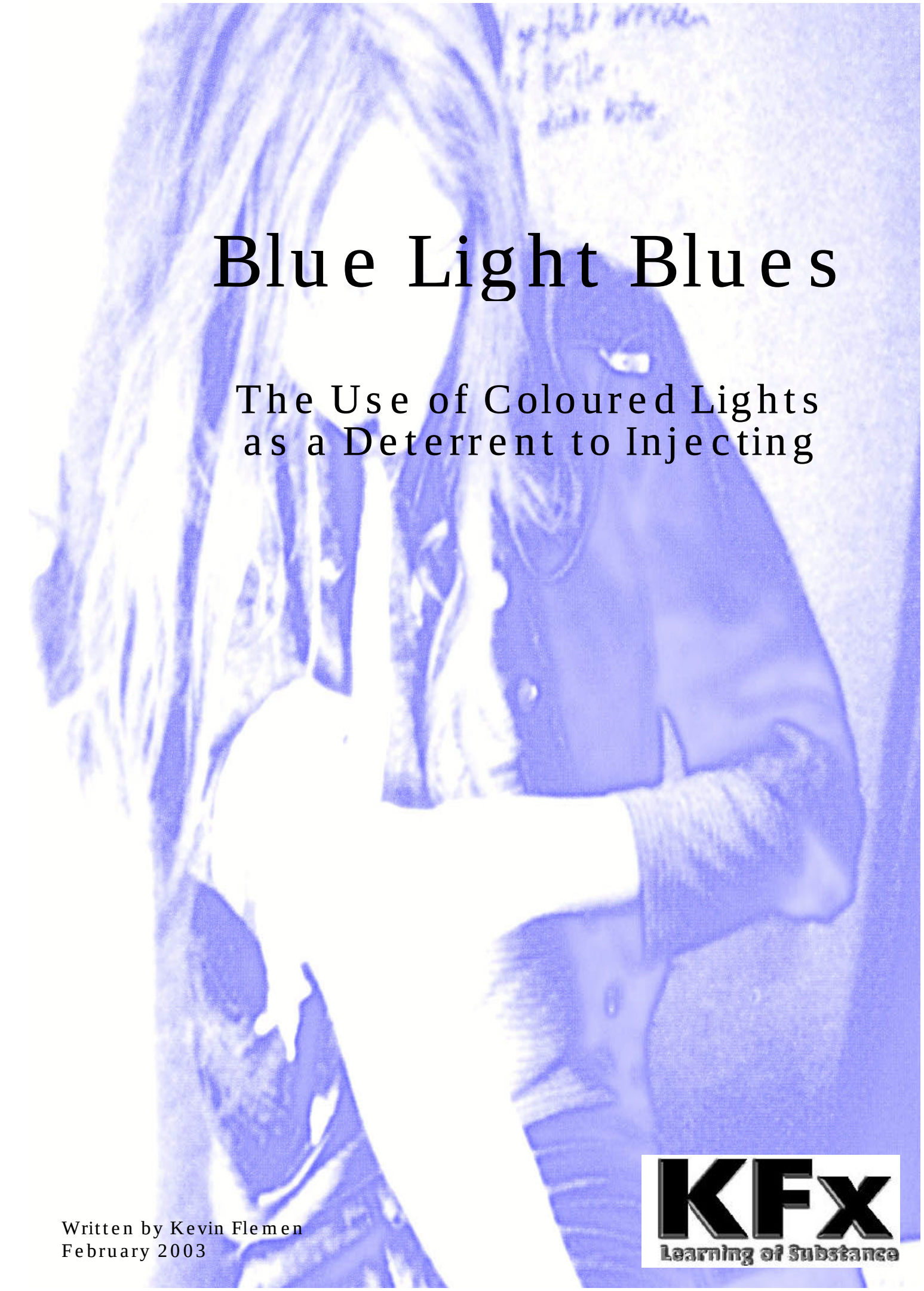

Blue Light Blues

The Use of Coloured Lights as a Deterrent to Injecting

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February 2003

KFx
Learning of Substance

The paper was written by Kevin Flemen and distributed by KFx. This is a drugs advice and information service for anyone involved in drugs work.

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[1] Front cover image: Christiane F: Wir Kinder Vom Bahnhof Zoo: Uli Edel: 1981

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About this paper:

The use of blue lighting in toilets is a measure that has sometimes been adopted in an attempt to prevent facilities being used by injecting drug users.

The use of the measure has been used by local authorities, managers of public facilities including railway stations, and people running hostels, day centres and other similar provision.

The use of blue lighting appears to be on the increase. Several such initiatives have been reported in the media[2]. Increased concern about public drug use, combined with increased resources via CADs (Communities Against Drugs) money have seen a proliferation of such schemes.

However, as this paper highlights, such schemes are ill-conceived. Instead of reducing health risks to the public, users and workers, they can actually increase risk. There are better and cheaper solutions, which this paper advocates instead.[3]

Part 1: Those Blue Light Blues:

The idea of installing blue light bulbs or "black light" (UV tubes) is that it makes it harder for people to inject. This is because the coloured bulbs make veins less visible.

The rationale is that, by making injecting more difficult, the installation of coloured lights will therefore discourage injecting in that facility.

The approach is ill-informed and ill-advised; it increases risk and cost as follows:

1) Blue lights encourage more dangerous injecting practices

Blue lights make it more difficult to see superficial veins, such as those in the forearm. However, when people are injecting into deeper veins such as the femoral vein, the presence of blue lights is an ineffective deterrent. Groin injectors are not looking for a visible vein, and so can continue to inject in such bad lighting.

Groin injecting brings with it serious risks including infections and thrombosis, and damage to femoral artery or nerve. It is something that should be actively discouraged. But the proliferation of blue lighting may actually encourage the adoption of groin injecting, as in such environments it will be the only viable alternative.

The presence of blue lighting also means that injectors are more likely to miss a vein and inject into surrounding tissue. This can lead to complications. Where the wound becomes infected with anaerobic bacteria such as clostridium, this can be fatal.

An injector who can see what they are doing in an adequately lit environment is less at risk of these problems.

2) Blue lights increase risk to injectors, workers and the public

[2] See www.dailydose.net for examples of recent media reporting
[3] See also: **Blue Lights in Public Toilets:** Professor Margaret Hamilton, Director of the Turning Point Alcohol and Drug Centre.: http://toolbox.vetonline.swin.edu.au/AOD/SEGMENTS/articles/bluelights.pdf

Blue lights provide an inadequate level of illumination. They make the environment more hazardrous for injectors and non-injectors alike and for workers. Hazards include:

- Making it harder to see and effectively clean discards, spills and other hazardous waste;
- Increasing risk of trips and falls
- Making the environment feel less safe and more threatening.

Everyone providing toilet facilities has a duty to ensure that it is safe for users of the facility and workers. This includes a duty to ensure that the facilities are lit adequately.

3) Displacement, Dispersal and Cost

The provision of blue lights does not prevent or reduce injecting *per se*. Rather, it results in displacement of the problem from that arena to other arenas. Worse still, it is likely to mean that activity is moved from one specific location to a number of locations.

Displacement will take place to the least supervised arenas: as toilets are made inaccessible, it will move to stairwells and car parks. When these are made unusable, it will move into side streets, parks and waste ground.

This displacement and dispersal substantially increases risk to the general public and cost to the local authority. Instead of emptying one sharps disposal bin five times a week in one public toilet, the authority now has to organise the collection and removal of hundreds of needles distributed across a wider geographical area.

The economics of this are clear; the cost of removing a single needle from a public location is the same as emptying the full sharps bin. But the cost of removing many single needles is far more expensive.

4) Personal Health Care

For people who are homeless or vulnerably housed, public toilets, and bathrooms in hostels and day centres represent a vital arena for self care. They can provide an opportunity to look for and identify health problems and are important for improving health and reducing risk.

The use of blue lights in toilets can reduce that chance of healthcare, and in turn this could lead to missed opportunities to identify health problems.

We would encourage people who use drugs and inject to examine themselves for swelling or discolouration, especially around injecting sites, blood or discolouration in urine or stools, yellowing of skin or eyes, bleeding from gums, or a host of other early warning signs.

Such self-examination ands self care is not possible in a bathroom lit with blue lights.

As the above points demonstrate, the installation of blue lights is a costly and ineffective response to injecting in public toilets. Below, we explore more pragmatic and useful solutions to this problem.

Part 2: Shedding some light on the problem

A place to inject

In an ideal world, no one would want or need to inject unlawfully held controlled drugs. Those who had medical need would be prescribed medical substances, and would have safe venues in which to do so.

Research evidence has demonstrated that people injecting in public locations are more at risk: incidence of injury, overdose and sharing of equipment is greater for these injectors. Obviously having somewhere clean, well lit and private to inject reduces many risks.

But in reality, many drug users are not housed and have no safe, clean environment in which to inject. For others, in temporary accommodation, they risk eviction if it becomes known they are injecting on the premises.[4][5]

Thanks to new Government legislation[6], more housing providers will be obliged to stop people injecting in rented accommodation, hostels and day centres, and so would be obliged to inject in public arenas.

A solution would be to establish supervised injecting spaces, where people with nowhere else to go could inject themselves more safely; another solution would be to repeal legislation that makes it an offence to allow people to inject on premises.

But in the meantime, people who do inject have very few other places to use - and public toilets have been one of the main choices. What we need to do is make this option as safe as possible for all parties concerned while simultaneously exploring and developing more long term solutions.

As we said, we'd rather people had somewhere safe to inject themselves. Public toilets are not ideal for injecting. They are not a hygienic environment for the injector; and it is not pleasant for another member of the public to encounter someone injecting himself or herself.

However, until we have a viable alternative, the use of public toilets is probably the lesser of several evils.

Legal Aspects:

In May 2001, the Government went against expert advice and extended drugs legislation to make it an offence to allow the use of controlled drugs unlawfully held on any premises. This includes public toilets, and those within restaurants, pubs, hostels and day centres. In recognition of public concern, the Government delayed enacting the legislation until guidance could be issued and a commencement order issued.

As such it is not currently a criminal offence if managers of public facilities were to know that injecting of heroin was taking place in their facilities.

Having said this, managers of any facilities have a Duty of Care to their staff, and the public; this means that they must assess and respond to foreseeable risk. For example, where the discarding of injecting equipment is a foreseeable risk, the

[4] Wherever I lay my hat – A study of Out of Home Drug Users: Cox, G: 1999: Merchants quay Project
[5] Youth Homelessness and Substance Use:Bayliss et al: Home Office: 2003
[6] Section 8(d) of the Misuse of Drugs Act 1971, as amended by Section 38 of the Police and Criminal Justice Act 2001

provision of sharps bins, staff training and effective procedures would form part of the duty of care.

Even where managers of premises were obliged to stop injecting on site, they are only obliged to use "reasonable means readily available." It would not be reasonable for a manager to breach their statutory obligations under Health and Safety or their Duty of Care, even if this was to prevent the use of drugs on premises. Hence the use of blue lights should not automatically be considered one of the reasonable means readily available.

Public Safety:

Clearly the safety of the public is a primary concern. Key areas of risk include the unsafe disposal of injecting equipment, body fluid spills and encountering people using.

The issue of fluid spills and use in wash areas can be addressed through effective vigilance and cleaning routines in staffed facilities, and appropriate design in unstaffed facilities.

The issue of sharps disposal is most effectively addressed through a three pronged, integrated approach including:

- Worker and peer education of injecting drug users regarding the unsafe disposal of injecting equipment;
- Proactive strategies and incentive schemes to promote the return of equipment to needle exchange facilities;
- The placing of appropriate sharps disposal bins in public arenas including public toilets, hostels and day centres.

Sharps Bins

The placing of sharps bins in public venues is a sensitive subject and needs to be done appropriately. But the effective use of sharps bins, combined with effective reporting and collection services for discarded needles, can act to greatly reduce public concern.

Breaking in to sharps bins: One of the arguments against the use of sharps bins has been that they get broken into. However, preventing this problem through the removal of such bins is a flawed strategy, as it increases the risk to the public health and increases the cost of sharps removal.

Sharps bins primarily get broken in to because: a) people have found themselves without injecting equipment when they needed them and b) sharps bins were inappropriately designed and sited.

A multi-pronged approach is preferable which ensures the following:

- That through effective strategy, provision and publicity, injecting drug users can ensure access to clean injecting equipment at all times.
- Through the use of well-designed, secure wall-drop sharps bins, the risk of vandalism and breaking in to boxes is reduced.

Protecting Staff:

In order to make sure that both staff and customers are protected, policy, protocols and training will need to be put in place. This will help reduce staff anxiety when encountering drug use, and ensure that safe responses in place when respoding. Policy and training will need to include:

- Needle handling
- Fluid spills
- Dealing with intoxication,
- Managing difficult and dangerous behaviour
- First Aid.

Conclusion:

Injecting in public facilities is a social problem that needs addressing. In the long term it will only be resolved through legislative change that offers a viable alternative.

In the meantime there is a need for integrated strategies that reduce the risk to all parties concerned. The use of blue lights are not the solution, or even part of the solution.

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February 2003