



Research paper

Drug use in business bathrooms: An exploratory study of manager encounters in New York City



Brett Wolfson-Stofko^{a,c,*}, Alex S. Bennett^{a,c}, Luther Elliott^{a,c}, Ric Curtis^{b,c}

^a National Development & Research Institute, Institute for Special Populations Research, 71 W. 23rd St., 4th Fl., New York, NY 10100, United States of America

^b John Jay College of Criminal Justice, City University of New York, Department of Law, Police Science and Criminal Justice Administration, and Department of Anthropology, 524 W. 59th St., New York, NY 10019, United States of America

^c Center for Drug Use and HIV/HCV Research, Rory Meyers College of Nursing, New York University, 433 First Avenue, New York, NY 10100, United States of America

ARTICLE INFO

Article history:

Received 13 April 2016

Received in revised form 16 August 2016

Accepted 29 August 2016

Keywords:

Public injection

People who inject drugs

Overdose

Naloxone

Risk environment

Harm reduction

ABSTRACT

Background: Though public bathroom drug injection has been documented from the perspective of people who inject drugs, no research has explored the experiences of the business managers who oversee their business bathrooms and respond to drug use. These managers, by default, are first-responders in the event of a drug overdose and thus of intrinsic interest during the current epidemic of opioid-related overdoses in the United States. This exploratory study assists in elucidating the experiences that New York City business managers have with people who inject drugs, their paraphernalia, and their overdoses. **Methods:** A survey instrument was designed to collect data on manager encounters with drug use occurring in their business bathrooms. Recruitment was guided by convenience and purposive approaches.

Results: More than half of managers interviewed (58%, $n = 50/86$) encountered drug use in their business bathrooms, more than a third (34%) of these managers also found syringes, and the vast majority (90%) of managers had received no overdose recognition or naloxone training. Seven managers encountered unresponsive individuals who required emergency assistance.

Conclusion: The results from this study underscore the need for additional research on the experiences that community stakeholders have with public injection as well as educational outreach efforts among business managers. This research also suggests that there is need for a national dialogue about potential interventions, including expanded overdose recognition and naloxone training and supervised injection facilities (SIF)/drug consumption rooms (DCR), that could reduce public injection and its associated health risks.

© 2016 Elsevier B.V. All rights reserved.

Introduction

Drug overdose death rates per year in the United States (US) more than doubled between 1999 and 2013, from 6.0 to 13.8 per 100,000 (Centers for Disease Control and Prevention, 2015). Though the non-medical use of prescription opioid (NMUPO) use has remained relatively constant from 2007–2012, past year heroin use nearly doubled (373,000–669,000 users) in the US in 2012 (Substance Abuse and Mental Health Services Administration (SAMHSA), 2013). Recent studies have shown that the majority of current heroin injectors in the US were previously NMUPO and then transitioned to heroin and injection (Cicero, Ellis, Surratt, &

Kurtz, 2014; Jones, 2013; Mars, Bourgois, Karandinos, Montero, & Ciccarone, 2014; Mateu-Gelabert, Guarino, Jessell, & Teper, 2015; Novak, Bluthenthal, Wenger, Chu, & Kral, 2015).

After a brief decline in the late-2000s, drug overdose deaths increased to 800 in New York City (NYC) in 2014, amounting to a 43% increase between 2010 and 2014 (New York City Department of Health and Mental Hygiene, 2015b). Nearly all (97%) of these overdose deaths in NYC involved more than one substance with 79% involving an opioid with heroin being the most predominant (New York City Department of Health and Mental Hygiene, 2015b). Previous reports suggest that heroin, cocaine, and combinations thereof (known as ‘speedballs’) are overwhelmingly the most commonly injected drugs in NYC (New York City Department of Health and Mental Hygiene, 2010, 2013). Additionally, high rates of hepatitis C have been detected in individuals under 30 years old in NYC with the most common risk

* Corresponding author at: National Development and Research Institutes, Inc. 71 W. 23rd St., 4th Floor, New York, NY 10100, United States of America.

E-mail addresses: wolfson-stofko@ndri.org, bws6@nyu.edu (B. Wolfson-Stofko).

factor being heroin injection (Prussing, Bornschlegel, & Balter, 2015).

Public injection has been associated with a variety of health risks and risk behaviours such as syringe sharing, overdose, HIV/HCV/HBV transmission, abscesses, endocarditis, rushed injection and incarceration (Kerr, Fairbairn et al., 2007; Kinner et al., 2012; Koester, Glanz, & Barón, 2005; Leung et al., 2013; Milloy et al., 2008; Otiashvili, Latypov, Kirtadze, Ibragimov, & Zule, 2016; Rhodes et al., 2006; Schoenbaum et al., 1989; Topp et al., 2008; Weeks et al., 2001). And while there are a growing number of syringe exchange programs (SEP) across the US that provide people who inject drugs (PWID) with sterile injecting equipment, they are not authorized to offer a safe and sanitary space for injection. This can be hazardous for PWID who lack a private location where they can inject and for those attempting to conceal their use from others. As a result, these individuals must navigate complex public risk environments riddled with physical, social, economic, and legal harms, when selecting a location to inject (Dovey, Fitzgerald, & Choi, 2001; Parkin, 2013; Rhodes, 2002; Rhodes et al., 2006).

The 'continuum of descending safety' was developed to assist in conceptualizing these risks in public injection locations by assessing the degree to which environmental features promote safer injecting techniques and practices (Parkin, 2013, 2014). Public bathrooms¹ have been categorized as 'controlled' public injecting locations due to the fact that they are cleaned regularly, provide running water for drug preparation and hand washing, adequate lighting, flat surfaces, have locking doors for privacy, and are frequented regularly by staff and customers who can contact emergency services (and/or law enforcement) in the event of an overdose (Dovey et al., 2001; Parkin, 2013). Alternatively, 'semi-controlled' and 'uncontrolled' public injection locations such as public parks, alleyways, stairwells, etc. lack many of the 'controlled' location's amenities such as regular cleaning, running water, and privacy and are typically more concealed making it difficult for emergency services to locate an individual in the event of an overdose (Dovey et al., 2001; Parkin, 2013; Small, Rhodes, Wood, & Kerr, 2007).

Reports suggest that public bathrooms are among the most commonly used public injecting locations reported by PWID in NYC (Injection Drug Users Health Alliance, 2015; New York City Department of Health and Mental Hygiene, 2010, 2013). Some of the motivating factors for the use of this location is privacy and immediacy (Crabtree et al., 2013; Parkin, 2013; Parkin & Coomber, 2010). Many of these businesses, particularly fast food, are regularly understaffed making bathroom management difficult (Hart Research Associates, 2015). The privacy afforded by public bathrooms reduces encounters with non-injectors, some of whom may perpetuate stigma or shame PWID, behaviours which have been associated with increased injection-related risk behaviours (Crabtree et al., 2013; Latkin et al., 2010; McKnight et al., 2007; Rhodes et al., 2006; Rhodes et al., 2007; Rivera, DeCuir, Crawford, Amesty, & Lewis, 2014; Strathdee et al., 2012). Additionally, privacy can minimize physical harms by providing PWID with adequate time for drug preparation and injection which can reduce the risk of, for example, abscesses and vein damage associated with rushed or interrupted injections (Bourgois, 1998; Cooper, Moore, Gruskin, & Krieger, 2005; DeBeck et al., 2009; Gibson et al., 2011; Marshall, Kerr, Qi, Montaner, & Wood, 2010; Parkin & Coomber, 2011b; Salmon et al., 2009; Small et al., 2007). Public bathrooms may not be optimal locations for drug preparation and injection, but they

are abundant and surpass other public locations (alleyways, parks, etc.), especially in large urban centres such as NYC, in terms of privacy, cleanliness, and accessibility, making them far better options for PWID when they are experiencing withdrawal ('dope sickness') and lack access to a suitable private location (Crabtree et al., 2013; Injection Drug Users Health Alliance, 2015; Parkin, 2013).

The Injection Drug Users Health Alliance (IDUHA) recruited and surveyed 440 active injectors from SEPs in NYC and assessed the frequency of and risks associated with public injection (Injection Drug Users Health Alliance, 2015). Of the participants, 60% reported injecting in locations such as public bathrooms, abandoned buildings, shooting galleries and vehicles within the past three months (Injection Drug Users Health Alliance, 2015). Individuals injecting in these locations were twice as likely to report overdosing in the past year and those experiencing street-homelessness were 9.2 times more likely to inject in public locations and 8.2 times more likely to inject in a public bathroom (Injection Drug Users Health Alliance, 2015). The findings about risks to PWID from this report are supported by studies that have explored public injection in other localities (DeBeck et al., 2009; Hunt, Lloyd, Kimber, & Tompkins, 2007; Linton, Celentano, Kirk, & Mehta, 2013).

New York City has a wide variety of public bathrooms that all contain at least one toilet and access to a sink. These bathrooms are managed either by local government or private businesses and are available for public use, though access to public bathrooms located in private businesses (referred to as 'business bathrooms') may be restricted to paying customers. Whether or not a business must provide bathrooms for customers varies according to the nature of the business. The New York Department of Health and Mental Hygiene requires that food service establishments with a seating capacity of 20 or more customers must provide access to a bathroom, though some smaller businesses do as well (New York City Department of Health and Mental Hygiene, 2015a).

This study focused exclusively on business bathrooms and the experiences of the managers overseeing them. This analysis does not include park, library, or transit hub bathrooms managed by the local government in order not to conflate or overgeneralise practices that might vary between publicly and privately operated bathrooms, although these venues remain important topics for future research. To our knowledge, this is the first study that has attempted to quantify business manager encounters with drug use, paraphernalia, and overdose occurring within business bathrooms.

Methods

Survey design, pilot sampling, and refinement

The survey instrument was drafted by the first author and revised according to feedback received from co-authors, SEP staff, PWID, and business managers. Study protocols and the complete survey instrument were submitted to the National Development and Research Institutes, Inc. Institutional Review Board and granted exempt status on the grounds that personally identifying information was not being collected.

The survey was piloted with 3 managers in order to refine questions, address new questions, and then piloted with 3 more managers to ensure clarity. Through this iterative process, it became clear that there was a key misconception among managers about the definition of 'overdose'. Some managers elaborated on their definition and many classified someone who was visibly intoxicated but still responsive as having overdosed. The survey was then revised and the authors decided to replace the term 'overdose' with, 'unresponsive,' because it both accurately defines

¹ The term 'public bathroom' is used to define a room that contains a toilet, access to a sink, is available for public use, and managed by either a local government or by the business in which it is located. The term is synonymous with 'public toilet', 'public restroom', 'public washroom', and 'public water closet'.

Download English Version:

<https://daneshyari.com/en/article/5120872>

Download Persian Version:

<https://daneshyari.com/article/5120872>

[Daneshyari.com](https://daneshyari.com)