



Research paper

Injection drug users' and their risk networks' experiences of and attitudes towards drug dealer violence in Baltimore, Maryland

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ARTICLE INFO

Article history:

Received 14 March 2012
 Received in revised form 13 July 2012
 Accepted 16 July 2012

Keywords:

Violence
 Drug dealer
 Injection drug users

ABSTRACT

Background: A large portion of violence associated with drug use is due to drug dealing. These analyses sought to examine injection drug users' attitudes and experiences of drug dealer violence.

Methods: The current study used the 18-month follow up data of STEP into Action (STEP) study, an HIV prevention intervention among drug injectors and their risk network members conducted in Baltimore, Maryland. Four scales assessed acceptability of drug dealer violence, willingness to talk to drug users about avoiding drug dealer violence, social norms about reporting drug dealer violence and intentions to report drug dealer violence to the police.

Results: Many (44%) of the 373 participants reported witnessing drug dealers' acts of violence within the prior 6 months. Although the majority of participants disagreed with statements on the acceptability of dealers using violence, only a minority indicated that they would call the police if they observed dealer violence. Most participants indicated that they would be interested in talking to drug users about how to avoid violent dealers. Males were more likely to report that violence was acceptable, whereas African Americans were less likely to condone violence. Those who were homeless and had higher incomes were more likely to report witnessing drug dealer violence.

Conclusions: These results suggest that it may be feasible to train current and former drug users and their risk network members in methods to promote violence reduction among drug dealers.

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Introduction

Violence is strongly linked to the trade and use of illicit drugs (Boles & Miotto, 2003; Darke, Torok, Kaye, Ross, & McKetin, 2010; Hoaken & Stewart, 2003), and cocaine and heroin users are often perpetrators or victims of violence (Neale, Bloor, & Weir, 2005). One study found that in New York City, between 1990 and 1998, positive drug toxicology was present in over half of all firearm death victims (Galea, Ahern, Tardiff, Leon, & Vlahov, 2002). A key aspect of the link between drug use and violence is drug dealing. In a study of youth perpetration of violence, Kuhns (2005) reported that selling illicit drugs was a strong predictor of violence. Golstein (1985) conducted extensive qualitative and quantitative studies on heroin use and violence. He concluded that much of drug related violence was linked to the systemic factor of drug dealing. For example, in a sample from New York City during the mid 80s, about 39% of all homicides and about 74% of all drug-related homicides were related to drug trafficking. Other studies have also documented the

relationship between violence and drug sales. A case-control study of repeated victims of violence who were admitted to a regional trauma centre found that cases were 22 times more likely to be current drug dealers as compared to controls (Cooper, Eslinger, Nash, Zawahri, & Stolley, 2000), and a study of juvenile murders in the US, found that many youth offenders were involved in the sale and distribution of drugs (McLaughlin, Daniel, & Joost, 2000).

The effects of violence on the health of drug users extend beyond the immediate consequences of victimization. Violence shapes the environment in which a variety of drug-use related harms can occur (Rhodes, 2009). Violence or the threat of violence can also contribute to the social and economic marginalization of drug users. Violence, combined with other aspects of the risk environment may increase the likelihood of self-medicative drug use and drug relapse (Singer, 2004; Yang, German, Webster, & Latkin, 2011).

Drug dealing is not the only source of violence experienced by drug users. It is well documented that illicit drug users are subject to violence from police. In some countries police violence towards drug users is routine and severe (Rhodes, Singer, Bourgois, Friedman, & Strathdee, 2005). In an ethnographic study of violence experienced by injectors and non-drug users in a New York City police crackdown, Cooper, Moore, Gruskin, and Krieger (2004) documented four categories of police violence: excessive physical violence, psychological violence, sexual violence and neglectful

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violence. The last category includes requesting police assistance, but the police not responding, responding too late, or responding inappropriately. Some US jurisdictions have adopted the broken window hypothesis and arrest drug users for minor legal violations such as loitering (Dixon & Coffin, 1999). Several studies have documented how police crackdowns on drug dealing may have the unintended consequence of interfering with syringe exchange programs (Aitken, Moore, Higgs, Kelsall, & Kerger, 2002; Martinez et al., 2007). While the goal of reducing public drug use and open air drug markets is often perceived as laudatory by the community, the common police tactics to control drug use, such as arresting drug users for loitering, is likely to lead drug users to mistrust the police and refrain from reporting crimes. However, a systematic review found increasing the intensity of law enforcement interventions to disrupt drug markets actually increased violence (Werb et al., 2011). Alternative models to meaningfully reduce drug-related violence need to be considered.

That violence from drug dealers is situated in the context of an illegal activity further decreases the recourse of drug users to use the judicial system. Addressing the harmful effects of dealer violence may be abetted by understanding the attitudes and norms of drug users regarding dealer violence. Given their limited recourse to the justice system, it is also essential to evaluate alternative methods to moderate the deleterious effects of dealer violence. In the current study, we examined (1) types of drug dealer violence witnessed by drug users; (2) drug users' attitudes towards violence perpetrated by dealers; (3) the social norms of drug dealer violence; and (4) drug users' willingness to influence drug dealer violence by either reporting violence to police or by encouraging other drug users to avoid violent dealers. Study participants were injection drug users and their network members (drug users and/or sex partners) who had volunteered for an HIV prevention intervention in Baltimore, Maryland.

At the time of the data collection and currently, Baltimore has open-air drug markets, which is the selling of drugs in public, usually on the streets. The drug markets in Baltimore have been well documented in the best seller *The Corner* (Simon & Burns, 1997). Major roles in the street-level drug markets include scouts, who warn dealers about police in the area, security who are hired to protect drugs and money, touts who have the role of luring potential customs and individuals involved in the cutting and packaging of drugs. Traditionally, the pattern of policing in Baltimore has been to make "sweeps" of drug markets, arresting individuals who are suspected of being users or involved in the drug economy with the goal of impeding the open-air drug markets, which then move to new locations often only a few blocks away.

Method

Study population

The study used the 18-month follow up data of STEP into Action (STEP) study, an HIV prevention intervention among drug injectors and their risk network members conducted in Baltimore, Maryland. Participants were recruited in neighbourhoods with high concentrations of drug use and sales.

Eighteen-month follow up interview data were collected from April 2005 through September 2007. There were two types of study participants: primary and secondary. Eligibility for primary participants included 18 years and older, injected drugs in the prior six months, resided in Baltimore, had not participated in HIV or network studies in the past year, willing to talk to drug users about HIV prevention and willing to recruit drug or sex partners. Primary participants were asked to recruit at least one secondary participant whom they had listed as a drug or sexual risk network

member on their social network inventory. Secondary participants were eligible if they were 18 years or older and nominated by the primary participants. Of the sample, 59% were primary participants. All participants completed interviews that included both interviewer-administered sections and Audio Computer-Assisted Self-Interview (ACASI) sections for items pertaining to sex and drug behaviours. Participants were compensated with \$35 for completion of the assessment. Protocols were approved by the Johns Hopkins Bloomberg School of Public Health Institutional Review Board prior to study implementation.

Measures

Sociodemographic characteristics, drug use behaviours and HIV status

Sociodemographic characteristics examined in this study were race/ethnicity (African-American vs. other), age, gender, educational status, current unemployment, housing status (homeless vs. not homeless) and monthly income (median split for \$500 or more). Active drug users were defined as participants who reported having used heroin or crack/cocaine in the prior 6 months. HIV status for these analyses was assessed through the self-reported HIV status using three questions, "What was the result of your last HIV test?" "Have you ever been tested positive for HIV?" and "Do you have HIV?" Participants were categorized as HIV positive if they answered "positive" or "yes" to any of these three questions.

Violent dealer related index

Violent dealer related index was assessed through a total of 14 items. The index was comprised of 4 hypothesized domains: (1) social norms about reporting drug dealer violence to the police, (2) intention to report drug violence to the police, (3) willingness to talk to drug users about a violent dealer and (4) the acceptability of dealers' violence. Particularly, this index was designed to capture respondents' perception and intention to deal with the issue of drug dealer violence in the community. The 14 items included 3 items about the proportion of participants' associates who would call the police for different situations, which include "if they knew a drug dealer in the neighbourhood was carrying a gun", "if they saw someone in the neighbourhood being threatened with a gun over drugs" and "if they saw someone in the neighbourhood getting shot over drugs". The responses ranged from "none", "a few", "some", "most" to "all". Three items assessed participants willingness to call the police regarding drug violence, including "If I knew that someone dealing drugs in the neighbourhood was carrying a gun, I would call the police", "I would not call the police if I saw someone in the neighbourhood being threatened with a gun about drugs" and "If I knew that someone in the neighbourhood shot another person over drugs, I would call the police to report the information", were assessed on a 5-point Likert scale. Eight items assess the acceptability of dealers' violence, including "Most people who are beaten by drug dealers get what they deserve", "If someone tries to steal from a dealer, the dealer has a right to beat them up", "If someone tries to cheat a dealer, the dealer has the right to beat them up", "If someone tries to steal from a dealer, the dealer has the right to shoot them", "If someone tries to cheat a dealer, the dealer has the right to shoot them", "I try to warn drug users about dealers who are violent towards customers", "I would be comfortable encouraging drug users to avoid dealers who are violent towards customers" and "I would be comfortable talking to drug users about how to avoid violence".

Experiences of and witnessing drug dealer-related violence

Experiences with violent drug dealers were assessed by asking participants if they had any of the following interactions with drug dealers, "I have been intimidated by drug dealer enforcers to buy

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