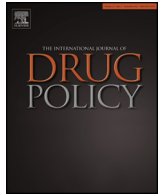




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Research paper

“It Ruined My Life”: The effects of the War on Drugs on people who inject drugs (PWID) in rural Puerto Rico

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ABSTRACT

Background: The War on Drugs has raised the incarceration rates of racial minorities for non-violent drug-related crimes, profoundly stigmatized drug users, and redirected resources from drug prevention and treatment to militarizing federal and local law enforcement. Yet, while some states consider shifting their punitive approach to drug use, to one based on drug treatment and rehabilitation, nothing suggests that these policy shifts are being replicated in Puerto Rico.

Methods: This paper utilizes data from 360 PWID residing in four rural towns in the mountainous area of central Puerto Rico. We initially recruited 315 PWID using respondent-driven sampling (RDS) and collected data about risk practices and conducted HIV and HCV testing. During a second phase, we conducted 34 micro-ethnographic assays, in which we randomly recruited 34 participants from the first phase and included their ego networks in this phase. Our ethnographic inquiry produced significant data regarding the effects of the war on drugs on the local drug trade, drug availability, and injectors' social networks.

Results: Findings suggest that repressive policing has been ineffective in preventing drug distribution and use among those in our study. This type of law enforcement approach has resulted in the disproportionate incarceration of poor drug users in rural Puerto Rico, and mainly for nonviolent drug-related crimes. In addition, incarceration exposes PWID to a form of a cruel and unusual punishment: having to quit heroin “cold turkey” while the prison environment also represents a HIV/HCV risk. In turn, the war on drugs not only diverts resources from treatment but also shapes treatment ideologies, punishing non-compliant patients.

Conclusion: Shifting the emphasis from repression to treatment and rehabilitation is likely to have a positive impact on the health and overall quality of life of PWID and their communities.

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Introduction

Carlos¹, currently in his mid-30s, started injecting drugs in prison while serving a two-year sentence for marijuana possession. He said that he started smoking marijuana “late” (age 21), while attending college in Puerto Rico. It was during this time that he “caught a habit,” he said, and was charged with drug possession with intent to distribute after the police found a half-ounce of marijuana on him. His car was confiscated, and he received a two-year probation sentence. Carlos tried to quit his marijuana habit,

but could not succeed. After failing his third drug test, a violation of the terms of his probation, he was sent to prison. Instead of going to the minimum-security prison he had hoped for, given his lack of a criminal record (aside from being caught with a relatively small amount of marijuana in his possession), he was sent to a medium-security prison for violating his probation terms. Carlos explained how he started injecting drugs while serving his sentence: “They call it the freezer because the air it is always on; it is freezing cold and closed.” Unable to find marijuana in the prison, he started selling drugs “to spend time and pocket some cash.” It was then that he started sniffing heroin. Soon after, heroin injectors started telling him that “it was better by the vein.” He bought one of the rare clean syringes available in jail and injected with somebody's help. He then passed the syringe to others in his cell block, “over 20 inmates,” in his account. He explains that he tried to clean the syringe with bleach and water, but “could not avoid contacting

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¹ Not his real name. All names have been changed to protect participants' anonymity.

HCV [hepatitis C virus]” because “everybody in jail has it.” He says that he knew he would become addicted to injecting drugs, but at that time he “just didn’t care.” Carlos explained, “I was full of resentment because the system was unfair to me. What they really did with that sentence was to fuck-up my life. After that, I stopped being one person and became another one.”

The War on Drugs, initiated by President Nixon more than four decades ago, provides a backdrop for understanding Carlos’s predicament. Focused on eliminating the production, distribution, and consumption of drugs, this policy has been criticized for being unable to attain these goals. Indeed, in the United States, the drug supply has not been disrupted and, in particular, heroin consumption is on the rise (Cicero, Ellis, Surratt, & Kurtz, 2014; Jones, 2013; Lankenau et al., 2012). The repressive approach of the War on Drugs has, however, dramatically raised the incarceration rates of racial minorities for non-violent drug-related crimes (Alexander, 2012; Williams, 1989, 1992; Moore & Elkavich, 2008; Drucker, 2013), profoundly stigmatized drug users (Greenwald, 2009; Weinberg 2000, 2005; Denning, 2000), and redirected resources from drug prevention and treatment to militarizing federal and local law enforcement (Kraska, 2007). Yet, while the War on Drugs is likely to endure with the new Trump administration, local and state challenges to this federal policy are becoming the norm, and are increasingly proving successful (Dickinson, 2015).

The War on Drugs was initially challenged by the introduction of medical marijuana (Hoffmann & Weber, 2010), followed by the legalization of recreational marijuana. Currently, 26 states and the District of Columbia have legalized marijuana in some form (Fuller, 2016). A study conducted by Cerda, Wall, Keyes, Galea, and Hasin (2012) suggests that while states that had legalized marijuana have a higher prevalence of users than those that do not, legalization does not seem to have increased overall drug use. Cohn, Johnson, Rose, Rath, and Villanti (2017) have more recently replicated previous studies and arrived at the same conclusion. In addition, in the past few years an epidemic of prescription drug use in the rural U.S. has led some states to consider shifting their punitive approach to drug use (incarceration) to one based on drug treatment and rehabilitation (Seelye, 2015). While some have drawn attention to the racial disparities behind this policy shift, asserting that it favors Caucasian drug users while racial minorities continue to face incarceration-first approaches (Chin, 2002), this policy shift still represents a clear challenge to the punishment approach.

Yet, nothing suggests that these policy shifts are being replicated in Puerto Rico. As of June 25, 2015, there were 12,381 people in Puerto Rican state prisons (Martinez-Guzman, 2015: 1). Of these, approximately 65% came from households with yearly incomes below \$20,000 (2015, p. 51), and 16% are behind bars for drug offenses (2015, p. 70). In addition, 69% report having had substance use problems prior to incarceration, and a striking 80% of these have never received drug treatment (2015, p. 123). In 2016, the average yearly cost of housing an individual in a correctional facility was \$28,259, and the yearly correctional budget currently nears \$376 million dollars (PR Gov, 2016a). In addition, the approved 2017 budget for local law enforcement surpasses \$754 million (PR Gov, 2016b). In contrast, only about \$123 million have been allocated for drug replacement therapies such as methadone (ASSMCA, 2009). Considering there are about 60,000 people in Puerto Rico with opiate misuse problems (Hotz & Rios, 2013), and a significant portion of people with substance use problems are behind bars, funding priorities are clearly aligned with punishment instead of treatment and rehabilitation. Unfortunately, the way data are aggregated makes impossible to know which portions of the budget for drug repression and drug treatment are funded by the federal government and which ones are supported by the island.

In this manuscript, we present findings based on two years of ethnographic fieldwork with people who inject drugs (PWID) in rural Puerto Rico. We examine the effects of the War on Drugs on a small group of PWID. Findings suggest that repressive policing has been ineffective in preventing drug distribution and use among those in our study. This type of law enforcement approach has, however, resulted in the disproportionate incarceration of poor drug users in rural Puerto Rico, and mainly for nonviolent drug-related crimes. In addition, aggressive policing has placed additional burdens on PWID, forcing them to travel (often by foot) to other locations to acquire the drugs they need and, through incarceration, exposing the vast majority of them to what is arguably a form of a cruel and unusual punishment: having to quit heroin “cold turkey.” Most correctional facilities do not offer drug replacement therapies. We argue that shifting the emphasis from repression to treatment and rehabilitation is likely to have a positive impact on the health and overall quality of life of PWID and their communities.

Methods

This research is part a larger longitudinal study, which received IRB approval through the University of Nebraska-Lincoln (IRB# 20131113844FB) and the University of Puerto Rico School of Medicine (IRB# A8480115). This paper utilizes data from 360 PWID residing in four rural towns in the mountainous area of central Puerto Rico, which are located about 30–40 miles from the capital, San Juan. Sites were selected because they were representative of rural PWID on the island (López et al., 2015). In addition, these sites were chosen due to the presence of El Punto en la Montaña, the only syringe-exchange program operating in rural Puerto Rico, with which we established a close collaboration that facilitated data collection with this population (Welch-Lazoritz et al., 2017).

The study is divided into three phases. The first phase consisted of an analysis of the sexual and injection risk behaviors of PWID residing in these municipalities, as well as the degree of access to health-promoting services. We initially recruited 315 PWID using respondent-driven sampling (RDS) by starting two seeds in each of the four municipalities (for a total of eight seeds and 307 recruits). Data collection was completed between April 2015 and December 2016. RDS has proven effective in recruiting hard-to-reach populations (Abdul-Quader et al., 2006; Heckathorn, 2002, 2007; Johnston, Chen, Silva-Santisteban, & Raymond, 2013). Participants who completed the survey were paid \$25, and were also given the chance to become recruiters. After securing consent, they were provided with three referral coupons to recruit other PWID who had not previously participated in the study. Every eligible referral earned the recruiter an additional \$10.

To be eligible, participants had to be 18 years of age or older, alert at the time of the interview, and had to have injected drugs at least once within the 30 days prior to the interview. Verification of current injection use was done through visual inspection of injection track marks, as well as through a questionnaire that measured knowledge of injection practices. The questionnaire, administered by the interviewers, was based on the Centers for Disease Control and Prevention’s National HIV Behavioral Surveillance study with injection drug users (Round 3). INSTI Rapid HIV antibody tests (Biolytical Laboratories) and OraQuick HCV Rapid antibody tests (OraSure Technologies) were used to assess HIV and HCV status. Every participant was compensated an additional \$5 for each rapid test performed. Participants who tested positive for HCV or HIV were offered a referral and transportation to a primary care doctor for confirmatory testing.

During the second phase (December 2015–December 2016), we conducted 34 micro-ethnographic assays, in which we randomly

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