

The relationship between violence and engagement in drug dealing and sex work among street-involved youth

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ABSTRACT

OBJECTIVES: Street-involved youth are highly vulnerable to violence. While involvement in income-generating activities within illicit drug scenes is recognized as shaping youths' vulnerability to violence, the relative contributions of different income-generating activities remain understudied. We sought to examine the independent effects of drug dealing and sex work on experiencing violence among street-involved youth.

METHODS: Data were derived from a prospective cohort of street-involved youth aged 14–26 who used drugs in Vancouver, British Columbia, between September 2005 and May 2014. Multivariable generalized estimating equations were used to examine the impact of involvement in drug dealing and sex work on experiencing violence.

RESULTS: Among 1,152 participants, including 364 (31.6%) women, 740 (64.2%) reported having experienced violence at some point during the study period. In multivariable analysis, involvement in drug dealing but not sex work remained independently associated with experiencing violence among females (adjusted odds ratio [AOR]: 1.43; 95% confidence interval [CI]: 1.08–1.90) and males (AOR: 1.50; 95% CI: 1.25–1.80), while involvement in sex work only was not associated with violence among females (AOR: 1.15; 95% CI: 0.76–1.74) or males (AOR: 1.42; 95% CI: 0.81–2.48).

CONCLUSION: Findings indicate that involvement in drug dealing is a major factor associated with experiencing violence among our sample. In addition to conventional interventions, such as addiction treatment, novel approaches are needed to reduce the risk of violence for drug-using youth who are actively engaged in drug dealing. The potential for low-threshold employment and decriminalization of drug use to mitigate violence warrants further study.

KEY WORDS: Drug abuse; drug trafficking; sex workers; violence; homeless youth

La traduction du résumé se trouve à la fin de l'article.

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Typically unstably housed, street-involved youth are vulnerable to an array of health-related harms, including violence and the associated adverse health consequences.¹ The number of street-involved youth in Canada has increased dramatically since the 1980s.^{1,2} Recent national estimates indicated that approximately 1 in 230 Canadians used an emergency shelter per year, and of these, youth aged 16–24 accounted for 20%.^{2,3} In addition, the size of the “hidden homeless” population (i.e., non-shelter users) is likely much bigger, with a conservative estimate suggesting that it is three times that of shelter users.³

In general, youth are almost 15 times more likely to be victims of violence than the general adult population in Canada.⁴ The rates of experiencing violence are further elevated among street-involved youth; previous studies reported that 82% of homeless youth in Toronto had experienced violence during the past year, and 48% of street-involved youth in Vancouver had experienced violence during the previous six months.^{5,6} While immediate adverse health consequences of victimization include physical injuries or death, experiencing violence has also been associated with an array of psychiatric and psychological disorders, suicidal behaviour, substance use, and high-risk sexual behaviour, all of which may have a lasting impact on mortality and morbidity throughout adulthood.⁷ These negative health sequelae of violence have prompted the World Health Organization to call for greater public health efforts to prevent violence and associated harms.⁷

Previous research suggests that for street-involved youth, not just being homeless but a variety of other factors as well are associated with their experiencing violence. For instance, street-involved youth are known to have high rates of substance use, and frequent alcohol use has been associated with falling victim to violence.⁶ Further, it has been shown that youth who have experienced childhood abuse or mental health disorders are more likely to be victims of violence.⁸ Another key social factor that has been consistently identified as a significant correlate of experiencing violence is involvement in informal income-generation activities,

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such as drug dealing and sex work.^{5,6,8} Previous studies have suggested that limited employment opportunities condition street-involved youth to resort to informal income-generation activities for subsistence, which in turn serve to constrain their access to safety measures and increase their vulnerability to violence.^{5,9}

While many factors have been indicated as risk factors for experiencing violence and might be interrelated, few studies have estimated the independent impact of informal income-generation activities on the likelihood of being a victim of violence, adjusting for the effect of other potential individual, social, structural and environmental confounders. As well, the relative contributions of different income-generating activities remain understudied. Such a study would help inform the development and refinement of interventions to reduce violence among vulnerable street-involved youth. As such, we sought to examine the relationship between engagement in drug dealing and sex work and being a victim of violence among street-involved youth who use illicit drugs in Vancouver, British Columbia.

METHODS

Data for this study were derived from the At Risk Youth Study (ARYS). ARYS is an open prospective cohort study of street-involved youth who use illicit drugs in Vancouver. The study methods have been described in detail previously.¹⁰ In brief, study recruitment involves extensive street-based outreach and snowball sampling. To be eligible, participants must: provide written informed consent, have used illicit drugs other than marijuana in the previous month, be between the ages of 14 and 26, and be street-involved. Street involvement is defined as being absolutely or temporarily without stable housing, or having accessed street-based youth services in the previous six months. At baseline and subsequent semi-annual follow-up interviews, participants complete an interviewer-administered questionnaire, which includes items on socio-demographic information, drug use patterns, sexual and drug-related risk behaviours, and engagement with the criminal justice system and health and social services. After each visit, participants are provided with compensation in the amount of \$30 CAD. The ARYS cohort has been approved by the University of British Columbia/Providence Healthcare Research Ethics Board.

For the current longitudinal data analysis, the sample was restricted to ARYS participants who had completed a baseline interview between September 1, 2005 and May 31, 2014. We used data collected at both baseline and any subsequent follow-ups in the analysis. The outcome of interest was having experienced violence in the previous six months (yes vs. no), ascertained through the question "Have you been attacked or assaulted (including sexual assault), or suffered any kind of violence in the past six months?" The variable definition was consistent with a previous study.⁶ For those who experienced violence, we also asked them what was (or were) the type(s) of violence and who was (or were) the perpetrator(s).

The variable selection for this study was informed by the "Risk Environment" framework, which suggests that a range of individual, social, structural and environmental factors interact with each other to shape the production of drug-related harm.¹¹ The primary explanatory variable of interest was involvement in drug dealing and/or sex work in the past six months. This variable

had four categories: involvement in both drug dealing and sex work; involvement in drug dealing but not sex work; involvement in sex work but not drug dealing; and as the reference category, involvement in neither of the two. As in a previous study, sex work was defined as having exchanged sex for gifts, food, clothing, shelter, money or drugs.¹²

We also selected a range of secondary explanatory variables that we hypothesized might confound the relationship between involvement in drug dealing and/or sex work, and being a victim of violence. These included such demographic characteristics as year of age, ancestry (Caucasian vs. other), and being in a stable relationship at the time of the interview (i.e., being married or having a regular partner) (yes vs. no), as well as a self-reported history of diagnosed mental illness (any vs. none). As previous studies have suggested that high-intensity and/or risky substance use patterns might increase vulnerability to violence as well as prolong involvement in informal income-generation activities,^{6,13,14} we considered substance-using behaviours as potential confounders. These included injection or non-injection use of heroin, cocaine, crack cocaine and methamphetamine respectively (all: daily vs. <daily); injection drug use (yes vs. no); binge drug use, defined as having an episode of using drugs via injection or non-injection more than usual during the previous six months (yes vs. no); binge alcohol use, defined as having an episode of consuming alcohol more than usual during the previous six months (yes vs. no); and receiving assistance with injecting drugs (yes vs. no). Other social, structural and environmental factors included homelessness (yes vs. no), residency in Vancouver's Downtown Eastside (i.e., the city's open drug scene epicentre) (yes vs. no), incarceration (yes vs. no) and childhood emotional abuse assessed at baseline with the Childhood Trauma Questionnaire (CTQ) subscale (moderate to extreme [a CTQ subscale score of ≥ 13] vs. none to moderate [a CTQ subscale score of < 13]). A subscale for the childhood emotional abuse was chosen based on a previous study showing an independent association with being a victim of violence.¹⁵ All behavioural variables referred to the previous six months unless otherwise stated, and were treated as time-varying variables.

As a first step, we examined sex-based differences in baseline characteristics of our sample, using the Pearson's χ^2 test (for categorical variables) and the Wilcoxon rank sum test (for continuous variables). Since there were significant differences in the primary explanatory variable and the outcome by sex, all subsequent univariable and multivariable analyses were stratified by sex. Next, we used the generalized estimating equation (GEE) for the binary outcome with logit link to examine the univariable and multivariable associations with the aforementioned primary and secondary explanatory variables and being a victim of violence. This method of regression modeling allowed us to account for correlation between covariates from the same individual over time and examine the population-averaged effects of each variable on experiencing violence independently. To deal with uneven follow-up, we used the exchangeable working correlation structure, which assumes that the correlation between any pair of measurements on the same individual is the same. GEE models also assumed that missing assessments were missing completely at random. To account for possible confounding and calculate the best effect estimate, we fit a multivariable model using

Table 1. Baseline sample characteristics, stratified by sex (n = 1152)

Characteristic	Total n (%) 1152 (100)	Females n (%) 364 (31.6)	Males n (%) 788 (68.4)	Odds ratio (95% CI)	p-value
Involvement in drug dealing and sex work*				1.00	
Neither	510 (44.3)	174 (47.8)	336 (48.2)		
Sex work but not drug dealing	42 (3.6)	20 (5.5)	22 (2.8)	1.76 (0.93–3.31)	0.081
Drug dealing but not sex work	522 (45.3)	125 (34.3)	397 (50.4)	0.61 (0.46–0.80)	<0.001
Both	78 (6.8)	45 (12.4)	33 (4.2)	2.63 (1.62–4.28)	<0.001
Median age (IQR)	22 (20–24)	21 (19–23)	22 (20–24)		<0.001
Caucasian	780 (67.7)	236 (64.8)	544 (69.0)	0.83 (0.64–1.08)	0.157
Currently in a stable relationship	313 (27.2)	146 (40.1)	167 (21.2)	2.48 (1.89–3.25)	<0.001
Homelessness*	848 (73.6)	244 (67.0)	604 (76.6)	0.61 (0.47–0.81)	<0.001
DTES residency*	325 (28.2)	105 (28.8)	220 (27.9)	1.05 (0.80–1.38)	0.745
Daily heroin use*†	117 (10.2)	47 (12.9)	70 (8.9)	1.52 (1.02–2.25)	0.037
Daily cocaine use*†	36 (3.1)	9 (2.5)	27 (3.4)	0.72 (0.34–1.55)	0.398
Daily crack use*†	180 (15.6)	54 (14.8)	126 (16.0)	0.91 (0.65–1.29)	0.606
Daily methamphetamine use*†	142 (12.3)	54 (14.8)	88 (11.2)	1.39 (0.97–2.01)	0.073
Injection drug use*	366 (31.8)	132 (36.3)	234 (29.7)	1.34 (1.03–1.75)	0.027
Binge drug use*†	530 (46.0)	169 (46.4)	361 (45.8)	1.02 (0.80–1.31)	0.872
Binge alcohol use*	122 (10.6)	35 (9.6)	87 (11.0)	0.86 (0.57–1.30)	0.470
Require help injecting*	128 (11.1)	60 (16.5)	68 (8.6)	2.08 (1.43–3.02)	<0.001
Mental illness ever	766 (66.5)	269 (73.9)	497 (63.1)	1.66 (1.26–2.18)	<0.001
Incarceration*	204 (17.7)	46 (12.6)	158 (20.1)	0.57 (0.40–0.82)	0.002
Childhood emotional abuse‡	549 (47.7)	216 (59.3)	333 (42.3)	2.05 (1.58–2.65)	<0.001
Experienced violence*	531 (46.1)	151 (41.5)	380 (48.2)	0.76 (0.59–0.98)	0.033

Note: CI = confidence interval; IQR = interquartile range; DTES = Downtown Eastside.

* Denotes activities in the previous six months.

† Refers to any route of consumption (i.e., sniffing, snorting, smoking or injecting).

‡ Moderate to extreme childhood emotional abuse as assessed by the Childhood Trauma Questionnaire.

an a priori-defined modeling strategy proposed by Greenland et al.¹⁶ We used a conservative *p*-value of 0.10 in the univariable analyses to determine whether a secondary explanatory variable was considered as a potential confounder in the relationship between the primary explanatory variable and the outcome and for inclusion in a full multivariate model. Then, reduced models were constructed in a manual stepwise approach, removing a single secondary explanatory variable each time. Specifically, the value of the coefficient for the primary explanatory variable in the full model and each reduced model was compared, and the secondary explanatory variable corresponding to the smallest relative change was removed. The process was repeated until the smallest relative change in the coefficient for any category of the primary explanatory variable from the full model was greater than 5%. In a sub-analysis, we replaced the primary explanatory variable with an interaction term for sex work and drug dealing involvement (and dummy variables for these two activities) in the final multivariable models to examine whether the effect of drug dealing (or sex work) on violence might differ depending on the involvement in sex work (or drug dealing). All *p*-values were two-sided. All statistical analyses were performed using SAS software version 9.3 (SAS, Cary, NC).

RESULTS

A total of 1,152 participants were included in the study. Of these, the median age at baseline was 21.8 years (interquartile range [IQR]: 19.8–23.6), and 364 (31.6%) were female. In this sample, 368 (31.9%) had a baseline assessment only, and the remaining 784 (68.1%) were followed for a median of 24.6 (IQR: 13.4–53.1) months. At baseline, 531 (46.1%) individuals reported having experienced violence in the past six months, and 740 (64.2%) reported having experienced violence at some point during the study period. The most commonly reported types of violence

experienced included beating (71.7%), attacked with weapons (club, knife, belt, etc.) (19.5%), robbery (rolling for drugs or money) (7.4%), strangled (5.5%), and sexual assault including rape (3.9%). The most commonly reported perpetrators of violence consisted of strangers (45.8%), police officers (18.8%), acquaintances (16.3%), friends (15.3%), and intimate partners/ex-partners, including husband/wife, boyfriend/girlfriend and regular sex partner (13.5%). Table 1 provides further information on the baseline characteristics of the sample stratified by sex. As shown, at baseline, males were more likely than females to experience violence and engage in drug dealing but not sex work in the previous six months, while females were more likely to engage in both drug dealing and sex work in the previous six months (all *p* < 0.05).

The results of the univariable and multivariable GEE analyses of factors associated with experiencing violence are shown in Table 2. As shown, among females, compared to the reference category (i.e., involvement in neither of the two), involvement in drug dealing only was the only category that remained independently associated with experiencing violence in the final multivariable GEE model (adjusted odds ratio [AOR]: 1.43; 95% confidence interval [CI]: 1.08–1.90). Among males, involvement in drug dealing only (AOR: 1.50; 95% CI: 1.25–1.80), and involvement in both drug dealing and sex work (AOR: 1.74; 95% CI: 1.00–3.03) remained independently associated with experiencing violence in the final multivariable GEE model. In sub-analysis, the interaction between drug dealing and sex work involvement was not statistically significant among females (*p* = 0.505) or males (*p* = 0.618).

DISCUSSION

We found a high prevalence of violence among our sample of drug-using, street-involved youth in Vancouver, BC, with two thirds having been a victim of violence during an average of two years follow-up. In multivariable analysis, after adjusting for a

Table 2. Univariable and multivariable GEE analyses of factors associated with experiencing violence in the past six months among street-involved youth in Vancouver, Canada, stratified by sex ($n = 1152$)

Characteristic	Females ($n = 364$)		Males ($n = 788$)	
	Unadjusted OR (95% CI)	Adjusted OR (95% CI)	Unadjusted OR (95% CI)	Adjusted OR (95% CI)
Involvement in drug dealing and sex work*				
Involved in both vs. neither	2.15 (1.40–3.31)	1.29 (0.77–2.18)	2.46 (1.47–4.11)	1.74 (1.00–3.03)
Involved in drug dealing but not sex work vs. neither	1.84 (1.41–2.40)	1.43 (1.08–1.90)	1.85 (1.57–2.18)	1.50 (1.25–1.80)
Involved in sex work but not drug dealing vs. neither	1.41 (0.92–2.15)	1.15 (0.76–1.74)	1.73 (1.03–2.91)	1.42 (0.81–2.48)
Age (per year older)	0.91 (0.87–0.94)	0.95 (0.91–0.99)	0.89 (0.86–0.92)	0.90 (0.87–0.93)
Ethnicity (Caucasian vs. other)	1.25 (0.92–1.70)		0.92 (0.74–1.14)	
Currently in a stable relationship (yes vs. no)	0.65 (0.51–0.82)	0.76 (0.58–1.00)	0.83 (0.69–1.00)	
Homelessness* (yes vs. no)	2.60 (2.04–3.32)	2.06 (1.58–2.69)	1.74 (1.49–2.02)	1.37 (1.15–1.62)
DTES residency* (yes vs. no)	1.18 (0.92–1.52)		1.13 (0.95–1.34)	
Daily heroin use*† (yes vs. no)	1.34 (0.95–1.88)		0.91 (0.69–1.19)	
Daily cocaine use*† (yes vs. no)	2.62 (1.14–6.02)		1.32 (0.84–2.06)	
Daily crack use*† (yes vs. no)	1.10 (0.77–1.59)		0.99 (0.78–1.25)	
Daily methamphetamine use*† (yes vs. no)	1.30 (0.91–1.87)		1.40 (1.12–1.75)	1.36 (1.07–1.74)
Injection drug use* (yes vs. no)	1.06 (0.81–1.39)		1.05 (0.87–1.27)	
Binge drug use*† (yes vs. no)	1.85 (1.50–2.29)	1.45 (1.14–1.85)	1.55 (1.33–1.81)	1.28 (1.08–1.51)
Binge alcohol use* (yes vs. no)	1.54 (1.03–2.30)		1.59 (1.24–2.05)	1.57 (1.20–2.07)
Require help injecting* (yes vs. no)	1.10 (0.80–1.51)		1.47 (1.12–1.92)	
Mental illness ever (yes vs. no)	1.24 (0.88–1.75)		1.10 (0.88–1.37)	
Incarceration* (yes vs. no)	2.33 (1.57–3.46)	1.70 (1.12–2.57)	1.80 (1.49–2.16)	1.70 (1.39–2.08)
Childhood emotional abuse (CTQ subscales) at baseline (moderate to extreme ≥ 13 vs. none to moderate < 13)	1.81 (1.32–2.48)	1.57 (1.13–2.20)	1.51 (1.23–1.86)	1.58 (1.28–1.95)

Note: GEE = generalized estimating equations; CI = confidence interval; DTES = Downtown Eastside; CTQ = Childhood Trauma Questionnaire.

* Denotes activities in the previous six months.

† Refers to any route of consumption (i.e., sniffing, snorting, smoking or injecting).

range of individual, social, structural and environmental factors, involvement in drug dealing but not sex work was independently associated with violence among both males and females. Among males, involvement in both drug dealing and sex work was also independently associated with being a victim of violence; this was not the case among females. In sub-analysis, involvement in sex work did not show statistically significant modified effect on the relationship between drug dealing and violence among both genders, suggesting that engagement in drug dealing is likely driving the observed association with violence.

Our prevalence of past-6-month experiences of violence (64%) was slightly lower than that of past-year experiences of violence (82%) identified among homeless youth in Toronto.⁵ However, it was much higher than the lifetime prevalence of experiencing violence (42%) reported among inner-city high school students in Baltimore, Maryland (USA), who were referred for mental health care,¹⁷ and that (46%) reported among 32-year-old African Americans living in socially disadvantaged neighbourhoods in Chicago, Illinois (USA).¹⁸ As well, it was higher than the prevalence (48%) reported in our previous cross-sectional study from the same cohort,⁶ indicating that experiencing violence is common among this population. Taken together, our findings reinforce the previous call for attention to high rates of violence among street-involved youth^{1,5} by providing more recent, longitudinal data.

Consistent with previous research,⁵ we found that street-involved youth who were engaged in drug dealing were more likely to experience violence. Our findings extend previous research by demonstrating that this particular socio-economic factor increases the likelihood of experiencing violence, regardless of a range of other individual, social, structural and environmental markers of risk of violence. While many people who use drugs are known to engage in drug dealing to sustain their drug use,^{19,20} for some individuals, drug market involvement preceded

the initiation of illicit drug use, which may be the case for some street-involved youth.^{12,21} Among street-involved youth engaging in drug dealing in this setting, the majority (79%) have been shown to assume a role of a direct drug seller, followed by a “middler” (i.e., coordinating a deal between a dealer and client) (28%) and a “holder” (i.e., carrying drugs during a drug trade) (6%).¹⁹ All these roles operate at the lowest end of the drug market hierarchy and thereby increase vulnerability to violence, including encounters with violent customers or police officers, and the risk of being punished when unable to fulfill assigned quotas.^{20,22,23}

The findings that involvement in sex work on its own was not independently associated with experiencing violence and that sex work involvement did not modify the effect of drug dealing on violence were unexpected given a large body of research indicating high rates of sexual and physical violence among sex workers around the world.²⁴ This may be due to the relatively small number of participants who reported being engaged in sex work in our study. It is noteworthy that in our study, the association between engagement in sex work and violence appeared stronger among males than among females. Literature on male sex workers is scarce and explanations for this difference are not apparent from our data.²⁴ Future research should seek to conduct a more in-depth investigation of experiences and gendered dynamics of violence among street-involved youth who engage in sex work in this setting.

Our findings indicate a need for novel interventions to prevent violence among youth who are involved in the drug trade. It is possible that those who engage in drug dealing may be prone to violence via gang affiliations and therefore interventions focusing on preventing gang involvement may be effective.²⁵ However, prior investigation found that while male street-involved youth were significantly more likely than their female counterparts to have a history of gang involvement, males with gang ties were not more likely to experience physical violence, indicating that gang

involvement likely does not account for the higher risk of violence among males involved in drug dealing in this setting.²⁶ Continued investment in established evidence-based interventions such as addiction treatment that help youth exit street life is a promising approach to prevent drug dealing and subsequent increased risk of violence;^{14,26} however, the level of violence observed among youth in our study indicates that current approaches are not effective enough in preventing violence among vulnerable youth, and novel interventions for those who actively use drugs and engage in drug dealing are needed.

Although previous studies report that approximately half of street-involved youth who both used and dealt drugs in this setting showed willingness to cease dealing drugs, those who were deeply entrenched in drug addiction were less likely to cease drug dealing.^{14,19} As well, addiction treatment has not shown consistent impacts on employment outcomes,²⁷ suggesting a need for novel approaches to transition youth away from drug dealing towards less risky forms of income generation. Low-threshold employment opportunities that are readily accessible for those who have ongoing drug use is one promising approach.²⁸ The potential for low-threshold opportunities to attract youth away from drug dealing, thereby preventing related harms, including violence, warrants further investigation.

Further, as a growing body of research suggests that the criminalization of drug use makes people who use drugs vulnerable to drug dealing and violence,²⁹ decriminalization of personal drug use may serve to promote transitions from informal income-generation activities to formal employment among street-involved youth. Future research should investigate whether such transitions result in reductions in violent victimization among this population.

Limitations

There are some limitations with this study that are of importance. First, the ARYS cohort is not a randomly generated sample. Therefore, the sample may not be representative of the street-involved youth in Vancouver or elsewhere. Furthermore, our data relied on self-reported responses, allowing for the possibility of biases in the participants' answers. This may be due to socially desirable reporting, and conceivably lead to an underestimation of reports of violence or informal income-generation activities. Nonetheless, self-reported data have been commonly utilized in observational studies involving both adult and youth drug-using populations and found to be valid.³⁰

CONCLUSION

We found that experiences of violence were common among our sample of street-involved youth, and independently associated with involvement in drug dealing. These findings indicate that in addition to conventional interventions, such as addiction treatment, novel approaches are needed to reduce the risk of violence for drug-using youth who are actively engaged in drug dealing.

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RÉSUMÉ

OBJECTIFS : Les jeunes de la rue sont très vulnérables à la violence. On reconnaît que la participation à des activités génératrices de revenus dans le monde de la drogue influence la vulnérabilité des jeunes à la violence, mais la contribution relative de diverses activités génératrices de revenus demeure sous-étudiée. Nous avons voulu examiner les effets indépendants du trafic de stupéfiants et du travail du sexe sur l'expérience de la violence chez les jeunes de la rue.

MÉTHODE : Nos données ont été obtenues auprès d'une cohorte prospective de jeunes de la rue de 14 à 26 ans consommant de la drogue à

Vancouver (Colombie-Britannique) entre septembre 2005 et mai 2014. Des équations d'estimation généralisées multivariées ont servi à examiner l'impact de la participation au trafic de stupéfiants et au travail du sexe sur l'expérience de la violence.

RÉSULTATS : Sur les 1 152 participants, dont 364 femmes (31,6 %), 740 (64,2 %) ont déclaré avoir connu la violence durant la période de l'étude. Selon l'analyse multivariée, la participation au trafic de stupéfiants mais non au travail du sexe restait indépendamment associée à l'expérience de la violence chez les femmes (rapport de cotes ajusté [RCa] : 1,43; intervalle de confiance de 95 % [IC] : 1,08–1,90) et les hommes (RCa : 1,50; IC de 95 % : 1,25–1,80), tandis que la participation au travail du sexe seulement n'était associée à la violence ni chez les femmes (RCa : 1,15; IC de 95 % : 0,76–1,74), ni chez les hommes (RCa : 1,42; IC de 95 % : 0,81–2,48).

CONCLUSION : Ces constatations indiquent que la participation au trafic de stupéfiants est un important facteur associé à l'expérience de la violence dans notre échantillon. En plus d'interventions classiques comme le traitement des toxicomanies, il faudrait des approches novatrices pour réduire le risque de violence chez les jeunes qui consomment de la drogue et qui sont activement impliqués dans le trafic des stupéfiants. La possibilité que les emplois faiblement qualifiés et la décriminalisation de la consommation de drogue atténuent la violence mériterait d'être étudiée davantage.

MOTS CLÉS : abus de drogue; trafic de stupéfiants; travailleuses ou travailleurs du sexe; violence; jeunes sans abri

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