



Research paper

Residential eviction and exposure to violence among people who inject drugs in Vancouver, Canada



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ABSTRACT

Background: People who inject drugs (PWID) experience markedly elevated rates of physical and sexual violence, as well as housing instability. While previous studies have demonstrated an association between homelessness and increased exposure to violence among PWID, the relationship between residential eviction and violence is unknown. We therefore sought to examine the association between residential eviction and experiencing violence among PWID in Vancouver, Canada.

Methods: Data were derived from two open prospective cohort studies of PWID: the Vancouver Injection Drug Users Study (VIDUS) and the AIDS Care Cohort to evaluate Exposure to Survival Services (ACCESS). We used generalized estimating equations (GEE) to estimate the relationship between residential eviction and experiencing violence among male and female PWID, respectively.

Results: Between June 2007 and May 2014, 1689 participants were eligible for the analysis, contributing a median of 5.5 years of follow-up. Of these, 567 (33.6%) were female. In total, 259 (45.7%) of females and 566 (50.4%) of males experienced at least one incident of violence over the study period. In multivariable GEE models, residential eviction was independently associated with greater odds of experiencing violence among both females (Adjusted Odds Ratio [AOR] = 2.09; 95% confidence interval [CI]: 1.39–3.13) and males (AOR = 1.95; 95% CI = 1.49–2.55), after adjustment for potential confounders.

Conclusion: Residential eviction was independently associated with an increased likelihood of experiencing violence among both male and female PWID. These findings point to the need for evidence-based social-structural interventions to mitigate housing instability and violence among PWID in this setting.

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Introduction

Violence remains a key driver of morbidity and mortality among people who inject drugs (PWID) (Degenhardt & Hall, 2012). Studies from diverse settings have described disproportionately high levels of exposure to violence among PWID (Chermack & Blow, 2002; Finlinson et al., 2003; Marshall, Fairbairn, Li, Wood, & Kerr, 2008), with one recent study finding that 52% of PWID

experienced at least one incident of physical or sexual violence over a seven-year study period (Richardson et al., 2015). Such exposure to violence has been shown to have adverse consequences for PWID that extend beyond immediate physical injuries to include an array of severe health and social harms. Specifically, previous studies of drug-using populations have documented associations between violent encounters and mental health concerns such as posttraumatic stress disorder, suicidal ideation, depression, anxiety, substance dependence and eating disorders (Farley & Barkan, 1998; Fischbach & Herbert, 1997; Taylor & Jason, 2002). Exposure to violence among PWID has also been linked to an increased likelihood of engaging in unsafe injection practices, including syringe sharing, as well as drug-related harms such as overdose (Braitstein et al., 2003). Further, recent qualitative research suggests that experiencing violence may impede access

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to harm reduction services among those who occupy marginal positions within drug economies, such as women and people with disabilities, by constraining the geographic scope of their activities (McNeil, Shannon, Shaver, Kerr, & Small, 2014).

To date, research on exposure to violence among PWID has predominantly focused on sociodemographic and behavioural correlates, including drug use and sexual behaviours (Vlahov et al., 1998; Gruskin et al., 2002; Tucker, Wenzel, Elliott, Marshall, & Williamson, 2004; Wenzel, Tucker, Elliott, Marshall, & Williamson, 2004a). However, in recent years, efforts to understand experiences of violence among PWID have expanded beyond the individual level to investigate the role of social-structural determinants. One heuristic that has informed this work is the Risk Environment framework (Rhodes, 2002; Rhodes et al., 2012). This framework describes how social, structural and environmental factors interact at macro- and micro-environmental levels to shape the health of PWID (Rhodes, 2002; Rhodes et al., 2012). The purpose of the Risk Environment framework is not to provide a comprehensive classification system for the complex, multifaceted aspects of the risk environment of PWID, but to instead shift attention away from the level of the individual to facilitate understanding of the role of environmental influences on health and risk (Goldenberg et al., 2011; McNeil et al., 2014; Richardson, Wood, & Kerr, 2013).

Although first applied in the study of the risk of HIV acquisition (Rhodes, 2002), the Risk Environment framework has recently been extended to describe how contextual factors interact at various levels of influence to shape susceptibility to violence among PWID (Lorvick et al., 2014; Marshall et al., 2008). In addition to factors such as socioeconomic marginalization, incarceration and exposure to street-based drug scenes, this research has identified housing status as an important risk factor for exposure to violence among drug-using populations (Klein & Levy, 2003; Lorvick et al., 2014; Marshall et al., 2008; Richardson et al., 2015; Wenzel, Leake, & Gelberg, 2001; Wenzel et al., 2004b). For example, one study found that homelessness was associated with an elevated likelihood of experiencing violence among both male and female PWID (Marshall et al., 2008). Another study found that sheltered homeless drug-using women were more likely to experience physical and sexual violence compared to those who were stably housed (Wenzel et al., 2004b).

The Risk Environment framework has also informed understanding of the role of sex and gender in structuring susceptibility to violence within drug economies and street environments. For instance, several qualitative studies have elucidated how female PWID are often relegated to subordinate roles in street-based drug scene hierarchies, thereby increasing their vulnerability to violence (Epele, 2002; Maher & Daly, 1996; McNeil et al., 2014; Miller, Kerr, Strathdee, Li, & Wood, 2007). Additionally, other quantitative studies have demonstrated how experiences of violence may vary by sex or gender. For example, a study examining sex-based differences in violent encounters among PWID in Vancouver found that although a similar proportion of males and females experienced violence over the study period, sources of violence differed by sex. A greater proportion of males reported being attacked by police officers and strangers, while female PWID were more likely to report being attacked by acquaintances, intimate partners and people involved in the sex industry (Marshall et al., 2008). Moreover, male and female PWID were found to have distinct sets of multi-level risk factors for exposure to violence (Marshall et al., 2008).

While this research has provided insight into how gendered structures and social context within drug scenes may shape experiences of violence among PWID, the contribution of other distinct elements of the risk environment of PWID remain poorly understood. Notably, we know of no studies that have investigated

the relationship between residential eviction (i.e., forced displacement of a tenant from leased residential premises through legal or extra-legal mechanisms) and experiencing violence among PWID. This is an important gap in current knowledge given the documented association between unstable housing and exposure to violence among PWID (Marshall et al., 2008; Wenzel et al., 2001; Wenzel et al., 2004b), and given evidence suggesting that housing displacement may have health and social impacts distinct from those related to homelessness (Cooper et al., 2012; Desmond & Kimbro, 2015; Kennedy et al., 2016; Pollack & Lynch, 2009). Moreover, residential eviction is common among PWID, particularly among those living in inner-city neighbourhoods characterized by ongoing gentrification and redevelopment (Chum, 2015; Kennedy et al., 2016). One such neighbourhood is Vancouver's Downtown Eastside (DTES), a postindustrial area marked by an open drug market, poverty and increasing levels of homelessness and housing instability (Kennedy et al., 2016; Sutherland, Swanson, & Herman, 2013). Indeed, in recent years, the expansion of redevelopment projects has resulted in the loss of hundreds of affordable housing units in the DTES, located in a surrounding city with one of the lowest rental vacancy rates and highest costs of living in North America (Sutherland et al., 2013).

Gaining a better understanding of the role of residential eviction in shaping susceptibility to violence among PWID in a setting undergoing extensive redevelopment may provide important public health information to inform the development of social-structural interventions designed to mitigate violence and housing instability among this population. Drawing on the Risk Environment framework, we therefore sought to examine the relationship between residential eviction and self-reported exposure to physical and sexual violence among two community-recruited prospective cohorts of PWID in Vancouver, Canada. As previous research has demonstrated that correlates of violence may vary by sex, we examined this relationship separately for males and females.

Methods

Data for this study were derived from Vancouver Injection Drug Users Study (VIDUS) and the AIDS Care Cohort to Evaluate access to Survival Services (ACCESS). VIDUS and ACCESS are two community-recruited open prospective cohort studies of people who use illicit drugs operating in Vancouver, Canada. These cohorts have been described in detail previously (Strathdee et al., 1998; Wood et al., 2001). In brief, participants have been recruited through self-referral, snowball sampling, and street outreach since May 1996. VIDUS is a cohort of HIV-negative adult PWID who have injected illicit drugs at least once in the month prior to enrolment. ACCESS is a cohort of HIV-positive adult drug users who have used illicit drugs (other than or in addition to cannabis) in the previous month at baseline. VIDUS participants who seroconvert to HIV following recruitment are transferred into the ACCESS study. The two studies employ harmonized data collection and follow-up procedures to allow for combined analyses. Specifically, at baseline visit and semi-annually thereafter, participants complete an interviewer-administered questionnaire and provide blood samples for serologic analyses. The questionnaire elicits information about socio-demographic characteristics, drug use and other behavioural patterns, housing status, engagement with healthcare services, and experiences with the criminal justice system. At each study visit, participants are offered a nominal honorarium (\$40 CAD). The VIDUS and ACCESS studies have received approval from the University of British Columbia/Providence Health Care Research Ethics Board.

The present analyses were restricted to participants who reported having ever injected drugs at baseline and completed at

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