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Research paper

Syringe access, syringe sharing, and police encounters among people who inject drugs in New York City: A community-level perspective

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ABSTRACT

Background: Injection drug user (IDU) experience and perceptions of police practices may alter syringe exchange program (SEP) use or influence risky behaviour. Previously, no community-level data had been collected to identify the prevalence or correlates of police encounters reported by IDUs in the United States.
Methods: New York City IDUs recruited through respondent-driven sampling were asked about past-year police encounters and risk behaviours, as part of the National HIV Behavioural Surveillance study. Data were analysed using multiple logistic regression.
Results: A majority (52%) of respondents ($n = 514$) reported being stopped by police officers; 10% reported syringe confiscation. In multivariate modelling, IDUs reporting police stops were less likely to use SEPs consistently (adjusted odds ratio [AOR] = 0.59; 95% confidence interval [CI] = 0.40–0.89), and IDUs who had syringes confiscated may have been more likely to share syringes (AOR = 1.76; 95% CI = 0.90–3.44), though the finding did not reach statistical significance.
Conclusions: Findings suggest that police encounters may influence consistent SEP use. The frequency of IDU-police encounters highlights the importance of including contextual and structural measures in infectious disease risk surveillance, and the need to develop approaches harmonizing structural policing and public health.

Background

Public health and law enforcement practitioners contend with many of the same structural problems in the communities where they work, including substance abuse, poverty, domestic violence, inadequate education and social support. Despite overlapping challenges, these two sectors typically adopt divergent strategic and programmatic approaches; they are driven by different professional perspectives and, as a result, conflicting incentives and metrics of success (Beletsky, Macalino, & Burris, 2005; Beletsky, Thomas, et al., 2012; Burris et al., 2004; Roe v. City of New York, 2002; Small, 2005).

Law enforcement professionals are often wary of syringe exchange programs (SEPs) because they perceive these activities as enabling criminal conduct, sending the wrong message, and presenting a threat to the occupational health of front-line officers (Beletsky et al., 2005; Beyer, Crofts, & Reid, 2002; Gellert, Maxwell, Higgins, Barnard, & Page, 1994; Rhodes et al., 2006). In an effort to mitigate those perceived negative consequences, some front-line officers may confiscate and discard IDUs' injection equipment without placing formal charges against the individual (referred to as "syringe confiscation" throughout), even if the IDU is legally entitled to such possession (Beletsky et al., 2005; Beletsky, Lozada, et al., 2012; Burris et al., 2004). At the time of this study, although syringe possession was authorized under public health law for individuals participating in SEPs or purchasing syringes from an authorized pharmacy, it was not concurrently decriminalized in the penal code. Public health service providers, lacking a nuanced understanding of the challenges of policing, police culture, and the precedence of criminal justice law over public health law for law enforcement

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professionals, often perceive this group as unwilling to facilitate or promote syringe distribution programs and similar evidence-based approaches targeting IDUs (Small, 2005).

The misalignment between these two sectors may hinder the work of SEPs and negatively impact injection-related disease risk. Syringe confiscation, uninvited appearances at programs, and specific enforcement targeting participants' access to outreach sites can interfere with program operations and deter participation (Doe v. Bridgeport Police Dep't, 2001; Roe v. City of New York, 2002; Aitken, Moore, Higgs, Kelsall, & Kerger, 2002; Beletsky, Grau, White, Bowman, & Heimer, 2011b; Blankenship & Koester, 2002; Blankenship & Smoyer, 2004; Cooper, Moore, Gruskin, & Krieger, 2004, 2005; Davis, Burris, Metzger, Becher, & Lynch, 2005; Friedman et al., 2006; Kerr, Small, & Wood, 2005; Koester, 1996; Strathdee et al., 2011). Both IDU direct experience with and perceived risk of policing encounters can decrease willingness and ability to engage in protective behaviours (Beletsky, Lozada, et al., 2012; Grund, Heckathorn, Broadhead, & Anthony, 1995; Kerr et al., 2005; Rhodes et al., 2002); evidence demonstrates increased risk behaviour and elevated odds of HIV and other adverse health outcomes among IDUs interacting with the criminal justice sector (Beletsky, Thomas, et al., 2012; Booth, Kennedy, Brewster, & Semerik, 2003; Booth, Mikulich-Gilbertson, Brewster, Salomonsen-Sautel, & Semerik, 2003; Burris & Strathdree, 2006; Fairbairn et al., 2009; Friedman et al., 2006; Hammett et al., 2005; Pollini et al., 2008; Sarin, Samson, Sweat, & Beyrer, 2011; Strathdee et al., 2008; Werb et al., 2008). Aside from precipitating public health harms, confiscation of syringes or being stopped by police when attempting to access an SEP likely erode the credibility of community health providers who advertise the legal protections afforded by public health law authorizing SEPs (Davis et al., 2005; Martinez et al., 2007).

Moreover, the effects of adverse police encounters may be heightened among vulnerable and marginalized IDU populations (Case, 1998; Iguchi, Bell, Ramchand, & Fain, 2005; Lane et al., 2004). Certain policing practices may also adversely impact the occupational health of front-line law enforcement professionals, contributing in particular to elevated risk of needle-stick injury (Beletsky et al., 2005; Groseclose et al., 1995), with possible impact on job stress, personnel burn-out, and turnover (Beletsky & Heimer, 2009; Beletsky et al., 2005; Groseclose et al., 1995).

Internationally, several large-scale studies have identified strong associations between specific policing encounters and IDU disease risk (Beletsky, Lozada, et al., 2012; Booth, Kwiatkowski, Brewster, Sinitsyna, & Dvoryak, 2006; Pollini et al., 2008). However, the applicability of these studies to US law enforcement may be limited by the differences in management, professionalism, compensation, and judicial oversight in these other settings (Beletsky, Lozada, et al., 2012; Grund et al., 1995; Human Rights Watch, 2003; Kerr et al., 2005; Rhodes et al., 2002, 2006; Sarang, Rhodes, Sheon, & Page, 2010; Zhao, Lovrich, & Robinson, 2001). Research focused on IDU health and policing in the US has utilized small samples, recruited specific IDU subpopulations (e.g., SEP users), or assessed relationships through ecologic analyses, rather than from individual-level data (Beletsky et al., 2011b; Bluthenthal, 1997; Davis et al., 2005; Friedman et al., 2006; Koester, 1994; Martinez et al., 2007). Other US studies have relied on assessments of IDUs' subjective views of the risk of law enforcement encounters rather than documentation of actual contact (e.g., experience of syringe confiscation) (Bluthenthal, Kral, Erringer, & Edlin, 1998; Bluthenthal, Lorvick, Kral, Erringer, & Kahn, 1999).

The setting for our study is New York City (NYC), where HIV incidence among IDUs reached epidemic proportions in the 1980s, with more than half the IDU population HIV-infected by the end of the decade (Des Jarlais et al., 2005; Marmor et al., 1987). Following SEP authorization in State Public Health Law in 1992, the rapid scale-up of programs in the 1990s helped to reverse this trend, and the annualized HIV incidence is now estimated at less than 2% per year (Des Jarlais et al., 2005). At the time of this study in 2009, 13 SEPs were operating more than 40 program sites in NYC, and syringe sales were in place at most pharmacies, also authorized by State public health law. In conflict with this law, however, the New York State penal law continued to prohibit syringe possession throughout the study period (New York State, 2010).

In this study, the two primary study outcomes or dependent variables for which we assessed predictors were: (1) consistent SEP participation, and (2) receptive syringe sharing. Receptive syringe sharing is a well-established mode of HIV transmission, whereas consistent SEP participation has been associated with reducing the spread of HIV among IDUs. Our research investigated two specific questions: (1) whether police pat-downs ("police stops") were associated with decreased SEP use, and (2) whether police confiscation of syringes from IDU was associated with receptive syringe sharing.

Methods

Sampling and recruitment

Data were collected as part of the National HIV Behavioural Surveillance (NHBS) survey, a US Centres for Disease Prevention-sponsored periodic cross-sectional study in 21 U.S. cities with the goal of characterizing HIV prevalence and behavioural risks among high-risk groups (Gallagher, Sullivan, Lansky, & Onorato, 2007). The analysis presented here is based on data from the 2009 NHBS conducted among New York City (NYC) IDUs. NHBS study design has been described in detail elsewhere (Lansky et al., 2007); briefly, for participant recruitment we used respondent-driven sampling (RDS), a form of snowball sampling that allows for statistical weighting of results to adjust for recruitment biases common in peer-referral designs (Heckathorn, 2007). Our study team selected initial IDU recruits ($n = 12$) as seeds through community ethnography. Once the seeds completed the study, they were asked to recruit up to three IDU peers, then the next wave of participants were asked to recruit additional IDU peers, and so on until we met our target sample size ($n = 500$). In order to achieve demographic and geographic diversity, seeds were selected based on demographic characteristics, and the study locations ("storefronts") were located in four distinct neighbourhoods across NYC.

Eligibility criteria for the study were: past-year injection of any drugs not prescribed to the participant, at least 18 years of age, NYC residence, and English or Spanish comprehension. Eligible participants were paid $20 for completing the survey, $10 for taking an HIV test, $10 for taking an HCV test, and $10 for each eligible participant (up to 3) whom they recruited. Study procedures were approved by the institutional review boards of the participating organizations.

Measures

In a structured survey administered in private by a trained interviewer, participants were asked about socio-demographics, sexual activity, injection and noninjection drug use, and encounters with HIV testing and prevention services. The survey included questions about two kinds of encounters with law enforcement in the past year: police stops ("In the past 12 months, have you been stopped and frisked, or searched by the police?") and confiscation of injection equipment ("In the past 12 months, have the police taken, confiscated, or destroyed your needles or supplies without arresting or citing you?").

Based on prior studies that find that police may target SEP clients and influence the likelihood for risky injecting practices