



**Second Regional Consultation on Law Enforcement and the HIV
Response**
Beirut, Lebanon, 21-22 November, 2016

Harm reduction

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Harm reduction

- ▶ ‘Harm reduction’ is a normal human approach to complex problems for which there is no immediate solution
 - “ we can’t make it go away, but we can decrease the harm caused”

Definition :

- ▶ ‘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. (Harm Reduction International)

Harm reduction and HIV

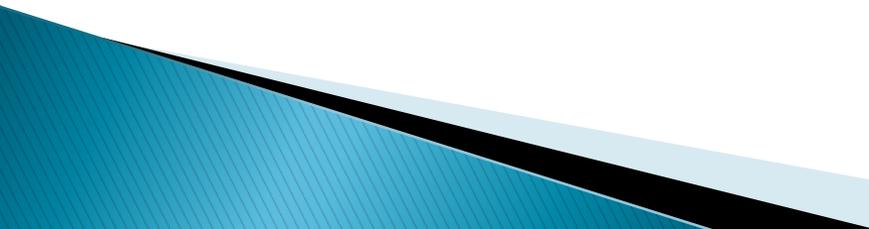
- ▶ 1982: recognition of HIV epidemics among IDUs, need for action:
 - no quick fix: drug treatment works for 5% at any one time
 - no cure for HIV
- ▶ Therefore:
 - do what is needed to stop people becoming infected with HIV,
 - so when they stop drug use they are HIV-free

Principles of harm reduction

Universality and interdependence of rights:

- strong commitment to public health and human rights.
- ▶ Targeted at risks and harms:
 - How can we reduce risks and harms from particular behaviours?
- ▶ Evidence based and cost effective:
 - never sufficient resources: low-cost/high-impact interventions
- ▶ Hierarchical:
 - more important to reduce immediate harms than eventual harms
 - more important to reduce major harms than minor harms
 - e.g. clean needles → reduced use → substitution → abstinence

Principles of harm reduction

- ▶ Incremental: any positive change is significant
 - facilitative not coercive, meet people's needs
 - small gains for many >> heroic gains for a select few
 - ▶ Dignity and compassion:
 - accept people as they are and avoid being judgemental
 - oppose the deliberate stigmatisation and victim-blaming
 - ▶ Challenging policies and practices that maximise harm
 - ▶ Transparency, accountability and participation
- 

Harm reduction as HIV prevention

UN Comprehensive package:

- ▶ consists of nine activities with a wealth of scientific evidence supporting their efficacy and cost-effectiveness in preventing the spread of HIV and other harms:
 1. Needle and syringe programmes
 2. Opioid substitution therapy and other drug dependence treatment
 3. HIV testing and counselling
 4. Antiretroviral therapy
 5. Prevention and treatment of sexually transmitted infections

Harm reduction as HIV prevention

6. Condom distribution programmes for people who inject drugs and their sexual partners
7. Targeted information, education and communication for people who inject drugs and their sexual partners
8. Vaccination, diagnosis and treatment of viral hepatitis
9. Prevention, diagnosis and treatment of tuberculosis.

“No single activity will prevent or reverse HIV epidemics. The greatest impact will be achieved if the nine interventions are implemented as a package”



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Police and the HIV Response

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Police and HIV: Background



BACKGROUND

- ▶ HIV is spread by transfer of blood or by unprotected sex
- ▶ Therefore, people at high risk of HIV can include:
 - People who inject drugs, through sharing of injecting equipment
 - People with multiple sex partners, through unprotected sex
- ▶ KEY AFFECTED POPULATIONS (KAPs)

characterised by:

- ▶ ILLEGAL BEHAVIOURS
 - Using and injecting illicit drugs is illegal in most countries
 - Sex work is illegal in many countries, stigmatised in most

- **Therefore Police become involved**

- ... may be *major* contact with KAPs

Police and KAPs



HIV prevention

- ▶ Harm reduction:
 - peer education – drop-in and outreach
 - sterile needles and syringes
 - Methadone and other substitution therapy
 - Condoms and safe sex
- ▶ May cause a dilemma for police:
 - support harm reduction and HIV prevention
 - or
 - follow the law and arrest drug users and sex workers
- ▶ ***How to follow the law and still help prevent the spread of HIV in the community?***

Police attitudes to KAPs



Police attitudes on drugs and KAPs influenced by:

- Police respond to many situations with adverse impact of drugs on
 - users, families, victims of crime, community
- Police regularly enforce laws to control drugs but
 - continue to see many drug users and harms
- Pressure on police by community, politicians
 - to 'solve' problem – make it go away
- Police systems define effective policing as arrests/convictions – often arrest quotas
- Politics/media promote 'war on drugs'
 - Police are front line
 - **ALL ADDS UP TO ...**

Police attitudes to harm reduction

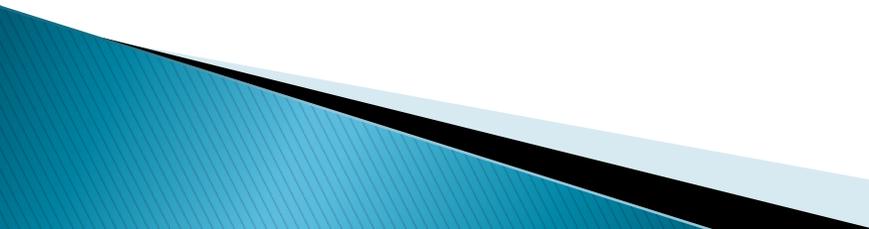


- ▶ Negative experiences lead to ...
 - ▶ Negative attitudes by police towards harm reduction:
 - ‘soft on drugs’
 - ‘aiding drug use and law-breaking’
 - ‘immoral’
- 

Police and HIV: negative practices



Police activities which increase HIV risk:

- ▶ Target or actively patrol near harm reduction programs to apprehend clients
 - ▶ Conduct street sweeps and ‘moving on’ techniques
 - ▶ Conduct ‘stop and search’
 - confiscate needles and syringes and condoms
 - Use as evidence of crime
 - ▶ Search and detain outreach workers and peer educators
 - ▶ Unnecessary or arbitrary arrest
 - ▶ Unsupportive and lobby against programs
 - ▶ Use of bribery or false accusation
- 

Police and HIV



Key issues:

- ▶ Police actions are ***the*** key determinant of HIV risk for KAPs:
 - arrests/crackdowns drive drug users and sex workers underground
 - prevent use of HIV prevention programs
- ▶ Police support for harm reduction approaches is critical:
 - facilitates ‘enabling environment’

Police and HIV



Key messages:

- ▶ Police can be the best friend – or the worst enemy – of harm reduction
- ▶ Harm reduction **cannot** and **will not** work without active participation and support from police



Police can be the best friend or the worst enemy of HIV prevention and harm reduction.

Police and Harm Reduction: joint goals

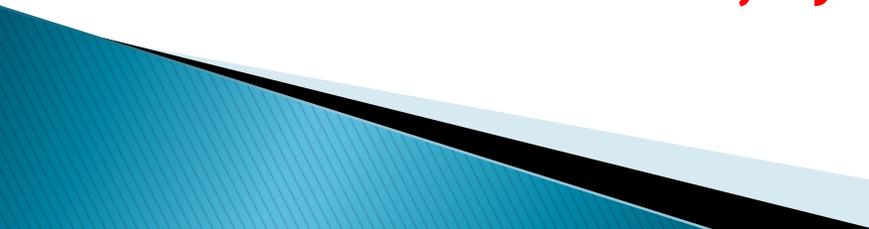


Goals of Law Enforcement and Harm Reduction:

- ▶ Decrease HIV risk behaviours
 - Decrease HIV transmission
- ▶ Decrease drug-related acquisitive and violent crime
- ▶ Decrease other harms associated with drug use/sex work
 - Other infections, overdose, violence, standover
- ▶ Decrease drug use
- ▶ Bring drug users into treatment

To develop and maintain an enabling environment for harm reduction

→ ***Increase safety and security of whole community***



What can Police do?

Police activities in support of harm reduction:

- ▶ Referring people who use drugs/sex workers to NGOs, CSOs and health programs
- ▶ Ensuring harm reduction programs and services are NOT interfered with
- ▶ Forming partnerships with CSOs and government service providers
- ▶ Membership and active participation in consultative committees
- ▶ Good and regular communication with community representatives
- ▶ Alternatives to criminal sanctions: use of diversion and discretion



Minimising HIV risk necessitates effective partnerships between law enforcement and program providers.

Harm Reduction benefits to police

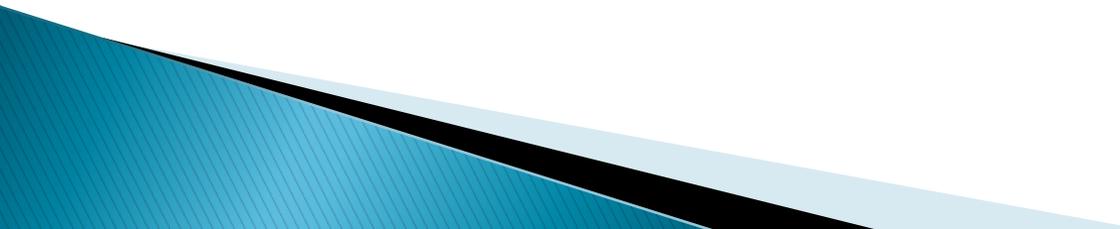


What's in it for police?

- ▶ What might be *benefits to police* of
 - adopting and supporting a harm reduction approach?
 - helping create an enabling environment for harm reduction?
- 

Police and Harm Reduction



- 1. Harm reduction services provide “a bridge to treatment”**
 - Drug users seek ‘user-friendly’ services
 - Once engaged, will seek treatment esp. methadone/buprenorphine
 - Other programs help make treatment an option
 - e.g. employment, housing services
- 

Police and Harm Reduction



2. Harm reduction services improve amenity and reduce risk to community

- Programs in areas with existing drug problem
 - Decrease in discarded N&S, condoms
 - Outreach workers help prevent adverse behaviours
 - Drop-in centers remove behaviours from street
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Police and Harm Reduction



3. Harm reduction services reduce crime

- Drug treatment reduces involvement in crime
 - especially substitution therapy – methadone
 - Increases community safety
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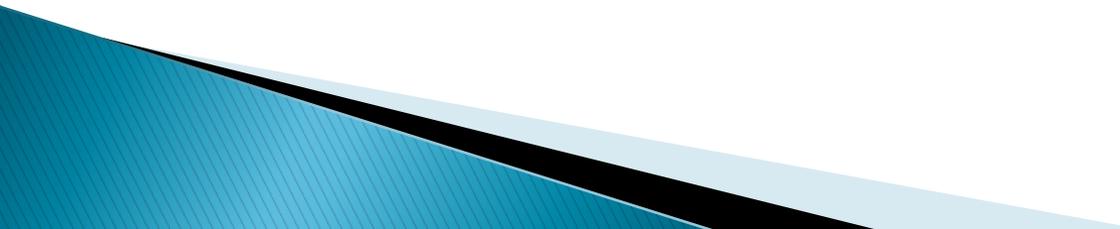
Police and Harm Reduction



4. Police resources can be used more efficiently and effectively

- Arrest/incarceration does not stop drug use ...
 - ... but takes *much* police time and resources
- Re-directing resources away from minor street-level drug use:
 - Allows more focus on root causes and serious crime
 - Trafficking in drugs and people
 - Violence
 - More harmful drugs – especially alcohol in many societies

5. Harm Reduction reduces risk of HIV (and other) infections to police

- Less risk of needle-stick injury (NSI)
 - Less risk of HIV/HCV infection with NSI
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6. Harm Reduction promotes partnership

There is often an unrealistic expectation that police are the only answer to ‘the drug problem’ ...

- But Police resources are limited
- Harm reduction brings coalitions of agencies
 - NGOs, Health Departments
- If police engage with other stakeholders, ‘the drug problem’ becomes one for the whole community
 - *Not just for the police ...*

Police and HIV: Challenges

Challenges for Police:

- ▶ Balancing two roles:
 - Enforcing the law
 - Partnering to prevent HIV
- ▶ Building sustainable and respectful partnerships:

Collaboration between Police, Health, other agencies and the community is the key to reducing harms from drug use and sex work
– *especially HIV transmission!*



Harm Reduction cannot and will not work without the active participation of police.



- **Be part of the network - sign up to LEAHN!**
 - All police are invited to join the **LEAHN** by reading and signing a copy of the Statement of Support

www.leahn.org

- **Follow us on Facebook and Twitter**

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