



Short communication

Police bribery and access to methadone maintenance therapy within the context of drug policy reform in Tijuana, Mexico



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ABSTRACT

Aims: In 2009, Mexico passed legislation to decriminalize drug possession and improve access to addiction treatment. We undertook research to assess the implementation of the reform among a cohort of people who inject drugs (PWID) in Tijuana. This study specifically sought to determine whether discretionary policing practices like extortion impact access to methadone maintenance therapy (MMT) in Tijuana, a city characterized by high levels of drug-related harms.

Methods: Generalized estimating equation analyses were used to construct longitudinal confounding models to determine the association between paying a police bribe and MMT enrolment among PWID in Tijuana enrolled in a prospective cohort study. Outcome of interest was MMT enrolment in the past six months. Data on police interactions and MMT enrolment were also obtained.

Results: Between October, 2011 and September, 2013, 637 participants provided 1825 observations, with 143 (7.8%) reports of MMT enrolment during the study period. In a final confounding model, recently reporting being forced to pay a bribe to police was significantly associated with an increased likelihood of accessing MMT (adjusted odds ratio = 1.69, 95% confidence interval: 1.02–2.81, $p = 0.043$). However, in 56 (39.2%) cases, MMT enrolment ceased within six months. The majority of participant responses cited the fact that MMT was too expensive (69.1%).

Discussion: Levels of MMT access were low. PWID who experienced police extortion were more likely to access MMT at baseline, though this association decreased during the study period. Coupled with the costs of MMT, this may compromise MMT retention among PWID.

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1. Introduction

Tijuana, Mexico is a well-known transit point for illegal drugs such as cocaine, methamphetamine and heroin (UNODC, 2012), primarily destined for markets in the United States and Canada (UNODC, 2010). As with many centers of drug production and traffic, Tijuana is also the site of a large open-air drug market in and around the Zona Norte, a neighborhood adjacent to the Mexico–U.S. border, which has become the epicenter of drug use and related risk behaviors among people who inject drugs (PWID; Brouwer

et al., 2012, 2006; Thomas et al., 2008; Willoughby, 2003). In 2009, the Mexican federal government approved passage of a law that decriminalized drug possession for personal consumption (Consejo Nacional contras las Adicciones, 2010; Moreno et al., 2010) and sought to divert drug-dependent individuals to addiction treatment facilities, including methadone maintenance therapy (MMT) (Consejo Nacional contras las Adicciones, 2010). Unfortunately, challenges remain in scaling up MMT across Tijuana (Syvertsen et al., 2010), while PWID continue to experience high levels of arrest and detainment (Brouwer et al., 2012; Volkman et al., 2011), along with discretionary and arbitrary policing (Beletsky et al., 2012).

By law, police officers are the key points of contact for facilitating PWID diversion into evidence-based treatment in Mexico (Consejo Nacional contras las Adicciones, 2010). Concerns therefore exist that discretionary policing of PWID in Tijuana, and police extortion in particular (Miller et al., 2008), may influence the capacity of PWID to access MMT. This is because MMT is not subsidized

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in Tijuana, and the city's population of PWID is characterized by extreme poverty related to migration, deportation, and low economic mobility (Magis-Rodríguez et al., 2004; Ojeda et al., 2011; Strathdee et al., 2008). Further, the identification of barriers to the implementation of Mexico's drug policy reform has implications for other jurisdictions considering or in the process of enacting similar public health-oriented drug policies, particularly in middle- and low-income settings. This study therefore sought to determine whether discretionary policing practices like extortion impact access to MMT in Tijuana, a city characterized by high levels of drug-related harms.

2. Methods

2.1. Recruitment and eligibility criteria

Data from a longitudinal observational cohort of street-based PWID residing in Tijuana (*Proyecto El Cuete*) were employed. Eligibility criteria and enrolment processes have been previously described (Robertson et al., 2014; Robinson et al., 2006; Salganik and Heckathorn, 2004). In brief, at baseline and semi-annual follow-up visits, participants completed an interviewer-administered questionnaire soliciting data on sociodemographics, drug-related behaviors, interactions with police, experiences with addiction treatment, and other relevant domains. Participants were provided with a USD\$20 honorarium per visit. The study was approved by the Institutional Review Board of the University of California, San Diego School of Medicine and the Ethics Board of the Colegio de la Frontera Norte, Tijuana; all study participants provided written consent prior to enrolment. With respect to obtaining consent, in all cases the interviewer read the consent form aloud and, once completed, a discussion was then undertaken between the interviewer and participant to ensure that the participant understood the consent form and the steps involved in participation. If satisfied, the participant then signed the consent form, witnessed by the interviewer.

2.2. Measures

The present study included data from participants enrolled between October 1st, 2011 and September 30th, 2013. The outcome of interest was defined as reporting enrolment in MMT in the previous six months. The primary independent variable of interest was reporting being forced to pay a bribe to police in the previous six months (i.e., participants were asked whether they had been stopped by law enforcement in the previous six months, and if so, whether they paid a bribe). Potential confounders previously identified in the literature included: age (Dürsteler-MacFarland et al., 2011; Weiss and Petry, 2013), gender (Kelly et al., 2011), any use of heroin (Mattick et al., 2009), cocaine (Castells et al., 2010; Weiss and Petry, 2013), or methamphetamine (including crystal methamphetamine; Shekarchizadeh et al., 2012), reported frequency of injection drug use (i.e., daily vs. non-daily/none; Amato et al., 2002; Ferri et al., 2010), follow-up visit (Kelly et al., 2011), self-perceived need for addiction treatment (none or some need vs. a great or urgent need), and a visit-by-bribe interaction term. This last variable was included because changes to discretionary policing practices may have evolved over the study period given the ongoing implementation of the drug policy reform (Syvertsen et al., 2010). The frequency of injection drug use was lagged by one follow-up visit to avoid reverse causality, wherein the outcome of interest (i.e., MMT enrolment) may have impacted injecting frequency.

2.3. Analyses

Univariate and multivariate GEE analyses for binary outcomes were employed. These methods provide modified standard errors adjusted by multiple observations using a first-order autoregressive correlation structure to account for dependence between multiple responses (Liang and Zeger, 1986; Zeger and Liang, 1986). A two-stage process, as recommended by Greenland and others (Maldonado and Greenland, 1993; Rothman and Greenland 1998), was employed. First, univariate GEE analyses were generated to determine whether the independent variable of interest (recently paying a bribe to police) and potential confounders (as listed above) were associated with MMT enrolment. Second, a multivariate GEE model was constructed that included all potential confounders, which were removed using a backward selection approach to fit restricted models. Potential confounders were removed from the model in sequence if the coefficient for the independent variable of interest (i.e., reporting paying a bribe to police) in the full model did not change by more than 5% in the restricted model. This process continued until only those variables that, upon removal, caused a relative change of more than 5% in the coefficient for the variable of interest remained.

Finally, two subanalyses were undertaken. The first investigated the characteristics of bribery events and MMT enrolment patterns. The second used Spearman's rho to investigate whether, among participants enrolled in MMT, a significant trend existed in the proportion paying a bribe to police over time. All statistical analyses were performed using SPSS software version 17.0 (SPSS, Chicago, IL).

3. Results

3.1. Baseline characteristics

A total of 637 participants completed at least one interviewer-administered questionnaire between October 1st, 2011 and September 30th, 2013. Table 1 presents baseline characteristics of participants stratified by reporting paying a bribe to police in the six months prior to baseline. In total, participants contributed 1825 observations throughout the study period (median: 2 visits per person; interquartile range [IQR]: 1–3 visits), which included 145 MMT enrolment events and 692 police bribery events. The proportion of those reporting paying a bribe decreased from approximately 50% at baseline to 28% by the close of the study period. Over 96% of participants completed at least one follow-up visit during the study period. Those lost to follow-up did not differ significantly from the overall sample on age, gender, use of heroin, cocaine, or crystal methamphetamine, self-perceived need for addiction treatment, or reporting paying a bribe to police.

3.2. Results of GEE confounding model

Table 1 also presents results from the univariate analyses and final multivariate model. Despite adjustment, reporting paying a bribe to police in the past six months was significantly associated with an increased likelihood of reporting accessing MMT in the previous six months (adjusted odds ratio [AOR] = 1.69, 95% confidence interval [CI]: 1.02–2.81, $p = 0.043$). Additionally, reporting methamphetamine use in the previous six months (AOR = 0.61, 95% CI: 0.41–0.93, $p = 0.021$) and an interaction term for reporting paying a bribe and follow-up interview visit (AOR = 0.67, 95% CI: 0.48–0.94, $p = 0.019$) were both significantly associated with accessing MMT in the previous six months.

3.3. Results of subanalysis

The first subanalysis investigated participant experiences with police bribery and MMT enrolment throughout the study period. Among participant responses indicating an arrest in the previous six months ($n = 1052$) the median number of times that participants reported being arrested in the previous six months was 3 (IQR = 2–8). Further, the median number of times that participants reported paying a bribe during these events was 1 (IQR = 1–3). The median reported daily price of MMT paid by participants was 78 pesos (approximately 6 USD). In 56 (39.2%) cases, MMT enrolment ceased within six months. The majority of participants (69.1%) reported ceasing MMT enrolment because MMT was too expensive, while 20% cited difficulties in making daily visits to a MMT clinic. Further, in a second subanalysis restricted to participants enrolled in MMT at each follow up visit, a significant trend was detected whereby those enrolled in MMT were increasingly less likely to report paying a bribe to police over time (Spearman's rho = -0.418 , $p < 0.001$).

4. Discussion

Among a sample of PWID in Tijuana, Mexico, half of participants reported paying a bribe to police in the six months prior to baseline. Reporting recently paying a bribe to police was independently associated with an increased odds of accessing MMT in the previous six months; however, the odds of accessing MMT decreased among those reporting paying a police bribe over time. While high profile drug policy reforms have been implemented in a number of high income settings such as Portugal (Greenwald, 2009), Switzerland (Nordt and Stohler, 2006), and the United States (Harkinson, 2013),

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