in a way that preserves, or ideally enhances, intimacy rather than diminishes it? As I have indicated, the fitpack will be accompanied by textual material designed specifically to address issues of transmission between partners, including content on negotiating equipment use between partners. As the pack is snapped in half, the labelling, which we envisage wrapped around the unit, will be disturbed, drawing attention to it. Following Latour, we can say that subjects become Other every time they pick up a fitpack, that is, they are to some degree changed or remade as subjects in their engagement with this technological object. If that fitpack changes, so does the specificity of that 'being-as-another'. At the same time, however, objects do not guarantee the uses to which they are put or the meanings they are given. If they do not have any stable intrinsic meaning, are neither neutral nor determining, they can and must be given particular meanings to allow them to have particular effects. In this respect, other objects, such as labels or textual material may be added to the object to add to its meanings. Another way of putting this is that the text helps compose the object (depending, of course, on how it is read). In the case of the fitpack described here, this textual material will foreground communication between partners, ideally prompting, even in some cases, authorising or legitimising, discussion about safe injecting, potentially supporting or promoting intimacy. This also brings into consideration the gender dynamics of couples, and the role of the object in (re)materialising gendered moralities. It is also possible that such 'couples' fitpacks may act as markers of growing intimacy – or acknowledgment of the intimate relationship – where they are collected and used among partners. Trust is also identified in the comments examined above. While a two-part, snappable unit does not directly reproduce the practice of sharing a syringe and the emotions of intimacy and trust this is sometimes said to engender, the unit's one-into-two dividable morphology reproduces the notion of sharing very explicitly. Indeed, instead of condemning sharing, a practice and value widely seen, after all, as constitutive of healthy, satisfying intimate relationships whether they be between people who inject or others, the fitpack builds it in. Of course, this sharing differs from existing ways of sharing

injecting equipment. The aim is to afford the rewarding aspects of sharing while minimising the possibility of blood-borne virus transmission. In all these ways, the new fitpack aims to remake practice in the domain identified in the third theme taken from our interviews, that of habit. By building into the object of the fitpack the phenomenon of the partnership, the issue of transmission within these partnerships, text addressing partners as couples and the action of snapping the pack into two, the object aims to interrupt some existing habits and afford new habits.

## **Conclusion**

These, then, are the ideas from which the new fitpack design has emerged, and the missing mass of injecting morality materialised in the fitpack object is recognised and engaged. Theorised as neither neutral or determining, designed to afford sociality, intimacy and trust rather than isolation, separation and mistrust, the new fitpack might just generate new possibilities for being-as-another. In the process, it proposes a new morality in which the individual subject is decentred, both as the target of address, and as the source of action. As such it also has the potential to remake the sometimes fraught gendering of injecting practice. Of course, the new fitpack is merely a prototype at present. It remains to place this prototype into further research to develop additional insights into how the design might work in practice. The ends we envisage in this design may or may not hold in use, indeed, it is almost inevitable that our own ends will be mutated at times in this use. Equally, other innovations may be suggested by the research outcomes, and these may or may not be achievable. Some of the features of the prototype are constrained by existing technology and its uses. The size and shape of the fitpack must work with the dimensions and components of Australian vending machines. Advice from user group representatives suggests the design should not depart too far from the existing recognisable design if easy uptake is to be expected. In this sense, all objects are enmeshed within technological worlds, made in and through other objects and meanings, other garlands of time and matter. These too will be considered closely in the research process, and remain open to revision.

My aim in this article has not been to present the prototype as a finished object, its form and effects established. Rather it has been to introduce a way of understanding objects that produces them as a proper focus of attention for social scientists and, at the same time, illuminates their political role and their capacity to engender new moral and material worlds.

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<sup>1</sup> Some research also shows that friendships can be accompanied by expectations of intimacy demonstrated through equipment sharing (Wagner et al. 2011). My point is not that the dynamics of sharing only affect intimate relationships, rather that they do so in specific ways.

<sup>2</sup> Research into same sex couples is also warranted, however, and may be the subject of a future project.

<sup>3</sup> This qualitative pilot study comprised in-depth interviews with clients of needle and syringe programs (NSPs). Participants were required to be in heterosexual relationships of more than two years' duration. Recruitment and data analysis were undertaken in collaboration with NSP workers at four recruitment sites in New South Wales, Australia. The four sites selected were located across inner city, suburban and regional areas. NSP workers approached clients who were thought to meet the study criteria and invited them to take part. Of the 15 participants recruited, nine were men and six were women. The data set includes four couples. All participants were assigned a pseudonym. All of the interviews were tape recorded and transcribed verbatim by professional transcribers. Analysis of the transcripts was conducted using the 'interactive model' developed by Miles and Huberman (1994). This entails three activities: data reduction, data display and conclusion drawing and verification. After coding the interviews, data were organised into a series of preliminary topic areas, and themes and concepts were identified. These were cross-checked by members of the research team. Any negative cases were also noted and incorporated into the analysis as appropriate.

<sup>4</sup> See the Powerhouse Museum web site for information about the history of the fitpack in Australia. <http://www.powerhousemuseum.com/collection/database/?irn=115529>

<sup>5</sup> The amount of each varies across sites and jurisdictions.