



TO PROTECT AND SERVE:

How police, sex workers, and people
who use drugs are joining forces to
improve health and human rights



OPEN SOCIETY
FOUNDATIONS

FOREWORD	2
EXECUTIVE SUMMARY	4
01 KENYA	10
02 KOLKATA, INDIA	18
03 GHANA	24
04 BURMA	32
05 ANDHRA PRADESH, INDIA	38
06 KYRGYZSTAN	46

Jones Blantari Chief Superintendent of
the Ghana Police Service's AIDS Control
Programme

“I see a sex worker as any other human being whose life I have been called to protect as a policeman. Every individual—regardless of the job he or she is doing—must be protected.”

Around the world, sex workers and people who use drugs report that police are often a major impediment to accessing health and social services. In Burma, Ghana, India, Kenya, and Kyrgyzstan, police and community groups have started innovative programs to address this problem. When successfully implemented, these programs reduce the risk of HIV and drug overdose, and protect the health and human rights of these communities.

Here's how.





FOREWORD

Fifteen years ago, public health wisdom told us that the so-called concentrated HIV epidemics—confined among networks of sex workers, men who have sex with men, and people who use drugs, rather than generalized to large populations—should be easiest to contain. Today, as we approach 2015 and the end of the Millennium Development Goals, it is with these HIV epidemics concentrated among vulnerable groups that we see the least progress. Whether in Eastern Europe, where the majority of all HIV infections remain concentrated among people who use drugs and sex workers, or countries like Senegal or Tanzania with generalized HIV infection but with sub-epidemics and sharply higher prevalence of HIV among vulnerable groups, measures that we know work have failed to reach the most vulnerable. Laws, policies, and law enforcement are three important reasons why.

The Global Commission on HIV and the Law has catalogued an array of laws and policies

that impede the HIV response, and the extent of these underscores the urgency of legal reform.¹ Some countries have moved to change laws on the books, for example by decriminalizing drug use or drug possession, with associated gains in health seeking and reductions in HIV infections. Others have chosen a *de facto* model, where the offence (e.g., possession of illicit drugs) is still a crime but the authorities choose not to enforce the law.

Even in countries where legal change is beyond political reach, experts in the fields of drug use and sex work are documenting the benefits of changes to law enforcement practice. In these instances, a combination of human tragedy, police willingness, civil society pressure, and common sense have moved communities and authorities to support what might in public health terms be called “smart law enforcement”: measures that protect public order and safety, but also help vulnerable people access health

Measures that we know work have failed to reach the most vulnerable. Laws, policies, and law enforcement are three important reasons why.

[1] Global Commission on HIV and the Law, *HIV and the Law: Risks, Rights & Health*. New York: United Nations Development Programme, 2012.

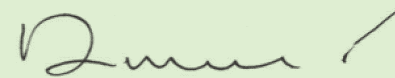


services rather than being targeted as the object of enforcement.

It is surprising that HIV donors and experts have not spent more time supporting these forms of “smart law enforcement,” or on engaging with other development efforts that aim to support police professionalization and retraining. Ample evidence documents the ways that experiences of police harassment, abuse, or detention increase risk of HIV acquisition and interrupt HIV treatment. Recent studies from Ukraine, for example—a country I visit often in my role as UN Special Envoy—have estimated that fear of police is the single greatest factor associated with needle sharing among people who inject drugs, and that the elimination of police violence could reduce new HIV infections among people who use drugs in Odessa by as much as 19 percent.² In countries from Russia to Zimbabwe, sex workers note that police use condoms or condom wrappers as evidence of prostitution, and that fear of police violence makes them reluctant to seek health and social services.³ Less time, however, has been spent documenting the positive counter examples and the mix of practical incentives, political commitment, and work by both communities and police that have shifted dynamics and improved HIV programming.

This volume—which includes case studies from six low- and middle-income countries on how HIV and law enforcement professionals and communities worked together to increase accessibility of health services for sex workers and people who use drugs—offers a corrective.

Donors and program implementers will note that smart policing is also a smart investment: the training, education and incentive programs described here are inexpensive and pragmatic. These are studies both of HIV prevention and of bridge building, and offer critical lessons to law enforcement and public health actors who too often have worked vertically and with divergent, and at times opposing, approaches.



Michel Kazatchkine

Michel Kazatchkine is the UN Secretary General's Special Envoy on HIV/AIDS in Eastern Europe and Central Asia, the former Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria, a member of the Global Commission on Drug Policy, and Chair of the Board of the Robert Carr Civil Society Networks Fund.

[2] Robert E. Booth et al., “Law enforcement practices associated with HIV infection among injection drug users in Odessa, Ukraine,” *AIDS and Behavior* 17, no. 8 (2013): 2604–2614; and Steffanie A. Strathdee et al., “HIV and risk environment for injecting drug users: the past, present, and future,” *The Lancet* 376, no. 9737 (2010): 268–284.

[3] Open Society Foundations, *Criminalizing Condoms: How Policing Practices Put Sex Workers and HIV Services at Risk in Kenya, Namibia, Russia, South Africa, the United States, and Zimbabwe*. New York: Open Society Foundations, 2012.

EXECUTIVE SUMMARY

While public health experts describe sex workers and people who use drugs as “hard to reach” populations, law enforcement has little trouble finding them. In many countries, these groups report fear of police as a major barrier to accessing health services, and police often use possession of sterile injecting equipment or condoms—necessary for preventing HIV transmission—as grounds for harassment or arrest.

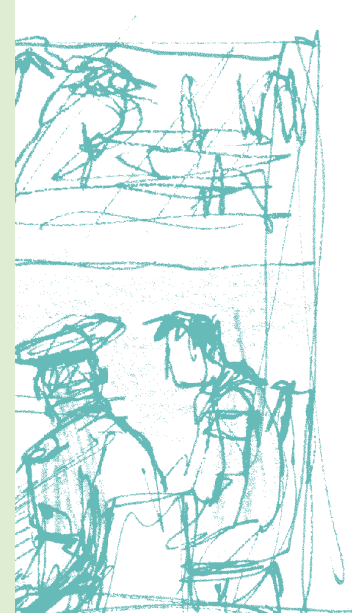
Sex workers and people who use drugs are frequently subjected to registration by name in police databases, repeated stop and frisk procedures (including at health clinics or drug dependence treatment facilities), and forced testing for illicit drug use and sexually transmitted infections, including HIV. Extortion, harassment, and physical and sexual abuse by police are routine. For their part, police see sex workers and people who use drugs as participants in crimes and a threat to public order and, in many cases, are responding to

explicit instructions to detain, arrest or displace them.

An emerging body of evidence has established direct links between the experience of police violence and harassment, and actual health outcomes for sex workers and people who use drugs, including risk of HIV infection and drug overdose.¹

In a number of contexts police, sex workers, and people who use drugs are working together in innovative and effective ways to improve relations, and promote health and safety. Community

[1] Leo Beletsky et al., “Policy reform to shift the health and human rights environment for vulnerable groups: The case of Kyrgyzstan’s Instruction 417,” *Health and Human Rights* 14, no. 2 (2012): 34–48.



groups have reached out to police to conduct trainings, promote educational exchanges, and build accountability measures, involving sex workers and people who use drugs directly in these efforts. As a result, police “champions” have emerged who are committed to working with sex workers and people who use drugs to ensure that their human rights are protected, and to refer those in need to health or social services. To date, little has been done to analyze, document and publicize this work, and many efforts operate in isolation. This report helps to fill this gap.

The six case studies presented here—from Burma, Ghana, India, Kenya, and Kyrgyzstan—are by no means exhaustive. In 2012, the Open Society Foundations circulated a request for information on projects from low- and middle-income countries that had employed strategies to change police attitudes and behavior toward sex workers and people who use drugs. More than 90 submissions were received and projects were shortlisted based on a qualitative assessment of the degree to which sex workers and people who use drugs were meaningfully

involved in the intervention, as well as the uniqueness of the project approach, ability to demonstrate impacts, and the extent to which the collaboration was formalized through specific policies, memoranda of understanding, or institutionalization of trainings within police structures. Police and community representatives from these shortlisted initiatives were then invited to a convening in Sydney, Australia, to discuss their work in more depth. This report captures the how and why of those projects, highlighting their accomplishments while recognizing that substantial challenges persist in all project settings.²

A number of lessons emerge from studying the different ways that, through these collaborations, police have moved from a solely punitive approach to one that considers the health of sex workers and people who use drugs. While there are many singular elements, some commonalities surface from reading across the studies. In particular, we identify seven important elements in establishing meaningful collaborations between law enforcement, sex workers, and people who use drugs.



This report captures the how and why of those projects, highlighting their accomplishments while recognizing that substantial challenges persist in all project settings.

[2] Despite continued strong work on harm reduction, a police crackdown in Lashio, Burma, recently resulted in a surge of arrests of people who inject drugs, and in Kyrgyzstan, police raids on sex workers persist in multiple locations.



IMPORTANT ELEMENTS TO MEANINGFUL COLLABORATION

Appeal to police interests

Police harassment of sex workers and people who use drugs is often a function of perverse incentives (e.g., quotas for arrest, and low salaries that encourage extortion). Successful reform of police practice toward these groups must similarly identify incentives or ways of framing engagement to show that these efforts can help police protect themselves and do their jobs. Police trainings in Kyrgyzstan and Ghana focused first on HIV prevention efforts for police officers, and in the case of Kyrgyzstan, emphasized ways that awareness of and support for clean needle programs could avoid needle stick injuries and increase occupational safety. In Kenya, police understood that better relations with sex workers could result in information that might prevent serious crime or assist in investigations. In some countries, engagement with HIV projects has been rewarded with promotions (Kenya) or commendations (Kyrgyzstan), reinforcing good police conduct.

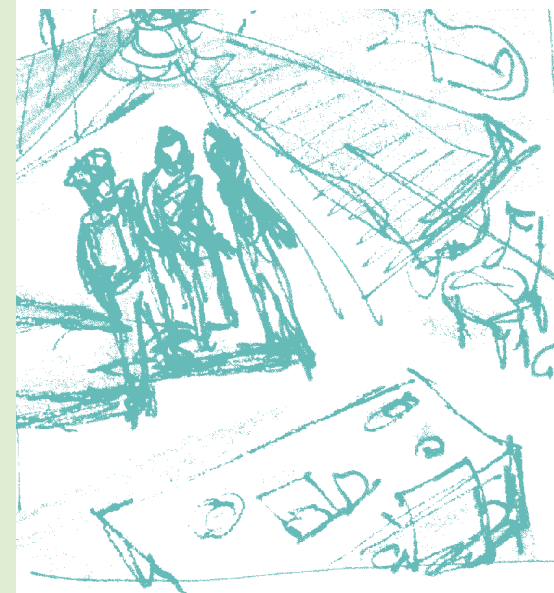
Secure support from police leadership

Given the hierarchical nature of law enforcement, it has been essential to secure the endorsement of police leadership for changing police practices toward sex workers and people who use drugs, and to get them to communicate

this shift to less senior officers. This can happen in several ways. Some police issue a formal instruction that officers are not to interfere with sex worker or drug user access to services, which sends a clear message about police priorities and helps institutionalize partnership with community health groups. Such a formal communication occurred with a high-level instruction issued by key Ministries in Kyrgyzstan, and less formally with endorsement of HIV work at a pilot site by the Central Committee on Drug Abuse Control in Burma. In other contexts, senior police who “get it” use their positions to positively shape police practice. For instance, the provincial police chief in Kisumu, Kenya, personally opened the first police training on sex work, sending a clear message that police priorities were not to punish sex workers, but to support efforts to protect their health and respect their human rights.

Develop regular and systematized police trainings that involve the sex workers and people who use drugs

Police knowledge of criminalized groups is often shaped by the same stereotypes and moral judgments that are prevalent in society more generally. It has proven critical to train law enforcement about the realities of the lives of sex workers and people who use drugs, and about the effectiveness and availability of health





services for these groups. Since police personnel are frequently transferred, these trainings are best repeated and offered at various levels, like at police academies, or in continuing education efforts for serving officers.

It is essential to involve groups of sex workers and people who use drugs in the design and implementation of these training programs. For new cadets, the Police Academy in Kyrgyzstan formulated a mandatory 46-hour course on harm reduction, sex work, and HIV that was developed and monitored in collaboration with sex worker and drug user groups. Similarly, after 500 new recruits in Ghana successfully received training on rights-based approaches to policing and the rights of marginalized populations, the curriculum was formally incorporated at all police training institutions in the country. A key component in shifting police attitudes toward sex workers in Ghana was sex workers themselves speaking in these trainings of the impact that police repression and abuse had on their lives.

Police commitment to feedback and accountability mechanisms

For groups used to being targets of enforcement, police commitment to accountability and creation of mechanisms for community feedback are critical to building trust. This has proven particularly powerful when the police are able to open direct communication with affected groups. For instance, the work of

crisis-response teams and convergence forums in Andhra Pradesh, India, have enabled sex workers to work with police to identify and address abuses. In Kenya, after several sex workers reported that a police officer was stealing from them and forcing them to have sex with him without a condom, police peer educators worked to ensure the officer was dismissed from his job.

Police engagement with sex workers and people who use drugs outside the frame of law enforcement

Having platforms or mechanisms that allow police and marginalized groups to informally interact with each other, outside the frame of law enforcement, furthers trust building and mutual understanding. For example, the inclusion of sex workers and people who use drugs in police trainings, or police participation in community events, allows police and these communities to see beyond the assumptions they have about each other. In Kenya, Keeping Alive Societies' Hope organizes sporting events, voluntary testing and counseling clinics for HIV, and community clean-ups that involve both sex workers and the police. Sex workers from the Swagati Project in Andhra Pradesh, India, credit sex workers and police sharing the stage together at community events as having an impact not only on police and sex workers' attitudes toward one another, but attitudes toward sex workers in society more broadly.



Organized groups of sex workers and people who use drugs

Given the inherent power imbalance between law enforcement and criminalized populations, genuine collaboration is more likely when sex workers and people who use drugs are organized and able to articulate unified positions with respect to police behavior. In Kenya and Andhra Pradesh, India, projects have supported sex workers to develop leadership skills and form their own groups, which has led to more powerful collective advocacy on issues related to their health and rights. The absence of community organizing compromises the quality of police-community partnership and raises questions about its sustainability.

Sustained funding

While the collaborations described in this report are not expensive, they all required sustained funding—whether from external donors or local governments—to catalyze reform. In Andhra Pradesh, the project benefitted from significant financial support from both government and private sources. In Ghana, the support of transnational actors with

expertise and access to funding, such as the United Nations Population Fund, was crucial in convincing the police that action needed to be taken and was possible. In most of the cases, sustained funding was required for at least four years to result in meaningful change.

Some analysts will point out that an essential component to reform of law enforcement practice is reform of the law. While that is true, a lesson of this report is that change should not wait for acts of Parliament, but can and should be effected more immediately through engagement of police and communities. However, legislators—whether in the jurisdictions studied here, or in countries like the United States, the Netherlands, and Australia that are large donors to international HIV programming—also decide how much money is available for programs like those described in this report. Of all the elements noted above, sustained funding is critical. Yet in Andhra Pradesh and Kolkata, India, and Lashio, Burma, efforts described have cut back or ceased operations with the withdrawal of international funding, even as other HIV prevention and treatment efforts have continued.

In Kenya and Andhra Pradesh, India, projects have supported sex workers to develop leadership skills and form their own groups, which has led to more powerful collective advocacy on issues related to their health and rights.





The lessons of more than two decades of the response to HIV, and the experiences of those who contributed to this volume, are clear. In many countries, engagement and reform of police practice is not something “extra” to be funded after other HIV needs have been met. Rather, police reform and community-police cooperation is as crucial to HIV prevention among criminalized groups as a condom or a clean needle, and should be supported as a central part of HIV and AIDS programming. ■

01

KENYA



Tom Odhiambo Abol formed Keeping Alive Societies' Hope (KASH) in 2004 in an effort to reduce HIV prevalence among Kisumu's sex workers. Kisumu, Kenya's third largest city, is located in western Kenya on the shore of Lake Victoria, in what was formerly Nyanza Province.¹

HIV prevalence in the region is 15.1 percent, almost three times Kenya's national average,² and sex workers have been particularly hard hit: an estimated 75 percent of sex workers in Kisumu were living with HIV in 1997.³ KASH's work initially focused on education about HIV prevention methods and treatment, but Tom and his colleagues soon saw the ways in which police abuse of sex workers was undermining their efforts by driving sex work underground. The abuse and lack of trust made it harder for sex workers to access health services, forced them to rush negotiations with clients, and made them afraid to carry condoms for fear they would be used as evidence of prostitution.

In 2008, sex workers in Kisumu reported to the International Federation of Women Lawyers in Kenya that they suffered more abuse at the

hands of police than from any other source—including clients. Many were falsely arrested for the purpose of extortion or abuse, and illegally detained until they came up with a bribe or provided free sexual services in exchange for release. Once in custody, they were often beaten and humiliated, sometimes being forced to crawl on their hands and knees on rough surfaces, or perform demeaning “cleaning chores” such as mopping the floors of their cells with water that other inmates had urinated in. Some sex workers reported being locked in police officers' houses for days at a time, where they were repeatedly raped, assaulted, and abused until other sex workers were arrested as replacements.⁴ Sex workers felt largely powerless and believed that, because their work was illegal, there was nothing they could do to prevent or address the abuse.

KENYA

11



The abuse and lack of trust made it harder for sex workers to access health services, forced them to rush negotiations with clients, and made them afraid to carry condoms for fear they would be used as evidence of prostitution.

[1] Prior to the adoption of a new constitution in 2013, Kenya was divided into eight provinces. We have retained reference to the provinces in this report in order to accurately reflect the geography covered through KASH's work.

[2] National AIDS and STI Control Programme, *Kenya AIDS Indicator Survey 2012: Preliminary Report*. Nairobi: Ministry of Health, Kenya, 2012.

[3] Linda Morison et al., “Commercial sex and the spread of HIV in four cities in sub-Saharan Africa,” *AIDS* 15 (2001): S61–69.

[4] Federation of Women Lawyers Kenya, *Documenting Human Rights Violations of Sex Workers in Kenya*. Kenya: FIDA Kenya, 2008.

Tom argued that if sex workers had trust in the police, they would not be afraid to come forward to report crimes they experienced or witnessed and that this would in turn help police solve crimes.

Tom and his colleagues at KASH realized that if they wanted to reduce HIV risk among sex workers, they needed to do something to improve police conduct. Tom knew a deputy to the provincial police chief, Mr. Albert M. Waweru, and talked to him about the serious challenges KASH was facing due to police behavior and attitudes. Mr. Waweru offered to explore ways to help. He recommended contacting the police commissioner through his immediate boss, Grace Kaindi, with a proposal to conduct a “health and human rights” training program that KASH wanted to implement. He suggested that if Tom aligned the training program with existing police reform efforts on community policing, it would have a higher likelihood of success.

Tom and Mr. Waweru sent their proposal to Ms. Kaindi, who was the provincial police chief of Nyanza Province at the time, and the highest-ranking officer in charge of police operations at the provincial level. Ms. Kaindi

reviewed the proposal with Kenya’s Police Commissioner, Mohamed Hussain Ali. After a number of attempts, Tom finally persuaded them that collaborating with sex workers was in the police’s own best interest. In Kisumu, sex workers often worked at night on the streets and in bars in some of the city’s most dangerous areas, where crimes like armed robbery and theft were common. Tom argued that if sex workers had trust in the police, they would not be afraid to come forward to report crimes they experienced or witnessed, and that this would in turn help police solve crimes. The idea resonated with the police leadership and, after several months of negotiations, KASH was granted permission to conduct trainings in the Provincial Police Training Center for Nyanza Province. Ms. Kaindi participated publicly in the opening and closing of the first training KASH held in 2006. Her presence and remarks sent a signal throughout the police force that from the highest levels down, change was afoot.



POLICE TRAININGS

KASH designed training workshops to educate police about human rights, HIV and other sexually transmitted infections, and relevant Kenyan law pertaining to sex work and due process. The one-day training originally targeted the regular police force, since these were the officers KASH staff had heard the most complaints about, but was later expanded to include administrative police officers and municipal *askaris*, who enforce local bylaws.

According to Tom, more than half of the participating officers eventually “came around” in their thinking. Approximately 10 sex workers were included as participants in the trainings and shared their personal experiences—including with police. Having sex workers and police in the same room, in a facilitated discussion, helped to break down barriers between the two groups and get them to see beyond their common stereotypes. Some officers even expressed their willingness to volunteer with KASH, and remained after the session to ask additional questions and get to know the sex workers. Others apologized for negative

comments they had made at the beginning of the training and thanked the facilitators for doing a difficult but important job. Police leadership told KASH that the health and law components of the training added “great value” to police officers’ understanding of their health and work.

Since 2010, KASH has been allocated a slot at all government-sponsored training courses at the Provincial Police Training Center in Kisumu. Two-day workshops are held every three months, reaching 120 officers per year. So far, at least 600 police officers have been trained on human rights, health, and due process, and KASH expects that, over time, all 2,800 police officers in the Nyanza Province region will be able to attend. KASH continues to look for ways to meaningfully engage new officers in its work, and invites officers who have participated in past trainings to facilitate sessions in future trainings. In 2013, it expanded its training efforts to Kenya’s Western Province region, and hopes to eventually introduce the program nationally.

KENYA

13



600

At least 600 police officers have been trained on human rights, health, and due process.

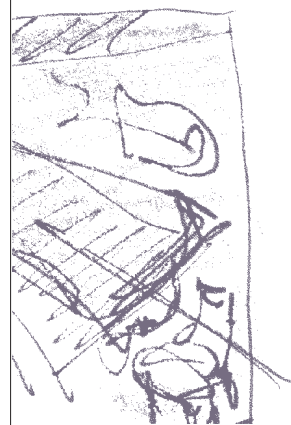
PEER EDUCATORS, PARALEGALS, AND FRONTLINE SMS

In 2007, a year after the first trainings began, KASH trained 10 police officers (selected by police leadership) and 10 sex workers as peer educators. These 20 peer educators were tasked with working together to develop a data collection system to document abuses and positive interactions between sex workers and police. The police then organized meetings for fellow officers while the sex workers conducted workshops for peer groups they had formed—giving the project a viral effect in its reach. The peer educators met every other month to discuss the data they had collected and strategize on how to address patterns of abuse.

KASH later engaged an attorney to provide the sex worker peer educators with additional training as paralegals. Through these supplementary trainings, sex workers learned practical skills that could be used in real-life legal situations, such as how to request a bond-release in order to be freed from detention. An emergency alert system called “Frontline SMS” was put in place, linking sex workers to the paralegals through a mobile phone-based text message system. Individual sex workers were trained to send text messages to or call the paralegals if a

rights abuse was happening or if they needed legal support. By going to the police station, or by calling police peer educators or the KASH lawyer, the paralegals act as a first line of response for sex workers who face arrest or abuse. Tom says that when that fails, the paralegals text him and a colleague the names of the sex workers who have been arrested and they follow up with highest ranking police in the region to secure their release.

The SMS system also has been used as a documenting and monitoring tool. KASH sends out two short text messages every week to its network of sex workers. The messages are exploratory, seeking to understand the human rights abuses occurring, and informative, passing on new human rights-related information. In order to increase the response rate, answers are yes or no, and the texts encourage respondents to call back and communicate their responses in a conversation. KASH receives about five responses for every text message. The SMS system allows KASH to receive regular updates on the lived reality of sex workers, and helps them to design advocacy and programs to reflect sex workers’ needs.



An emergency alert system called “Frontline SMS” was put in place, linking sex workers to the paralegals through a mobile phone-based text message system.



COMMUNITY

In an attempt to further build the connections between individual police officers and sex workers, KASH has worked to create platforms for them to interact and get to know each other informally. KASH organizes volleyball tournaments with mixed teams of sex workers and police, and engages both communities in running voluntary testing and counseling clinics for HIV. KASH has also encouraged police and sex workers to come together through community events like a World AIDS Day marathon,

or a community clean-up on International Non-Violence Day. In addition to the trainings and peer educator project, this less formal breaking down of barriers has helped the two groups see each other as human, build trust, and create a support system. When an officer who had been supportive of the project lost his wife, KASH coordinated donations and condolence messages from sex workers and other police in response.

RESULTS

While it is too early to tell the project's impact on HIV rates among the approximately 4,500 sex workers KASH reached between 2011 and 2013, the project has reduced the kind of violence and marginalization that has been shown to facilitate the transmission of HIV. Sex workers no longer report police violence

and harassment as their most urgent concern, and police now intervene on behalf of sex workers to ensure clients pay, arrest and charge clients who become violent, and reduce arrests and confinement of sex workers by fellow officers. Police have also helped lessen potential sentences for sex workers by intervening on their behalf in court, and have begun to refer sex workers to medical services.

Kisumu's sex workers are more empowered now by knowing their human rights and seeing that they have police allies behind them when their rights are violated. For example, a sex worker who received regular texts from KASH called to report a police officer that was beating and harassing sex workers during the night. KASH responded by inviting the officer's supervisor to one of its monthly review

KASH organizes volleyball tournaments with mixed teams of sex workers and police, and engages both communities in running voluntary testing and counseling clinics for HIV.



sessions and presented the reported case. The abusive officer was reprimanded, and sex workers in the area said that his behavior toward them improved dramatically.

The police peer educator program has been particularly impactful. After several sex workers reported that a police officer was stealing from them and forcing them to have sex with him without a condom, the police peer educators worked to ensure the officer was dismissed from his job. When a sex worker called police peer educator Wilson Edung Lomali directly for help when a client was abusing her, Lomali traveled to a bar in the middle of the night to intervene on her behalf. He similarly helped another sex worker who had been raped and stabbed by getting involved at the local health facility after its staff tried to charge her for the free form required to document sexual assaults.

Police have also benefited from the trainings and their improved relationships with sex workers. They report that patrolling areas where sex work is prevalent feels less threatening when they see sex workers they have met through the trainings. They also say that since the work with KASH began, crimes can be solved more quickly and that shootings in the community have stopped largely due to tips from sex workers. For example, in 2009 when a prominent surgeon was shot and killed in a bar, a sex worker who felt safe interacting with the police was able to provide information about the murderer and his location that led to a

quick arrest. Police participation in the KASH program is seen as exemplary conduct, and is considered when it comes time for internal promotions. Peer educator Lomali was named head of the Provincial Police Training Center in Nyanza Province/region where he served until 2013. The police peer educators have taken their role so seriously that officers who have been transferred to other regions have asked that KASH set up a Facebook group to enable them to keep in touch.

Unjustified arrests, roundups or problems with particular police officers still occur. However, KASH now has the structure in place to mobilize to address concerns as they arise. For example, in response to a report that several recently transferred officers were harassing sex workers, KASH arranged with police leadership to meet these police to discuss the impact their actions were having on KASH's work. According to Tom, the officers were surprised when they were addressed by a sex worker who explained "what was required of them," but the session achieved its objective—the police stopped their harassment.



When a sex worker called police peer educator Wilson Edung Lomali directly for help when a client was abusing her, Lomali traveled to a bar in the middle of the night to intervene on her behalf.



Ongoing interactions between sex workers and police through trainings for serving officers, peer educator programs, and community events have helped police in Kisumu to recognize and treat sex workers as people.

Tom says success is a work in process. He stresses that “visits to the police should not only happen when one requires a problem to be solved but, like all relationships,” to make it work KASH needs to “continually interact with the police even when there are no sex workers arrested in cells.” When asked about the sustainability of the work, Tom says that he believes much has been done institutionally to build better attitudes and treatment toward sex workers by the police administration in Kisumu, including police themselves sensitizing new peers and bosses about the importance of the shift, even without KASH’s prompting. He adds that an ultimate goal is getting the training curriculum adopted as part of national curricula for educating new police recruits in Kisumu and beyond. Ongoing interactions between sex workers and police through trainings for serving officers, peer educator programs, and community events have helped police in Kisumu to recognize and treat sex workers as people, and introduced sex workers to allies within the police force. For Tom, perhaps the biggest sign of the positive change in Kisumu is that sex workers now contact police directly—instead of KASH—when they have a problem. ■

KOLKATA
INDIA

02



Working at the National Institute of Cholera and Enteric Diseases in the mid-1990s, Sanjay Bhattacharya was engaged in a field study to measure hepatitis C and HIV among people who inject drugs in Park Circus—a major transit and commercial hub in Kolkata, India.

Seeing how people in his study were ostracized and unable to make a decent living or get health services, he spoke to his friend Soumen Mitra about taking a different approach with this marginalized community. Mitra at the time was deputy commissioner of the Kolkata Police responsible for prevention of narcotic crime in the city.

Mitra knew that though many people who inject drugs were committing crimes, they were not hardened criminals. Since they were seeking mainly to fund their drug habit, Mitra agreed that improving access to health services might help reduce crime in the community. Bhattacharya's thinking about health and social inclusion helped Mitra change his policing mindset. "Police are trained to see

incarceration as the solution for all types of deviance, and general societal ignorance only increases pressure to arrest drug users," Mitra says. Through Bhattacharya, he "naturally got closer to people who used drugs and understood them more sympathetically."

Mitra was also moved by the fact that the old methods weren't working. "Statistics showed that a majority of the petty crimes—such as pickpocket, snatching, theft or minor home break-ins—constituted about 50 percent of the total crimes in the city and were largely committed by drug users," he explains. "The petty nature of the crime and the provisions of the law meant that even if we arrested them, they were granted bail by the courts and were forced to commit the same

INDIA

19



Mitra knew that though many people who inject drugs were committing crimes, they were not hardened criminals. Since they were seeking mainly to fund their drug habit, Mitra agreed that improving access to health services might help reduce crime in the community.

crimes to sustain their addiction. This problem of recidivism was addressed by going to the root of the problem—addiction.”

After getting some philanthropic people from Kolkata on board, Mitra and Bhattacharya decided to start the Society for Community Intervention and Research (SCIR) in 1996. Their goal was to help people who inject drugs to lead healthier lives, and also to help them find opportunities to reintegrate into their families and the larger society. They offered counseling courses to people released on bail, as well as to

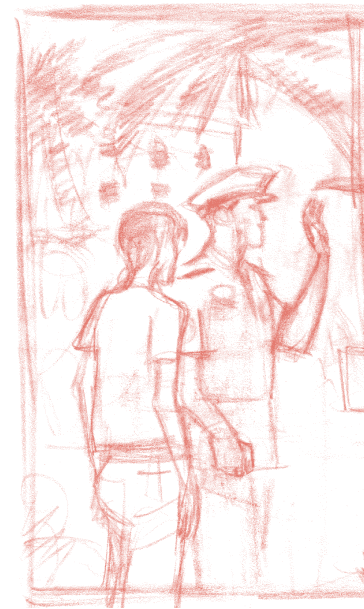
their families, and provided clean needles and basic health care services, such as wound care and abscess management. Since people who inject drugs avoid government hospitals due to stigma, and hostility by hospital health staff, SCIR set up sites where people could receive basic health check-ups and supplies. SCIR also began providing buprenorphine, a medicine taken daily to relieve craving for heroin or other opioids, for drug treatment. Eventually they secured an abandoned railway building and opened a drop-in center.

POLICE TRAINING AND REFORM OF GUIDELINES

In the beginning, when police did encounter the program, some thought that the center was promoting drug abuse by providing needles and syringes to people who inject drugs. Harassment of outreach workers, especially peer educators, was common. Mitra and SCIR conducted talks and trainings for the police to make clear that this was an approach to reduce crime, not to encourage it, and helped to create a zone of safety from police harassment. Training topics included human rights of people who use drugs and policies for people living with HIV inside correctional centers. Police turnover was high, so to ensure most police received education about drug use and HIV issues, trainings were repeated. The close partnership with SCIR also brought the police new tools—for example, SCIR workers began to provide, with Mitra’s authori-

zation, buprenorphine to relieve withdrawal symptoms for heroin-dependent arrestees in police lockup. Before, the agitation and discomfort of detainees undergoing withdrawal had frightened police and caused suffering to those held in police cells. Now, both police and those detained were less stressed, and SCIR outreach workers were on call to assist.

The partnership between community and police was expressed in public events. Each year on June 26—the UN’s International Day Against Drug Abuse and Illicit Trafficking—the Kolkata police organized a series of public events. SCIR was on the core planning committee, and would participate by setting up kiosks to provide information about harm reduction and drug treatment to the general public. They would also host drug use themed street dramas,



7,500

Soon there were four locations reaching more than 7,500 people who inject drugs.

puppet shows, quiz contests, inter-school poster-making competitions and debates. As pointed out by Assistant Commissioner of Police (Narcotics) Deepak Kumar Datta, “Drug abuse cannot be fought by government or NGOs alone. Support must come from enforcement agencies to supplement their efforts.”¹

Less public, but equally important, was SCIR’s engagement with police in program planning, and not just when there was a problem.

SCIR served on the core committee of the Kolkata Police narcotics department, meaning that they became involved in the design and development of policies to deal with drug use and illicit trafficking. For example, people who use drugs on the street had often been targeted in police efforts to arrest dealers. New policies stressed the importance of being empathetic to people who use drugs while still working to apprehend drug traffickers.

AN OPPORTUNITY FOR SCALE-UP

When a 1999 survey of five Indian cities showed high HIV incidence amongst people who inject drugs,² SCIR secured funding from NACO to open other drop-in centers in West Bengal (Kolkata is the capital of the state of West Bengal). Soon people who use drugs in Siliguri (in the northern part of the state) and Berhampore (in the eastern part of the state, near Bangladesh) also had access to health and social services.

As the project expanded to these new areas, they unsurprisingly met with some

resistance from police. SCIR made a point of having a two-pronged strategy for entering a new community—on the one hand reaching out to people who use drugs to design and provide peer-led services, while at the same time deploying Mitra to speak to high-ranking officers at the local police stations.

Additionally, other drop-in centers were able to open in Kolkata; soon there were four locations reaching more than 7,500 people who inject drugs. Each of these centers offered needle and syringes, condoms, individual, family



INDIA

21



[1] Society for Community Intervention Research, *Returning to the Fold: How Out-of-the-Box Thinking and a Unique Approach Towards Recovering Substance Users Produced Surprising Results*. Calcutta: SCIR, 2011, p. 50.

[2] Jimmy Dorabjee and Luke Samson, “A multi-centre rapid assessment of injecting drug use in India,” *International Journal of Drug Policy* 11, no.1 (2000): 99-112.

and spousal counseling, treatment for sexually transmitted infections, and a community room where people who were living on the streets could gather to share experiences and have a sense of respect and dignity. Drug treatment

with buprenorphine also continued at the drop-in center. However, the guidelines limited treatment to no more than a year, doses were generally inadequate, and relapse was the norm.

CAPACITY-BUILDING TO PREVENT RELAPSE

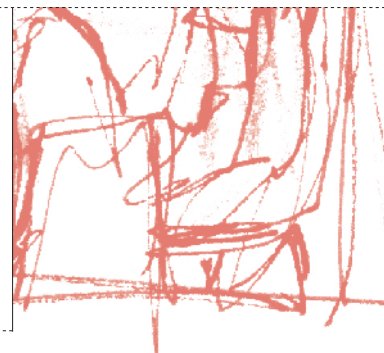
In 2008, SCIR was able to get a grant from the UN Educational, Scientific, and Cultural Organization (UNESCO) to build skills of people who use drugs and provide vocational training as a strategy for preventing relapse. A community needs assessment done by SCIR in 2008-2009 in Kolkata found that more than 65 percent of people who use drugs in Kolkata were illiterate, more than 76 percent were unemployed, and 55 percent were not living with their families.³

Program staff collected more than 100 different curricula intended for a range of education levels—from those who were illiterate to those who were highly educated. They then recruited vocational training institutions in Kolkata to participate in the program. “At first, many of the institutes were worried that involving drug users would tarnish their reputation,” recalls Anindita Ray, SCIR Program Manager of the UNESCO funded initiative. “They were afraid that if people who use drugs participated, then other parents would be

worried about sending their children there. But we kept trying until some said yes, and then they became the example for the others.” In the end, more than 40 vocational institutions came on board to offer training to people with a history of drug use.

Former drug users learned computer literacy, money management, automobile driving, gardening, photography, spoken English, mobile phone repair, and arts and crafts (in order to makes items like jewelry, candles, folders, and bags for sale).

Former drug users learned computer literacy, money management, automobile driving, gardening, photography, spoken English, mobile phone repair, and arts and crafts (in order to makes items like jewelry, candles, folders and bags for sale). SCIR also provided



[3] Society for Community Intervention Research, *Returning to the Fold: How Out-of-the Box Thinking and a Unique Approach Towards Recovering Substance Users Produced Surprising Results*. Calcutta: SCIR, 2011, p. 13.



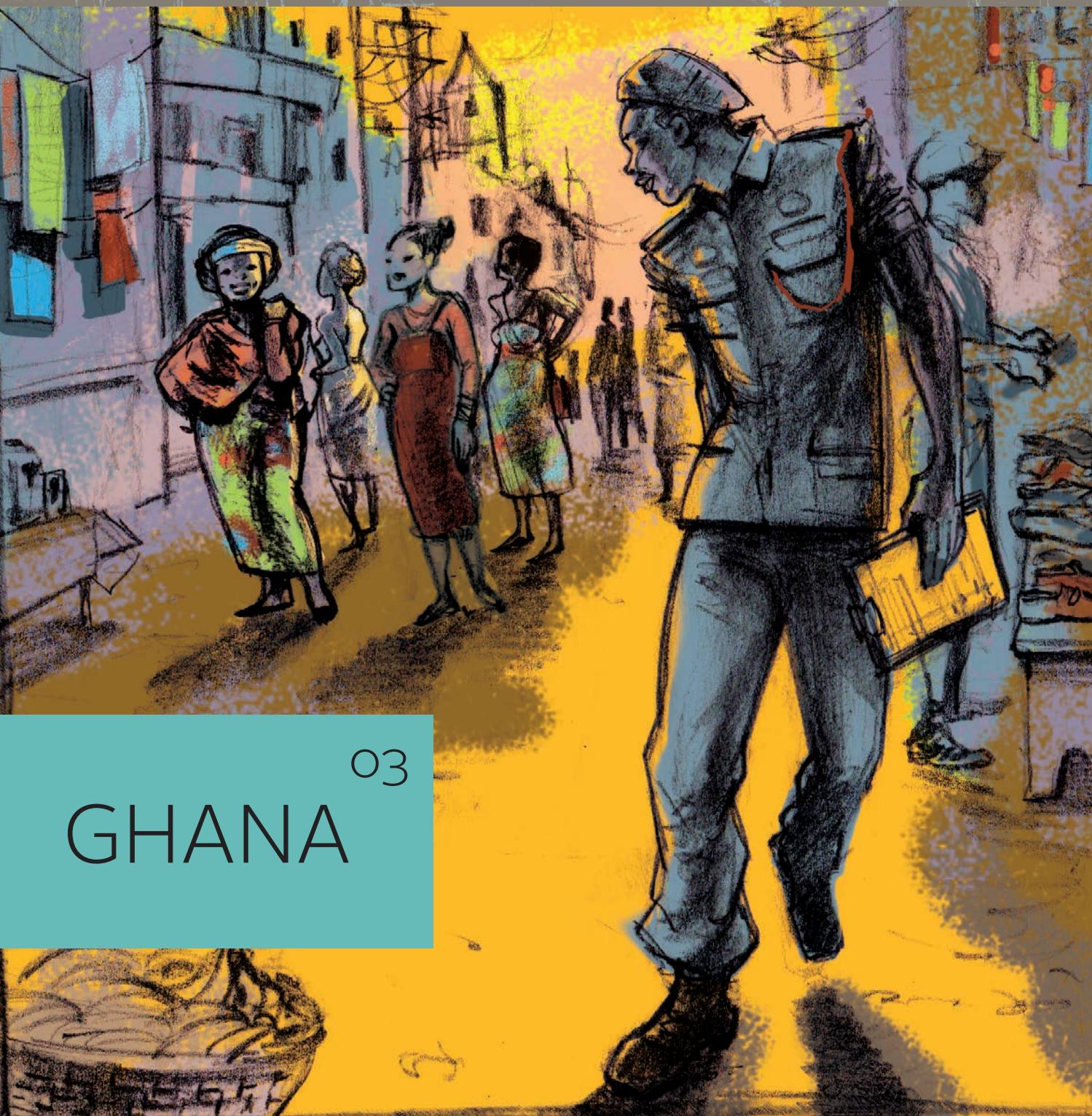
“It gave me confidence and boosted my self-esteem: two of the most important aspects that help former drug users from relapsing.”

small income generating loans to enable them to start businesses, such as tea stalls or rickshaws. The vast majority of those loans were repaid. “Nobody, not even my near and dear ones helped me,” recalls former drug user Sujit Guha. “It was wonderful when SCIR welcomed me without wanting to know what I was up to till then. It gave me confidence and boosted my self-esteem: two of the most important aspects that help former drug users from relapsing. The third is social reintegration. This is the first time that I’ve seen a programme taking that up so seriously.”⁴

The strength of SCIR’s connections with the police helped build the credibility of the efforts, and the success of the efforts in turn demonstrated what Mitra and SCIR had said all along—that social inclusion, respect, and a means of earning a living helped improve outcomes. Prior to the introduction of the vocational educational program the relapse rate among drug users receiving services from SCIR was 90 percent. However, among the 196 drug users receiving vocational education classes, micro-credit loans, and literacy training over a 30-month period, the relapse rate was only 10.7 percent.⁵ ■

[4] Ibid, 48.

[5] Ibid, 37.



03

GHANA

In 2010, Jones Blantari and Esi Awotwi had reason to be concerned. Blantari was the chief superintendent of the Ghana Police Service's AIDS Control Programme and Awotwi worked for the United Nations Population Fund (UNFPA). They had recently collaborated on a research project, and the results were staggering: One in three sex workers in the five Ghanaian regions surveyed reported having been forced to have sex with a police officer.¹

The extent of sexual violence was reinforced by a 2008 survey of 251 police officers in which 15.5 percent admitted arresting sex workers and charging them unless they provided sex.² Ghanaian police performed regular raids on sex workers without the consent of their superiors, motivated in part by their moral and religious beliefs against sex work.³ The studies also indicated that the police used women's possession of condoms as evidence of sex work and grounds for arrest, and that they rarely respected sex workers' right to legal representation or due process.⁴ The abuse continued unabated in part because sex workers were scared of being arrested or experiencing further mistreatment by police if they reported abuse. As Nana Yaa,

a sex worker in Accra, recounted, "the policeman would sleep with you against your wishes, without condoms. Because you were afraid of the policeman, of the uniform, you could not tell anyone."

Blantari and Awotwi understood that the abuses were not only a human rights concern, but also a public health failure. Sex workers were unable to insist on condom use in forced sexual encounters with police, and were often prevented from using condoms with clients because they were often arrested for carrying them. As Blantari explained, "the police have a pivotal role to play in the HIV response. If our action as police is seen as antagonizing the national response to bringing down infection



"The police have a pivotal role to play in the HIV response. If our action as police is seen as antagonizing the national response to bringing down infection rates among these marginalized groups, then it's like we are fighting against the national cause."

[1] Esi Awotwi and Jones Blantari, "Rights Abuses of Female Sex Workers by Law Enforcement Agencies." Abstract presented at the 19th International AIDS Conference, Washington D.C., July 22–17, 2012.

[2] "Police in Sex Scandal," *Ghanaian Times*, December 19, 2008. Accessed May 14, 2014. <http://www.modernghana.com/news2/195516/1/police-in-sex-scandal.html>

[3] Ibid; and Esi Awotwi and Jones Blantari, *Engaging police personnel in reducing HIV related stigma and discrimination of female sex workers: consolidated report*. Accra: UNFPA and Ghana Police Services, 2012.

[4] Ibid.

It was likely a combination of the Ghana Police Service's past innovations in response to AIDS, and Blantari and Awotwi's persuasive efforts on sex work, which finally convinced the inspector general to take action.

rates among these marginalized groups, then it's like we are fighting against the national cause." Blantari knew how the police system worked and knew the next step was getting authorities at the highest levels of the national police force to take note of what was happening within their ranks and understand the urgent need to change police behavior. In April 2010, Blantari and Awotwi approached Police inspector general Paul Tawiah Quaye, Ghana's most senior police official, to share the research findings. The credibility of the UNFPA-Ghana Police Services' study was key in gaining his attention, along with Awotwi's assurance that they were not trying to destroy the police image, but help the police respond. Blantari continued to meet with the inspector general, reinforcing the concerns as one police officer to another, and emphasizing the gravity of the situation and the risk of substantial reputational damage to the police if abuses were not addressed. Separately, UNFPA sensitized staff members of other United Nations agencies, who then helped with communication to their

own police contacts, underscoring the severity of the abuses and UNFPA's willingness to provide support in addressing them.

Direct and daily contact with the human toll of AIDS had previously led the Ghana Police Service to take a leadership role in the national response to HIV. In Accra, the Ghana Police Service provides testing, counseling, treatment, and peer education for all of the country's uniformed service members.⁵ The Service developed a formal AIDS Control Programme led by individuals, like Blantari, with joint backgrounds in policing and public health. It also put systems in place to ensure that police continually engaged with HIV-issues, including establishing "police focal points" to address issues related to HIV in their respective locations. As a result of these efforts, Ghana's police have been sensitized to HIV for many years.

It was likely a combination of the Ghana Police Service's past innovations in response to AIDS, and Blantari and Awotwi's persuasive efforts on sex work that finally convinced the inspector general to take action. He gave the

[5] FHI 360, "Final report for Implementing HIV/AIDS Prevention and Care (IMPACT) Project in Ghana: September 1998 to June 2004." Washington, D.C.: Family Health International, 2007.



green light to Blantari for the Ghana Police Service to implement a series of rights-based changes targeting all levels of the police from recruits and junior officers, to middle-management and top brass. The project was developed with technical and financial support from UNFPA and rolled out by the Ghana Police Service AIDS Control Programme. Blantari and

Awotwi also coordinated with the West Africa Project to Combat AIDS and STIs (WAPCAS) to bring sex workers themselves into the dialogue. Since 1996, WAPCAS had been hiring sex workers across Ghana to mobilize their peers on HIV and sexually transmitted infection prevention.

CHANGING PERSPECTIVES

Over 300 active duty police officers, drawn primarily from the four regions of Ghana with the highest number of female sex workers,⁶ were given in-service training about the rights of sex workers. Of the police who underwent training, 180 were officers from across the country who were already serving as “police focal points” on HIV.⁷ The project built on this structure and tasked these officers with collaborating regularly with sex workers within their communities. The research findings were shared and, in what proved for many officers to be a watershed moment, sex workers themselves spoke of the impact that police repression and abuse had on their lives. Police were instructed

about the consequences of abusive behavior and the importance of divorcing their moral beliefs from their professional functions. Blantari led discussions that focused on the discretionary power police exercise in carrying out their work and how they could affect positive change in the lives of sex workers by reducing raids, ensuring that sex workers could carry condoms, and taking their reports of violence seriously.

Five hundred new recruits also underwent a training created jointly with UNFPA on rights-based approaches to policing and the rights of marginalized populations. Based on the success of this intervention, the training was formally

500

Five hundred new recruits also underwent a training created jointly with UNFPA on rights-based approaches to policing and the rights of marginalized populations.

[6] The regions were Greater Accra, Western Region, Eastern Region and Ashanti.

[7] This includes 170 district focal points and 10 regional focal points.



incorporated into Ghana's official police training program for new recruits, which is delivered in all seven of its police training institutions. The training consists of six modules, each 4-8 hours in length, including modules on "HIV-Related Stigma, Gender Discrimination and Violence," "HIV and Human Rights" and "The Role of the Police When Working with Vulnerable Populations." Twenty-four instructors from across the training schools participated in a two-week

intensive training-of-trainers equipping them to teach the curriculum. Blantari explains that the training of recruits is particularly critical since, given their patrolling duties, "the likelihood of them coming into contact with sex workers is very high." The Ghana Police Service has also developed an in-service model of the training, targeting active service personnel, that is being rolled out to as many officers as possible. It has developed a documentary for use in both efforts.

CREATING JOINT STRATEGIES TO ADDRESS ABUSE

The 180 police focal points were encouraged to work with sex workers to create and implement joint action plans to improve the environments in which sex workers are working. Some action plans consisted simply of police focal points providing their phone numbers to sex worker leaders so that they could safely report abuse to a supportive officer. Other action plans were aimed at identifying additional supportive police officers in certain jurisdictions.

In Accra region, police agreed to work toward stopping the use of raids as a tactic

against sex workers and, if sex workers were arrested for other crimes, to ensure they had access to legal representation through civil society organizations like the International Federation of Women Lawyers in Ghana and the Human Rights Advocacy Center. As Blantari explains, "even though sex work is criminalized, we are discouraging the police as much as possible from going after sex workers because it drives them underground. The moment they go underground, it means that all the interventions that we are using

In Accra region, police agreed to work toward stopping the use of raids as a tactic against sex workers and, if sex workers were arrested for other crimes, to ensure they had access to legal representation.



Chief Superintendent Blantari gave his number to WAPCAS to ensure that if sex workers had trouble with their police focal points or needed police assistance but were unable to reach their contacts, they could reach out to him to address their concerns.

national resources to fight, to bring down the infection, will go to waste. And we will lose.”

Chief Superintendent Blantari and police focal points also attended bi-annual meetings that WAPCAS began organizing with sex workers in 2010 to provide tips on documenting abuse they experienced or witnessed.

A USAID supported project, implemented by FHI 360, dovetailed nicely with these efforts by establishing a network across Ghana to respond to rights violations against “most at risk populations.” Sex workers and other marginalized groups were trained about their rights and how to become “M-Friends,” or pivotal point people in their communities to whom peers could report abuse. At the same time, influential community members such as lawyers, human rights advocates, and health care providers were taught to be “M-watchers,” meaning key allies in assisting with cases of abuse. At the suggestion of Chief Superintendent Blantari, police officers were included as M-watchers and the projects overlapped in a mutually strengthening way: 10 police focal points attended “M-Watcher” training and sex worker leaders at WAPCAS were among the sex workers trained as “M-Friends.”

MONITORING

To ensure that change was occurring and proposed actions were being implemented, sex workers and police focal points shared all joint actions plans with Chief Superintendent Blantari. He monitored progress by conducting site visits to the districts and calling the sex worker leaders directly to check-in. He gave his number to WAPCAS to ensure that if sex workers had trouble with their police focal points or needed

police assistance but were unable to reach their contacts, they could reach out to him to address their concerns. He regularly contacted the police focal points to check-in and routinely briefed the inspector general and upper ranks of the police about the progress of the project. The inspector general encouraged all officers in command positions to monitor cases of abuse by their subordinates and address them.



RESULTS

Nana Yaa reports that police raids against women on the street or in their homes have all but stopped. Blantari monitors the police service's data on arrests and indeed, according to these, there were no charges for "solicitation" in Accra in 2012. As Nana Yaa explained, "before, on the roadside, every Friday, Saturday or Sunday, they would come and arrest us and take us to the station unless we paid them off or slept with them. Now, they only arrest you if there is a crime, for example if you stole from someone." This is a significant improvement given that in 2009, over half of sex workers surveyed reported having been arrested by police.⁸

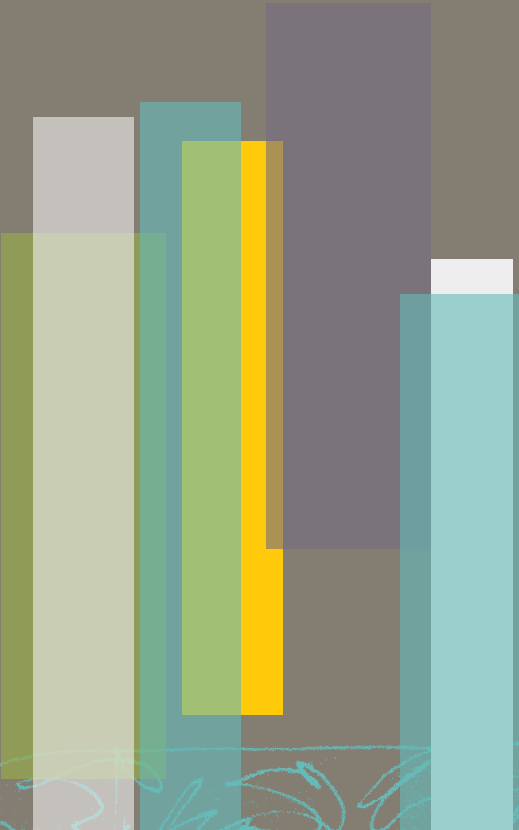
In regions where sex workers had never previously reported abuse, reports have started to trickle in. In 2012, a sex worker

contacted Nana Yaa for help after she was stabbed. When the police didn't respond to the sex worker's report, Nana Yaa and WAPCAS contacted Blantari who immediately referred them to a police focal point who opened a file and pressed charges against the perpetrator. Comfort Asamoah Adu, a staff member of WAPCAS, explains that in the past sex workers "would come to us after abuse, but it was so hard to know what to do." She says that now that police are part of the intervention and sex workers know where to go for redress, "perpetrators [will] know we have a place to go to report abuse" and "it will change the levels of abuse." While things have gotten much better for women, a female sex worker noted that male and transgender sex workers still experience abuse.

Nana Yaa reports that police raids against women on the street or in their homes have all but stopped.

[8] Esi Awotwi and Jones Blantari, "Rights Abuses of Female Sex Workers by Law Enforcement Agencies." Abstract presented at the 19th International AIDS Conference, Washington D.C., July 22–17, 2012.





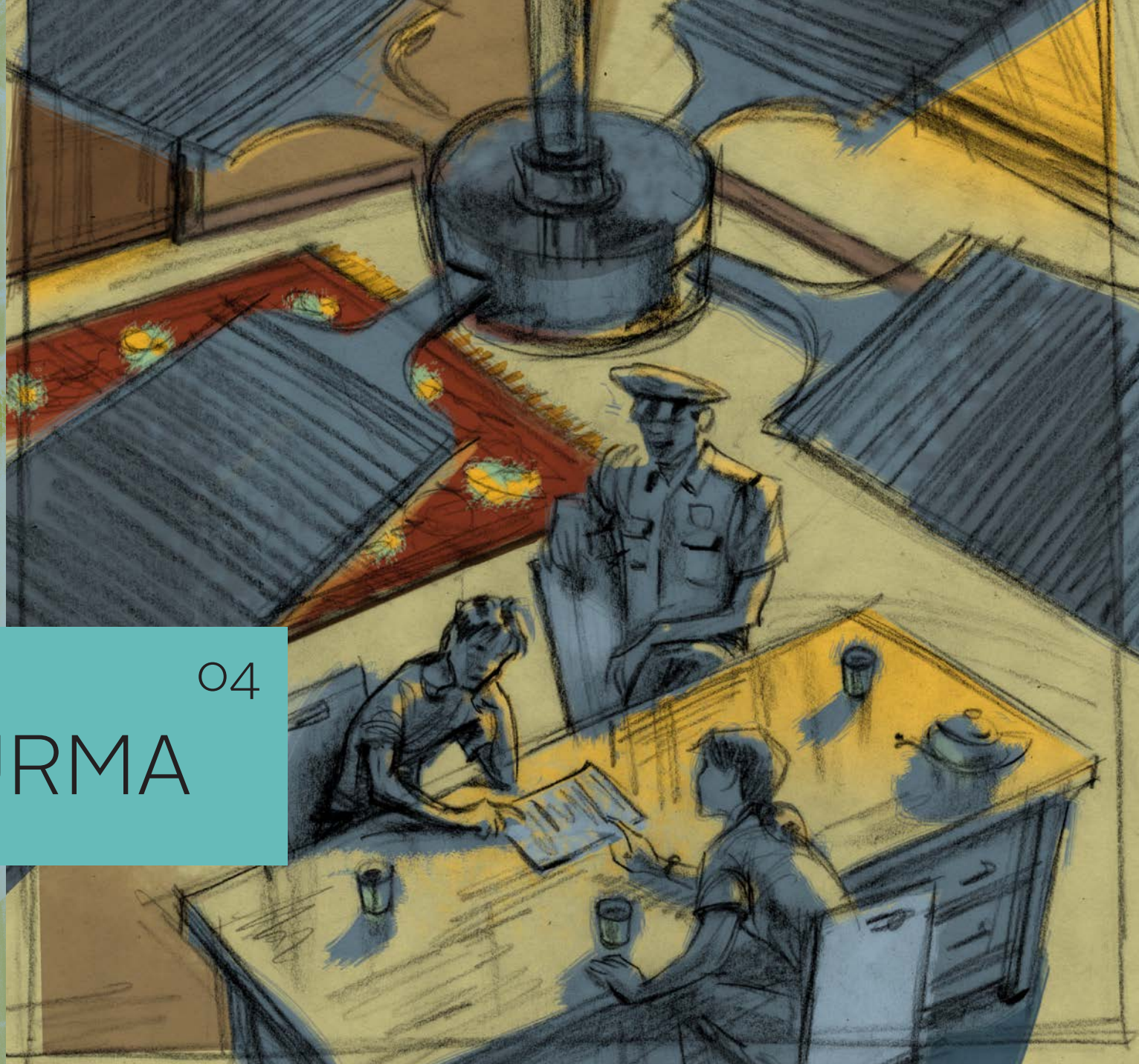
“If every police officer was part of this program, it would help a lot because if we’re hurt, we could go to the police station and know that we would always find a friendly officer.”

Working together in an ongoing way with sex workers has played a large part in diminishing prejudicial attitudes about sex work among police. Nana Yaa had been so afraid of going into her first meeting with police officers that she and other sex workers had demanded that WAPCAS guarantee their protection before they would agree to attend. She is now one of the people who would like to see more meetings between police and sex workers. “Now, many of the police are our friends. We can call them when there is abuse. But the police who have not yet been to such meetings do not understand us yet. If every police officer was part of this program, it would help a lot because if we’re hurt, we could go to the police station and know that we would always find a friendly officer.”

In Ghana, it is not only sex workers who have that vision for the future. Police officers like Chief Superintendent Blantari share it. As Blantari puts it, “I see a sex worker as any other human being whose life I have been called to protect as a policeman. Every individual—regardless of the job he or she is doing—must be protected.” ■

04

BURMA



In Burma in 2004, HIV prevalence was on the rise and the epidemic was concentrated mainly among people who injected drugs. There were no freestanding programs geared specifically to people who injected drugs, and they were afraid to access local health services due to intense stigma at area hospitals, and because laws specified that all drug users should be registered with the government and that police should arrest them.

BURMA

33

Community members were encouraged to report anyone using drugs to authorities. In this environment, people who inject drugs stayed away from any official health services even when they were very ill.

To improve the health of people who inject drugs, the local UN Office on Drugs and Crime brought together a working group that included international and national nongovernmental organizations, other UN agencies, representatives of bilateral government projects, and government representatives—including the police. Together, they sought to conduct a pilot project to provide harm reduction services to reduce HIV among people who inject drugs.

The group chose Lashio Township, in northern Shan State, as the location for their pilot. HIV prevalence among people who inject drugs in Lashio was among the highest in the country at 65–75 percent.¹ Importantly, authorities also expressed willingness to allow such a pilot in their township. Police Colonel Hkam Awng, the Joint-Secretary of the Central Committee on Drug Abuse Control (CCDAC) within

the Ministry of Home Affairs, was supportive of the project from the outset. “I personally thought we were fighting a losing battle with our drug control emphasizing supply reduction and law enforcement efforts,” he explains. “We were just putting people in prisons and their families in peril and misery, rather than trying to help these people become good productive citizens.” A harm reduction approach, which proposed health services rather than arrest for people who use drugs, offered an alternative. “When I was briefed on the harm reduction approach,” Colonel Awng recalls, “it seemed like a risk worth taking rather than clinging to our outdated and failing methods.”

There had been earlier efforts at services for people who inject drugs and they had failed, in part, because drug users were very afraid of police. Dr. Gyaw Htet Doe from a non-governmental organization called the Substance Abuse Research Association (SARA) worked for two years to promote services for drug users in Lashio Township. This earlier project had placed outreach workers in hospitals



[1] National AIDS Programme. “HIV Sentinel Sero-surveillance Survey Report, 2012.” Naypyitaw: Ministry of Health, Myanmar, 2013.

that reached out to people who inject drugs and encouraged them to get care. But fear of arrest meant many drug users were still afraid to come forward.

This time, groups collaborating on the project envisioned providing a full spectrum of harm reduction services, including a drop-in center where people who inject drugs could

come for basic health care, disease testing and treatment, clean needles, withdrawal treatment, and drug treatment without fear of arrest. But they knew that in order to be successful, they needed to get support from both the police and the community for an approach that was a complete shift from the focus on stigmatization and punishment that was prevalent at the time.

SECURING POLICE SUPPORT FOR HARM REDUCTION SERVICES

The biggest challenge was receiving permission from the local Anti-Narcotics Task Force for the project. Support from the CCDAC helped, but police in Lashio had varying attitudes toward the proposed harm reduction programs. Some expressed worries that such programs might increase drug use, or be against the law. The policy climate put police and people who inject drugs at odds. “Drug use was not permitted by law. So naturally the police viewed the drug users as an offender, with the police and the ‘offender’ in opposite poles,” explains Dr. Gyaw from SARA.

The most important undertaking was to get the supervisor of the anti-drug unit on board with the concept of harm reduction. The fact that the drug units were under the command of Colonel Awng—who was supportive—made this easier. The Burnet Institute, which had support from the Australian government to train officers in Lashio and elsewhere in Burma, also helped. They had trained police in Australia in harm reduction, and emphasized how the approach had proved successful in reducing HIV without increasing drug use.

“The drug unit supervisor in Lashio at the time, Police Captain Myint Thein, was exceptionally sharp... and was willing to try the concept,” says Colonel Awng.

Though it was still viewed as too sensitive to bring people who inject drugs themselves in the police training, the Burnet Institute met with a group of people who used drugs to discuss key messaging. Drug users wanted police to understand that they were not criminals—simply people who need help rather than punishment.

According to Dr. Gyaw, police responded by saying that they had nothing personal against drug users, and that if higher authorities agreed, they would not arrest them simply for drug use. In discussions with police, Dr. Gyaw also asked them how health advocates could help make their job easier. Police had concerns that outreach workers could be traffickers trying to gain access to a large pool of customers. In order to appease these concerns, the partners agreed to allow the police to do background checks on staff, so they could see that they were not drug traffickers. Police



The most important undertaking was to get the supervisor of the anti-drug unit on board with the concept of harm reduction.

The task force reached an understanding with the local Anti-Narcotics Task Force that they would not enforce the strict drug laws that allowed them to arrest a drug user who had not registered with the government, and who was not attempting to get treatment.

also wanted outreach workers to have IDs, so that they could be readily identified as part of the project. The group had no problem with this request. In this way, police saw that the process was a collaborative one, and that their concerns were acknowledged and addressed.

Those implementing the project also had conversations with people who inject drugs about the realities of working with police. “We had to teach injecting drug users that in order for us to control HIV among them, they will also have to try and understand the limitations of the police,” explains Dr. Gyaw. For example, people who inject drugs needed to understand that the police were displaying a certain level of empathy to allow harm reduction services to be piloted, even though the punitive drug laws had not been revised. It was important for people who inject drugs not to do things like openly use drugs in public places, or throw used needles in the streets.

Through trainings and workshops, the task force reached an understanding with the local Anti-Narcotics Task Force that they would not enforce the strict prevailing drug law that allowed them to arrest a drug user who had not registered with the government

and who was not attempting to get treatment. “The police became aware that they had a role to play in reducing the HIV prevalence among people who inject drugs,” says Dr. Gyaw. “The most important thing was to recognize that the police were also concerned people. They are concerned for people who inject drugs, and about the spread of HIV. You have to have team spirit, develop it, and then you can achieve your objective of reducing HIV among drug users.” They did not have any specific training on how to develop team spirit, but instead relied on intuition and trial and error. “We invited the police to take part early on in the planning process so solutions could be worked out well before the intervention actually began. This planning ahead helped to address friction points long before any defensiveness could set in among key players,” Dr. Gyaw explains.

Captain Thein initiated monthly coordination meetings with the township authorities, police department officials, non-governmental organizations, and others working in Lashio to update each other on project activities, achieve transparency, and build understanding, trust and confidence among the police, drop-in centers, and people who inject drugs.

ACHIEVING BUY-IN FROM THE COMMUNITY

Getting support from local police was essential. But before they could open a drop-in center or begin providing harm reduction services, partners thought it was important to introduce the idea to the community and get local buy-in as well. The partners started off slowly. They spent the first

few months informing the community about their intentions at sports gatherings and pagoda festivals. They spoke mainly about high levels of HIV among drug users and the importance of providing health services that people who inject drugs would feel comfortable attending.



When the drop-in center finally opened, more than 100 people came in the first month. Outreach workers, who were chosen because they knew the location of local drug purchasing and injecting sites, would go there and give people basic services such as clean needles and syringes, sterile water for injecting, alcohol swabs, condoms, withdrawal management, and referrals to drug treatment. If they needed more services, workers would transport them on the back of a motorcycle to the drop-in center. Clients were assured of strict confidentiality, and there was no requirement to disclose their name or address, or to show their national identification.

Eventually, the drop-in center offered primary health care (with a nurse and doctor on site), voluntary HIV counseling and testing, and referrals to tuberculosis testing. Outreach

workers are also available to refer people who inject drugs to a local tuberculosis or antiretroviral treatment clinic if needed and accompany them there to make sure they feel comfortable and supported. After several years of implementation, methadone treatment became available. Now, if people are interested in enrolling in a methadone program, the outreach workers help to direct or accompany them to the nearby clinic.

One of the most popular services offered is withdrawal management. If people who inject drugs are unable to procure drugs, they know they can come to the drop-in center to receive medicines to relieve the pain and discomfort of opiate withdrawal. The drop-in center also responds to other basic needs, providing people a place to wash up, get clean donated clothes, and find companionship among peers.

RESULTS

“For the first time in their lives, drug users had a place where they could have access to health and social services with respect for their human rights and dignity,” says Dr. Gyaw. “They start to gain self respect by having a group of organizations that take care of their health needs. This goes a long way in reducing the stigma and discrimination surrounding drug use. It also

means that drug users who have been mostly ‘underground’ and ‘out of reach’ from the health services’ radar have now become visible, and their special needs identified.”

Since the project began, HIV rates among people who inject drugs in Lashio declined from 65–75 percent in 2004 to 20–30 percent in 2011.² The community now has a relatively

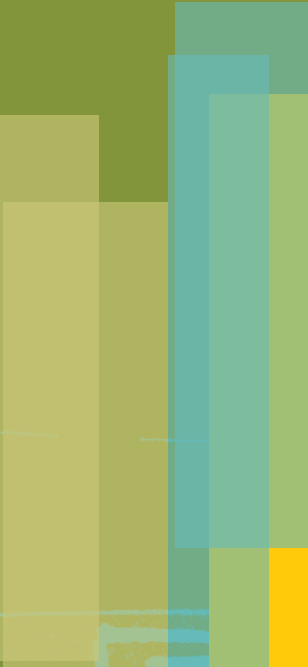
65-75%

↓

20-30%

Since the project began, HIV rates among people who inject drugs in Lashio declined from 65–75 percent in 2004 to 20–30 percent in 2011.

[2] Ibid.

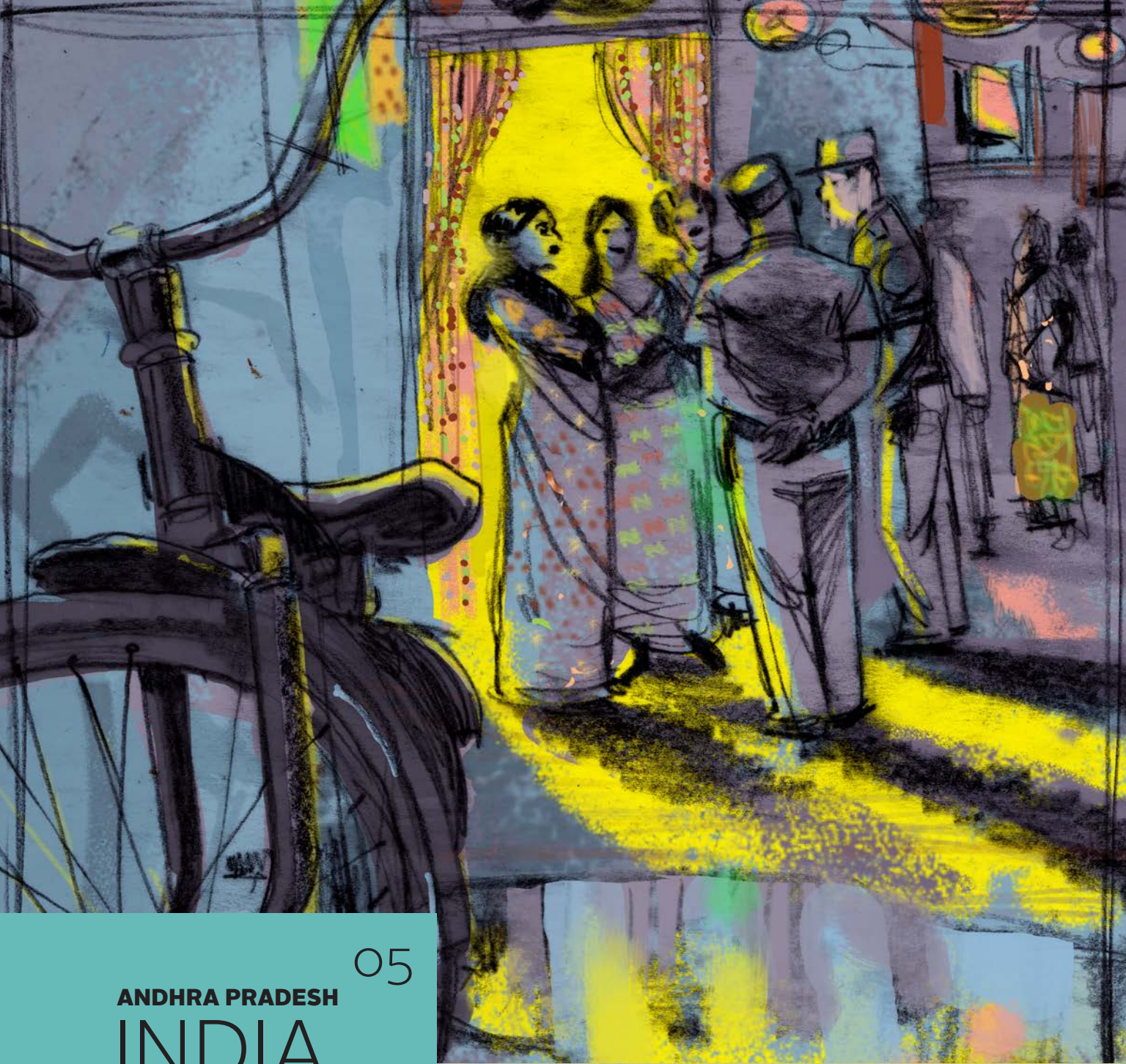


Today the police even bring potential clients to the drop-in center, rather than arresting them. They also sometimes bring family members to the center so that they can access counseling and support for coping with a loved one's drug use.

positive view of the harm reduction efforts. “They cannot see the reductions in HIV; the most visible thing to them is that drug users are no longer chaotic. People are no longer fighting, they are not panicking about withdrawal.”

Today the police even bring potential clients to the drop-in center, rather than arresting them. They also sometimes bring distraught family members to the center so that they can access counseling and support for coping with a loved one's drug use. The “Lashio model” has multiplied, and today there are some 40 drop-in centers. In Lashio itself, however, some projects have had to close because the Three Diseases Fund ended its activities in 2012. Willy De Maere from the Asian Harm Reduction Network was also involved in the early days of the project, and gives the Lashio project credit for paving the way for other programs because it acted as a “showcase” to help encourage support for harm reduction programs from donors, like the Global Fund to Fight AIDS, Tuberculosis and Malaria.

While harm reduction has been incorporated into the National Strategic Plan for Control of HIV in Burma, strict drug laws that encourage registration and arrest of drug users remain. Dr. Gyaw summarizes, “harm reduction can be done anywhere if you listen to community concerns. Instead of blaming police, we can work in partnership if we frame things in terms of shared concerns—HIV, social support, and education. It is not a matter of who leads the project—health or police—we need to work together.” ■



05

ANDHRA PRADESH
INDIA

“We were very scared of police,” said Priti,¹ remembering what life was like for her and other female, male, and transgender sex workers in Nellore, a district in Andhra Pradesh (AP), India, in the mid-2000s.² She said the police in Nellore “used to come and beat us, arrest us, and book us under false charges because they had [arrest] targets to meet.”

In 2006, research findings echoed this statement, showing that sex workers in AP routinely experienced physical and sexual violence from police and unlawful arrest.³ Sex workers also faced frequent police extortion.⁴ Sapna, a sex worker from AP’s Krishna district, recollected, “the police are the people who used to harass us the most.” As one researcher explained, in the eyes of police, sex workers were “sometimes pitied, but always stigmatized, ignored by the police if possible, exploited when convenient, and arrested when necessary to address a complaint.”⁵

Police raids and violence threatened not only the safety and freedom of Priti, Sapna,

and their colleagues, but also their health. Sex workers in AP are working in the midst of what is called a “generalized HIV epidemic” in public health terms, meaning that at least one percent of the population in the state is HIV-positive. Sex workers and other criminalized groups are disproportionately affected by HIV, and are especially at risk in places where they face violence, police repression, or poor working conditions, such as condom seizures by police. The sex workers in Nellore and Krishna were grappling with all of these concerns.

Priti, like most of her fellow sex workers, understood that the raids they experienced previously were principally motivated by the

INDIA

39



Police raids and violence threatened not only the safety and freedom of Priti, Sapna, and their colleagues, but also their health.

[1] The names of the sex workers interviewed for this case study have been changed to protect their anonymity.

[2] Andhra Pradesh was one of India’s largest states, located in southern India. In June 2014, it was bifurcated into two states. We have retained reference to Andhra Pradesh in this report in order to accurately reflect the geography covered through the work.

[3] Fiona Samuels, Ravi K. Verma, and C.K. George, “Stigma, discrimination and violence amongst female sex workers and men who have sex with men in Andhra Pradesh, India.” *Gender and Health: Policy and Practice* (2006): 95.

[4] Monica Rao Biradavolu, et al., “Can sex workers regulate police? Learning from an HIV prevention project for sex workers in Southern India.” *Social Science & Medicine* 68 no. 8 (2009): 1541–1547.

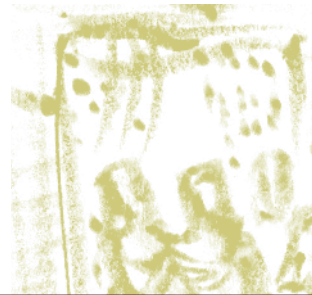
[5] *Ibid.*, 1545.

fact that sex workers were “easy targets” for low-level officers to meet arrest goals. In response, she and other sex workers in Nellore collectively reached out to police to negotiate a private compromise: whenever police needed to show arrest results, 12 to 15 sex workers would voluntarily “turn themselves in” to police. In exchange, the police agreed not to be violent, detained the women for a few hours, and only issued them fines. Sex workers organized amongst themselves to collectively pay these fines for whichever women “went to be arrested” that month.⁶ Though this is not a model for human rights-based policing, it reflects the degree to which both police and sex workers recognized that raids and police repression are ineffective, and in nobody’s best interests.

As early as the 1990s, the health impact of criminalizing sex work on sex workers was on the radar of a number of government actors in India. In 1995, public health officials began HIV-prevention work with sex workers as part of the Sonagachi Project in Kolkata. The project organizers recognized that empowering sex workers would enable them to better protect themselves from HIV, and supported sex workers to organize for their human and labor rights through the sex worker-led Durbar Mahila Samanwaya Committee (DMSC). Sex workers of the DMSC eventually went on

to run the Sonagachi Project, establishing a model of collectivization and empowerment. This model is credited with holding HIV-prevalence rates among sex workers in Kolkata stable at 5.17 percent, while they climbed to 54 percent and 49 percent, respectively, in the cities of Mumbai and Pune.⁷ The success of the model, and the work of activists across India to promote it, led the government to take notice. India’s National AIDS Control Organization (NACO), now called the Department of AIDS Control (DAC), became a strong supporter of collective-empowerment approaches to sex work and prevention of HIV.

By 2002, NACO had been implementing programs for sex workers in AP for several years, in partnership with state run agencies like the Andhra Pradesh State AIDS Control Society (APSACS). It was at this time the Bill and



The project organizers recognized that empowering sex workers would enable them to better protect themselves from HIV, and supported sex workers to organize for their human and labor rights.

[6] Similar arrangements have been documented in other locations in Andhra Pradesh. See Monica Rao Biradavolu, et al., 2009.

[7] Ishika Basu et al., “Evidence for the efficacy of the Sonagachi project in improving condom use and community empowerment among sex workers: results from a cohort-control study.” Abstract presented at the 15th International AIDS Conference, Bangkok, July 11–16, 2004.

Melinda Gates Foundation announced that it would partner with NACO to fund the scale-up of HIV prevention efforts under the Avahan Project. The Gates Foundation was inspired by DMSC's approach and chose to focus heavily on funding female, male, and transgender sex work projects in the states with the highest HIV-prevalence, including AP.⁸ In 2004, Avahan partnered with Hindustan Latex Family Planning Promotion Trust (HLFPPT) to set up the "Swagati Project" in nine districts along the AP coast, including Nellore and Krishna.

Swagati, which means "self-propelled" in the local language of Telugu, opened drop-in centers and trained sex worker leaders to mobilize and support other sex workers in reducing HIV risk behaviors, accessing health and HIV prevention services, and advocating for their rights through their own sex worker-led community-based organizations.⁹ Through these organizations, Swagati offered sex workers training in legal literacy, human rights, and communication skills.

INDIA

41

CRISIS RESPONSE SYSTEMS

Swagati also established sex worker-led crisis response teams through the community-based organizations.¹⁰ The teams operate through a hotline publicized to other sex workers through flyers and word-of-mouth. Sex workers can call the hotline if they are in danger, have experienced violence, or are facing a crisis and need assistance. Teams have identified supportive police within their districts that they can call to report abuse, and police can contact crisis-team members if they encounter

a sex worker in distress. If sex workers have been arrested or abused, crises response teams accompany them, whether to the police station, lawyers' offices, or the hospital, to ensure their rights are respected and that they can access the services they need. Sex workers made 660 calls to the hotline between 2006 and 2012 to request assistance in reporting abuse to the police, and police dealt with 90 percent of these cases within 24 hours.¹¹



[8] Bill Rau, "The Avahan-India AIDS Initiative: Promising Approaches to Combination HIV Prevention Programming in Concentrated Epidemics." Arlington: John Snow, Inc., 2011.

[9] HLFPPT, *Carving A New Future: The Swagati Experience*. Hyderabad: HLFPPT, 2004; and B R Chakravarthy et al, "Community mobilisation programme for female sex workers in coastal Andhra Pradesh, India: processes and their effects". *Journal of Epidemiology & Community Health* 66, Suppl. 2 (2012): ii78–ii86.

[10] HLFPPT, *Report on Swagati Collaboration with Police*. Hyderabad: HLFPPT, 2012.

[11] Ibid.



POLICE TRAINING

In 2008, UNAIDS formulated an HIV strategy for police that was endorsed by the Ministry of Home Affairs and NACO. It also developed a model action plan that guided the state police departments in HIV prevention for police personnel and their families, and outlined police responsibility for proactively supporting HIV programs, including those working with criminalized groups. The Ministry of Home Affairs instructed police leadership in all states to designate officers at state and district levels as key contacts for civil society groups working on HIV.

In 2010, NACO introduced police training on sex workers' rights into its National Action Plan, and mandated that state organizations below it, such as APSACS in Andhra Pradesh, approach high-level police officers and grass-roots sex worker-led community based organizations to bring them together to discuss. APSACS' governmental status was key in convincing police leadership of the importance of the training in a way that would have been impossible for Swagati or even large nongovernmental organizations. Staff at APSACS convinced police leadership in part by showing photos of sex workers who had experienced

violence at the hands of police, and in part by packaging the proposed curriculum with basic HIV-related information that the police had requested. One of the most striking features of the resulting three-and-a-half day training was that sex workers themselves were trained as "master trainers" and went on to instruct more than 4,000 serving officers in 23 districts of AP, including Nellore and Krishna,¹² where Sapna served as a trainer.

The key contact, or "nodal officer," for coordinating with nongovernmental organizations in AP was also in charge of police training. She understood the issues marginalized communities faced and ensured that information on HIV and human rights was included in the curricula of all police academies and colleges at the state and district level. Among other things, the trainings instruct police that India's Immoral Trafficking Prevention Act should not



One of the most striking features of the resulting three-and-a-half day training was that sex workers themselves were trained as “master trainers” and went on to instruct more than 4,000 serving officers in 23 districts of AP, including Nellore and Krishna, where Sapna served as a trainer.

[12] APSACS, AP Police Department, and Avahan Partners, *BLENDS: A Convergence Initiative for the Prevention of HIV/AIDS: A Comprehensive Document on Sensitization and Convergent Partnership with Police Department on HIV/AIDS & TI Component*. Hyderabad: APSACS and HILFPPT, 2011.

When sex workers working as peer educators faced police harassment, police officers affiliated with the convergence forums in several districts, including Nellore, signed ID cards for them, allowing them to do their work without interference.

INDIA

43

be used to target sex workers.¹³ A memo from police leadership reinforces this point, stipulating that sex workers should not be charged with solicitation and that “if, in the future, any

cases are booked against women for soliciting, the explanation of the concerned officers [will] be called for and action [will be] initiated against them.”¹⁴

CONVERGENCE FORUMS

In 2009, district-level “convergence forums” were established, bringing together government officials from various departments, human rights advocates, police and sex workers under the chairmanship of the district magistrate, the top administrative officer in the district. The forums are meant to resolve the human rights abuses and discrimination sex workers face from various state bodies, including police, and provide a platform to advocate for social entitlements and other welfare schemes due to sex workers and their families. Recently, state law in AP made these sex worker-police-government convergence forums permanent structures, and sub-district level convergence forums have been established in areas where

Swagati is working. The forums have had the greatest impact where district magistrates are supportive and get other government bodies to take them seriously.

While the AP convergence forums have not explicitly addressed police abuse and raids to date, there are areas of improved collaboration. For example, when sex workers working as peer educators faced police harassment, police officers affiliated with the convergence forums in several districts, including Nellore, signed ID cards for them, allowing them to do their work without interference. The forums have also proven effective mechanisms for sensitizing police to the challenges sex workers face in claiming civil and economic

[13] India HIV/AIDS Alliance. *Mee Nestam: Strengthening Partnerships for Public Health* (Police Training Module). Hyderabad: HIV/AIDS Alliance, 2010.

[14] Memo from Director General of Police of the Criminal Investigations Department, A.P. April 14, 2003. C.No.21DIG/WPC/CID/2003.



rights. Statewide, the forums have helped hundreds of sex workers in accessing voter registration, food ration cards, and health services.¹⁵ Since their inception, convergence forums have been utilized by 115 sex workers

to ensure that their applications for social housing were not barred from consideration, which resulted in 30 sex workers getting homes under government housing schemes.

BUILDING RELATIONSHIPS, BREAKING DOWN STIGMA

Sex workers involved in community-based organizations have tried to break down barriers and build bridges by inviting police and other government staff from various departments to participate in cultural and community events they organize, including occasions like International Women's Day and International Sex Workers' Rights Day. The sex workers

involved in the Swagati Project believe that seeing police and politicians sitting alongside their peers on stage at such public events has helped diminish stigma against them from government personnel and the public at large. In one locality, police have even requested that sex workers provide trainings on safer sex and condom-use for police.

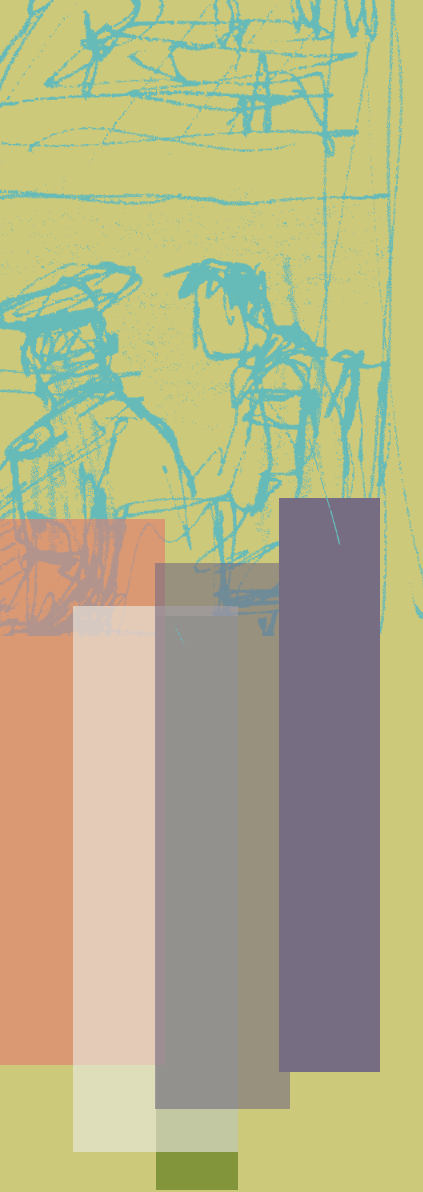
RESULTS

Sex workers and their allies agree that there is still much work to be done with police, but that clear gains have been achieved. They explain that police raids in AP have continued to occur but that police are now more likely to give sex workers an administrative "nuisance" fine rather than a much more serious charge under the Immoral Trafficking Prevention Act. Others report that sex workers are

generally left alone if they work independently on the street or from their homes, which are the predominant ways of working in most districts in the state. However, brothel raids are still reported to occur in at least two of AP's 23 districts and, despite the fact that the police now charge sex workers much less frequently for soliciting, they still regularly enforce provisions criminalizing brothels.

Since their inception, convergence forums have been utilized by 115 sex workers to ensure that their applications for social housing were not barred from consideration, which resulted in 30 sex workers getting homes under government housing schemes.

[15] In other districts of Andhra Pradesh not covered by Swagati, a survey of 1,986 sex workers found that the creation of Community Advocacy Groups (CAGs) modeled on sex worker convergence forums was statistically correlated with higher levels of access to bank accounts, ration cards and health insurance. It also correlated with a perception that police treatment had improved over the past year and a higher chance of police informing sex workers of reasons for being arrested. See: Swarup Punyam et al., "Community advocacy groups as a means to address the social environment of female sex workers: a case study in Andhra Pradesh, India." *Journal of Epidemiology & Community Health* 66, Suppl. 2 (2012): ii87–ii94.



“This accomplishment should not only be lauded, but should be highlighted so others can follow a similar model.”

Nonetheless, there is no doubt that the situation has improved in important ways. The percentage of AP’s sex workers reporting that they felt they were treated fairly by police grew from 6 percent in 2006 to 50 percent in 2010.¹⁶ According to Sapna, before the projects began police in Krishna would rarely talk to sex workers in their daily interactions. However, after working with them in the crisis teams and through the trainings, the relationship is now at least “cordial.” Sapna’s own experience in a crisis-team led to the freeing of sex workers who were unlawfully detained, and in getting help from police to apprehend a man who was trying to force a young woman to do sex work. Sarita Jadav of UNAIDS reflected on the change saying that, “despite all odds and challenges, the sex worker-led community-based organizations have formed an efficient partnership with law enforcement agencies, addressing violence and issues related to the health and human rights of sex workers.”

Jadav says, “This accomplishment should not only be lauded, but should be highlighted so others can follow a similar model.” Sapna also sees the changes as significant progress—which she says makes her hopeful. ■



06

KYRGYZSTAN

“Police officers had been trained that drug users were the enemy. The enemy to self, the enemy to society, the enemy to the state,” recalls Aleksandr Zelichenko, a former colonel of the police force whose 38-year tenure included time in Kyrgyzstan’s state drug control service. Following the breakup of the Soviet Union and the opening of Kyrgyzstan’s borders, the country became a transit route for opium from Afghanistan.

KYRGYZSTAN

47

Heroin use—and HIV infection transmitted through shared injecting equipment—increased. Today, the HIV epidemic remains concentrated among marginalized groups, with HIV prevalence among people who use drugs at 15 percent and sex workers at 1.6 percent—50 and 5 times the national prevalence rate, respectively.¹

As in much of the former Soviet Union, policing and health services in Kyrgyzstan were often intermingled. It is common for police to raid organizations that provide services to sex workers and people who use drugs, and to harass program clients as they attempt to access clean needles, condoms, methadone treatment or other vital health services. The growth of the HIV epidemic, however, forced changes in attitude for Colonel Zelichenko and other law enforcement officials. Zelichenko

saw how drug policies were forcing people who used drugs into penitentiary settings while letting drug suppliers go free. “Over 70 percent of those behind bars for drug-related crimes were serving time for their affliction, their illness, while real sharks escaped prosecution altogether and never even saw the inside of a court,” explains Zelichenko. “We needed to change our tactics.”

International experts offered an alternative: harm reduction. Zelichenko and other ranking officers, such as Osh police chief (and later, deputy interior minister) Rasulberdy Raimberdiev, went on a study tour to Poland, where they saw that people who used drugs could be offered services such as needle and syringe exchange rather than arrest. The Open Society Foundations and the United Nations



70+%

Over 70 percent of those behind bars for drug-related crimes were serving time for their affliction, their illness.

[1] Leo Beletsky et al., “Policy reform to shift the health and human rights environment for vulnerable groups: The case of Kyrgyzstan’s Instruction 417,” *Health and Human Rights* 14, no. 2 (2012): 34–48.

Development Programme offered funding and technical assistance to set up such services in Kyrgyzstan, later also supported by Global Fund and development agencies from the UK and Germany; however, law enforcement remained a barrier. Each time police staked out a drop-in center or needle exchange site, it would completely undermine trust between sex workers and people who use drugs, and the organizations working to provide them with life-saving services. Police also commonly arrested people who were carrying used syringes to return to harm reduction sites.

Organizations working to address HIV used police officers' own concern about infection as a starting point for dialogue. Police were worried about needle-stick injuries on the job, so discussion of clean needle programs offered an entry point. "We began telling officers, 'Here, we are going to teach you how not to get infected on duty,' recalls Zelichenko. "Police began to cooperate more actively." From there, discussion broadened to include a range of issues related to the health and human rights of sex workers and people who used drugs.

HIGH-LEVEL INSTRUCTION TO POLICE

HIV organizations in Kyrgyzstan recognized that in police structures, as in the military, formal command from above was critical. In 2003, civil society groups convinced Kyrgyzstan's Ministry of Internal Affairs to issue

Order 389 (updated to Instruction 417 in 2008) instructing police not to interfere with HIV health service delivery. The decree prohibited the police from interfering with the operation of syringe exchange and methadone programs,

Each time police staked out a drop-in center or needle exchange site, it would completely undermine trust between sex workers and people who use drugs, and the organizations working to provide them with life-saving services.



or with outreach activities to sex workers and people who use drugs. It also required police to undertake occupational safety activities to prevent and treat HIV infection.

According to Zelichenko, the order sent a clear message to police throughout Kyrgyzstan. “An order is an order. Whether you like this approach to harm reduction or not, whether you like to work with vulnerable groups this way or not, if you are a cop you have to follow that order.” Civil society members and police officers worked in teams visiting local police stations to monitor compliance. According to the Kyrgyzstan Country Director of AIDS Foundation East-West (AFEW), Natalya Shumskaya, “the first monitoring results were not very good,” but they motivated police personnel to “pick up these instructions and read them carefully.” By the second round of visits, the

stations had trained their staff on the instructions. Some stations even started special ledgers to document reported abuses.

A 2013 change in government offered an opportunity to add more protections. Where the old order only covered the activities of the Ministry of Internal Affairs, a Joint Order issued in 2014 by the Ministry of Internal Affairs, the Drug Control Service, the Ministry of Health, and the State Service of Corrections instructed all related personnel to refrain from harassing “most at risk populations,” including when they are seeking health services. The updated order also instructs police to carry naloxone, an antidote for overdoses from heroin and other opioids, so that they can reverse overdoses they encounter during the course of their duties.²

KYRGYZSTAN

49

POLICE EDUCATION

AFEW, Soros Foundation Kyrgyzstan, and other civil society partners also worked with Kyrgyzstan’s Police Academy to include HIV prevention and good practices toward marginalized groups

as part of the official Police Training Program. In 2009, the academy launched a 46-hour course on harm reduction, sex work and HIV, making the curriculum mandatory for all



2014

A Joint Order issued in 2014 by the Ministry of Internal Affairs, the Drug Control Service, the Ministry of Health, and the State Service of Corrections instructed all related personnel to refrain from harassing “most at risk populations.”

[2] The Government of the Republic of Kyrgyzstan’s Ministry of Interior, Ministry of Health, State Service of Corrections, & State Drug Control Service, *Joint Order On Strengthening HIV Prevention Activities While Interacting with MARPs* (2014).

fourth-year cadets. The course includes lectures, workshops and self-learning activities, and is supported by textbooks in Russian and Kyrgyz which cover basic facts about sexually transmitted infections, policies on sex work and drug use, job safety, and contact details for local programs. Representatives from drug user and sex worker groups, including Tais Plus and Sotsium, participated in the development of the curriculum and were instrumental in training academy lecturers in its delivery.

AFEW and partners also initiated trainings for serving officers. They have conducted more

than 40 continuing education trainings for nearly 800 police across Kyrgyzstan, employing a team-teaching approach where police officers, civil society representatives, and professional trainers deliver lectures collaboratively. The Ministerial Instruction on policing, HIV and marginalized groups is a key component of all trainings.

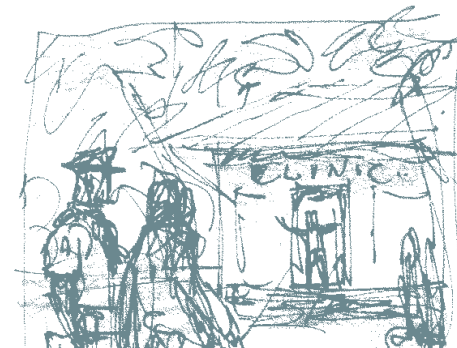
Since the Police Academy trains officers likely to become elite police managers, AFEW has expanded its efforts to institutions that train patrol police, hoping to sensitize beat-level officers to the issues and diminish harassment.

CULTIVATION OF POLICE ALLIES

Police champions committed to protecting the rights and health of sex workers and people who use drugs have also helped. In 2009, AFEW piloted a “friendly police” cadre that brings together officers identified through police trainings and recommendations from organizations working with marginalized groups. “Friendly police” participate in meet-

ings, study-tours, and discussions introducing them to the staff of sex worker and drug user groups and build their knowledge of HIV, sex work, and harm reduction. They also receive laptops to facilitate communication between other officers and civil society groups. After discovering that higher-ranking officers were reluctant to be trained by those of lower rank,

In 2009, the academy launched a 46-hour course on harm reduction, sex work and HIV, making the curriculum mandatory for all fourth-year cadets.



“Friendly police” participate in meetings, study-tours, and discussions introducing them to the staff of sex worker and drug user groups and build their knowledge of HIV, sex work, and harm reduction.

AFEW diversified selection to include more senior officers. The “friendly police” also train their peers at in-service meetings (repeating trainings often since police turnover is high) and serve as points of contact for organizations that work with marginalized groups. As of 2014, the Friendly Police Program has grown to 25 officers from Bishkek and four regions.³

In 2012, AFEW and the Ministry of Internal Affairs also established an award to recognize police officers who have significantly contributed toward HIV prevention in Kyrgyzstan,

based on nominations by civil society groups. Twenty-three officers, including Zelichenko, were honored in a ceremony in which AFEW’s Natalya Schumskaya, and the deputy minister of internal affairs, jointly presented commendations. “I am very proud of it,” Zelichenko says of the medal he received that day. He pins it at the top of his uniform, alongside a medal he received from the president for bravery in Kosovo’s peacekeeping operation “because for me personally, this work is important. Very important.”

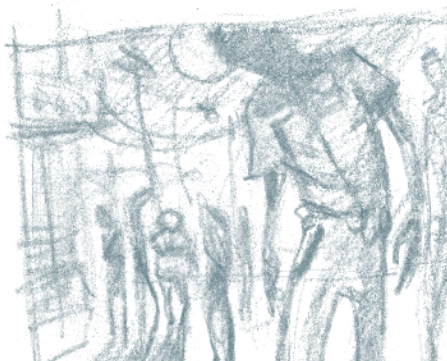
OPENING LINES OF COMMUNICATION BETWEEN MARGINALIZED GROUPS AND POLICE

Trainings have created opportunities for representatives of drug user and sex worker groups to meet police outside the frame of enforcement. Zelichenko recalls that when the Police Academy curriculum was complete, people who used drugs and sex workers presenting it at the Ministry of Internal Affairs joked that “this was the first time they were coming [to the ministry] un-cuffed.” The “friendly police” report that a major reason for their change in attitude toward marginalized groups has stemmed from in-person interactions during trainings that helped them see sex workers and drug users as human beings—like anyone else in the com-

munity. The resulting reduction in stigma has been pivotal in building greater trust.

Not all interactions between police and drug user and sex worker groups have been easy. At the seminars, “Some very heated discussions took place, up to and including accusations that AIDS service organizations supported prostitution and drug use,” says AFEW’s Schumskaya. “However, it was through such discussions, and opportunities to argue one’s position, that many in the law enforcement have come to understand the importance of harm reduction programs for vulnerable groups.”

[3] The regions included Chui, Jalal-Abad, Naryn, and Osh.



RESULTS

Several years after trainings at the Police Academy began, police—including Colonel Zelichenko—were among those who testified to Parliament about the need to reform Kyrgyzstan’s drug law. The old law criminalized possession of even the smallest amounts of drugs or a needle and syringe, making people reluctant to use harm reduction services and overcrowding prisons. In 2007, Kyrgyzstan changed its drug law, increasing by six times the minimal amount of drugs required for imprisonment, and removing penalties for possession of injecting equipment.

Instruction 417 and ties built between civil society and police have brought other successes. For example, in June 2012, Sotsium was conducting free HIV tests and other services for drug users in Bishkek, but several police officers were positioned outside, threatening to detain anyone who tried to enter. Sotsium’s director called an officer from the “friendly police” program for help, and the police outside vanished within 10 minutes of her call. The friendly officer even called back several times to ensure Sotsium’s event ran smoothly. Shumskaya cites multiple cases where police have referred sex workers or people who use drugs to drop-in centers or treatment clinics,

or helped facilitate the delivery of methadone to those in police custody. Civil society groups report that the number of outreach workers detained by police has decreased. Zelichenko says that one civil society contact told him, “we printed those instructions out and carried them with us at all times. Any time we had a problem with the cops, we would show them—here, have a look!”

Despite these gains, crackdowns and police harassment are still reported in Kyrgyzstan, especially against sex workers. In November 2013, Bishkek’s City Police Department established a department to fight human trafficking and crimes against public morality. The “Morality Department” has conducted a series of raids in Bishkek, including a December 2013 raid in which 70 street-based sex workers were detained, and forcibly tested for HIV and other sexually transmitted infections.

In multiple cases, police have referred sex workers or people who use drugs to drop-in centers or treatment clinics, or helped facilitate the delivery of methadone to those in police custody.

In 2007, Kyrgyzstan changed its drug law, increasing the minimal amount of drugs required for imprisonment, and removing penalties for possession of injecting equipment.

Advocates are working to understand the extent to which work with police is creating lasting change in policing and the lives of sex workers and people who use drugs. AFEW and partner organizations conducted a survey of police throughout the country, at all levels of service, after passage of and trainings about Instruction 471. The survey found that knowledge of Instruction 417 was associated with significantly better knowledge about and attitudes toward harm reduction programs, and better understanding of the proper procedures for engaging with sex workers; and that those trained were significantly more likely to believe that police should refer people who use drugs and sex workers to public health and social services programs.⁴ How this will impact behavior in the longer term remains less clear, but advocates like Shumskaya are optimistic.

She says, “we need to continue to raise police awareness about HIV prevention because—if they know what strategies are needed to prevent the HIV epidemic and understand their role in those strategies—they will be supportive of harm reduction programs and help us mitigate the impact of HIV.” ■

[4] Leo Beletsky et al., “Police education as a component of national HIV response: Lessons from Kyrgyzstan.” *Drug and Alcohol Dependence* 132, Suppl. 1 (2013): S48–S52.

ABOUT THE OPEN SOCIETY FOUNDATIONS

The Open Society Foundations work to build vibrant and tolerant democracies whose governments are accountable to their citizens. Working with local communities in more than 100 countries, the Open Society Foundations support justice and human rights, freedom of expression, and access to public health and education.

ABOUT THE OPEN SOCIETY PUBLIC HEALTH PROGRAM

The Open Society Public Health Program aims to build societies committed to inclusion, human rights, and justice, in which health-related laws, policies, and practices are evidence-based and reflect these values. The program works to advance the health and human rights of marginalized people by building the capacity of civil society leaders and organizations, and by advocating for greater accountability and transparency in health policy and practice.



ACKNOWLEDGMENTS

This report was written by Rachel Thomas, Sanjay Patil, Roxanne Saucier, and Anna-Louise Crago, and edited by Daniel Wolfe, Anne Gathumbi, Alissa Sadler, and Will Kramer.

The Open Society Foundations would like to thank Leo Beletsky, Heather Doyle, Mo Kham, and Torey Marston for their input and support.

Special thanks to the dedicated people and programs whose work is featured in this publication. They include:

Burma

Gyaw Htet Doe at Substance Abuse Research Association (SARA), and Colonel (Retd.) Hkam Awng;

Ghana

Esi Awatwi at UNFPA, and Chief Superintendent Jones Blantari;

Andhra Pradesh, India

Shaju Joseph and Dolly Kovvali at Hindustan Latex Family Planning Promotion Trust (HLFPPT), Sarita Jadav at UNAIDS, and T. Kailash Ditya of Andhra Pradesh State AIDS Control Society (APSACS), and Deputy Inspector General of Police (Crime Investigation Department) B.V. Ramana Kumar;

CONNECT

To download this report and other resources, please visit: osf.to/protectandserve

To get in touch with any of the individuals or programs featured in this report, or to learn more about this life-saving work, please contact us at: contact@opensocietyfoundations.org

Kolkata, India

Anindita Ray at Society for Community Intervention and Research (SCIR), Gary Reid at UNESCO, and Special Commissioner of Kolkata Police Soumen Mitra;

Kenya

Tom Odhiambo at Keeping Alive Societies' Hope (KASH), and Inspector Wilson Edung Lomali; and

Kyrgyzstan

Natalya Shumskaya at AIDS Foundation East-West (AFEW), Aibek Mukambetov and Ilim Sadykov at Soros Foundation Kyrgyzstan, and Colonel (Retd.) Alexander Zelichenko.

Additionally, we would like to acknowledge the many sex workers and people who use drugs who do not wish to be named but whose contributions to this work have been essential to its success.



TO PROTECT AND SERVE:

How police, sex workers, and people
who use drugs are joining forces to
improve health and human rights

Open Society Foundations

224 West 57th Street

New York, NY 10019 USA

+1 212 548 0600

opensocietyfoundations.org



OPEN SOCIETY
FOUNDATIONS