Published in final edited form as:

AIDS Behav. 2013 October ; 17(8): 2637–2643. doi:10.1007/s10461-013-0488-y.

The Association Between Law Enforcement Encounters and Syringe Sharing Among IDUs on Skid Row: A Mixed Methods Analysis

Karla D. Wagner,

Division of Global Public Health, Department of Medicine, University of California San Diego, 9500 Gilman Drive MC 0849, La Jolla, CA 92093-0849, USA

Rebecca Simon-Freeman, and

Keck School of Medicine, University of Southern California, Los Angeles, CA, USA

Ricky N. Bluthenthal

Department of Preventive Medicine, Keck School of Medicine, Institute for Health Promotion and Disease Prevention Research, University of Southern California, Los Angeles, CA, USA

Karla D. Wagner: kdwagner@ucsd.edu

Abstract

The legal environment is one factor that influences injection drug users' (IDUs) risk for HIV and other bloodborne pathogens such as hepatitis C virus (HCV). We examined the association between law enforcement encounters (i.e., arrests and citations) and receptive syringe sharing among IDUs in the context of an intensified policing effort. We conducted a mixed methods analysis of 30 qualitative and 187 quantitative interviews with IDUs accessing services at a Los Angeles, CA syringe exchange program from 2008 to 2009. Qualitative findings illustrate concerns related to visibility, drug withdrawal, and previous history of arrest/incarceration. In quantitative analysis, the number of citations received, current homelessness, and perceiving that being arrested would be a “big problem” were independently associated with recent syringe sharing. Findings illustrate some of the unintended public health consequences associated with intensified street-level policing, including risk for HIV and HCV transmission.

Keywords

HIV; Policing; Injection drug use; Syringe sharing

Introduction

The legal environment—including the written law, its interpretation by the courts, and its enforcement by police officers—has the potential to influence public health [1]. This is particularly true for injection drug users (IDUs), whose risk for HIV, hepatitis C virus (HCV) and other bloodborne pathogens is strongly influenced by the criminal justice system. In the United States, access to syringes is regulated at the state level, and possession of injection paraphernalia continues to be illegal in most U.S. states [2]. Even in states such as California, where syringe possession has been decriminalized to some extent, drug users may still face arrest if their syringes are not stored in an approved container (California

Health and Safety Code §11364.1) or have visible quantities of illegal drug in them. Therefore, IDUs must still contemplate the legal ramifications of maintaining a supply of injection equipment in their possession [3]. In addition, police activity and threat of police action have been found to interfere with IDUs' ability to access to sterile injection equipment through syringe exchange programs (SEPs) or pharmacies [4–6]. In California, one study found that individuals using locally sanctioned SEPs were more likely to report recent arrest for violating paraphernalia laws compared to those who used illegal SEPs [7]. Studies in the United States and elsewhere have found that IDUs' fear of police is associated with a decreased willingness to carry syringes, and an increased likelihood of syringe sharing and other risky injection practices [6, 8, 9]. Among IDUs in Tijuana, Mexico, where syringe possession is legal, being arrested for syringe possession has also been found to be associated with receptive syringe sharing (RSS; [10]).

In this mixed methods analysis we examined the association between law enforcement encounters, in the form of arrests or citations, and RSS among IDUs in the Skid Row area of downtown Los Angeles, California. Skid Row is a roughly 50 square block area (0.85 square miles) home to the densest population of homeless individuals in Los Angeles, a fact resulting from the deliberate co-location of services for homeless individuals (e.g., homeless shelters, missions, mental health services, and food lines) in the downtown area in the 1970s. Skid Row is also home to two of the City's five sanctioned SEPs. In 2006, City leaders initiated the Safer City Initiative (SCI) in an effort to decrease crime in the Skid Row area. Based on the “Broken Windows” theory of policing [11], the SCI was focused on alleviating highly visible but low-level offences such as littering, loitering and sleeping on the sidewalk. These indicators of neighborhood “disorder” are thought to create an environment conducive to other types of crime. As part of the SCI, the City of Los Angeles assigned 50 additional police officers to Skid Row. The intention of the SCI was not necessarily to target drug use or drug users, though concerns about public drug use, drug dealing, and public disposal of injection paraphernalia were expressed as part of the rationale [12, 13]. Nonetheless, the LAPD reported that from August 1, 2006 to December 31, 2007, there was a total of 3,509 narcotics-related arrests in the context of the SCI, 21 % of which were for narcotics possession or possession for sales [12]. Therefore, we undertook the current analysis to investigate how the increased policing resulting from the SCI may have influenced risk for HIV, HCV, and other blood borne pathogens among IDUs enrolled in an SEP located on Skid Row.

Using qualitative data collected from 30 SEP participants, we illustrate scenarios in which concerns about law enforcement influence IDU's decisions about sharing injection supplies. Using quantitative survey data collected from 187 SEP participants, we tested two hypotheses: (1) that IDUs who reported more frequent contact with law enforcement (in the form of citations and arrests) would be more likely to report recent RSS, and (2) that IDUs who were more concerned about being arrested would be more likely to report recent RSS.

Methods

This study was conducted in two phases using a sequential mixed methods design from July 2008 to April 2009. In Phase I, in-depth qualitative interviews were conducted with 30 IDUs recruited using a maximum variation sampling strategy [14] from a single SEP in the Skid Row area of Los Angeles, California. Based on program intake data, the SEP's roughly 600 anonymous clients are largely homeless and most report that they sleep in the ZIP code where Skid Row is located. Eligibility criteria for Phase I were: (1) being at least 18 years old, (2) having injected any drug at least once in the past 30 days, and (3) reporting use of a previously used needle or sharing cookers, filtration cotton, or rinse water in the past 30 days. The in-depth interviews explored circumstances surrounding the participants' most

recent episode of risky injection and identified a series of “perceived consequences” of refusing to share injection equipment. A more detailed description of all the qualitative findings is available elsewhere [15]. In the current analysis we focus strictly on the perceived consequences related to encounters with law enforcement. The findings from Phase I were used to inform the development of survey questions for Phase II. In Phase II, a cross-sectional survey was conducted with 187 participants from the same SEP, using time location sampling. Eligibility criteria for Phase II were: (1) being at least 18 years old, (2) having injected any drug at least once in the past 30 days, and (3) not having participated in Phase I of the study. Participants completed an interview using Audio Computer Assisted Self Interviewing (ACASI), which contained standard sociodemographic items, drug use and injection risk behavior questions, psychosocial items and a series of items to measure law enforcement encounters. Participants received \$25 cash remuneration for their participation. The University of Southern California Health Sciences Institutional Review Board approved all study procedures.

Measures

Qualitative data from Phase I were elicited using a semistructured interview guide that explored the circumstances surrounding the participants' most recent episode of risky injection. Participants were asked to describe features such as the person or people present, the location, time, day and other environmental factors. Next, participants described the process and contextual factors that lead to the occasion of risky injection. Finally, participants discussed the consequences or problems that might have arisen if they had refused to engage in the risky injection. Interviews were audio recorded, transcribed in their entirety, and entered into ATLAS.ti for organization and coding.

Quantitative data from Phase II were obtained from a series of closed-ended questions. *Demographic* characteristics included: age, sex, race/ethnicity and history of incarceration. Homelessness was assessed by asking if participants considered themselves homeless in the past 30 days. Participants also provided information about their HIV and HCV status. *Injection risk behavior* was assessed with a series of questions based on those used in other national studies [16, 17]. Receptive syringe sharing was assessed as the frequency with which individuals used a previously used syringe in the past 30 days (0–4; “never” to “almost always”), dichotomized for this analysis into “never” versus “ever”. *Law enforcement encounters* were measured using a series of questions developed for this study, which assessed the frequency of citation and arrest in the downtown Skid Row area “since September 2006” when the SCI began. Based on qualitative findings from Phase I, we also asked participants two questions related to perceived legal consequences. Participants were asked to rate: (1) how often the possibility of being arrested influenced whether or not they used a previously used syringe (1–5; “never” to “all of the time”) and (2) how big of a problem it would be for them if they were arrested for carrying injection supplies (1–4; “not a problem” to “a very big problem”).

Analysis

Qualitative data were analyzed in a series of iterative steps that are described in more depth elsewhere [15]. Briefly, analysis consisted of reading transcripts and documenting initial analytic impressions in a series of “memos” [18], and then developing a codebook based on both *a priori* codes from the literature and “open codes” derived from the initial reading of the transcripts [19]. The codes were grouped into higher-order conceptual groups and thematic reports were generated that contained blocks of coded text from all the interview transcripts. For this analysis we focused on the thematic group pertaining to law enforcement.

Quantitative data were analyzed using SAS 9.1. Univariate analyses included calculation of measures of central tendency and dispersion. Bivariate comparisons were made using logistic regression to identify factors associated with a dichotomous measure of RSS (ever vs. never in the past 30 days). Independent variables achieving statistical significance at $p < 0.10$ were retained and entered manually into a logistic regression model with RSS as the dependent variable. The model was trimmed until all variables achieved significance at $p < 0.05$.

Results

Participants in the qualitative phase (Phase I) were eligible based on their reports of having used a previously used syringe, or shared cookers, cottons, or rinse water in the past 30 days. These participants were asked to describe the types of consequences that they thought might have occurred if they refused to participate in that most recent risky injection episode. Seven of them described consequences that had to do with fear of arrest or incarceration due to their possession of drugs or drug injection paraphernalia. For the most part, their accounts focused on concerns related to being conspicuous or visible to police and they described injecting with other people's supplies in an attempt to be quick and inconspicuous. For some, this was because they were exhibiting symptoms of drug withdrawal, which they thought made them more visible to police:

[I] probably would have gotten arrested. Because they [the police] can tell when you're sick [in drug withdrawal], you know? They're trained for all that....Because they figure, well, either you're on your way to try to get some dope, or you got some dope but you can't get to where you gotta go in order for you to do it....I prolly would have gotten arrested. Because, like I told you, they know me. And right away they'll come.

For others, the fear of being too visible to police was based more on the location of the event. This man described his rationale for injecting using someone else's syringe immediately after buying drugs, rather than walking to his usual injection location in a park and retrieve his own syringes that he had hidden there:

See, now if the cops see me walking out from behind the [his usual injection location in the park], then out of curiosity they're going to wonder who's back there. And just by me walking out and them seeing me it's going to invite them to come back there and be nosy. And, you know, the cops ain't never been back there, that I know about.

And still others described how a previous history of being arrested had made them more cautious and heightened their concern about being arrested again:

The consequence would be that I would be risking about a three year sentence, from sixteen months to three years in prison, if the cops catch me with [heroin]. Because a few times I've been in blackouts...where I woke up or whatever, and I find a spoon [cooker] in my sock. I find a spoon in my cap. I find a spoon in my pocket. That's happened too many times. That's why I'm on Prop 36 [a court mandated drug treatment program] right now.

In summary, participants in the qualitative phase described the potential of arrest due to drug or paraphernalia possession as one of several factors (including their physical location and experience of drug withdrawal) that influenced whether they injected with a previously used syringe or other shared equipment. The alternative of injecting quickly and inconspicuously with the available equipment appeared to be more desirable when weighed against the legal consequences. Next, we investigate how participants' concerns about being arrested for drug

possession and their descriptions of encounters with law enforcement are reflected in the quantitative survey data.

Participants in the quantitative phase (Phase II) had a median age of 44 [Interquartile Range (IQR) 34, 51] and 35 % was female (Table 1). The sample was ethnically diverse (Table 1). Just under half said that they consider Skid Row to be their home, 77 % had a lifetime history of homelessness, and 57 % reported that they had been homeless in the past 30 days. Of the 187 participants, 36 % reported RSS in the past 30 days. RSS was associated with several demographic variables (Table 1).

In terms of encounters with law enforcement in the Skid Row area since the beginning of the SCI in September 2006, 103 (56 %) participants reported receiving at least one citation. The median number of citations was 4 (IQR 2, 6). The number of citations was associated with an increased likelihood of RSS in the past 30 days (Table 1; Odds Ratio (OR) 1.08 per additional citation, 95 % Confidence Interval (CI) 1.00, 1.16, $\beta = 0.08$, $p = 0.04$). Just over half the citations were for jaywalking or crosswalk violations, while less than one quarter were for drug-related offenses (Table 1).

Over half (54 %) reported being arrested in the Skid Row area at least once since September 2006. The median number of arrests was 3 (IQR 2, 6). The number of arrests was not significantly associated with RSS in the past 30 days. Participants who endorsed the statement that “the possibility of getting a ticket or being arrested for carrying a needle or cooker influenced my decision about whether or not to use a previously used needle” were 2.5 times as likely to report RSS (95 % CI 1.34, 4.61, $\beta = 0.91$, $p = 0.004$), while participants who said that it would be a “pretty big” or “very big problem” if they were arrested for carrying a needle or cooker were 2.3 times as likely to report RSS (95 % CI 1.21, 4.49, $\beta = 0.84$, $p = 0.01$).

In multiple logistic regression, being homeless in the past 30 days [Adjusted Odds Ratio (AdjOR) 2.98, 95 % CI 1.50, 5.92, $\beta = 1.09$, $p = 0.002$; Table 2], the number of citations received since September 2006 (AdjOR 1.08 per additional citation, 95 % CI 1.01, 1.15, $\beta = 0.08$, $p = 0.02$), and reporting that being arrested for carrying a needle/cooker would be a “pretty big/very big problem” (AdjOR 2.63, 95 % CI 1.29, 5.36, $\beta = 0.97$, $p = 0.008$) were independently associated with RSS in the past 30 days.

Discussion

The findings from this study are consistent with prior research on the association between self-reported or feared encounters with law enforcement and syringe sharing among IDUs [4–7]. In addition, this study extends these findings by relating them to the frequency of police contact and providing some qualitative context for the observed associations. In multivariate analysis, the number of citations received since the beginning of the SCI was independently associated with increased odds of reporting RSS in the past 30 days. Further, we found that respondents who reported that being arrested for syringe or paraphernalia possession would be a “big problem” were almost three times as likely to report RSS, suggesting that the severity of legal consequences are salient in the decision making process regarding injection risk behavior.

Our qualitative findings contribute to current understandings by illustrating some of the underlying mechanisms that could explain the association between law enforcement encounters and injection risk behavior. Participants in qualitative interviews highlighted the issue of increased visibility to police. This visibility resulted both from their need to store their injection supplies and inject in public spaces (usually due to being homeless) and from the fact that they were often exhibiting obvious signs of drug withdrawal, which they

believed made them a target for attention from police. Our quantitative finding that homelessness was independently associated with increased odds of RSS is consistent with these qualitative accounts. In other studies among IDUs, homelessness has been associated with an increased probability of being arrested [20]. In mixed methods research with young IDUs in San Francisco, CA, the association between contact with police and access to SEPs has also been explained in light of varying degrees of visibility to police [21, 22]. Our qualitative findings also highlighted how a history of arrest/incarceration influenced participants' current concerns about being caught by police with drug injection paraphernalia. Though it was not retained in the final multivariate model, recent incarceration was also associated with syringe sharing in bivariate analysis.

Police “crackdowns” or “sweeps” have been found to have a negative impact on HIV/HCV risk behavior among IDUs in other areas [23] and law enforcement interference with SEP operation is not uncommon [5, 24]. Taken together, these findings suggest that, despite their reported effects in reducing crime in the targeted areas [25], this type of intensified policing effort might have unintended public health consequences for some of the most marginalized members of the community, by facilitating opportunities for HIV and HCV transmission. Particularly in areas with high concentrations of IDUs, strategies are needed to “align” law enforcement and public health efforts. One suggestion is to provide occupational safety training for police officers to address their concerns about needlestick injuries, while also providing education about syringe access laws [26].

While not directly addressing police behavior, alternative approaches such as “housing first” policies or safer injection facilities may address root issues that contribute to high levels of interaction between homeless drug users and police. The “housing first” approach seeks to shelter homeless drug users prior to any other rehabilitative efforts, thereby promoting a more stable environment in which to address other health concerns and potentially facilitate entry into drug treatment in the future [27]. Safer injection facilities provide sterile injection supplies and safe disposal onsite and out of public spaces. This would remove the hazard of improper disposal of syringes, while reducing HIV and HCV transmission and lowering accidental overdose deaths [28]. Both of these options would help to address concerns about visibility and drug use in public spaces, since they seek to shelter homeless drug users as a precursor to drug use cessation and provide private venues for those who continue using.

These findings should be considered in light of some study limitations. Data for this study were based on self report; therefore, we were unable to corroborate participants' estimates of the number or nature of the arrests and citations they reported. It is also unknown whether the encounters they reported were a direct result of the increased policing associated with the SCI. Due to the cross-sectional nature of our design, we are limited in our ability to determine the order of precedence for the observed associations and cannot compare these associations before and after the implementation of the SCI. Since all of our participants were enrolled in the SEP, we are unable to comment on the generalizability of our findings to other IDUs in the area who do not access the SEP (though it is expected that the effects may be even more profound for those individuals who are not connected to services). Finally, while the SCI is an historical event that is unique to this particular setting, we have shown that research in other settings has yielded similar findings, which increases the generalizability of our results.

Conclusion

The SCI was implemented in 2006 as an effort to improve the conditions in an area of downtown Los Angeles characterized by elevated rates of drug use, homelessness and crime. Six years later, media reports suggest that the increased policing will continue,

despite an ongoing legal battle that has attempted to limit police sweeps in the area [29]. However, without efforts to coordinate public health and law enforcement priorities, ongoing and intensified policing in the area can be expected to have untended public health consequences for some of the community's most vulnerable members.

Acknowledgments

We would like to thank the study participants who provided the data for this report. Thanks are also due to Brett Mendenhall and the field site directors and staff, particularly Mark Casanova and James Hundley. And finally, thanks to Professor Gary Blasi. This study was supported by National Institutes of Health Grants: R36DA024698 (Wagner), K01DA031031 (Wagner), and R01DA027689 (Bluthenthal). The funders had no role in the study design, collection, analysis or interpretation of the data, writing the manuscript, or the decision to submit the paper for publication.

References

1. Burris S, Blankenship KM, Donoghoe M, Sherman S, Vernick JS, Case P, et al. Addressing the "Risk Environment" for Injection Drug Users: The Mysterious Case of the Missing Cop. *Milbank Q.* 2004; 82(1):125–56. [PubMed: 15016246]
2. Burris, S.; Strathdee, SA.; Vernick, JS. [Accessed 13 Jan 2013] Syringe access law in the United States: a state of the art assessment of law and policy. 2002. <http://www.publichealthlaw.net/Research/PDF/syringe.pdf>
3. Friedman SR, Cooper H, Templaski B, Keem M, Friedman R, Flom PL, et al. Relationships of Deterrence and Law Enforcement to Drug-related Harms Among Drug Injectors in US Metropolitan Areas. *AIDS.* 2006; 20:93–9. [PubMed: 16327324]
4. Bluthenthal RN, Kral AH, Lorrwick J, Watters JK. Impact of law enforcement on syringe exchange programs: A look at Oakland and San Francisco. *Med Anthropol.* 1997; 18(1):61–83. [PubMed: 9458668]
5. Davis CS, Burris S, Kraut-Becher J, Lynch KG, Metzger D. Effects of an intensive street-level police intervention on syringe exchange program use in Philadelphia PA. *Am J Public Health.* 2005; 95(2):233–6. [PubMed: 15671455]
6. Miller CL, Firestone M, Ramos R, Burris S, Ramos ME, Case P, et al. Injecting drug users' experiences of policing practices in two Mexican-U.S. border cities: public health perspectives. *Int J Drug Policy.* 2008; 19(4):324–31. [PubMed: 17997089]
7. Martinez AN, Bluthenthal RN, Lorrwick J, Anderson R, Flynn N, Kral AH. The Impact of Legalizing Syringe Exchange Programs on arrests among injection drug users in California. *J Urban Health.* 2007; 84(3):423–35. [PubMed: 17265133]
8. Bluthenthal RN, Kral AH, Erringer EA, Edlin BR. Drug paraphernalia laws and injection-related infectious disease risk among drug injectors. *J Drug Issues.* 1999; 29(1):1–16.
9. Bluthenthal RN, Lorrwick J, Kral AH, Erringer EA, Kahn JG. Collateral damage in the war on drugs: HIV risk behaviors among injection drug users. *Int J Drug Policy.* 1999; 10:25–38.
10. Pollini RA, Brouwer KC, Lozada RM, Ramos R, Cruz MF, Magis-Rodriguez C, et al. Syringe possession arrests are associated with receptive syringe sharing in two Mexico-US border cities. *Addiction.* 2008; 103(1):101–8. [PubMed: 18028520]
11. Kelling, GL.; Wilson, JQ. [Accessed 14 May 2012] Broken windows: the police and neighborhood safety. *Atlantic Monthly.* 1982. <http://www.theatlantic.com/magazine/archive/1982/03/broken-windows/4465/>
12. Los Angeles Police Department. , editor. Central Area Safer Cities Initiative; Manhattan Institute/Milken Institute Policing "Skid Row" Conference; 2008. www.lapdonline.org
13. Los Angeles Police Department. , editor. [Accessed 10 Jan 2013] Central Area Safer Cities Initiative Fact Sheet. Feb 15. 2011 www.lapdpolicy.com.lacity.org/030811/BPC_11-0103.pdf
14. Patton, MQ. Qualitative research & evaluation methods. Thousand Oaks, CA: Sage Publications, Inc.; 2002.

15. Wagner KD, Lankenau SE, Palinkas LA, Richardson JL, Chou CP, Unger JB. The perceived consequences of safer injection: An exploration of qualitative findings and gender differences. *Psychol Health Med*. 2010; 15(5):560–73. [PubMed: 20835966]
16. Garfein RS, Golub ET, Greenberg A, Hagan H, Hanson DL, Hudson SM, et al. A peer-education intervention to reduce injection risk behaviors for HIV and HCV infection in young injection drug users. *AIDS*. 2007; 21(14):1923–32. [PubMed: 17721100]
17. Needle RH, Fisher DG, Weatherby N, Chitwood D, Brown B, Cesari H, et al. Reliability of self-reported HIV risk behaviors of drug users. *Psychol Addict Behav*. 1995; 9(4):242–50.
18. Miles, MS.; Huberman, AM. *Qualitative data analysis: An expanded sourcebook*. 2nd. Thousand Oaks, CA: Sage Publications; 1994.
19. Strauss, AL.; Corbin, J., editors. *Grounded theory in practice*. Thousand Oaks, CA: Sage Publications; 1997.
20. Martinez AN, Bluthenthal RN, Neilands T, Kral AH. Assessing geographic and individual level factors associated with arrests among injection drug users in California. *Health Place*. 2011; 17(6): 1258–65. [PubMed: 21908228]
21. Wagner KD, Davidson PJ, Pollini RA, Strathdee SA, Washburn R, Palinkas LA. Reconciling incongruous qualitative and quantitative findings in mixed methods research: Exemplars from research with drug using populations. *Int J Drug Policy*. 2011; 23(2012):54–61. [PubMed: 21680168]
22. Davidson, PJ. PhD Dissertation. University of California; San Francisco: 2009. *Space, Place, and Young Injecting Drug Users in San Francisco*.
23. Small W, Kerr T, Charette J, Schechter MT, Spittal PM. Impacts of intensified police activity on injection drug users: Evidence from an ethnographic investigation. *Int J Drug Policy*. 2006; 17(2): 85–95.
24. Beletsky L, Grau LE, White E, Bowman S, Heimer R. The roles of law, client race and program visibility in shaping police interference with the operation of US syringe exchange programs. *Addiction*. 2011; 106(2):357–65. [PubMed: 21054615]
25. Berk R, MacDonald J. Policing the homeless: An evaluation of efforts to reduce homeless-related crime. *Criminol Public Policy*. 2010; 9(4):813–40.
26. Beletsky L, Agrawal A, Moreau B, Kumar P, Weiss-Laxer N, Heimer R. Police training to align law enforcement and HIV prevention: preliminary evidence from the field. *Am J Public Health*. 2011; 101(11):2012–5. [PubMed: 21940924]
27. Tsemberis S, Gulcur L, Nakae M. Housing first, consumer choice, and harm reduction for homeless Individuals with a dual diagnosis. *Am J Public Health*. 2004; 94(4):651–6. [PubMed: 15054020]
28. Semaan S, Fleming P, Worrell C, Stolp H, Baack B, Miller M. Potential role of safer injection facilities in reducing HIV and hepatitis C infections and overdose mortality in the United States. *Drug Alcohol Depend*. 2011; 118(2–3):100–10. [PubMed: 21515001]
29. Gorman, A. LA Could Resume Controversial Cleanup Sweeps in Skid Row. *Los Angeles Times*; 2012. latimes.com/news/local/lame-skid-row-violation-20120605,0,3611495.story [Accessed 23 July 2012]

Table 1
Associations between demographics, law enforcement factors and receptive syringe sharing in the past 30 days among syringe exchange program participants in the Skid Row area of Los Angeles, California (*n* = 187)

	Total (<i>n</i> = 187) <i>n</i> (%)	Never (<i>n</i> = 120) <i>n</i> (%)	1 + times (<i>n</i> = 67) <i>n</i> (%)	Odds ratio	95 % CI	<i>p</i> Value
Demographics						
Age [median (IQR)]	44 (34,51) Range 19–67	45 (35,53) Range 21–67	42 (33,50) Range 19–65	0.98	0.95, 1.00	–0.02 0.08
Female	66 (35.3)	45 (37.5)	21 (31.3)	0.76	0.40, 1.44	–0.27 0.40
Race (<i>n</i> = 184)						
White	57 (31.0)	40 (33.9)	17 (25.8)	Ref	–	– –
Black	36 (19.6)	23 (19.5)	13 (19.7)	1.33	0.55, 3.23	0.29 0.53
Hispanic	68 (37.0)	42 (35.6)	26 (39.4)	1.46	0.69, 3.08	0.38 0.33
Asian/Pacific Islander	7 (3.8)	2 (1.7)	5 (7.6)	5.88	1.04, 33.33	1.77 0.05
Native American	12 (6.5)	8 (6.8)	4 (6.1)	1.18	0.31, 4.44	0.16 0.81
Other	4 (2.2)	3 (2.5)	1 (1.5)	0.79	0.08, 8.09	–0.24 0.94
Consider downtown LA/Skid Row home	85 (45.5)	51 (42.5)	34 (50.8)	1.39	0.77, 2.54	0.33 0.29
Ever homeless	144 (77.0)	85 (70.8)	59 (88.1)	3.04	1.32, 7.01	1.11 0.009
Homeless in past 30 days	107 (57.2)	57 (47.5)	50 (74.6)	3.25	1.69, 6.27	1.18 0.004
Spent a night in jail or prison in the past 30 days	48 (25.7)	25 (20.8)	23 (34.3)	1.99	1.02, 3.88	0.69 0.04
Use SEP at least 1×/week	75 (40.1)	51 (42.5)	24 (35.8)	0.76	0.41, 1.40	–0.28 0.37
Injected in a public place past 30 days	130 (69.5)	73 (60.8)	57 (85.1)	3.67	1.71, 7.89	1.30 0.009
HIV-positive (self-report)	14 (7.5)	9 (7.5)	5 (7.5)	0.99	0.32, 3.10	–0.01 0.99
HCV-positive (self-report)	81 (43.3)	49 (48.8)	32 (47.8)	1.33	0.73, 2.42	–0.28 0.36
Law enforcement encounters						
Received at least one citation since Sept 2006	103 (55.7)	63 (52.1)	41 (62.1)	1.51	0.82, 2.79	0.41 0.19
Number of citations since Sept 2006 (<i>n</i> = 103) [median (IQR)]	4 (2, 6) Range 1–36	2.5 (2,5) Range 1–24	5 (3,8) Range 1–36	1.08	1.00, 1.16	0.08 0.04
Most common reason for citation (<i>n</i> = 105)						
Jaywalking or crosswalk violation	55 (52.4)	36 (57.1)	19 (45.2)	Ref	–	– –
Possession of drug paraphernalia	8 (7.6)	4 (6.4)	4 (9.5)	1.90	0.43, 8.43	0.34 0.40
Possession of drugs	12 (11.4)	9 (14.3)	3 (7.1)	0.63	0.15, 2.61	–0.46 0.53
Drug sales	3 (2.9)	1 (1.6)	2 (4.8)	3.79	0.32, 44.53	1.33 0.29

	Total (<i>n</i> = 187) <i>n</i> (%)	Never (<i>n</i> = 120) <i>n</i> (%)	1 + times (<i>n</i> = 67) <i>n</i> (%)	Odds ratio	95 % CI	<i>p</i> Value
Other violations ^a	27 (25.7)	13 (20.6)	14 (33.3)	2.04	0.80, 5.21	0.14
Arrested at least once since Sept 2006	101 (54.3)	59 (49.6)	42 (62.7)	1.71	0.93, 3.15	0.09
No. of arrests since Sept 2006 (<i>n</i> = 101) [median (IQR)]	3 (2, 6) Range 1–69	3 (2, 5) Range 1–69	3.4 (2, 7) Range 0–55	1.02	0.98, 1.06	0.37
The possibility of getting a ticket or being arrested for carrying a needle or cooker influences decision to use a previously used needle (<i>n</i> = 185)	76 (41.1)	40 (33.3)	36 (55.4)	2.48	1.34, 4.61	0.004
It would be a “pretty big” or “very big problem” if I were arrested for carrying a needle or cooker ^b	117 (62.6)	67 (55.8)	50 (74.6)	2.33	1.21, 4.49	0.01

^aE.g., urination, loitering, traffic violations, drunk in public, bicycle violations, prostitution

^bVersus “not much of a problem” or “a little problem”

Table 2
Demographic and law enforcement factors independently associated with receptive syringe sharing (past 30 days) among syringe exchange program participants in the Skid Row area of Los Angeles, California ($n = 185$)

	AdjOR	95 % CI	<i>p</i> Value	
Homeless in past 30 days	2.98	1.50–5.92	1.09	0.002
No. of citations	1.08	1.01–1.15	0.08	0.02
It would be a “pretty big/very big problem” if I were arrested for carrying a needle/cooker ^a	2.63	1.29–5.36	0.97	0.008

^aVersus “not much of a problem” or “a little problem”