



## Research Paper

# Informal recycling, income generation and risk: Health and social harms among people who use drugs



Kaitlyn Jaffe<sup>a,b</sup>, Huiru Dong<sup>a</sup>, Anna Godefroy<sup>c</sup>, Davin Boutang<sup>c</sup>, Kanna Hayashi<sup>a,d</sup>, M.-J. S. Milloy<sup>a,e</sup>, Thomas Kerr<sup>a,e</sup>, Lindsey Richardson<sup>a,b,\*</sup>

<sup>a</sup> BC Centre on Substance Use, Vancouver, Canada

<sup>b</sup> Department of Sociology, University of British Columbia, Vancouver, Canada

<sup>c</sup> The Binners' Project, Vancouver, Canada

<sup>d</sup> Faculty of Health Sciences, Simon Fraser University, Burnaby, Canada

<sup>e</sup> Division of AIDS, Department of Medicine, University of British Columbia, Vancouver, Canada

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## ABSTRACT

**Background:** Informal recycling refers to the street-based collection of discarded materials for reuse, resale, or return to a recycling facility for money. While qualitative research has explored experiences and perceptions of informal recycling, little is known about the scope and exposures associated with informal recycling among people who use drugs (PWUD).

**Methods:** Using data from two prospective longitudinal cohorts of PWUD, we examined the prevalence of informal recycling and its association with social, structural and health risks, including criminal justice system involvement.

**Results:** Between June 2010 and May 2015, of 1664 participants, 557 (33.5%) reported engaging in informal recycling during the study period. In multivariable generalised estimating equations (GEE) analyses, informal recycling was positively associated with injection drug use (Adjusted Odds Ratio (AOR) = 1.43, 95% Confidence Interval (CI) 1.21–1.68), public injection (AOR = 1.27, 95% CI 1.09–1.49), methamphetamine use (AOR = 1.35, 95% CI 1.05–1.72), difficulty finding harm reduction equipment (AOR = 1.16, 95% CI 1.02–1.32), and police interactions (AOR = 1.35, 95% CI 1.18–1.55). Sub-analyses revealed PWUD engaged in informal recycling were more likely to be told to move on, ticketed, stopped for jaywalking, and directed to services by police.

**Conclusions:** These findings suggest informal recycling as a situated practice for PWUD, with potential indications for higher-risk drug use, experiencing greater surveillance, and difficulty accessing health and addiction treatment services. This research highlights the significance of the broader risk environment and the need for health-promoting policies for socioeconomically marginalised PWUD engaged in informal recycling.

## Introduction

Informal recycling is a common form of income generation for socio-economically marginalised individuals involving the collection of discarded material to reuse, resell or recycle for money (Binion & Gutberlet, 2012; Gowan, 1997; Tremblay, Gutberlet, & Peredo, 2010; Wittmer & Parizeau, 2016). Previous research suggests people engage in informal recycling primarily out of economic necessity and that they depend on informal recycling either as a single source of income or as a supplement to income assistance (Gowan, 1997; Tremblay et al., 2010; Wittmer & Parizeau, 2016). People who use illicit drugs (PWUD) may

face considerable social, structural, and environmental barriers to safe and stable employment, such as criminalisation, employer prejudice, or unstable housing (Callahan et al., 2015; Richardson, Wood, Li, & Kerr, 2010; Richardson, Wood, & Kerr, 2013). Without adequate funds for basic necessities of safety and survival, PWUD may need to generate income through activities that are illegal (i.e. drug dealing, acquisitive crime) or prohibited (i.e. sex work, panhandling, squeegeeing or washing car windows, informal recycling) with negative sanctions through legal, regulatory or socio-cultural channels (DeBeck et al., 2007, 2011; Richardson et al., 2010). Previous studies document risks specifically associated with such activity, including criminal justice

\* Corresponding author at: BC Centre on Substance Use, University of British Columbia, 400-1045 Howe Street, Vancouver, B.C. V6Z 2A9, Canada.

E-mail addresses: [kate.jaffe@bccsu.ubc.ca](mailto:kate.jaffe@bccsu.ubc.ca) (K. Jaffe), [huiru.dong@bccsu.ubc.ca](mailto:huiru.dong@bccsu.ubc.ca) (H. Dong), [anna.godefroy@binnersproject.org](mailto:anna.godefroy@binnersproject.org) (A. Godefroy), [davin.boutang@binnersproject.org](mailto:davin.boutang@binnersproject.org) (D. Boutang), [bccsu-kh@bccsu.ubc.ca](mailto:bccsu-kh@bccsu.ubc.ca) (K. Hayashi), [bccsu-mjm@bccsu.ubc.ca](mailto:bccsu-mjm@bccsu.ubc.ca) (M.-J.S. Milloy), [bccsu-tk@bccsu.ubc.ca](mailto:bccsu-tk@bccsu.ubc.ca) (T. Kerr), [bccsu-lr@bccsu.ubc.ca](mailto:bccsu-lr@bccsu.ubc.ca) (L. Richardson).

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system involvement (Cheng et al., 2016; DeBeck et al., 2007; Ti et al., 2014). However, there have been few quantitative assessments focused on the social and structural determinants of health among informal recyclers. We therefore undertook the current study to examine linkages between informal recycling and health-related harms to further explore income generation as a potential determinant of health among vulnerable and marginalised drug-using populations.

As a street-based form of income generation, informal recycling occurs in public spaces where individuals are seen collecting, sorting, and transporting large quantities of recyclables around the city (Wittmer & Parizeau, 2016). Its heightened visibility and perceived connection with economic disadvantage render informal recycling a highly stigmatised activity, in which informal recyclers are “symbolically connected” to waste (Gowan, 1997; Parizeau, 2017; Wittmer & Parizeau, 2016). Previous ethnographic work has documented this stigma through research in various locations around the world, including Vancouver, Canada, where informal recycling is a common income-generating activity (Binion & Gutberlet, 2012; Gowan, 1997; Gutberlet, Tremblay, Taylor, & Divakarannair, 2009; Parizeau, 2015, 2017; Tremblay et al., 2010; Wittmer & Parizeau, 2016). These studies note informal recyclers’ perceived judgement for working with waste, using drugs, or living in the Downtown East Side (DTES), a neighbourhood in Vancouver, Canada, characterised as having high levels of homelessness, HIV infection, an active drug scene, poverty, and elevated police activity (Liu & Blomley, 2013; Parizeau, 2017; Wittmer & Parizeau, 2016). These distinct but interrelated stigma surrounding drug use and the DTES have been linked to a reluctance to access health services or drug treatment and other health consequences for PWUD engaged in informally recycling (Wittmer & Parizeau, 2016).

Further stigmatisation and marginalisation occur through the regulation and policing of space, as demonstrated by ordinances restricting access to public space and charging informal recyclers with “public disorder,” such as the *British Columbia Safe Streets Act (2004)* (Kerr, Small, & Wood, 2005; Parizeau, 2017; Safe Streets Act of 2004, 2004; Wittmer & Parizeau, 2016). Vancouver City Council addressed informal recycling specifically with the passage of “*Solid Waste By-law No. 8417*,” which expressly prohibits the “remov[al] of (a) any recyclable material from the premises of that owner or occupier, or (b) any recyclable material from the blue box recycling container or recycling cart,” and issues fines for lack of compliance (*Solid Waste By-law No. 8417, 2001*). Amidst a growing focus on harm reduction in law enforcement policy in Vancouver since mid-2000s (Vancouver Police Department, 2006), the extent to which these ordinances are enforced among PWUD remains unknown, though anecdotally people who informally recycle note that these ordinances are currently rarely enforced by police. Previous research on the policing of drug use in the DTES has linked certain policing practices (e.g., crackdowns) with additional health harms, but has also found that police facilitate access to care and treatment (Aitken, Moore, Higgs, Kelsall, & Kerger, 2002; DeBeck et al., 2008; Kerr et al., 2005; Small, Kerr, Charette, Schechter, & Spittal, 2006). The extent to which either of these is the case for PWUD who informally recycle is also unknown. The relationships between policy, the situated practice of policing and its impacts, and socioeconomically marginalised populations are complex, but exploring these dynamics are critical to understanding the health risks among PWUD.

Considering the public nature of informal recycling and its association “with the stigma of poverty and disorder” (Wittmer & Parizeau, 2016), Rhodes’ Risk Environment Framework is helpful for understanding how interactions between the economic (e.g., social assistance policies), spatial (e.g., locale), social (e.g., stigma) and legal factors (e.g., policing) situate PWUD who informally recycle at increased risk of harm (Rhodes, 2002; Wittmer & Parizeau, 2016). Prior qualitative research has used similar ecological frameworks to understand the lived experiences of informal recyclers (Binion & Gutberlet, 2012; Gowan, 1997; Gutberlet et al., 2009; Tremblay et al., 2010; Wittmer & Parizeau,

2016), including an analysis of socioeconomically marginalised residents’ “geographies of survival” or the “spaces and spatial relations that structure not only how people may live, but especially *whether* they may live” (Mitchell & Heynen, 2009, p. 611). Informal recyclers in Vancouver adapt their geographies of survival to leverage their resources in the face of the insufficiency of income assistance, stigmatisation, and restrictions to the use of public space (Wittmer & Parizeau, 2016). There nevertheless remains a dearth of quantitative or longitudinal data on how the broader risk environment of informal recycling may be associated with health and social impacts for PWUD who face particular configurations of marginalisation. We therefore undertook the current quantitative analysis as an exploratory study to identify the prevalence and correlates of informal recycling as a source of income for PWUD. Drawing from previous qualitative research, we hypothesise that informal recycling is linked with specific social, spatial, and legal factors that constitute a social and structural risk environment for PWUD that may implicate their existing vulnerability to health-related harm.

## Methods

Data for the current study are derived from the Vancouver Injection Drug Users Study (VIDUS) and AIDS Care Cohort to evaluate Exposure to Survival Services (ACCESS), two long-standing, ongoing prospective cohort studies of HIV-seronegative participants who inject drugs (VIDUS) and HIV-seropositive participants who use drugs, defined as an illicit drug other than or in addition to cannabis (ACCESS). Previously described in detail (Urban Health Research Initiative, 2013), participants in these cohorts have been enrolled since 1996 through street outreach and self-referral, a method of sampling widely employed with street-based populations of PWUD (Garfein et al., 2007; Horyniak et al., 2013; Reback, Fletcher, Shoptaw, & Grella, 2013). Both cohorts employ harmonised data collection procedures to permit pooled analyses. At baseline and semi-annually thereafter, VIDUS and ACCESS participants complete an interviewer-administered questionnaire that collects data on sociodemographic characteristics, income generation activities, alcohol and drug use patterns, access to social and health services, health status, and HIV- and drug-related risk activity and exposures. Participants additionally provide blood samples for HIV and Hepatitis C serologic testing. All participants are offered \$30CAD honorarium for each study visit. Both studies received ethics approval from the University of British Columbia/Providence Health Care Research Ethics Board.

The current analysis includes all VIDUS and ACCESS baseline and follow up visits conducted between June 2010 and May 2015. Our primary outcome of interest is informal recycling as a source of income, which is derived from the question, “In the last six months, what were your sources of income?” Potential covariates included age, sex (female vs. male), ethnicity (nonwhite vs. white), and education (high school graduate or higher vs. less than high school). We additionally incorporated binary variables indicative of social and structural vulnerabilities: homelessness; residence in Vancouver’s Downtown East Side; being victim to violence; recent incarceration; police confrontations (i.e. being stopped, searched, and/or detained); encountering security guards; and receiving area restrictions (i.e. legal prohibitions from entering particular areas) (McNeil, Cooper, Small, & Kerr, 2015). We also included covariates related to drug use: any injection of drugs; daily or greater use of heroin, cocaine, methamphetamines, or crack; public injection drug use; non-fatal overdose; and difficulty accessing clean pipes, syringes, or other equipment to inject drugs. Other health status indicators included HIV and HCV seropositivity and a time-updated measure of ever having been diagnosed with a mental health disorder. All responses to aforementioned variables, with the exception of sociodemographic and mental health indicators, refer to the six months prior to follow up interview.

In initial analyses, we considered descriptive characteristics of the sample and the prevalence of informal recycling throughout the study

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