



## Short report

## Encounters with private security guards among people who inject drugs in a Canadian setting



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## Introduction

Private security guards are increasingly being contracted by governments and private organizations to regulate space and behaviour in urban areas (Rigakos, 2002). In British Columbia, Canada, the number of security guard licences issued annually by the provincial government has doubled over the last decade. In 2014, there were almost 17,000 licensed security guards in the province, more than twice the number of public police officers (Ministry of Justice, 2015). These security guards are commonly hired to patrol public and semi-public areas frequented by people who inject drugs (PWID), including in Vancouver's Downtown Eastside (DTES) neighbourhood, a postindustrial area with a large open drug market and high levels of injection drug use, poverty and homelessness (Chami et al., 2013). Recent qualitative research suggests that people who use drugs in Vancouver are often subject to discriminatory surveillance, verbal abuse, and physical and sexual violence by private security guards, and that security guard activity may impede their access to healthcare services (Markwick, McNeil, Small, & Kerr, 2015). While these findings are largely consistent with international evidence demonstrating the contribution of public policing to health-related harms among drug-using populations (Kerr, Small, & Wood, 2005), we know of no studies that have quantitatively evaluated the role of private security guards in shaping the health of PWID. The present study was therefore undertaken to examine the prevalence and correlates of encounters with security guards, using data from two community-recruited prospective cohorts of PWID in Vancouver, Canada.

## Methods

The Vancouver Injection Drug Users Study (VIDUS) and the AIDS Care Cohort to evaluate Exposure to Survival Services

(ACCESS) are two concurrent community-recruited prospective cohort studies of people who use illicit drugs operating in Vancouver, Canada. These cohorts have been described in detail previously (Strathdee, Palepu, & Cornelisse, 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. The questionnaire elicits information about socio-demographic characteristics, drug use and other behavioural patterns, engagement with healthcare services, and experiences with the criminal justice system. At each study visit, participants are provided with an honorarium (\$30 CAD). The studies have received approval from the University of British Columbia/ Providence Health Care Research Ethics Board.

The present analyses were restricted to participants who have ever injected drugs at baseline and completed at least one follow-up visit between December 2005 and May 2014. The primary outcome for this analysis was response to the question: "In the past month, have you had any encounters with security guards?" (yes vs. no). Explanatory variables considered included: age (per year older); gender (men vs. women); ancestry (Caucasian vs. non-Caucasian); DTES residence (yes vs. no); unstable housing (living in a shelter, single room occupancy hotel or homeless; yes vs. no); sex work involvement (yes vs. no); street-based income generation (includes drug dealing, theft, panhandling and recycling; yes vs. no); incarceration (yes vs. no); experienced violence (includes physical and sexual assaults; yes vs. no); non-injection crack use ( $\geq$ daily vs. <daily); injection heroin use ( $\geq$ daily vs. <daily); injection cocaine use ( $\geq$ daily vs. <daily); injection methamphetamine use ( $\geq$ daily vs. <daily); heavy alcohol use (yes vs. no);

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public injection (yes vs. no); non-fatal overdose (yes vs. no); syringe sharing (yes vs. no); and inability to access addiction treatment (yes vs. no). Heavy alcohol use was defined as an average of >3 alcoholic drinks per occasion or >7 drinks per week in the past 6 months for women, and an average of >4 alcoholic drinks per occasion or >14 drinks in total per week in the past 6 months for men (National Institute on Alcohol Abuse and Alcoholism, 2010). Inability to access addiction treatment was defined as response to the question, “In the last six months, have you ever tried to access any treatment program but were unable?” Unless otherwise indicated, all variables refer to events in the six month period preceding the interview date and were treated as time-updated based on semi-annual study follow-up visits.

Since analyses of factors associated with the outcome of interest included repeated measures for each subject, we used generalized estimating equations (GEE) for binary outcomes with logit link function and exchangeable working correlation structure for the analysis of correlated data to determine factors associated with security guard encounters. Therefore, data from every participant follow-up visit were considered. Univariable GEE analyses were conducted to obtain unadjusted odds ratios and 95% confidence intervals for each explanatory variable of interest. A multivariable model was then fit using an *a priori*-defined statistical protocol based on examination of the quasi-likelihood under the independence model criterion (QIC) for GEE and *p*-values (Pan, 2001). First, a preliminary model was constructed including all variables significant in univariable analyses at *p* < 0.10. Each

variable with the highest *p*-value was then removed sequentially, with the final model including the set of variables associated with the lowest QIC.

As a sub-analysis, we used descriptive statistics to analyze responses to the follow-up question, “If yes [you have had any encounters with a security guard], what happened?” Response options included: told to move on; searched; chased; verbally abused; detained; assaulted; property taken; other (specify). Participants could provide more than one response. We conducted all statistical analyses with SAS version 9.4 (SAS Institute Inc., Cary, NC), and all *p*-values are 2-sided.

## Results

Between December 2005 and May 2014, 1714 PWID met the inclusion criteria for this analysis, including 583 (34.0%) women. The median age was 42 years (interquartile range: 36–48). In total, 616 (35.9%) reported having at least one encounter with a security guard over the eight-year study period. Of the total 14,957 observations, there were 1172 observations of encounters with security guards.

Table 1 shows the results of univariable and multivariable GEE analyses. As shown, in the multivariable analysis, factors independently and positively associated with security guard encounters included Caucasian ancestry (adjusted odds ratio [AOR] = 1.59; 95% confidence interval [CI]: 1.32–1.91); unstable housing (AOR = 1.27; 95% CI: 1.07–1.51); daily non-injection crack

**Table 1**  
Univariable and multivariable GEE<sup>a</sup> analyses of factors associated with encounters with security guards among 1714 people who inject drugs, Vancouver, Canada, 2005–2014.

Characteristic	Unadjusted		Adjusted	
	Odds ratio (95% CI)	<i>p</i> -value	Odds ratio (95% CI)	<i>p</i> -value
Age				
Per year older	0.96 (0.95–0.97)	<0.001	0.98 (0.97–0.99)	0.002
Gender				
Men vs. women	1.29 (1.07–1.56)	0.009	1.21 (0.99–1.47)	0.068
Ancestry				
Caucasian vs. non-Caucasian	1.62 (1.35–1.95)	<0.001	1.59 (1.32–1.91)	<0.001
DTES <sup>b</sup> residence <sup>d</sup>				
Yes vs. no	1.43 (1.21–1.70)	<0.001		
Unstable housing <sup>d</sup>				
Yes vs. no	1.84 (1.55–2.17)	<0.001	1.27 (1.07–1.51)	0.007
Sex work involvement <sup>d</sup>				
Yes vs. no	1.54 (1.25–1.90)	<0.001		
Street-based income generation <sup>d</sup>				
Yes vs. no	2.62 (2.26–3.03)	<0.001	1.58 (1.34–1.86)	<0.001
Incarceration <sup>d</sup>				
Yes vs. no	2.51 (2.11–2.98)	<0.001	1.45 (1.21–1.73)	<0.001
Non-injection crack use <sup>d</sup>				
≥Daily vs. <daily	2.12 (1.85–2.43)	<0.001	1.35 (1.16–1.58)	<0.001
Injection heroin use <sup>d</sup>				
≥Daily vs. <daily	1.83 (1.55–2.16)	<0.001		
Injection cocaine use <sup>d</sup>				
≥Daily vs. <daily	1.48 (1.17–1.85)	<0.001		
Methamphetamine use <sup>c,d</sup>				
≥Daily vs. <daily	1.77 (1.30–2.41)	<0.001	1.40 (1.05–1.88)	0.023
Heavy alcohol use <sup>d</sup>				
Yes vs. no	1.26 (1.07–1.48)	0.004	1.16 (0.97–1.39)	0.096
Public injection <sup>d</sup>				
Yes vs. no	3.00 (2.58–3.48)	<0.001	1.68 (1.43–1.97)	<0.001
Non-fatal overdose <sup>d</sup>				
Yes vs. no	1.98 (1.57–2.51)	<0.001	1.31 (1.03–1.66)	0.028
Syringe sharing <sup>d</sup>				
Yes vs. no	2.37 (2.06–2.72)	<0.001	1.45 (1.25–1.70)	<0.001
Inability to access addiction treatment <sup>d</sup>				
Yes vs. no	1.99 (1.61–2.47)	<0.001	1.60 (1.28–2.00)	<0.001
Experience violence <sup>d</sup>				
Yes vs. no	2.67 (2.31–3.08)	<0.001	1.90 (1.63–2.21)	<0.001

<sup>a</sup> GEE = generalized estimating equations.

<sup>b</sup> DTES = Downtown Eastside.

<sup>c</sup> Includes injection and non-injection use.

<sup>d</sup> Refers to the 6-month period prior to the interview.

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