Public Bathroom Drug Use Study in New York City

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New York City has between 40,000 – 120,000 injection drug users and an increasing homeless population\textsuperscript{1, 2}. Public injection contributes to the propagation of physical and social harm to both individuals and their community\textsuperscript{3, 4}. The most recent National HIV Behavioral Health Surveillance Study suggests that public bathrooms are one of the most frequently used public injection locations in New York City\textsuperscript{5}. Using convenience sampling, 86 business managers were interviewed and 58\% encountered drug use in their customer bathrooms in the past 6 months. Nearly half of these managers also received customer complaints about drug use occurring in their bathrooms. Managers have also found discarded paraphernalia contaminated with blood in their bathrooms, putting both employees and customers at risk for blood-borne infections such as HIV and Hepatitis C. Encounters were recorded in all five boroughs with the most occurring in the South Bronx and East Harlem; neighborhoods with some of the highest drug overdose death rates in the city\textsuperscript{6}. Only managers who directly encountered persons using drugs in the customer bathroom were included in this study. However, many managers noted indirect evidence of drug use such as finding used syringes and paraphernalia as well as having to respond to customer complaints about abnormally long bathroom usage. Results from this pilot study will be used to guide further public injection research.

“58\% [of managers] encountered drug use in their customer bathrooms in the past 6 months.”

- Dark Brown Markers: businesses that have encountered drug use in their customer bathrooms within the past 6 months
- Tan Markers: businesses that have not encountered drug use in their customer bathrooms within the past 6 months

Of the managers that have encountered people using drugs in their customer bathrooms...

- 44\% received customer complaints about drug use occurring in their customer bathrooms
- 34\% have encountered syringes in their customer bathrooms; 23\% of drug paraphernalia discovered was contaminated with blood putting both employees and customers at risk for infections
- 25\% have called 911 due to drug use in their customer bathrooms in the past 6 months
- 14\% of 911 calls were made because someone was unresponsive in the customer bathroom
- Only 8\% have received overdose reversal training though 64\% believe overdose reversal training would be useful
Policy & Program Recommendations

- Supervised Injection Facilities (SIF) are healthcare facilities that have been shown to reduce public injection and public discarding of drug paraphernalia\textsuperscript{7-11}. Additionally, SIFs reduce the transmission of HIV, Hepatitis C as well as fatal drug overdoses\textsuperscript{11-13}. The operation of SIFs do not lead to an increase in crime or youth drug use and have also been shown to be a cost-effective public health response to injection drug use\textsuperscript{14-18}. Nearly 100 SIFs operate throughout the world in 66 cities and are supported by evidence-based research\textsuperscript{19}. SIFs in New York City would not only be advantageous for people who inject drugs but also for local businesses which are not prepared to respond to drug overdoses and may lose business as a result of drug use occurring in their bathrooms.

- The criminalization of people who use drugs and the housing and homelessness crisis in New York City are root causes of public injection drug use, which can lead to increased risk of sharing paraphernalia, rushed injection, and arrest\textsuperscript{20, 21}. Access to affordable housing, as well as integrated supportive services including mental and behavioral health care, are key components to reducing the prevalence of public injection drug use and its effects.

*This pilot study was independently conducted by Dr. Wolfson-Stofko and the views and opinions expressed are solely his. This study is currently ongoing and this brief only reports on the pilot data. Please contact the author directly for any further use of the material and data presented in this brief at bwstofko@gmail.com*
References


