



Research paper

Experiences with urine drug testing by police among people who inject drugs in Bangkok, Thailand



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ABSTRACT

Background: Thailand has relied on drug law enforcement in an effort to curb illicit drug use. While anecdotal reports suggest that Thai police frequently use urine toxicology to identify drug users, little is known about the prevalence or impacts of this practice among people who inject drugs (IDU). Therefore, we sought to examine experiences with urine drug testing by police among IDU in Bangkok.

Methods: Data were derived from a community-recruited sample of IDU in Bangkok participating in the Mitsampan Community Research Project between July and October 2011. We assessed the prevalence and correlates of being subjected to urine toxicology testing by police using multivariate Poisson regression. **Results:** In total, 438 IDU participated in this study, with 293 (66.9%) participants reporting having been tested for illicit drugs by police. In multivariate analyses, reports of drug testing by police were independently and positively associated with younger age (adjusted prevalence ratio [APR]: 1.28), a history of methamphetamine injection (APR: 1.22), a history of incarceration (APR: 1.21), having been in compulsory drug detention (APR: 1.43), avoiding healthcare (APR: 1.15), and HIV seropositivity (APR: 1.19), and negatively associated with access to voluntary drug treatment (APR: 0.82) (all $p < 0.05$).

Conclusion: A high proportion of IDU in Bangkok were subjected to drug testing by police. Young people and methamphetamine injectors were more likely to have been tested. The findings indicate that drug testing by police is associated with the compulsory drug detention system and may be interfering with IDU's access to healthcare and voluntary drug treatment. These findings raise concern about the widespread practice of drug testing by police and its associated impacts.

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Introduction

The use of illicit drugs continues to be associated with significant harms to individual health as well as to society. Traditionally, many countries have attempted to address this problem through the enforcement of drug laws that criminalize those involved in illicit drug use and trafficking (United Nations Office on Drugs & Crime [UNODC], 2008). However, it has been increasingly recognized that this approach has likely compromised efforts to ensure access to addiction treatment and other healthcare services among

drug-using populations (Global Commission on Drug Policy, 2011; Wood et al., 2010). In recent years, some countries have started to decriminalize personal use of certain controlled substances and invest resources in the provision of evidence-based health services for these populations (Rosmarin & Eastwood, 2012). Other countries, including Thailand, have opted to strengthen drug law enforcement efforts and expand compulsory drug detention systems, in an attempt to reduce the demand for and use of illicit drugs (Cohen & Amon, 2008; Pearshouse, 2009; Wolfe & Saucier, 2010).

Thailand has experienced a longstanding epidemic of illicit drug use (Assanangkornchai et al., 2008; Reid & Costigan, 2002). During the 1970s, Thailand became the world's biggest opium trafficking site, and heroin has since been a major driver of drug-related harm in the country (Reid & Costigan, 2002). Since the late 1990s, there has been an explosive increase in the use of methamphetamines, which are among the most popular drugs of abuse today in this

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setting (Assanangkornchai et al., 2008; Reid & Costigan, 2002). In response, the country has established punitive drug laws, including the death penalty for drug-related offences (Gallahue & Lines, 2010). Although in 2002, a new law entitled *Narcotic Addiction Rehabilitation Act B.E. 2545* reclassified people who use drugs as “patients” not “criminals,” prior drug laws that penalize illicit use of controlled substances have continued to be enforced (Office of the Narcotics Control Board of Thailand [ONCB], 2007). As such, the new legislation created a system of compulsory drug detention centres (referred to as *bangkap bambat* or “forced treatment”). Under this system, those charged with illicit drug use are diverted from prisons to compulsory drug detention centres, most of which are run by the military (Pearshouse, 2009). Since the launch of this system, the Thai government has repeatedly implemented police crackdowns on people who use drugs (Human Rights Watch, 2004). Between 2008 and 2011, Thai drug policies were revised several times, and the number of people who use drugs targeted to undergo rehabilitation programs has increased from 60,000 in 2008 to 400,000 in 2011 (Narcotics Control Board of Thailand, 2009; ONCB, 2006, 2011; Vejjajiva, 2009).

In the past decade, Rhodes’ Risk Environment Framework (Rhodes, 2002) has been applied extensively to examine the effect of intensive police crackdowns on the health of IDU (Strathdee et al., 2010). In brief, the framework posits that various social, structural and environmental factors exogenous to an individual play a prominent role in shaping individual behaviours and health outcomes among IDU (Rhodes, 2002, 2009). Street-level drug law enforcement practices are considered a key feature of the micro-level risk environment shaped by macro-level structures (e.g., drug laws and policies) (Burriss et al., 2004). A review of previous research shows that intensified policing practices can directly harm IDU, such as in the form of physical violence (Cooper, Moore, Gruskin, & Krieger, 2004; Sarang, Rhodes, Sheon, & Page, 2010). They can also interact with other elements of the risk environment and increase IDU’s vulnerability to poor health outcomes (Aitken, Moore, Higgs, Kelsall, & Kerger, 2002; Maher & Dixon, 2001; Small, Kerr, Charette, Schechter, & Spittal, 2006). For example, intensified police presence may displace IDU into other locations and disrupt healthcare service provision to this population (Small et al., 2006).

Despite a large body of scientific literature documenting the adverse impacts of police crackdowns in the Americas, Australia, and the former Soviet Union countries, few comparable studies have been undertaken in Southeast Asia where features of the risk environment surrounding IDU, including the extent and nature of police crackdowns, are quite distinct from that which has been described in Western settings (Kerr, Small, & Wood, 2005). Further, previous studies tended to focus on the aggregate effects and consequences of police crackdowns rather than on specific policing tactics. In Thailand, drug law enforcement officers have the power to perform drug testing on anyone based upon reasonable suspicion under the *Narcotics Control Act* (Section 14) (ONCB, 2007). According to the ONCB (Sirisabphaya A, personal communication, April 9 & October 24, 2013), the Thai police use two types of rapid urine toxicology screening kits based on the immunochromatographic technique: one screens for methamphetamines only, while the other screens for multiple drugs. Anecdotal reports suggest that the Thai police frequently exercise this power and use urine tests on the streets of Bangkok. In principle, positive test results are to be confirmed by a laboratory test (Sirisabphaya A, personal communication, October 24, 2013). A recent qualitative study exploring experiences with policing among IDU in Bangkok has indicated inappropriate use of this tool by police, including forcing people to urinate in public places and using positive test results as a means of extortion (Hayashi et al., in press). However, we know of no studies that investigated factors associated with this practice. Therefore,

we sought to identify the prevalence and correlates of experiencing urine drug testing by police among a community-recruited sample of IDU in Bangkok, Thailand.

Methods

Study design

Data for this study were derived from the Mitsampan Community Research Project, a collaborative research effort involving the Mitsampan Harm Reduction Center (MSHRC; a drug user-run drop-in centre in Bangkok, Thailand), Thai AIDS Treatment Action Group (Bangkok, Thailand), Chulalongkorn University (Bangkok, Thailand), and the British Columbia Centre for Excellence in HIV/AIDS/University of British Columbia (Vancouver, Canada). This serial cross-sectional study aims to investigate drug-using behaviour, healthcare access, and other drug-related harms among IDU in Bangkok. The specific methods employed have been described in detail elsewhere (Hayashi et al., 2012). In brief, between July and October 2011, the research partners surveyed 440 community-recruited IDU in Bangkok. Potential participants were recruited through peer outreach efforts and word-of-mouth, and were invited to attend the MSHRC or O-Zone House (another drop-in centre in Bangkok) in order to be part of the study. Recruitment criteria included adults residing in Bangkok or in adjacent provinces who had injected drug(s) in the past six months. All participants provided informed consent and completed an interviewer-administered questionnaire eliciting a range of information, including demographic characteristics, drug use patterns, and experiences with drug law enforcement and accessing healthcare. Upon completion of the questionnaire, participants received a stipend of 350 Thai Baht (approximately US\$12). The study was approved by the research ethics boards at Chulalongkorn University and the University of British Columbia.

Participants and measures

All participants who completed the interview were eligible for inclusion. The sample was restricted to individuals who provided complete data for the present analyses. The primary outcome of interest in this study was experiencing urine toxicology testing by police, defined as answering “Yes” to the following question: “Have you ever been tested for drugs by police?” In the present study setting, “having been tested for drugs by police” referred to having been subjected to urine toxicology testing by police.

Guided by the Risk Environment Framework (Rhodes, 2002) and previous international literature suggesting that the police typically target minority groups and people of lower socio-economic status in many settings (Choongh, 1998; Cooper et al., 2004; McAra & McVie, 2005), a broad set of explanatory variables were hypothesized to be potentially associated with the outcome. These variables included: age (below or above median age; <38 years vs. ≥38 years); gender (male vs. female); education level (<secondary education vs. ≥secondary education); having a legal full-time or part-time job in the past 6 months; obtaining income from illegal sources in the past 6 months (i.e., drug dealing, sex work, theft or panhandling); heroin injection; midazolam injection (a short-acting benzodiazepine); methamphetamine injection (i.e., methamphetamine pills [locally called *yaba*] or crystal methamphetamine powder [locally called *ice*]); syringe sharing; ever incarcerated; ever in compulsory drug detention; ever accessed voluntary drug treatment; ever disclosed illicit drug use to a doctor; reporting avoidance of healthcare; having ever accessed any of the four drop-in centres for drug users in the greater Bangkok area; reporting feeling ashamed about being a drug user; HIV serostatus (positive vs. negative or unknown); and

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