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Foreword by Jim Pugel, 2nd year Ambassador for the Campaign on Women against Violence, King County Sheriff Chief Deputy Sheriff

“A good police officer who patrols the community knows that putting people in jail for everything is not the right answer. Police know when people need medical care, when they need food and when they need shelter.”

Street level drug policing is a concern of street level officers, their commanders and of the communities they serve. Front-line officers who are on the street every day understand the need to have alternatives to arrest or incarcerations for non-violent drug consumers and those who are addicted. Paradoxically though, often these officers are only measured on the arrests they make — not on how they were able to improve the safety and health of the community. It is important that police officers have alternatives to arrest when the person they are dealing with is not being violent, but instead is harming himself (or herself) and the community with unhealthy activity, including public consumption of drugs or addiction. If the officers' only option to health-related behaviour is simply arrest, then everyone is viewed as a criminal. More importantly, when the only option available to police officers is arrest, they lose their legitimacy and distrust develops among members of drug-consuming communities and the larger community as a whole.

Women who use drugs are a sub-community within the drug-consuming community. They are often using drugs to 'self-medicate' and reduce suffering caused by myriad other reasons including past or current abuse as well as exploitation. The vast majority of these women are not causing any harm except to themselves, and are rarely if ever violent. Society and elected officials should allow the police to divert these vulnerable people away from arrest and incarceration and towards humane and comprehensive care that includes an assessment as to what their housing, health and other essential human needs are. Police should be viewed by the community as reversing the past harm to these women, and not continuing it because of lack of alternatives to arrest.

A healthy dialogue between police and communities should be maintained on a regular basis to ensure community-based policing. Basic police academy training, including the concept of harm reduction, and continuous dialogue with the community, are critical in executing public health-oriented drug policing. It is essential that police receive training that many women who become dependent on drugs may be suffering from other trauma that they have experienced or are experiencing.

A good police officer who patrols the community knows that putting people in jail for everything is not the right answer. Police know when people need medical care, when they need food and when they need shelter. People who are engaged in behaviour that is generally thought to be a public health issue should usually not be sent to jail as long as they are not violent or exploiting or harming others. It is known that good and thoughtful policing can reduce the public health harms that occur on the street. It is also known through research that if the police are forced to respond in only punitive ways to generally public health related disorder, then there is damage caused to the community and less trust in the police and government. It is important that everyone be reminded of the words from the first police chief in London, England, in 1829. Sir Robert Peel wrote the following when discussing essential principles to successful policing and how to earn and maintain a sense of police legitimacy:

“Police, at all times, should maintain a relationship with the public that gives reality to the historic tradition that the police are the public and the public are the police; the police being only members of the public who are paid to give full-time attention to duties which are incumbent on every citizen in the interests of community welfare and existence.”

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About this policy brief

This briefing paper is intended to provide a starting point to help bridge gaps in understanding the important issues faced by women who use drugs in their interactions with law enforcement authorities in Eastern Europe and Central Asia (EECA). The aim is to facilitate much improved interactions and future cooperation, thereby supporting the prioritization of public health approaches in drug policing. The complementary goals of such approaches are better health and social outcomes for those using drugs as well as more effective, community-centred police work.

This paper is targeted primarily for advocates, policymakers and health and drug use professionals. It is expected to be especially useful for police at the municipal level, including those who undertake street-level policing and set policies regarding it. For their benefit, as well as the benefit of civil society and other advocates (including those working with and for women who use drugs), best practice examples are provided on public health-oriented and pragmatic drug policing with minimum harm caused. Several recommendations are also offered, many of which are based on the highlighted best practices.

1. Overview of Current Situation: Distrust, Suspicion and Violence

1.1 Law enforcement and people who use drugs in EECA

Substantial distrust exists between the police and people who use drugs throughout Eastern Europe and Central Asia (EECA). One underlying reason is that drug use remains a criminal offence in most of the region's countries, which means that people who use drugs are harassed on a regular basis and generally avoid seeking out support and services that can help improve their health and well-being. Their marginalization is increased by widespread social and economic stigma and discrimination associated with illicit drug use.

Given such an underlying situation, it is not surprising that drug user arrests are one of the most popular indicators for police performance and success in their work. Street-level drug use is largely viewed as a potential source of disorder and crime, as well as evidence of immorality that should be aggressively addressed. Thus the first encounter between people who use drugs and the state generally takes place on the street, when state representatives [police] undertake drug policing, or when police are exercising discretion in enforcing the law or undertaking preventive measures for policing or any other purposes. Because they are viewed with suspicion across most sectors of society, people who use drug in the region are frequently subject to neglect, violence and abuse – often at the hands of police officers who believe they are acting in the best interest of the overall community.

1.2 'Double stigma': gender-specific aspects of drug use

So-called double stigma – because they are both people who use drugs and women – makes life even more difficult for women who use drugs. Violence against women is high and endemic in EECA. Women who use drugs experience even higher levels of violence due to their vulnerability to physical and sexual violence, exploitation and psychological manipulation. According to a recent United Nations report, drug use is one of the main causes for gender-based violence¹.

All people who use drugs – men and women – are at high risk of HIV and other blood-borne infections (e.g., hepatitis) due to the lack of effective prevention and health services. In addition, women often are forced into sex work in exchange for drugs, a development that further heightens their risk of exposure to HIV and other sexually transmitted infections (STIs). Regardless of whether they engage in sex work, women who use drugs are often denied adequate housing, parental rights, access to justice and redress in response to abuse and violence.

¹ UN Task Force on Transnational Organized Crime and Drug Trafficking as Threats to Security and Stability – Policy Brief on Gender and Drugs, UN Women 2014 ; 'A gender perspective on the impact of drug use, the drug trade and drug control regimes, UN Women policy brief', July 2014

Moreover, a high proportion of women who use drugs experience violence at the hands of police². Accounts of harassment by law enforcement and isolated incidents of abuse have translated into a general lack of trust between them and the police. An online platform designed by EHRN for reporting human rights abuses against women who use drugs underscores the widespread and specific problems faced by women: within a year of being established in 2014, the online platform documented over 800 reported cases of police and other state violence, abuse and discrimination against women who use drugs.

The disproportionate impact by sex is also related to cultural and social norms. Women who use drugs and/or are engaged in sex work do not reflect family-oriented female stereotypes in many traditional societies in EECA. Many of these women are profiled as bad mothers and outcasts who deserve harsh fates – a popular view has harmful repercussions on the relationship between them and the police. The impact on their individual health – and on public health in general – is debilitating and destructive.

² Examples of violent acts committed against women drug users by police officers include sexual abuse, beating, humiliation, recruitment as informants, interrogations and torture, being forced to give false testimonies, falsification of criminal cases against their partners, jailing, extortion, blackmailing, frightening and terrorizing, groundless detention and holding in custody and refusal to provide a lawyer. (As cited in an analysis of survey on police violence against women who use drugs undertaken within the Women Against Violence campaign, EHRN, 2013). Of note as well is that police officers often block access to harm reduction services for women drug users and demand favours.

2. Change for the Better: Best Practice Examples from the Region and Beyond

The current situation need not and should not be considered unchangeable. Part of the problem is often lack of knowledge and understanding of local government, in particular law enforcement, about the overall benefits of more compassionate, sensible approaches to drug use. Evidence suggests that vigorous forms of street level law enforcement may ultimately lead to more organised, professional and enduring forms of criminality and thereby exacerbate the social, economic and health costs of illicit drug use³. It is difficult to believe the police as well as all other government entities would not want to consider opportunities and options to avoid such escalating costs and negative impacts.

There are numerous examples of policing strategies that can reduce tension and crime while also reducing violence against people who use drugs – and which even help improve individual and public health. For example, police may exercise discretionary power not to target people who use drugs on the streets and thus reduce the need for risky injecting behaviour, and not deter users from services such as needle and syringe programmes (NSPs). There are also many examples of clear police support to harm reduction⁴ and HIV prevention, including by way of policies, guidelines and trainings⁵.

³ Maher L., and Dixon D., 'Law Enforcement and Harm Minimisation in a Street Level Drug Market', Policing and Public Health, British Journal of Criminology, Vol. 39, No. 4, Autumn 1999.

⁴ Harm Reduction' refers to policies, programmes and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption. For more, see: 'What is Harm Reduction? A position statement,' International Harm Reduction Association, 2010

⁵ Denham G., 'A Review of Published and Available Materials Related to Law Enforcement Policies on Prevention of HIV and Harms Associated with Injecting Drug Use Across 12 Countries'. Australian Drug Conference. 25-26 October 2010.

Also, evidence indicates that if the political will is in place, police can combine harm reduction and crime prevention approaches, paying more attention to public health interventions rather than punishment, and in particular imprisonment of people who use drugs. Efforts to reduce imprisonment of people who use drugs generally have especially notable (and positive) impacts on women and their families, since women are often the primary caregivers for children and other family members.

This section highlights and summarizes some approaches and initiatives that may help improve relations between law enforcement and women who use drugs, thereby improving overall health and safety across society. Most of the examples are from the EECA region – though even those from elsewhere may be instructive. Although each context is indisputably (and understandably) different, the examples below are valid in that they might be adapted for use in various situations and still show success.

Examples are grouped into different categories as per type of initiative.

2.1 Education and awareness-raising programmes

Legislation and implementation of policies and procedures are excellent first steps to improve interactions and relations between law enforcement and members of the drug user community (including women). Yet these steps alone cannot fundamentally change personal beliefs and attitudes towards individual women who use drugs. Education is key to enhancing communication skills, knowledge and awareness within the law enforcement community regarding gender-specific issues and needs of particular relevance in responding to drug use. In much of EECA, information is lacking on smarter policing that can help protect rights and health.

Some countries, however, have introduced the practice of educating police on the closely linked issues of violence against women, drug use and sex work. **Kyrgyzstan's** experience suggests that working directly with the police academy, police commanders and officials of high rank may set an example for police officers to refrain from violence and abuse against people who use drugs (including women) as well as those who are sex workers.

Kyrgyzstan had been notorious for police raids against sex workers and people who use drugs that harassed thousands and prevented them from accessing clean needles, condoms, methadone treatment or other vital health services⁶. Such raids have become less common since and 36-hour long training programme on HIV and other infectious diseases was introduced into the regular curriculum of the police academy in 2004 with high level police instructions⁷. Since 2008-2009, police training courses have included mandatory instruction for law enforcement on

⁶ Open Society Foundations, '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, 2014.

⁷ Ibid

HIV prevention among vulnerable groups and the theory and practice of harm reduction⁸. Medical doctors, service providers, people who use drugs and sex workers have become frequent participants of police trainings since their inception and have been part of the in-service trainings as well.

Another example from the region highlights civil society cooperation with the police and the police academy. The Anti-Violence Network of Georgia (AVNG) in 2002 started cooperating with the Ministry of Internal Affairs of **Georgia** in an effort to prevent domestic violence. An essential first step of the collaboration was building trust and relationships with the ministry, which governs the police academy. Later, AVNG was allowed to introduce guest lectures on the subject of violence against women in domestic settings, which set the stage for the inclusion of the issue in the police academy curriculum. AVNG continues to bring personal experiences to police academy trainees.

Training on domestic violence has since expanded beyond the curriculum for police officers. It has become a big part of professional development of patrol officers and district officers who have direct access to the streets and engage with the public at first hand. The Ministry of Internal Affairs has adopted an adult learning approach to develop a pool of its own experts who now regularly train police inspectors, patrol police and other students of the police academy on the issues of violence, women's rights and other related issues⁹. The training programmes started by AVNG thus have become institutionalised with state funding.

Where such training programmes exist, it should be easy to find an entry point for starting a discussion with either the police academy or interior ministry to initiate guest lectures on related aspects of violence, such as violence against women who use drugs. Such expanded education and awareness initiatives could involve inviting individuals from self-organised communities to give presentations on the impact of existing policies and explain how the current system affects the lives of ordinary women with drug use histories.

Comprehensive trainings of this sort could be mutually beneficial. They likely would help members of the law enforcement community improve overall interactions and communication with the community of drug users as a whole (and specifically women who use drugs) as well as reduce discrimination, stigma and violence during interactions between the two groups.

2.2 Policy change: street-level policing and police diversion

Violence against women who use drugs does not happen in a vacuum. The existing legal environment in almost all countries in the EECA region obliges police to undertake aggressive

⁸ Zelichenko A., 'How to improve knowledge of law enforcement officers about HIV and about their work with drug users and sex workers: a case study from Kyrgyzstan', International AIDS Conference, Vienna, 2010.

⁹ Interview with the head of AVNG, Nato Shavlakadze; communication files kept with the author.

policing measures that harm those already in vulnerable positions. Some countries, however, have shown progress in protecting the rights of people who use drugs by reforming their drug policies. For example, the recent Drug Strategy from **Ukraine**, adopted in 2013 (in force until 2020) officially recognizes people who use drugs as those who need state support and treatment as opposed to being criminals. Demand, harm and supply reduction are the basic approaches for the state strategy on drug policies, and opioid substitution therapy (OST)¹⁰ is recognized as an evidence-based approach that should be supported within the implementation of drug policies¹¹. Although this strategy document lacks gender sensitivity, institutions such as the Ombudsman of Ukraine and various women's or human rights organisations are focusing on highlighting gender-specific issues and concerns in policy discussions.

Meanwhile, as part of efforts to reduce the spread of HIV and other infectious diseases, some countries have introduced schemes that allow police discretion in the case of low-level street drug policing. Police diversion programmes of this sort allow police officers to divert low-level drug and prostitution offenders into community-based treatment and support services, instead of processing them through traditional criminal justice system avenues¹². In such programmes, police cooperate with service providers for drug treatment and other social welfare initiatives with the aim of improving public safety and public order. Such programmes have been implemented in some EECA countries (Lithuania, some parts of Russia) and abroad and have had a positive impact on the protection of rights of women who use drugs and sex workers, as well as broader communities.

One drug referral scheme started in one region of **Russia** in 2006 has since been introduced (with some variations) in seven regions. The schemes are based on experiences in the United Kingdom in which the point of arrest is used as an opportunity to offer arrestees a way to HIV, drug treatment and harm reduction services. The targeted group is those arrested for drug offences and for other crimes in which there are reasonable grounds to suspect that drug use was an underlying cause for offending. Police conduct an initial screening and call for a specially trained drug referral worker – usually a staff member of a non-governmental organisation (NGO) – who assesses the arrestee in a police custody suite and suggests referral based on the client's needs. NSPs are among the services to which the drug referral worker may refer the arrestee.

Evaluations suggest that these schemes are effective in reaching the most marginalized people who use drugs who had never been in touch with any medical services before the arrest, despite the adverse health consequences of drug use. The Russian experience shows that even without any coercion about 25 percent of clients voluntarily reach drug treatment and rehabilitation

¹⁰ Opioid substitution therapy supplies illicit drug users with a replacement drug, a prescribed medicine such as methadone or buprenorphine, which is usually administered orally in a supervised clinical setting. For more, see 'Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users'. Geneva: World Health Organization; 2009.

¹¹ Розпорядженням Кабінету Міністрів України від 28.08.2013 № 735-р схвалено СТРАТЕГІЮ державної політики щодо наркотиків на період до 2020 року; accessed at: <http://www.narko.gov.ua/index.php/proekt-strategiji/477-strategiya-derzhavnoji-politiki-shchodo-narkotikiv-na-period-do-2020-roku> on 27 December 2014.

¹² The definition is taken from LEADS programme: <http://leadingcounty.org/about/#faq>; accessed on 26 February 2015

services after referral¹³. Among the most frequent referral destinations were NSPs and facilities offering HIV and hepatitis B and C testing¹⁴.

A similar case for cooperation has been documented in **Lithuania**, where in 2010 the Drug Control Agency, the Vilnius City Police and the Vilnius City Centre for Addictive Disorders set up a referral scheme for people who were dependent on drugs. Between August and December 2010, a total of 121 people were referred by the police, 117 of whom were admitted into OST. This Lithuanian diversion scheme was limited to Vilnius and was only in effect for a short time. Nevertheless, the programme showed highly positive impacts on the lives of people who use drugs, including women involved in drug use.¹⁵

Other diversion schemes include the Law Enforcement Assisted Diversion (LEAD) programme¹⁶, which was an inspiration for the above-mentioned Lithuanian and Russian models for designing referral schemes for people who use drugs. As of now, LEAD is understood as a pre-booking (before the drug crime is registered) diversion programme composed of a coalition of law enforcement agencies, public officials, and community groups that allows police officers to redirect low-level offenders engaged in drugs or sex work activity to community-based services instead of jail and prosecution. LEAD provides an opportunity for police to undertake policing while engaging with the public to prevent violence against people who use drugs, including specifically women who use drugs or are sex workers.

A alongside other international experiences the LEAD programme was translated into the EECA context in mid-2000 when it started to be implemented under the auspices of the United Nations Office on Drugs and Crime (UNODC) in Russia and the Baltic countries.

2.3 Setting up special gender-sensitive police units and departments

Police personnel enhance the legitimacy of the state if they demonstrate in their daily work that they are responsive to public needs and expectations and use the authority of the state in the people's interests. Fair and impartial treatment by the police toward all wins respect, support and cooperation and enables the police to gain the trust and confidence of the public.

Partnership and collaboration between **Kazakhstan's** police officers and the civil society sector has shown that when political will is shown and trust earned, cooperation between police and communities can be developed and built. As the following report from a civil society stakeholder indicates, such partnerships can begin on an ad hoc basis before progressing to more formalized structures:

¹³ V. Gafurov, 'Drug Referral Schemes: Methodological Recommendations', UNODC, Moscow, 2011.

¹⁴ *Ibid*

¹⁵ Sarang A., 'Evaluation of UNODC Small Grants Program in Lithuania', UNODC, 2008

¹⁶ More detailed information is available at <http://leadkingcounty.org/>.

■■ It took us a long time and almost no time at the same time to establish cooperation with the central police department in Temirtau, Kazakhstan. For a long time we have been trying to set up a meeting with the representatives of the police and introduce them to our work. After some time, one of our staff was invited to speak on women drug user communities and present her case, as she is a drug user as well. A senior inspector who works on violence against women was at the conference and heard us talking about the EHRN campaign on violence against women and documentation of human rights violations. Together with the same person (the senior inspector) we are now working on different options for cooperation and reporting on the cases of abuse and violence. She serves as a contact person and we are expecting to develop this partnership further, by submitting the cases to her department, following up with individual cases and woman who become victims of violence, etc. We expect that as we move further with small steps, we should be able to feature the possible ways of future cooperation. ■■

Public organisation “My House”, Kazakhstan

2.4 Internal mechanisms for complaints

Internal police oversight mechanisms are common in EECA and include units that deal with public complaints about police behaviour. In some places, specific telephone lines (hotlines) have been set up for members of the public to report (instantaneously, if desired) instances of police violence or violence more generally. There may also be independent authoritative bodies to monitor police performance, including by providing feedback and recommendations on their actions.

If implemented and utilized effectively (e.g., without being influenced by coercion from other law enforcement personnel), internal complaint systems can be effective in helping curb and punish violence or other improper behaviour on the part of police officers toward women who use drugs. Experience from the region shows that investigations of complaints have resulted in police officers losing bonus points that may be important for them. Depending on the nature of the action committed, more serious actions can be taken including dismissal or initiation of a criminal case.

Below is an example, from **Belarus**, of how and why an internal complaint system can benefit women who use drugs:

■■ Marina approached 'Positive Movement' [an NGO] complaining that a police officer at an underground station was targeting her: requesting that she stop without a reason, undertaking a search of her bag and clothing, holding her without a reason, etc. The officer kept insulting Marina for being a client at the methadone site, sought to blackmail her and threatened to take her child from the kindergarten. Marina's methadone clinic is located close to the station, which meant that often she

would be under the effect of the medication when passing through the station. She had also recently come out of prison and was under close supervision at her workplace, and being held at the station made her late to work on regular basis, thereby getting her in trouble with her employer. Positive Movement approached the central office of Minsk Underground Station with a complaint against the police officer. The complaint detailed specific actions of the officer that had an effect on Marina's everyday life and how he abused his power with the intention to humiliate and hurt Marina for being a client at the methadone clinic. Within a few weeks of filing the case, Positive Movement received a letter of confirmation, that the police officer had been found guilty in abusing his power and as a disciplinary punishment he was deprived of bonus points for his work and moved to another underground station not located near any methadone clinics. We have not had any complaints from OST client women since. //

'Positive Movement', Belarus

Unlike Marina in Belarus, however, women who use drugs, sex workers or members of other marginalized communities may not always be willing to come forward and complain about police actions. Experience from the Merseyside police, in Liverpool, **United Kingdom**, shows how sex worker activists solved the issue of contacting and maintaining contact with sex workers and other vital witnesses of violence as there was a continued lack of trust in the police¹⁷.

Following advocacy by sex worker activists and other supporters, in 2006 the Merseyside police agreed to introduce a policy that all crimes against sex workers be treated as hate crime. It was partnership, which is part of comprehensive sex work support provision in Liverpool, has had the first, and as of mid-2014 the only, force in the United Kingdom to do so. Over the years this names such as 'Ugly Mug Scheme'. More detailed information on how it works is provided below¹⁸:

Under the 'Ugly Mug Scheme' sex workers were encouraged to make formal reports to the police as well as fill out an ugly mugs form, which would be anonymously shared with the police. The police have improved recording and monitoring of incidents related to sex work and have linked ugly mugs intelligence to their tasking and investigation. Police officers have engaged with the media to communicate the message that sex workers are part of the community and will get the full protection of police. This partnership work has been accompanied by unprecedented increases in the number of street sex workers reporting crimes committed against them to the police. The police have worked at building trust with sex workers providing friendly faces, routes for reporting and information and reassurance via leaflets and the media, as well as utilising the intermediary role of the outreach project.

¹⁷ More detailed information is available <https://uknswp.org/um/>.

¹⁸ *Ibid*

2.5 Other examples of cooperation and collaboration

Cooperation between law enforcement and civil society may have different forms, depending on the type of issue, longevity of the problem and the solution sought. Often solutions sought together by civil society members and police are the most effective ones for the community members as they contain the insight and the expertise needed for decision-making. The following examples are not solely or directly associated with women who use drugs, but the approaches and outcomes clearly indicate potential opportunities and benefits for the specific group.

Moldova example:

“ Cooperation between Moldovan HIV/AIDS organisations and the police started with police institutions by engaging individual police officers and high profile representation in HIV/AIDS events. Soon after, a memorandum of understanding was signed between the Union of NGOs for Harm Reduction and the Prevention of HIV and the central police of Moldova. By doing so, police officials signalled their willingness to learn about public health initiatives and how to work together with NGOs for the prevention of crime but basing their tactics on public health approaches. The police developed high trust in the Union's work and have invited us to provide expertise on a number of occasions for documents submitted to the UN [United Nations] in relation to women's rights, drug policy issues etc. Joint partnership also persuaded UN bodies to cooperate with the police and NGOs on number of issues but specifically on public health oriented policing approaches in Moldova. ”

Union of NGOs for Harm Reduction and the Prevention of HIV, Moldova

Other types of cooperation may include establishing an external oversight mechanism to respond to and try to forestall ill treatment of vulnerable communities by the police. Such oversight can help the police to identify systemic problems and possible solutions and can recommend needed changes in police practices and procedures as well as ensure better protection and promotion of individual rights and freedoms. For example, civil society groups can work with national human rights institutions either by submitting documented cases of violence or directly working with an independent ombudsman's office to investigate reports of police abuse and violence. Monitoring might include members of specially designed commissions making ad hoc visits to places of detention.

The following example from **Ukraine** highlights the role played by a civil society group, Better Future for You, working in partnership with the ombudsman's office:

¹⁹ More information on the case portrayed here is available at: http://www.ombudsman.gov.ua/ru/index.php?option=com_content&view=article&id=4072:2014-08-12-12-04-14&catid=14:2010-12-07-14-44-26&Itemid=75 ; accessed on 17 October 2014.

“ One of our peers (Andrey) who lived with TB [tuberculosis] was beaten to death. The case became even more notorious as it was documented on a video with Andrey accusing the police of beating him up the day before, and he passed away from severe injuries the day after. The case became a reason for massive demonstrations in the town of Chernovtsi and the ombudsman of the country took note (via an NGO network that monitors police centres). With the support from other NGOs, partners and national stakeholders, the ombudsman took a special interest and issued a statement to call upon the police to investigate the abuse. As the case still remains under investigation it gave a foundation for closer cooperation and partnership between NGOs working in the field of HIV prevention and harm reduction area and the ombudsman's office.”¹⁹

"Bright Future for you", Ukraine

3. Recommendations

The best practice examples underscore the wide range of opportunities, initiatives and approaches to improve relations between law enforcement and women who use drugs, to the benefit of both parties as well as societies overall across EECA. Viable and sustainable change can only occur with multisectoral cooperation and engagement. The following recommendations are listed under the three main sectors responsible for taking action moving forward; it is understood that responsible individuals, organisations and agencies can and should work with partners in other sectors to achieve any recommendation.

All recommendations are relevant across the region, although priorities may differ by context and need.

Government agencies and officials

- Undertake wide range of reforms, in particular in the drug policy field, to address the specific impact of drug policies on women who use drugs. This effort will require increased understanding and awareness of gender gaps and priorities.
- Design policies that allow access to treatment and other services for women who use drugs who have HIV/hepatitis C and for better preventive services (including testing) for the community.
- Undertake reforms in police and policing to alter the ways in which low-level drug offending is policed, especially vis-à-vis women.
- Introduce national programmes for training and education for police and government personnel on the issues of public health and law enforcement.
- Undertake holistic police reform to encourage cooperation among health, women's rights and justice institutions with the aim of eliminating police violence and assuring the protection of human rights of all, including women who use drugs.

Police at local levels

- Adopt rights-based and public health approaches in the daily routine of policing to address issues encountered by women who use drugs and/or live with HIV, hepatitis or TB.
- Establish internal and external oversight mechanisms and allow civil society participation in these to ensure transparency and objectivity in investigating citizens' complaints.
- Set up special units to investigate reports of violence against women and which more effectively address abuse and discrimination against them.
- Set up community boards for police at district level to allow citizens, including women who use drugs, to make suggestions for improving the policing of low-level drug offences.
- Initiate partnerships with other institutions, such as women's agencies, health and other drug treatment bodies, to develop referral schemes and allow women with petty drug offences to undergo treatment – as a diversion from justice system.
- Adopt public health approaches in police training, including at police academies, and allow community visits and ad hoc seminars on the issues of drug policies, women's rights and related issues to increase awareness on human rights-based policing.

Civil society

- Establish working relationships with police at all levels to be able to increase their awareness about violence and participate in ad hoc meetings and seminars/trainings on a variety of issues concerning drug policies, women's health and policing.
- Actively engage in monitoring of police behavior, and use available human rights institutions at country and international level to advocate for the health and rights of women who use drugs.
- When and where necessary, provide legal and social support for women who use drugs or refer women to such help through established networks (e.g., street lawyering).
- Document police violence against women who use drugs, and draft and submit complaints on these issues within police, court and other governmental institutions to ensure that women who use drugs have access to justice.
- Organise joint community and police meetings among patrol police and women who use drugs to allow interaction and knowledge exchange among both sides as well as to create a conducive environment for further partnership.

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Eurasian Harm Reduction Network (EHRN) is a regional network of harm reduction programs and their allies from across 29 countries in the region of Central and Eastern Europe and Central Asia (CEECA). Together, we work to advocate for the universal human rights of people who use drugs, and to protect their lives and health.

The Network unites over 500 institutional and individual members, tapping into a wealth of regional best practices, expertise and resources in harm reduction, drug policy reform, HIV/AIDS, TB, HCV, and overdose prevention. As a regional network, EHRN plays a key role as a liaison between local, national and international organizations. EHRN ensures that regional needs receive appropriate representation in international and regional forums, and helps build capacity for service provision and advocacy at the national level. EHRN draws on international good practice models and on its knowledge about local realities to produce technical support tailored to regional experiences and needs. Finally, EHRN builds consensus among national organizations and drug user community groups, helping them to amplify their voices, exchange skills and join forces in advocacy campaigns.

BECOME AN EHRN MEMBER:

EHRN invites organizations and individuals to become part of the Network. Membership applications may be completed online at:

www.harm-reduction.org/become-a-member

Address: Švitrigailos 11B, Vilnius, LT-03228, Lithuania

Telephone: +370 5 269 1600

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Email: info@harm-reduction.org

Website: www.harm-reduction.org

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