

Police encounters among people who inject drugs in Toronto, Canada

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Background

- Several cities across Canada are considering or have implemented the decriminalization of personal possession of drugs. However, gaps remain in understanding how traditional policing practices may influence health disparities across diverse substance-using populations.
- We sought to characterize the demographic, structural, and drug use correlates of police contact, and police violence in an urban cohort of people who inject drugs in Toronto, Canada.

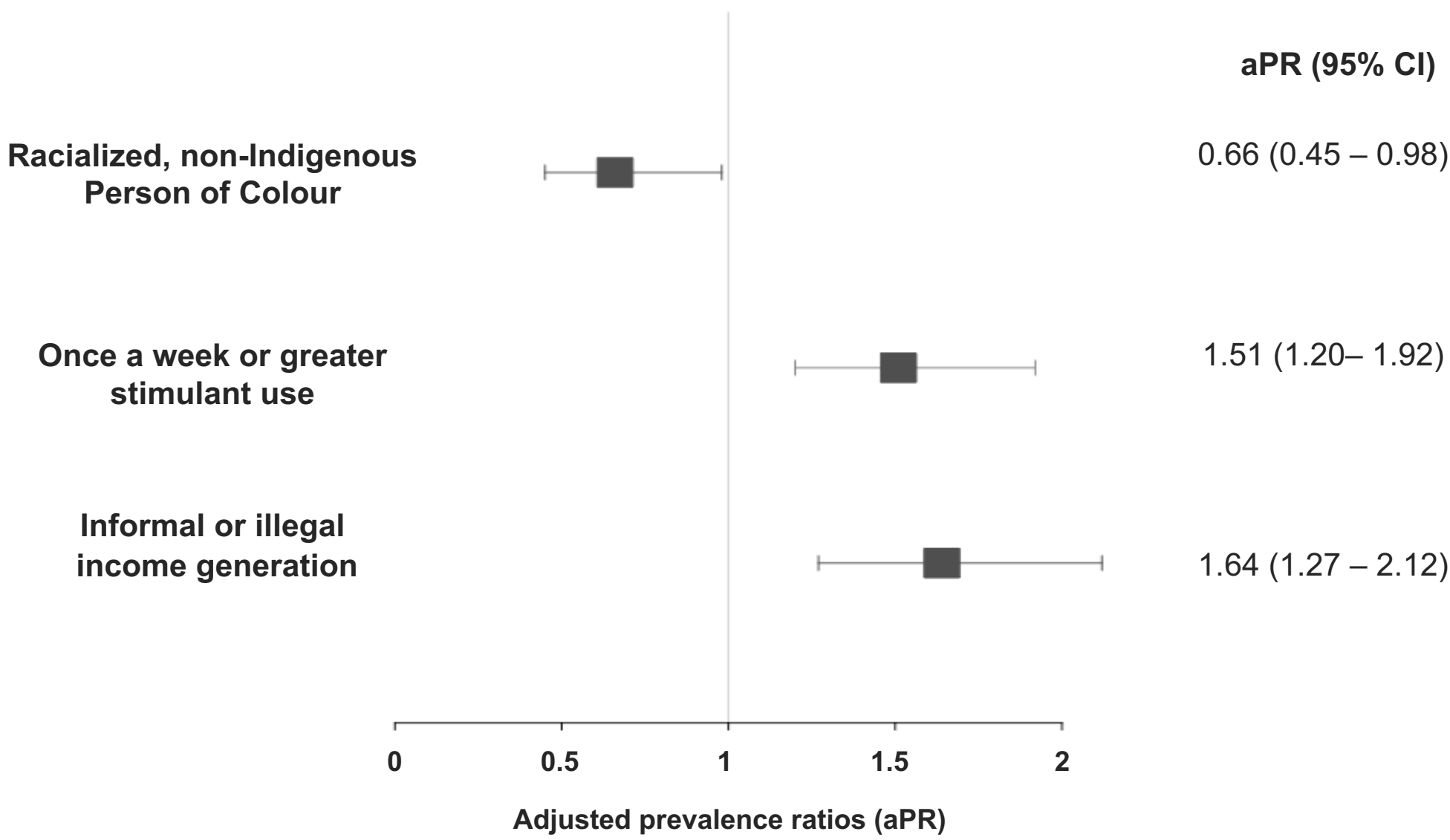
Methods

- Quantitative survey data were obtained from the Toronto Disparities, Overdose, and Treatment (T-DOT) study, Toronto-based prospective cohort of people who inject drugs.
- Eligibility criteria included individuals who completed a study visit between November 2019 and February 2023. Data were restricted to the most recent interview provided by participants.
- We estimated covariate-adjusted prevalence ratios (PR) using modified Poisson regression.
- Outcomes were defined as past six-month experiences of a) any police contact and b) physical force perpetrated by police.

Results

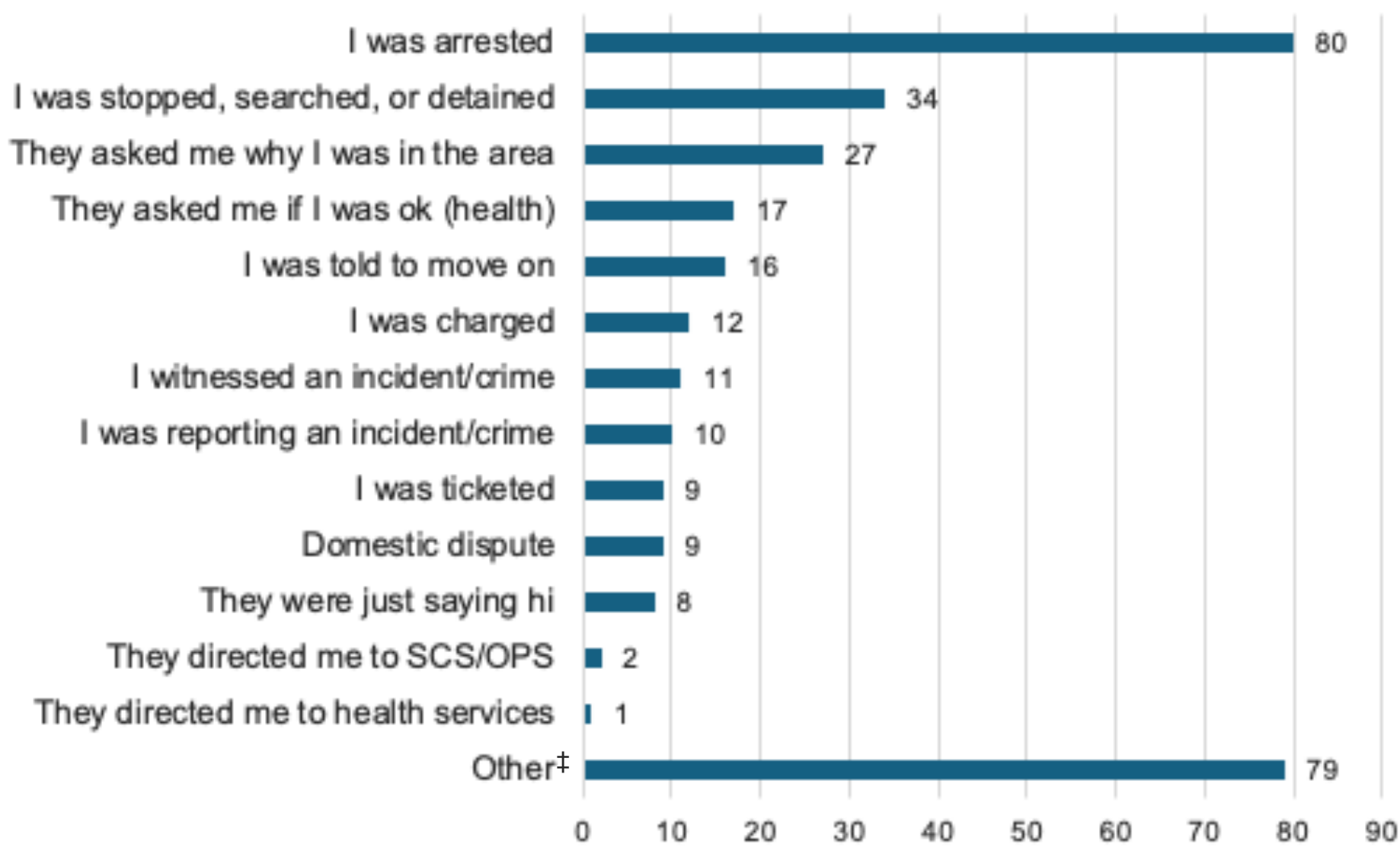
- Among **420 participants**, the median age was 39.5 (range: 20.0-75.0), 258 (61.4%) were men, and **228 (54.3%) reported recent contact with police** among whom **nearly one-quarter (n=54) had greater than six police interactions**, and **one-third (n=76) reported experiencing police physical force**.

Figure 1. Factors significantly associated with having recent contact with police (adjusted for demographic, structural, and drug use correlates)[†] (n = 420).



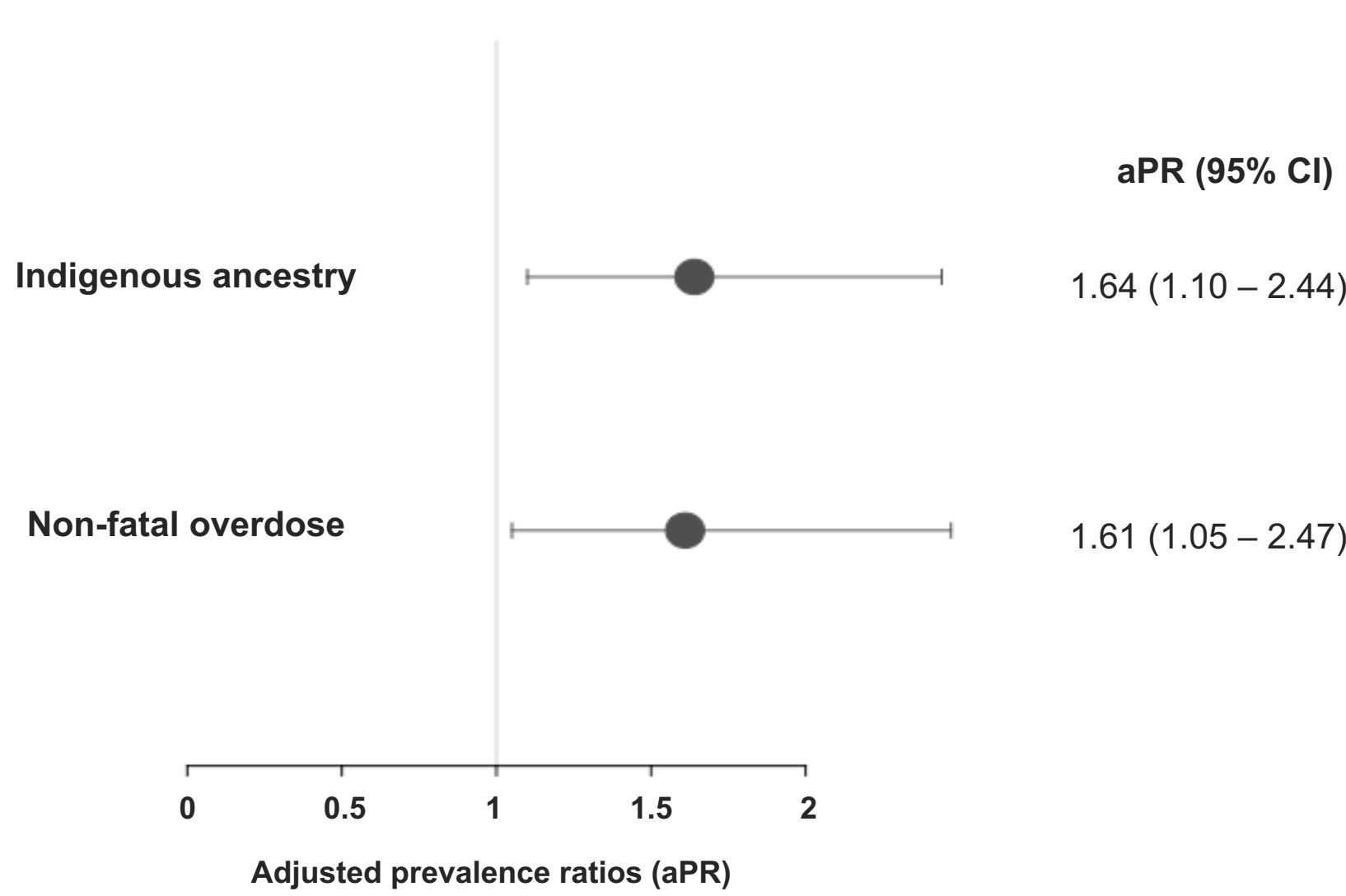
[†]Final model adjusted for age, gender, ethnicity, sexual orientation, neighbourhood of residence, housing status, type of income generation engagement, drug use patterns and behaviours, and non-fatal overdose.

Figure 2. Nature of police interaction among those reporting recent contact with police[†] (n=228).



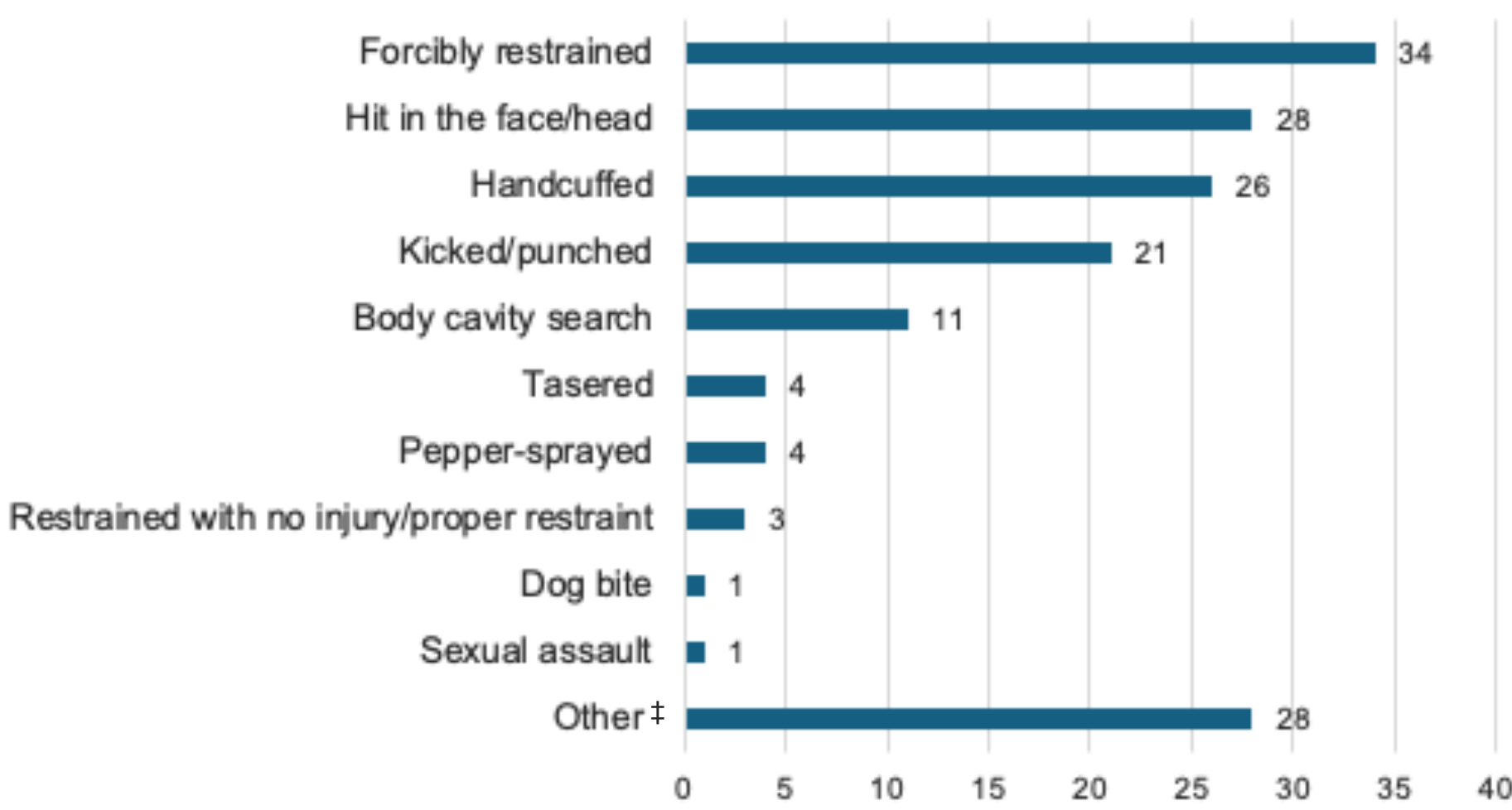
[†] Participants could select more than one response option.
[‡] Other responses include experiencing or witnessing an overdose, experiencing a mental health crisis, having an outstanding warrant, and public injecting.

Figure 3. Factors significantly associated with experiencing recent police physical force (adjusted for demographic, structural, and drug use correlates)[†] (n = 228).



[†]Final model adjusted for age, gender, ethnicity, sexual orientation, neighbourhood of residence, housing status, type of income generation engagement, drug use patterns and behaviours, and non-fatal overdose.

Figure 4. Nature of police violence among those reporting recent experiences of physical force by police[†] (N=76).



[†] Participants could select more than one response option.
[‡] Other response includes being pushed and shoved, being grabbed, and having bones broken.

Conclusions

- Among people who inject drugs with recent police contact, a high proportion reported having experienced police violence, with Indigenous participants and those experiencing recent non-fatal overdose at greatest risk of exposure.
- Our findings highlight the need to examine the contribution of drug policy to systemic discrimination. Policy reform should prioritize reducing the impact of policing practices from undermining the health, safety, and wellbeing of equity-deserving people who inject drugs.

Acknowledgements

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Declarations of Competing Interest

Dan Werb is a founder of DoseCheck, a commercial entity developing a mobile drug checking technology.

Abbreviations: aPR (adjusted prevalence ratio); OPS (overdose prevention site); PR (prevalence ratio); SCS (supervised consumption site); T-DOT (Toronto Disparities, Overdose and Treatment)