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Injecting Drug Users' Utilisation of Public Space in Belgrade: Places, Risk-management, and Habitual Life*

Results from the case-study in Belgrade injecting drug users are presented here featuring the discussion on injecting occurring within the versatility of places belong to the public space. The attention is paid mostly to the certain type of physical risk environment which is specific to Belgrade injecting scene, called "shtek", but risk production and risk management are reviewed also taking into consideration other types of physical environments.

Key words: physical risk environments; injecting drug users; anthropology of AIDS; risk production and risk management.

Risk environment researches occupy a significant volume of social science studies in HIV/HCV issues. In its broadest sense, risk environment comprises all risk factors exogenous to the individual. An orientation towards an understanding of risk environment encourages a focus on the social situations, structures and places in which risk is produced rather than a reliance on a conception of risk as endogenous to individuals' cognitive decision-making and immediacy of interpersonal relations. It could be described best as the space – whether social or physical – in which a variety of factors exogenous to the individual interact to increase the

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chances of HIV transmission[1]. This includes in fact every kind of behaviour and/or situation which could eventually promote that transmission.

Risk environment also featured as one of the prominent focal points in qualitative study conducted among Belgrade injecting drug users (further in text: IDUs) in 2005[2], for it is obvious that almost every act involving some kind of contact between somebody's blood and the physical surrounding perfectly matches both the content of that concept. The matter of risk environment in Belgrade IDUs has been already described, analysed and interpreted through the lenses of individual injecting routines, which mostly occure within the safety of their homes[3], and certain attention was payed to the disruptions of those routins indeed. This discussion is directed towards the environments which are mostly shaped after the lackage of the substantial control over somebody's injecting routine, where that lackage is referred to mostly in terms of physical place and space used by the IDUs to inject within them.

Places in which physical and social environments are brought together, and which are maybe characteristic for the Belgrade injecting drug use (further in text: IDU) setting, are "shteks"[4]. These are places where both the IDUs who do not have anywhere else to inject safely, and those who use them occasionally as a kind of supplement to the living space they usually inject in use. Shteks can also serve as spaces to go to in the case of unbearable IDU need to fix up as soon as possible – although in this sense they should not be confused with the places that are not a part of injecting routines[5]. Apart from IDUs who live and inject alone, almost all other IDUs use shteks as a part of the usual organisation of personal injecting routine. Some IDUs also use shteks as an aspect of usual social environment organisation: because they do not like or simply are not used to injecting alone, they score with other IDUs – mostly regular injecting partners – and go immediately to the usual common places to inject, i.e. "shteks" they consider their own.

There are two types of shteks in relation to physical environment: closed spaces underground and partly open spaces on/above ground level. First include

[1] The most illuminative paper on risk environment as theoretical concept and reearch focus is Tim Rhodes', *The 'risk environment': a framework for understanding and reducing drug-related harm*, International Journal of Drug Policy 13, 2002. For some more elaborate information on the fieldwork researches outcoming from this concept, see for an example Tim Rhodes, Merrill Singer, Philippe Bourgois, Samuel R. Friedman, Steffanie A. Strathdee, *The social structural production of HIV risk among injecting drug users*, Social Science & Medicine 61, 2005.

[2] For details on methodology and sample, cf. Бојан Жикић, *Антропологија AIDS-а. Ризично понашање интравенских корисника дроге*, Филозофски факултет и Српски генеалошки центар, Београд 2006, 13-29 (Bojan Žikić, *Anthropology of AIDS. Risk Behaviour of Injecting Drug Users*, Belgrade 2006, monography in Serbian language).

[3] B. Žikić, op. cit.

[4] For explanation of the word, its pronunciation and conotation, cf. B. Žikić, op. cit., pp 192, ff 10.

[5] See Б. Жикић, op. cit., 211 et passim.

primarily basements and atomic shelters – with certain exceptions, of course[6] – and second, most often, partially built or abandoned buildings. Several characteristics are common for both types of space. It is a part of the urban topography, which are not only rarely used, but a limited number of people know of their existence. The access is limited or difficult, and their choice of space to use for injecting minimises the probability of the process being disrupted. From IDU point of view, these spaces make it easy to fill cut off from the rest of the world and to inject freely, and on the other hand, it is not difficult to experience them as places that "belong" to IDUs alone.

This aspect of "socialising" physical space is for some IDUs very important in deciding whether, for example, they will leave one shtek and look for another. Certain IDUs wish to have shteks that only they use, while others are more or less indifferent to the shtek being discovered, which means used by other people besides them. Shtek will, of course, be unsafe for future use if it has been raided by the police, as well as in the case of serious troubles with the people who live in the building in which the basement is used. Cases in which the basements of buildings in which IDUs themselves live are rare, or any other places that could be linked to a certain IDU[7].

It is conspicuous that in most cases IDUs see safe shteks as such a physical environment that will enable them to inject undisturbed. What could happen after that – the fact that they may be cut off from the outside world in case someone comes along so that they cannot escape – is not something they care about too much. This implication is also important for considering priorities in IDU practice, but also for HIV/HCV risk study, because it not only testifies about the values that certain aspects of the practice have, but also points to its main characteristic: everything revolves around the act of injecting and in a way that it is subjected to it. Most IDUs will consciously neglect safety procedures against HIV/HCV risk, rather than be in withdrawal – most of them will inject at the price that they are caught by the police afterwards, people around them finding out they are IDUs, etc.

Another important characteristic of the shteks, relevant for the risk study – regardless of the type of space in question – is that these are places without access to running water. This is understandable when we are talking about basements, rundown or unfinished buildings or, even different open spaces that are not shteks as such, but it also applies to former atomic shelters. This fact requires bringing water for cooking the mixture to be injected from somewhere else, but also influences the hygiene of the equipment, people and space, especially post-injecting. Namely, IDUs claim that they mostly take care about all three basic hygienic aspects, without making a distinction regarding the place they inject in. Even if some research observations could support such claims, it can quite certainly be hardly said about shteks. A number of IDUs themselves also similarly evaluate these places, which is

[6] That it is also a statistically negligible number, ibid.

[7] Which is claimed somehow clearly, even in a bit low voice, when the issue is on "where do you inject exactly", cf. B. Žikić, op. cit.

why IDUs generally make the distinction between shteks used by a limited number of familiar people and those for which they cannot say who has not injected in them.

Of all three hygienic aspects, the negative management of which can contribute to HIV/HCV risk, shteks have the largest number of those relating to space itself, i.e. physical environment[8]. It actually includes the other two hygienic aspects as well: for example, traces of someone's blood on the walls or used guns left on the ground are not, in this sense, important just in view of personal hygiene or equipment hygiene. They make a negative contribution to the hygiene of the place, directly influencing that the physical environment becomes HIV/HCV risk generator in itself and by itself. Of course, the probability that someone will get infected by getting pricked on a used needle or by leaning an open wound against the wall stained with someone else's blood cannot be great, but this is not the only issue here. Physical environment functions as risk environment seen together with someone's injecting habits, and we are not referring to disruptions in the routine here.

Firstly, there are testimonies about people who, without the need to get fixed immediately to avoid withdrawal symptoms, do not take care or did not take care if they have equipment, counting on always finding a gun lying around in shteks. Naturally, the need to get fixed urgently, in the sense of coming out of an established injecting routine, puts additional stress on these situations, but these are just the types of IDU habits for which we can say that they are at least partly formed also under the influence of the physical injecting space. It is true that in these cases it is rather difficult to separate aspects of physical and social environments, but it is also true that awareness of the fact that there are stashed guns even in known shteks – which are just to be found – as well as used and disposed of guns – literally at hand, together with the habit of changing the rhythm of injecting in time, influences the forming of such an injecting routine which is high risk.

Maybe it would be even more correct to speak about these cases as a lack of injecting routine in general – more precise, as a lack of a profiled such routine – than as a routine or its disruptions, but, on the other hand it is clear that this behaviour is adopted by some IDUs as a part of their practice strategy, as a sort of a pattern, regardless of randomness, as their main characteristic. In any case, whatever the strategy, it does not include safety measures against HIV/HCV risk, at least not those which are more or less an integral part of IDU practices. When choosing physical surrounding to inject in, whatever the other parameters may be – for example, in relation to the privacy of the place or the like – there is no selectiveness to prefer some and exclude other types of space, on the basis of the need to control HIV/HCV risk.

[8] Which reportedly appears true indeed for almost every type of physical space used to inject in, cf. T. Rhodes, G. V. Stimson, N. Crofts, A. Ball, K. L. Dehne & L. Khodakevich*, Drug injecting, rapid HIV spread, and the "risk environment"*, AIDS 13 (Supplement A), 1999, S259-S269; Бојан Жикић *Антрополошка анализа HIV-вулнерабилности и ризичног понашања у Београду*, у Зорица Дивац (ур.), Свакодневна култура у постсоцијалистичком периоду у Србији и Бугарској, Зборник радова Етнографског института 22, Београд 2006, 306-307.

Apart from these cases, let us call them extreme, the influence of physical surrounding to the act of injecting, can be also seen in simply getting used to certain conditions present in specified places. It is not irrelevant to the setting of someone's risk management strategy whether there will be great, some or, as we have seen above, no attention paid to the hygiene of the space. Regardless of real probability linked with accidental infection through reckless contact with, for example, traces of someone else's blood, not paying attention to such things will not be an error in someone's safety procedures against HIV/HCV, but rather its characterisation of taking not enough care about it. As opposite examples, there are IDUs who claim that they clean up their shteks regularly, which sometimes means they clean them up behind themselves, but sometimes also in this way they prepare the physical environment for injecting, bringing it into an acceptable state, in which it will be considered safe to inject in from blood transmitted diseases.

It should be noted that in such cases, in principle, there is no difference between those IDUs who use shteks as a kind of back-up to their living space (shared with their families) and IDUs who primarily inject only in shteks. The state of shteks very much depends on the way IDUs are used to treating injecting equipment. Reuse of own needles and syringes over a long period of time leads to a lower level of hygiene – even if they are rinsed each and every time, which is of course rare – while disposing of used equipment without taking care about elementary safety procedure has its analogons in both living space and in shteks. Unlike living spaces, however, only needles and syringes are kept in shteks while the rest of the equipment is brought along. As needles and syringes are the most important elements of injecting equipment, which is understandable, the treatment at disposing them differs from that of other elements of the equipment.

Direct consequences of this difference in treatment of needles and syringes from the rest of the injecting equipment on the state of shteks is the presence of used improvised cookers. Namely, apart from the cookers provided by Médecins du Monde (further in text: MdM) through their programme[9], then the relatively standard tea/table spoons – widely used for this purpose – the use of coca-cola, soda and other cans is quite popular for the make of handy cookers. An important difference between these cookers and spoons, or those obtained from MdM, is that these are exclusively disposable cookers, to be used only once by IDUs, and afterwards they are simply disposed of and in the place where IDUs found themselves injecting. As the example shows, the way of "producing" such cookers directly contributes to the negative status of the physical environment towards HIV/HCV risk – and towards hygiene of the space in general, but also towards possibilities of someone, before injecting or post-factum, getting cut on them.

Some IDUs maybe even take care about the hygiene of the space in the shtek, but in the way that they maybe take into consideration their own contribution to the hygiene, or the effect of IDU practice to it. What they do not take care about

[9] For this institution's engagement in Belgrade IDUs needle&syringe exchange program and eduactaion, cf. Б. Жикић, op. cit. (*Антропологија AIDS-а*), 19-20, 246-247.

– and which they probably cannot, considering the nature of their use of the given space, is the general cleanliness, or uncleanliness in the shtek. Physical surroundings used as shteks – may they be basements, shelters or abandoned buildings – usually do not satisfy not only basic standards of hygiene, but more frequent longer stays in them can badly influence people's health: dust, humidity, damp, cold, unpainted walls, bare floors, various debris (construction material, sanitary material, food leftovers, etc), etc. Apart from the cognitive aspect of getting used to such physical surroundings as spatial frames for injecting, consequences to the physical aspect of IDU practice are also possible, which result from such characteristics of the given physical environments.

All elements of injecting process – starting with preparing drugs by cooking, through the act itself, to what is considered the climax and aim of injecting drug use, enjoying it, i.e. the effect of being stoned – demand a direct interaction between IDUs and the physical environment in which it is all going on. For injecting, therefore, physical space is not enough in itself. It satisfies the condition of secrecy, or the possibility of injecting without disturbances, but needs to be basically adapted in order to be used. Naturally, in places where there are no real tables or chairs, anything that could be used for this purpose, it is in this manner that IDUs make the minimum adjustments of shteks for the needs of their practice. It is not completely clear if, for example, using daily newspapers has some kind of health protection purpose or just serves as the instrument of easier organisation of injecting equipment, but, in any case, it is not a useful operation in managing HIV/HCV risk, especially if the newspapers are used, stumbled upon in the shtek.

Almost everything that has been said about injecting procedures, relating to the above mentioned characteristics concerning health and hygiene of the physical surrounding in which people inject, also applies to keeping needles and syringes in shteks. An important distinction between keeping needles and syringes in one's own living space, which also contributes to their risk status, is that mostly used guns are kept in shteks. IDUs, naturally, claim that the water they bring to the shtek is also used for rinsing guns after injecting, and before storing, but many of them are also not certain if they apply this procedure each and every time. Finally, not all shtek types, nor different shteks within the same types, are suitable for hiding the guns in such a manner that will quite clearly show the specified IDU that it is just their gun, and not someone else's. Regardless to this, we got the impression that many IDUs, in their HIV/HCV risk management strategies, on deciding on such actions, or – for such interaction between equipment and space, handle things as if the way in which they store equipment in one shtek will be suitable for all shteks they use to inject in.

Shteks discovered by others are such physical spaces used by a larger number of IDUs, who often know one another, and sometimes they are also from different areas in the town. These are places where no one takes care of the hygiene or some basic IDU comfort, but they are simply visited when someone has an urgent need to fix up, and has nowhere else to do it, being, at the moment of developing the need or obtaining drugs in close proximity of such a "stash". Except for satisfying the function of providing space basically suitable for injecting, these places

are often visited in cases of IDU emergency, and because one can expect to find guns there – someone else's and used, of course, mostly lying around the "stash" – by which time is "shortened", from the moment of obtaining drugs to injecting it, without making stops for purchasing new equipment, if the IDU did not have it with them.

Physical environment with similar, almost identical characteristics relating to HIV/HCV risk – or more precisely, the lack of control over it – as discovered shteks, are the so-called "junkie places". An important distinction between these two physical environments present in the Belgrade IDU setting is that what is referred to as junkie places is for certain IDUs a part of injecting routine, but this conclusion remains an assumption for our informants when we are talking in terms of the present time, and thus also for us. Junkie places are flats/houses in which IDUs live and inject drugs and where their IDU acquaintances gather in order to score and inject, but it is not just the urban myth. There were first hand reports from some of the informants who used to inject in places like these, but recent information is telling us about injecting in junkie places as singular cases, in situations where it was a question of experiencing withdrawal symptoms or fixing up at any cost.

Guns are also generally available in these junkie places, although, unlike in for example discovered shteks, there is an illusion of certain risk management against diseases transmitted through blood when using them. Apart from the equipment sharing procedure, or joint successive use of one and the same gun in the specified environment, is that they are "received" by the host. This transaction is not only, for example, economic, but – we may freely say – of a ritual or psychological nature. Guns that are thus shared are evaluated by their original owner in two ways, which are obviously seen as HIV/HCV risk management procedures by the recipient, regardless of the fact that this is exactly the way in which they actually differ.

The first way is for the person receiving the gun to be reassured by the person giving it to them that the set has not been used before, and is luckily stored somewhere in the flat/house, while the other way is to say that it is a used but washed and sterilised (by alcohol or flame) set. It is obvious that even if things were the same as they are presented by those who give guns and as seen by those taking them, there is no question about the same type of potential risk against HIV/HCV in both examples. What is identical for both of them are the conditions for storing equipment in such physical environments, which brings us to the conclusion that in using junkie places, as well as other physical injecting spaces in routine disruption circumstances, is actually immanent lack of any control over risk against blood transmitted diseases, or an attempt to manage it.

Less frequented public places IDUs turn to when it is necessary to find a suitable environment in which they will urgently fix up are mostly open spaces, such as parks, cemeteries, playgrounds or schoolyards or those spaces that could normally serve as shteks – like for example, abandoned buildings. These could also be spaces like neglected walkways, river embankments or places under bridges, and practically all other types of physical surroundings which are turned to out of the

necessity to fix up, the subjective feeling of safety against "the rest of the world" for as long as needed to inject, is the only parameter IDUs are governed by when choosing to inject in the cases of routine disruptions in places like these.

As the predominant characteristic of the relationship between injecting equipment and these public places serving as physical framework for urgent injecting, such that IDUs bring their own equipment along, and do not lean on the possibility of coming across it or receiving it at such places, the specified physical surroundings generate HIV/HCV risk in two main ways. Firstly, when injecting in such conditions, a certain acceleration of the process of injecting itself is at work. IDUs are less relaxed while doing it than they would be in for example any other place indoors, and especially in a discovered shtek or someone's flat, which means that in these situations pre-injecting and post-injecting equipment, people or space hygiene is out of the question, as is taking care of the way in which used equipment is disposed of – if it is disposed of at all. Additionally, bringing own equipment does not always imply bringing the exact number of needles and syringes as there are people who will inject, which, of course, is not in relation with only these situations, but comes out more often in them.

Namely, although it seems that HIV/HCV risk generation is like this easier than the type characteristic for social environment – which is true in a way, of course – it is also a kind of attitude towards injecting equipment. Such attitude is primarily determined by a certain capability, or more precisely – incapability or inability of IDUs to manage the satisfaction of their needs in a safe way. It is directly linked with the physical injecting environment on the basis of the estimate done by IDUs about the characteristics of the space they are interested in – whether they will be able to obtain a gun in this place. We can say that such an attitude is also formed by the injection routine fragments – regardless of its current disruption – or more precisely, by the existence or non-existence of previously prepared and stored equipment, or from the IDU habit in obtaining and keeping needles and syringes, where the specific physical environment is actually just a way to expose or further point out such habits.

Additionally, this kind of physical environment is not much different hygienically from other types of physical environments in which people inject when it is necessary to fix up[10], and quite often not even from, for example, shteks that are

[10] Meaning – in Belgrade, when this study was conducted, and around the world where similar researches took place, see for an example Theresa Diaz, Don. C. Des Jarlais, David Vlahov, Theresa E. Perlis, Vincent Edwards, Samuel R. Friedman, Russell Rockwell,Donald Hoover, Ian T. Williams, and Edgar R. Monterroso, *Factors associated with prevalent hepatitis C: differences among young adult injection drug users in lower and upper Manhattan, New York City*, American Journal of Public Health 91, 2001; Tim Rhodes, Catherine Lowndes, Ali Judd, Larissa A. Mikhailova, Anya Sarang, Andrey Rylkovc, Mikhail Tichonov, Kim Lewisd, Nina Ulyanova, Tatiana Alpatovae, Victor Karavashkin, Mikhail Khutorskoy, Matthew Hickman, John V. Parry and Adrian Renton, *Explosive spread and high prevalence of HIV infection among injecting drug users in Togliatti City, Russia*, AIDS, Vol 16 No 13, 2002; Bojan Žikić, *Anthropology of AIDS. Risk environment and injecting routine. The case of Belgrade injecting drug users*, Issues in Ethnology and Anthropology, Vol. 1, No. 1 (n.s), 2006.

used in standard injecting routines. The above mentioned relates to the fact that the hygiene of such physical spaces, essentially does not depend on IDUs. What makes the situation worse, as a source of risk against blood transmitted diseases, is the negligence IDUs demonstrate when it comes to bringing their bodies in close contact with the unhygienic spaces – open wounds, parts of the injecting equipment which interact with their bodies, then blood as a result of injecting[11]. This is quite conspicuous in the above mentioned situations of injecting procedure saturation, the occurrence of which is mostly characteristic for physical environments as the above described open spaces and residential spaces which are relatively easy to access.

This last formulation does not refer to living space in the more narrow sense of the word – houses or flats – but the space which physically belongs to living habitat, but is physically and functionally separated from it. These are, first of all, passages[12], staircases and entrances into basements in blocks of flats, then basements that are not locked, and the assumption is, not often used by their owners. The relation between fixing up in these types of physical environments and their potential of HIV/HCV risk production is basically the same as what has been said about the relation between injecting routine disruption and physical risk environment. Their relatively specific nature can be seen in this sense similarly to open spaces, in the need to finish injecting in them as quickly as possible. What distinguishes them from for example benches in parks and cemeteries, when we are talking about the quickening of injecting, is the increased subjective fear with IDUs of being interrupted in what they are doing.

Naturally, it is difficult to establish the reality of such impressions, but information suggest that IDUs interpret these kinds of physical surroundings as ambivalent in relation to the only risk they actually are ever careful about when they are urgently fixing up, is not to be interrupted during injecting, and thus lose the prepared drugs. On one hand these spaces are experienced like hidden enough in cases when there is nowhere else to go, and on the other hand their main purpose is respected, or the possibility that they may be so used just at the moment of injecting in progress. According to this quality, specified physical surroundings are similar to a quite specific physical environment in which IDUs from Belgrade inject in cases of routine disruption, but sometimes as a part of this routine, as a sort of improvised shteks. These are toilets in restaurants and hotels, most often in the downtown.

The advantage of toilets against for example, parks, cemeteries, bridges, passages or basement staircases, is the possibility to resolve their ambivalence about their secrecy and the possibility of the original functional use in the way favouring the safer side of IDU risk perception against interruptions in injecting. It is possible to occupy the toilet for a certain period of time, which needs not be quite so short, without greater danger of disturbance, except, for example, verbal. Natu-

[11] Which unfortunately also is part of the IDUs' habitual life everywhere in the world, cf. Mark Davis and Tim Rhodes, *Managing seen and unseen blood associated with drug injecting: implications for theorising harm reduction for viral risk*, International Journal of Drug Policy 15, 2004.

[12] The term used in Belgrade slang is German word for the same thing, *haustor*.

rally, not all toilets in restaurants and bars in Belgrade fit this description, so IDUs choose such found in extremely busy places and where there are several compartments. Moreover, it has been demonstrated that this "statistical" aspect of risk management against disturbance during injecting gives very good results, and that IDUs themselves find them very reliable[13].

The difference to open spaces or those that are parts of residential spaces, which comes with using toilets in restaurants, moves in the direction of the way in which the general state of poor hygiene of the given physical environment generates HIV/HCV risk, as a kind of *sine qua non* conditions that describe such environments in socio-medical context. Namely, regardless of the quality of maintenance of a certain toilet of the sort, and above all, for the frequency of their use in the sense of what their original purpose be, the hygienic status of such physical environments does not come exclusively from some undefined dirt, but also from impurities of human origin. Physical space is in direct contact with human bodies – this applies to the toilet seat, which holds and important place in the procedure of fixing up in the toilet – then human secretions (saliva, urine, faeces, vomit, etc), sweat, hair, maybe even viruses.

Since it is also a question of tight spaces, IDUs come in physical contact with the space they inject in more directly than in any other physical environment. This includes, of course, the physical body of IDUs and the equipment – primarily needles and syringes – and maybe the blood that may squirt during injecting. IDUs do not perceive the specific nature of this kind of physical environment as much different in relation to other kinds of physical environment, whether they are used in emergency or as injecting routine, and so they do not see it as a greater potential source of risk to HIV/HCV, meaning that they do not apply some particular safety procedure when trying to manage this risk. It generally seems that among IDUs from Belgrade, using improvised pads in the form of most often old newspapers, it is considered a sufficient precaution against any impurity that may come from the physical surrounding in which they inject, or the general hygiene of the space – regardless of the particular type of physical environment in question.

What is true is the fact that the risk of each of these physical environments originates in good part from their being used for the purpose of injecting drugs. IDUs themselves bring the risk of blood transmitted diseases into such spaces, in the ways in which they are used, or by the lack of perception of the specific natures of different types of physical environments in relation to possible risk generating. This particularly applies to, for example, public places or parts of residential spaces, in which, normally, there are no issues of the hygiene of people or equipment themselves, as it already is the case with discovered shteks or junkie places. Naturally, these latter physical surroundings also owe their HIV/HCV risk status to being long used in IDU practice, hence we could state the opinion that, in fact, physical environments are conductors of risk generated in creating individual IDU habits, i.e. in-

[13] For more details, cf. Б. Жикић, op. cit. (*Антропологија AIDS-а*), 151 et passim.

jecting routines, and this risk becomes extremely prominent when IDUs are forced to change such routines.

Бојан Жикић

Коришћење јавног простора од стране интравенских корисника дроге у Београду: места, управљање ризиком и навике

Кључне речи: физичко ризично окружење; интравенски корисници дроге; антропологија AIDS-а; производња ризика и управљање ризиком.

Рад наставља са представљањем и разматрањем резултата квалитативног антрополошког истраживања које је спроведено у Београду међу интравенским корисницима дроге (ИВКД) током 2005 године. Његов непосредан предмет представља убризгавање дроге које се дешава по јавним местима у нашем главном граду, а циљ му је да покаже на који начин долази до онога што се у теоријској литератури назива „производњом ризика" по таквим местима, као и како се београдски интравенски корисници дроге носе са тим ризиком, односно – како управљају њиме, како се то каже у усвојеној стручно-научној терминологији.

Посебна пажња посвећена је још једној посебности београдског миљеа интравенског коришћења дроге, тзв. штековима. То су места која служе као мање-више сталан простор за убризгавање особама које нису у стању да своју рутину убризгавања вежу за приватни стамбени простор. У физичком смислу, најчешће је реч о подрумима или недовршеним грађевинама, евентуално напуштеним објектима. Њихове карактеристике као тзв. физичког ризичног окружења су релативна констатност употребе и практично одсуство сваког хигијенског обзира при употреби тог простора. Наравно, штекове не користе само они интравенски корисници дроге који немају другде да убризгавају. Њима се служе и они који поседују свој стамбени простор, рецимо, али морају „да се среде" у одређеним ситуацијама када су далеко од њега.

Разматрана су и друга места која спадају у категорију јавног простора, попут улаза у зграде, пролаза између њих, зелених површина, тоалета по ресторанима и слично.

За разлику од разматрања руковођења ризиком у приватном стамбеном простору, резултати истраживања који се односе на јавни простор показују одсуство оне поуздане контроле над местима у којима се редовно инјектира од стране интравенских корисника дроге – и када је у питању само физичко окружење, али и у његовом социјалном домену, што значи, наравно, да је у таквим случајевима драматично повећан ризик од крвљу преносивих болести, чак толико да социо-епидемиолошки контекст бива јасније протегнут ван миљеа интравенских корисника дроге, него што је то случај, на пример, са убризгавањем „код куће“.