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Encounters with private security guards among people who inject drugs in a Canadian setting

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Abstract

Objectives—Private security guards are increasingly regulating public space, including areas within urban drug scenes. We examined the prevalence and correlates of encounters with security guards among people who inject drugs (PWID) in Vancouver, Canada.

Methods—Data were derived from two prospective cohort studies of PWID collected between December 2005 and May 2014. We used multivariable generalized estimating equations to identify factors associated with reporting encounters with private security guards.

Results—Among 1714 participants, 616 (35.9%) reported encounters with security guards over the study period. In multivariable analyses, factors independently and positively associated with security guard encounters included: unstable housing (adjusted odds ratio [AOR] = 1.27); daily non-injection crack use (AOR = 1.35); daily methamphetamine use (AOR = 1.40); street-based income generation (AOR = 1.58); incarceration (AOR = 1.45); experiencing violence (AOR = 1.90); non-fatal overdose (AOR = 1.31); syringe sharing (AOR = 1.45); public injection (AOR = 1.68); and inability to access addiction treatment (AOR = 1.60) (all $p < 0.05$).

Conclusion—Encounters with security guards were independently associated with various measures of vulnerability and drug-related harm. These findings highlight the need for regulatory reforms and broader structural interventions to reduce harm among PWID in this setting.

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Keywords

injection drug use; security guards; policing; generalized estimating equations; Canada

INTRODUCTION

Private security guards are increasingly being contracted by governments and private organizations to regulate space and behaviour in urban areas (Rigakos, 2002). In British Columbia, Canada, the number of security guard licences issued annually by the provincial government has doubled over the last decade. In 2014, there were almost 17,000 licensed security guards in the province, more than twice the number of public police officers (Ministry of Justice, 2015). These security guards are commonly hired to patrol public and semi-public areas frequented by people who inject drugs (PWID), including in Vancouver's Downtown Eastside (DTES) neighbourhood, a postindustrial area with a large open drug market and high levels of injection drug use, poverty and homelessness (Chami et al., 2013). Recent qualitative research suggests that people who use drugs in Vancouver are often subject to discriminatory surveillance, verbal abuse, and physical and sexual violence by private security guards, and that security guard activity may impede their access to healthcare services (Markwick et al., 2015). While these findings are largely consistent with international evidence demonstrating the contribution of public policing to health-related harms among drug-using populations (Kerr, Small & Wood, 2005), we know of no studies that have quantitatively evaluated the role of private security guards in shaping the health of PWID. The present study was therefore undertaken to examine the prevalence and correlates of encounters with security guards, using data from two community-recruited prospective cohorts of PWID in Vancouver, Canada.

METHODS

The Vancouver Injection Drug Users Study (VIDUS) and the AIDS Care Cohort to evaluate Exposure to Survival Services (ACCESS) are two concurrent community-recruited prospective cohort studies of people who use illicit drugs operating in Vancouver, Canada. These cohorts have been described in detail previously (Strathdee et al., 1998; Wood et al., 2001). In brief, participants have been recruited through self-referral, snowball sampling, and street outreach since May 1996. VIDUS is a cohort of HIV-negative adult PWID who have injected illicit drugs at least once in the month prior to enrolment. ACCESS is a cohort of HIV-positive adult drug users who have used illicit drugs other than or in addition to cannabis in the previous month at baseline. VIDUS participants who seroconvert to HIV following recruitment are transferred into the ACCESS study. The two studies employ harmonized data collection and follow-up procedures to allow for combined analyses. Specifically, at baseline visit and semi-annually thereafter, participants complete an interviewer-administered questionnaire and provide blood samples. The questionnaire elicits information about socio-demographic characteristics, drug use and other behavioural patterns, engagement with healthcare services, and experiences with the criminal justice system. At each study visit, participants are provided with an honorarium (\$30 CAD). The

studies have received approval from the University of British Columbia/Providence Health Care Research Ethics Board.

The present analyses were restricted to participants who have ever injected drugs at baseline and completed at least one follow-up visit between December 2005 and May 2014. The primary outcome for this analysis was response to the question: “In the past month, have you had any encounters with security guards?” (yes vs. no). Explanatory variables considered included: age (per year older); gender (men vs. women); ancestry (Caucasian vs. non-Caucasian); DTES residence (yes vs. no); unstable housing (living in a shelter, single room occupancy hotel or homeless; yes vs. no); sex work involvement (yes vs. no); street-based income generation (includes drug dealing, theft, panhandling and recycling; yes vs. no); incarceration (yes vs. no); experienced violence (includes physical and sexual assaults; yes vs. no); non-injection crack use (daily vs. <daily); injection heroin use (daily vs. <daily); injection cocaine use (daily vs. <daily); injection methamphetamine use (daily vs. <daily); heavy alcohol use (yes vs. no); public injection (yes vs. no); non-fatal overdose (yes vs. no); syringe sharing (yes vs. no); and inability to access addiction treatment (yes vs. no). Heavy alcohol use was defined as an average of >3 alcoholic drinks per occasion or >7 drinks per week in the past 6 months for women, and an average of >4 alcoholic drinks per occasion or >14 drinks in total per week in the past 6 months for men (National Institute on Alcohol Abuse and Alcoholism, 2011). Inability to access addiction treatment was defined as response to the question, “In the last 6 months, have you ever tried to access any treatment program but were unable?” Unless otherwise indicated, all variables refer to events in the six month period preceding the interview date and were treated as time-updated based on semi-annual study follow-up visits.

Since analyses of factors associated with the outcome of interest included repeated measures for each subject, we used generalized estimating equations (GEE) for binary outcomes with logit link function and exchangeable working correlation structure for the analysis of correlated data to determine factors associated with security guard encounters. Therefore, data from every participant follow-up visit were considered. Univariable GEE analyses were conducted to obtain unadjusted odds ratios and 95% confidence intervals for each explanatory variable of interest. A multivariable model was then fit using an *a priori*-defined statistical protocol based on examination of the quasi-likelihood under the independence model criterion (QIC) for GEE and *p*-values (Pan, 2001). First, a preliminary model was constructed including all variables significant in univariable analyses at $p < 0.10$. Each variable with the highest *p*-value was then removed sequentially, with the final model including the set of variables associated with the lowest QIC.

As a sub-analysis, we used descriptive statistics to analyze responses to the follow-up question, “If yes [you have had any encounters with a security guard], what happened?” Response options included: told to move on; searched; chased; verbally abused; detained; assaulted; property taken; other (specify). Participants could provide more than one response. We conducted all statistical analyses with SAS version 9.4 (SAS Institute Inc., Cary, NC), and all *p*-values are 2-sided.

RESULTS

Between December 2005 and May 2014, 1714 PWID met the inclusion criteria for this analysis, including 583 (34.0%) women. The median age was 42 years (interquartile range: 36–48). In total, 616 (35.9%) reported having at least one encounter with a security guard over the eight-year study period. Of the total 14957 observations, there were 1172 observations of encounters with security guards.

Table 1 shows the results of univariable and multivariable GEE analyses. As shown, in the multivariable analysis, factors independently and positively associated with security guard encounters included Caucasian ancestry (adjusted odds ratio [AOR] = 1.59; 95% confidence interval [CI]: 1.32–1.91); unstable housing (AOR = 1.27; 95% CI: 1.07–1.51); daily non-injection crack use (AOR = 1.35; 95% CI: 1.16–1.58); daily methamphetamine use (AOR = 1.40; 95% CI: 1.05–1.88); street-based income generation (AOR = 1.58; 95% CI: 1.34–1.86); incarceration (AOR = 1.45; 95% CI: 1.21–1.73); experiencing violence (AOR = 1.90; 95% CI: 1.63–2.21); non-fatal overdose (AOR = 1.31; 95% CI: 1.03–1.66); syringe sharing (AOR = 1.45; 95% CI: 1.25–1.70); public injection (AOR = 1.68; 95% CI: 1.43–1.97); and inability to access addiction treatment (AOR = 1.60; 95% CI: 1.28–2.00). Age (AOR = 0.98; 95% CI: 0.97–0.99) was independently and negatively associated with the outcome.

In the sub-analysis, of the 1172 observations of encounters with security guards, participants most commonly reported that they were told to move on (70.6%); verbally abused (15.6%); assaulted (7.6%); detained (5.4%); or chased (5.1%) by security guards in these encounters.

DISCUSSION

We found that more than one third of a sample of PWID in Vancouver, Canada reported having at least one encounter with a security guard over the eight-year study period. Exposure to security guards was associated with a range of markers of vulnerability and drug-related harm including unstable housing, high-intensity non-injection crack and methamphetamine use, as well as street-based income generation, recent incarceration, experiencing violence, non-fatal overdose, syringe sharing, public injection, and inability to access addiction treatment. Participants most commonly reported being: told to move on, verbally abused, or assaulted in encounters with security guards.

The present study raises concerns about security guard practices in Vancouver since our descriptive findings suggest that security guards might be overstepping their legal authority when interacting with PWID, including controlling access to public space and using excessive force, despite having no formal authoritative powers beyond those afforded to other private citizens (Bennett, 2013; Markwick et al., 2015). Of additional concern are our findings suggesting that PWID who have contact with security guards commonly possess various markers of marginalization and immersion in the open drug scene, including unstable housing and engagement in street-based income generating activities, public injection and syringe sharing. Consistent with previous studies of public policing among PWID (Cooper et al., 2005; Rhodes, Platt, et al., 2006), these individuals may be particularly vulnerable to security guard policing since they are more likely to spend time in public

settings and be seen consuming drugs, intoxicated or engaging in prohibited activities. However, our finding of an association between security guard contact and high-risk drug use behaviours also aligns with previous studies suggesting that drug market policing may contribute to risky drug use practices among PWID. For instance, intensified public police presence has been shown to promote rushed injections, increasing the risk of overdose and other injection-related harms (Maher & Dixon, 1999), and to impede access to sterile injection equipment from harm reduction services (Small et al., 2006), which in turn may contribute to syringe sharing (Perngmark, Vanichseni & Celentano, 2008). In addition, we found that security guard contact was positively associated with inability to access addiction treatment. This finding likely reflects the particular vulnerability and health needs of this population, but is also consistent with a recent qualitative study of people who use drugs in Vancouver, which found that private security guard activities may deter healthcare access (Markwick et al., 2015). As well, our study revealed that PWID who reported security guard contact were also more likely to experience violence. This may be because PWID who have contact with security guards are more likely to be socially disadvantaged and involved in the open drug scene, and are therefore susceptible to violence (Erickson, 2001; Marshall et al., 2008). However, this association may be partly explained by the use of force by security guards against PWID as well as the disruption of drug dealing activities that comes with intensified drug market policing (Kerr et al., 2005). For example, drug deals may be conducted more quickly in areas with concentrated security presence, increasing the likelihood of “bunking” (selling fake or low quality drugs) (Aitken et al., 2002). Since buyers have no recourse to legal authorities to resolve disputes with sellers, they may resort to violence in such instances.

Collectively, these findings point to the need for additional research to further explore the relationship between security guard exposure and the markers of vulnerability and harm identified in this study, especially given that the associations observed herein are consistent with findings focused on drug market policing (Kerr et al., 2005; Maher et al., 1999; Small et al., 2006). However, accounts of specific interactions with security guards also suggest that reforms may be needed to ensure that security guards do not overstep authoritative boundaries. For instance, laws regulating the private security industry should be amended to explicitly detail the limited powers of security guards, including their limited legal authority to control access to public space and use force (Bennett, 2013; Markwick et al., 2015). In addition, given that security guard exposure was associated with various markers of marginalization, including unstable housing and public injection, greater resources should be directed toward evidence-based structural interventions that address such contextual determinants of harm among PWID, including efforts to expand access to stable housing and supervised injection facilities (Degenhardt et al., 2010; Rhodes, Kimber, et al., 2006).

This study has limitations. First, both VIDUS and ACCESS cohorts are non-randomized samples and therefore our findings may not be generalizable to PWID in local or other settings. Second, the study relied on self-reported data and therefore may be subject to reporting biases, including social desirability and recall biases. Lastly, the temporality of relationships between security guard exposure and the factors considered herein cannot be fully determined.

In summary, over one third of PWID in our study reported encounters with security guards over the eight-year study period. These individuals most often reported being told to move on, verbally abused, or assaulted in these encounters. A range of markers of vulnerability and drug-related harm were independently associated with security guard exposure. These findings raise concerns that security guards may be overstepping their legal boundaries in their interactions with PWID and suggest the need for further research in this area as well as regulatory reforms and broader structural interventions to address determinants of risk and harm among PWID in this setting.

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HIGHLIGHTS

We examined encounters with security guards among people who inject drugs (PWID).

Over one third of PWID reported having at least one encounter with a security guard.

Security guard encounters often involved physical and verbal abuse.

Various markers of vulnerability and harm were associated with security guard encounters.

The findings suggest a need for structural interventions to reduce harm among PWID.

Table 1

Univariable and Multivariable GEE[‡] analyses of factors associated with encounters with security guards among 1714 people who inject drugs, Vancouver, Canada, 2006–2014

Characteristic	Unadjusted		Adjusted	
	Odds Ratio (95% CI)	p - value	Odds Ratio (95% CI)	p - value
Age				
(per year older)	0.96 (0.95 – 0.97)	<0.001	0.98 (0.97 – 0.99)	0.002
Gender				
(men vs. women)	1.29 (1.07 – 1.56)	0.009	1.21 (0.99 – 1.47)	0.068
Ancestry				
(Caucasian vs. non-Caucasian)	1.62 (1.35 – 1.95)	<0.001	1.59 (1.32 – 1.91)	<0.001
DTES[†] residence				
(yes vs. no)	1.43 (1.21 – 1.70)	<0.001		
Unstable housing				
(yes vs. no)	1.84 (1.55 – 2.17)	<0.001	1.27 (1.07 – 1.51)	0.007
Sex work involvement[*]				
(yes vs. no)	1.54 (1.25 – 1.90)	<0.001		
Street-based income generation[*]				
(yes vs. no)	2.62 (2.26 – 3.03)	<0.001	1.58 (1.34 – 1.86)	<0.001
Incarceration[*]				
(yes vs. no)	2.51 (2.11 – 2.98)	<0.001	1.45 (1.21 – 1.73)	<0.001
Non-injection crack use[*]				
(daily vs. <daily)	2.12 (1.85 – 2.43)	<0.001	1.35 (1.16 – 1.58)	<0.001
Injection heroin use[*]				
(daily vs. <daily)	1.83 (1.55 – 2.16)	<0.001		
Injection cocaine use[*]				
(daily vs. <daily)	1.48 (1.17 – 1.85)	<0.001		
Methamphetamine use^{§A}				
(daily vs. <daily)	1.77 (1.30 – 2.41)	<0.001	1.40 (1.05 – 1.88)	0.023
Heavy alcohol use[*]				

Characteristic	Unadjusted		Adjusted	
	Odds Ratio (95% CI)	p - value	Odds Ratio (95% CI)	p - value
(yes vs. no)	1.26 (1.07 – 1.48)	0.004	1.16 (0.97 – 1.39)	0.096
Public injection *				
(yes vs. no)	3.00 (2.58 – 3.48)	<0.001	1.68 (1.43 – 1.97)	<0.001
Non-fatal overdose *				
(yes vs. no)	1.98 (1.57 – 2.51)	<0.001	1.31 (1.03 – 1.66)	0.028
Syringe sharing *				
(yes vs. no)	2.37 (2.06 – 2.72)	<0.001	1.45 (1.25 – 1.70)	<0.001
Inability to access addiction treatment *				
(yes vs. no)	1.99 (1.61 – 2.47)	<0.001	1.60 (1.28 – 2.00)	<0.001
Experience violence *				
(yes vs. no)	2.67 (2.31 – 3.08)	<0.001	1.90 (1.63 – 2.21)	<0.001

[‡] GEE: Generalized estimating equations

[†] DTES: Downtown Eastside

[^] Includes injection and non-injection use

* Refers to the 6-month period prior to the interview