

Police & Harm Reduction

How law enforcement can advance public safety,
public health, and public confidence



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Introduction

About this guide

Globally, law enforcement officers have grown increasingly frustrated with the limited effectiveness of traditional drug enforcement approaches that find them arresting or imprisoning individuals without significant impact on illicit drug trade or use. This is a briefing for law enforcement personnel around the world on how to incorporate, support, and create space for approaches that aim to increase public safety and health, reduce harm to people who use drugs, and provide law enforcement alternatives to common punitive models.



Tasked with being the first line of response in enforcing drug policy, law enforcement finds itself faced with an array of responsibilities that go beyond what many consider traditional crime-oriented policing.

This document highlights important recommendations and examples and is based on the experiences of law enforcement officers who have benefited from this “harm reduction” approach. It is important to note that there is no “one size fits all” solution. This is not intended to be a comprehensive handbook. Instead, this briefing is intended to be a quick resource for law enforcement on key options that may be useful to maximize positive impact for communities addressing problems of drug use.

What is the issue?

In many cities and countries around the world, communities are struggling to overcome challenges associated with drug use, such as the spread of disease, issues related to homelessness, rising rates of overdose deaths, and drug-related crime. From East Africa to Eastern Europe, the use of shared injection equipment is associated with high risk of HIV and hepatitis C infections. This means law enforcement personnel face risk of infection due to needlestick injuries. In Latin America, meanwhile, communities are grappling with increasing numbers of people without homes who consume *basuco* (crack), as well as demands that law enforcement “reclaim” neighborhoods. And in the United States and Canada, law enforcement is increasingly called upon to respond to opioid overdoses, a growing number of which end with a fatality.

Tasked with being the first line of response in enforcing drug policy, law enforcement finds itself faced with an array of responsibilities that go beyond what many consider traditional crime-oriented policing. This is a result of a combination of factors, including limited public investment in health and social services, the fact that law enforcement is often uniquely available 24 hours per day, seven days a week, and because community fear of drug users—especially those without homes and who live on the streets—is acute enough that it leads to demands for punitive action. The demand put upon law enforcement to police people who use drugs also comes from a rigid interpretation of international and domestic laws regulating any drug not prescribed by a physician, coupled with norms in local culture and laws.

The widespread belief that total eradication of drug use is a realistic policy goal, and that abstinence from any drug use is the only way to “save” drug users or society, fuels the problem. While abstinence-based approaches work for some people, many of the individuals with whom law enforcement come into contact with are not ready or willing to become abstinent from illicit drugs, but nevertheless may be able to take other measures to stabilize or improve both their lives and the quality of life in their communities.

What is the role of police?

Police officers are trained and empowered to enforce the law and to promote and ensure public safety, particularly through crime prevention and investigation. In addition, law enforcement is often responsible for ensuring that the rights of citizens are upheld and not infringed upon by others. Most people enter law enforcement with a desire to give back to their communities and societies through a steady job that serves the public while providing for themselves and their families. Their desire and willingness to give back and serve the community, often at considerable risk to themselves, is part of the foundation of the social contract that, in turn, endows officers with the authority and power to enforce the law.

When it comes to drug enforcement, however, law enforcement personnel frequently find themselves asked to handle issues not best addressed by punitive measures such as some aspects of criminal investigation or arrest. This is in large part the result of the assumption—despite evidence to the contrary—that policing, arrest, and incarceration will prevent people from using drugs. Law enforcement officers around the world increasingly express frustration at the so-called revolving door phenomenon, in which people are arrested, detained, and released—only to be arrested again. There is also frustration over situations in which police are called to engage and detain people who clearly need social support or physical and mental health services instead. Police have also commented on the inefficiency of using criminal justice system resources to prosecute low-level offenders while, at the same time, not having enough resources to investigate and arrest serious criminals. With more people getting arrested for nonviolent drug offenses or associated quality of life offenses, then finding themselves hit with fines

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they cannot pay or sentenced to years behind bars, prison populations around the world have ballooned.

As austerity measures have brought cuts to public investment in health and social services, which in many countries may have been relatively low to begin with, this process of overincarceration has accelerated. Since law enforcement officers are among the few government employees available 24 hours a day, police—whether they want to or not—have become the public service tasked with response to a range of emergencies involving drug use, homelessness, and mental illness. Law enforcement is expected to address social challenges that they were not trained to address, and law enforcement is blamed when the results do not appear to solve the problem. The multiple demands placed upon law enforcement, combined with these negative outcomes, make its work to promote public safety only more difficult. This approach has also failed to improve the health of people who use drugs, and it has done little to improve their communities.

While law enforcement cannot solve these issues alone, they can—and have—taken concrete steps to make meaningful improvements. Many in law enforcement are now working with health service and community groups to devise approaches which will improve individual wellbeing and community safety without requiring abstinence.

What is “harm reduction policing”?

Harm reduction policing engages communities in a manner that builds trust, addresses the needs of individuals using drugs, and reduces adverse effects of drugs and drug enforcement. This involves recognizing that people unable or unwilling to abstain from illicit drug use can still make positive choices to protect their own health, the health of their families, or their communities; and that police can work with other community or health actors to help facilitate this outcome and advance public safety.

Many policing efforts actually *increase* health risks by functioning as a barrier to service. This causes people to hide or share needles used for injection, to lie about their drug use, even to medical personnel, or to not tell

authorities about overdoses which could have been reversed. Harm reduction policing seeks to build the capacity of systems to address health needs while validating the police mission to protect public and individual safety, security, order, and rights.

It may seem counterintuitive that having a “zero tolerance” approach to drugs can actually increase risk. In other areas, though, an approach to minimizing harm, if you cannot eliminate risk, is recognized as common sense. If a friend is drinking heavily one night, for example, you may encourage them to drink water, eat food, or get someone else to drive them home. All of these recommendations would be geared toward reducing their risk of getting into an accident, or getting sick. Further, it’s not something law enforcement isn’t doing already—when officers wear seatbelts, put on body armor, conduct designated driver campaigns, or use personal protective items like gloves and hand sanitizer, they too are trying to reduce their chances of being harmed or harming others.

In the area of drugs, harm reduction similarly recognizes programs and approaches that reduce the risk of overdose, HIV or hepatitis C infection, severe mental distress, or danger to the self and others. Part of harm reduction policing requires moving beyond the question of whether someone is abstinent or drug-using and toward recognizing that for people who use drugs, positive change is not best measured by a single decision to stop. Ups and downs are to be expected. As a result, it is important to see progress measured not just by positive or negative urinalysis, for instance, but by the steps people take to stabilize and improve their lives, such as showing up for health appointments, reducing use, moving off the street and into housing, managing anger, and committing fewer incidents of public misconduct. Facilitating these changes is not done by police alone, but police are critical to supporting or hindering them. Law enforcement in a wide range of countries has found that these positive developments can be accommodated and supported within the scope of existing laws and law enforcement powers, and that supporting these positive changes can make their jobs better.

Harm reduction policing has benefited drug users, families, communities, and law enforcement personnel themselves. Research¹ has shown that harm reduction policing can

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Law enforcement has also noted the beneficial impact of harm reduction policing on their relationships with community members and the uptick in the perceived trust and legitimacy of their agencies among the communities they serve.

reduce the rates of HIV and hepatitis C, reduce needlestick injuries or other occupational hazards for police, increase links for populations living on the streets to ongoing services (including drug dependence and medical treatment), reduce court or prison overcrowding, decrease recidivism and crime rates, and increase law enforcement's ability to focus on serious offenders. Law enforcement has also noted the beneficial impact of harm reduction policing on their relationships with community members and the uptick in the perceived trust and legitimacy of their agencies among the communities they serve.

What can help facilitate positive outcomes for law enforcement and the public?

Changes to law are of course a major factor in changing law enforcement practice with regard to drugs. But even without legislative changes, there are a number of tactics and strategies that law enforcement departments and officers can more readily apply and implement directly themselves. These are the focus of this document. They include:

1. Knowledge and integration of harm reduction tools and approaches.
2. Communication and positive relationships with affected community members and other service providers working in the same area.
3. An emphasis on the protection of safety, health, and dignity of community members (including people who use drugs) through tools other than arrest and detention.
4. Introduction of operational guidance and policy to improve practices related to drug users and possession of drugs for personal use.
5. Officer performance metrics and incentives that support both public safety and health-oriented objectives.
6. Organizational culture that reinforces the move from being a force to a service, and assumes a broader view of the impact of law enforcement on society.

Positive outcomes of a harm reduction-based approach to law enforcement:

Experiences with harm reduction in jurisdictions around the world have demonstrated a number of positive outcomes in relation to public health, public safety, and law enforcement effectiveness. They include:

- **An increase in the perception of safety by the public in areas where harm reduction services are available.** For instance, law enforcement cooperation with needle and syringe programs, harm reduction drop-in centers, supervised drug consumption rooms, or arrest diversion programs has resulted in a significant decrease in drug use and drug paraphernalia in public areas.²
- **An increase in safety and health outcomes for drug users themselves.** Fear of punitive police actions often drives people who are using drugs and living on the streets to consume drugs in vulnerable places and ways. They may consume in hard-to-reach places, increasing the risk of overdose; be pushed to consume in neighborhoods under control of criminal groups; share materials that risk their own health or the health of others; or not call emergency services for help. Reducing this fear

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encourages people who use drugs to utilize available health and social services and to come out of the shadows.³

- **An improvement in effective crime prevention and promotion of public safety.** Harm reduction approaches to law enforcement have contributed to greater community trust of police, leading to increased cooperation in investigations and safety measures. Prioritizing the ability of people who use drugs to access and utilize health and social services has also decreased recidivism and crime rates. By changing law enforcement priorities and policies, more resources have been directed at more serious crimes and safety threats.⁴
- **An improvement in effectiveness and collaboration across government.** A central feature of harm reduction approaches is that law enforcement is not left alone to solve the challenges of problematic drug use, poverty, and homelessness. Harm reduction collaborations have increased responsibility on other government agencies and community stakeholders, and decreased duplication within government and burden and blame on law enforcement.⁵
- **Increased officer safety and wellness.** When effective harm reduction models are in place, officers are less likely to be stuck by contaminated needles. Individuals are more likely to possess sterile injecting equipment during pat down searches and to acknowledge possessing that equipment if these are not used by police as evidence of wrongdoing. Harm reduction approaches also help to deescalate encounters with drug users when officers embrace an approach that includes acting as guardians.⁶
- **Improved police and community relationships.** Harm reduction approaches that are embraced by the police can lead to better relationships with the communities they serve. These approaches increase police legitimacy and form true partnerships with community members. When communities recognize that the police are willing to focus on serious drug crimes and support non-punitive approaches to drug use or petty possession, a higher level of trust and cooperation is formed.⁷

Recommendations and Examples

What law enforcement can do

Law enforcement officers have used various approaches to incorporate a harm reduction-based approach to protect public safety and public health. The agencies who have used the measures described here vary in geography, size, and resources. Local context matters, and any initiative needs to take into account political context, historical dynamics, and input from both officers and community members to have lasting impact. Successful harm reduction policing efforts have also been works-in-progress and are refined on the basis of experience and learning. All of them, however, draw on the six principles and practices detailed in this section.



Harm reduction aims to provide important and often low-threshold services to reduce health harms even for those unable to abstain from drug use.

1. Save Lives

The core mission of law enforcement is to protect human life. Thus, a basic measure that law enforcement can take in relation to drug enforcement is to identify operational practices that may impede access to lifesaving services and adjust these practices to prioritize the lives and health of vulnerable populations. This includes the following three essential components: Create space for, rather than interfering with, harm reduction services; prioritize saving lives in cases of overdose or victimization; increase officer health and safety.

Create space for, rather than interfering with, harm reduction services

Harm reduction aims to provide important and often low-threshold services to reduce health harms even for those unable to abstain from drug use. These often include efforts to provide sterile injecting equipment, and often help make connections and provide support to drug users who struggle with other issues, such as homelessness, unemployment, mental health problems, or domestic violence. These programs also serve as an important point of contact from which people may make a decision to enter further treatment services, including services to help end drug use. Lastly, community-based harm reduction often helps with crime reduction (see alternatives to arrest, below).

In many jurisdictions, law enforcement officers have recognized the lifesaving and public safety value of these interventions. In order to minimize disruption of the services, law enforcement has entered into formal or informal agreements not to conduct urine tests, drug searches, citations, or arrests for drug consumption or personal possession at or near service locations. They have also welcomed program workers to come to local station houses and present their programs to street officers during daily roll calls or a training session. Many local police departments have also recognized or approved the use of harm reduction program membership cards so that officers will know when people they encounter are program participants—and consequently refrain from issuing citations or arrest as their command or discretion allow.

Some examples of harm reduction programs include:

- **Needle and syringe programs.** Needle and syringe programs where injection drug users can return used needles and syringes and/or obtain new, sterile ones. Needle and syringe programs are proven to dramatically reduce HIV, hepatitis C, and other infections, as well as reduce risk of needlestick injuries to the public and to officers. Research and practice show that needle and syringe programs do not increase rates of drug injection.⁸
- **Medication-assisted treatment.** Methadone and buprenorphine are two long-acting medicines that reduce injection of, or craving for, heroin and other opioids while helping improve the user's stability, social function, and adherence to HIV medications and other treatment. Clinics and low-threshold distribution points exist in countries across the world to provide these medicines along with behavioral interventions.⁹
- **Substance analysis and drug checking projects.** Drugs that people buy and consume on the street may not always be what they think they are. For instance, fentanyl increasingly appears in street heroin in Canada and the United States. So-called party drugs such as ecstasy may contain methamphetamine or other, more harmful substances of which the buyer is not aware. This can have serious health results for users, such as overdose, cognitive confusion, or (especially for women) increased risk of sexual assault. Substance analysis or drug checking projects can help drug users avoid ingesting unknown and potentially harmful adulterants found in street drugs. These can also assist emergency responders and health agencies to identify trends in illicit drug markets and adjust their services to meet the health needs of the community. Drug checking projects exist across Europe and, increasingly, in the Americas.¹⁰
- **Supervised drug consumption rooms.** Across Europe and in Australia and Canada, community and government agencies have opened medically supervised drug consumption rooms (also known in some places as comprehensive community engagement sites, integrated facilities, or medically supervised injection facilities, among other names). These are designated spaces where people can consume drugs, including through injection or smoking, under the supervision of medical staff. There

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are more than 75 supervised consumption rooms in Europe alone. A supervised injection facility in Vancouver, Canada, opened in 2003, with several more opening this year in Canada. Despite the millions of injections and tens of thousands of people served, there has not been a single fatal overdose in these facilities.¹¹

- **Drop-in centers.** These are places where people who use drugs can enter, meet with peers and counselors, wash their clothes or take a shower, have a meal, or meet with nurses and medical providers. These centers allow people who use drugs, especially street-based ones, to have a space to receive services, make connections with peers and outreach workers, and possibly discuss finding support for problems they may face such as infections, lack of housing, or unemployment.

Prioritize saving lives in cases of overdose or crime victimization

People who use drugs are often victims of crime or risk fatal overdoses. Those who are homeless or street-involved typically experience higher rates of violence, crime victimization, and even homicide than other citizens. Drug criminalization makes these people fearful of reaching out to police for support, further increasing the vulnerability that often already accompanies poverty and housing insecurity. Gender-based violence, especially violence from intimate partners, is a serious and common experience for cis-gender women or transgender people who use drugs. People who use drugs who are victims of or witnesses to crime frequently report being afraid to contact police for fear of being arrested on drug charges, not believed, blamed, or because they are afraid of reprisals in their community. Not only does this increase vulnerability to violence and crime, but it can undermine public safety more broadly as crimes go unreported and perpetrators continue without consequence.

Overdoses also pose a serious danger to people who use drugs and are increasing in many countries. While harm reduction services have proven very effective in preventing fatal overdoses, many people who use drugs overdose without being close to such services. Frequently, calling for help could save lives, but many are afraid—often based on experience—that if they call even for medical help, the police may arrive and arrest them instead.

Some examples of what law enforcement can do include:

- **Do not charge or arrest at overdose scenes.** Studies have shown that fears of police arrest deter witnesses of drug overdoses from calling for medical help and contribute to overdose deaths.¹² Many police agencies, in partnership with municipal government authorities, have implemented policies that guarantee that people who call emergency services in response to an overdose will not be charged for drug possession or other related offenses. Others have suspended regulations that previously required ambulances called to the scene of an overdose to notify police.
- **Carry and support distribution of the opioid overdose antidote.** Naloxone is an opioid overdose antidote given by simple muscular injection (even through clothing) or via nasal spray. Police agencies are beginning to train and equip their officers on how to use naloxone. It is simple to use, has no abuse potential, and it works. In addition to equipping first responders with naloxone, many countries have permitted other drug users, friends, and family members to carry and use naloxone without liability, as they can be the most effective in preventing a fatal overdose. Law enforcement can be a positive voice in calling for greater access to naloxone for family and community members, either through access at pharmacies or through direct distribution.
- **Extend protection from arrest to those who report being victims of or witnesses to crimes.** In the United States, the municipal government of San Francisco passed guidelines that law enforcement officers will not arrest persons for involvement in sex work or drug use when they are victims or witnesses to a range of crimes, such as sexual assault, human trafficking, stalking, robbery, kidnapping, threats, blackmail, burglary, or other violent crime.¹³
- **Work with public health partners to create “health hubs” around drug users and overdose victims.** The health hub approach provides a hotline for police officers to call that connects drug users with harm reduction specialists. Officers can make referrals after interacting with an individual who is at risk of overdosing, or individuals who are using drugs in a manner that puts them more at risk of contracting disease, or after a nonfatal overdose. These health hubs build layers of protection for drug users while providing officers a positive way to get people help.

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Increase officer health and safety

Law enforcement officers can also benefit from harm reduction approaches. Officers who encounter people carrying needles can be at risk of needlestick injuries and, as a result, potential exposure to HIV or hepatitis C. Support for syringe service programs increases the likelihood that, if a needlestick occurs, it will occur with a clean needle. Further, if injection drug users know they cannot be punished for possessing syringes, they are more likely to tell an officer they have one prior to a pat-down search.

Harm reduction can also benefit police who use drugs. Substance use is a common yet unacknowledged feature within many police departments. As a result, harm reduction-based officer education and operational protocols can increase health and safety of officers as well as their partners, spouses, or other people with whom they may have sex or use drugs. These can also help to increase police understanding of health promotion, and consequently, improve their performance.

- In Ukraine, a former police officer now working with the nongovernmental organization Alliance for Public Health has engaged in occupational health and safety training workshops with Ukrainian police. The workshops are intended to promote health of police officers while breaking down myths and stigma about HIV, AIDS, and people who inject drugs. As part of the workshop, the trainers offer confidential, rapid HIV testing for the officers—something that most officers welcome.
- In Tijuana, Mexico, public health researchers worked with municipal police to provide training on the value of needle and syringe programs as a health and harm reduction service, and to underscore that taking away needles as evidence of wrongdoing was neither legal nor wise. Officers following the training program reported greater awareness of HIV risk from needle confiscation, including how to minimize risk to themselves.

2. Engage Community and Build Partnerships

Community members are a critically important part of public safety and crime prevention. It is now widely understood that the community are “co-producers” of safety and should be treated as such by law enforcement. The second main principle of modern policing outlined by Sir Robert Peel, who created the first modern police service in London in 1829, is that of “policing by consent.” The principle states that police must “recognize always the power of the police to fulfill their functions and duties is dependent on public approval of their existence, actions and behavior, and on their ability to secure and maintain public respect.”¹⁴

One frequent challenge facing police is the demand from segments of the public, select politicians, or drug control laws to respond forcefully against people who use drugs. These can undermine public safety by directing scarce resources, including human and financial, away from specific sources of serious crime and violence.

Law enforcement is an important interlocutor with members of the public. In responding to calls for service or when conducting community patrols or outreach, they are well-placed to be able to explain to people the importance and benefit of harm reduction services and the value of addressing issues related to problematic drug use through health and social service interventions rather than punishment. In many countries, law enforcement recognizes the importance of building community relationships and working with members of local communities in order to identify relevant safety needs and ways to meet them. Rather than emphasizing a response to incidents and a reliance on centralized dispatching to calls for service, local partnerships and problem-solving strategies and techniques are key to promoting safety and preventing harm.

In addition, it is important to recognize that marginalized populations, including people who use drugs, are members of the community and have particular safety needs. However, often due to fear and misperceptions, they often refuse to contact police in cases where they are victims of or witnesses to crime, or in need of emergency service. In

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addition, they are often unlikely to cooperate with police investigations due to fear of punishment. This is often referred to as a problem of “procedural justice.” The idea is that if someone does not believe the system—or, in other words, the process—to be fair or just, they are likely to not cooperate or support it or its representatives. This can have a negative impact for those who do not engage with police, but also for public safety more broadly as crime prevention and investigation is hindered.

Police in many jurisdictions have taken steps to develop working relationships with other public agencies, such as health and social services, as well as community-based health and harm reduction providers. While such relationships require some effort to develop, they are necessary to address the combination of social challenges. They can also allow law enforcement to focus better on areas where they hold comparative advantage as well as to benefit from the skills and expertise of other partners. Trusting the expertise of these partnerships is an important way to help foster these relationships and is necessary to achieve shared public safety and health outcomes.

- In 2015, the Ukrainian police started a national police reform effort after years of reported corruption, misconduct, and gaps in public safety protection. One aspect of this has been an effort to introduce a decentralized and locally based community policing approach. As part of this reform, local police departments are now beginning to work with local NGOs, healthcare providers that accept people who use drugs, and other community members, in order to identify safety needs and ways to address them collaboratively. As drug use may be identified as a threat to community safety, part of the effort requires working together to educate members of the community about the value and need of harm reduction health services such as methadone treatment clinics or needle and syringe programs, some of which may be present in neighborhood already. Helping communities to be familiar with services and what happens there often diminishes community fears and improves the sense of security and collective response to drugs.
- In response to the growing opioid overdose epidemic in New York City, the municipal government established a multiagency working group called RxStat. RxStat is

a public health-public safety partnership where city agencies, led by the Department of Health and including the New York Police Department, monitor indicators of opioid use and overdoses in as close to real-time as they can. Their data sources include qualitative research, mortality, healthcare fraud data, hospitalizations, pharmacy crimes, arrest and jail data, treatment admissions, drug prosecutions, and price and purity data. The initiative is grounded on the shared central goal of reducing overdose deaths, by seeking to reduce health impacts of drugs without trying to end drug use, and by including multiple agencies in the health and safety response. RxStat also offers a way for the different agencies to meet, assess the data, learn from experts in the field, and discuss how they can improve, using real cases as examples. This partnership allowed the city to respond quickly to rising overdose rates in one neighborhood and to train 1,200 drug users and their families on harm reduction and use of the opioid overdose antidote naloxone. In another neighborhood, they were able to increase the availability of naloxone to police officers who often served as first responders to overdoses. Law enforcement participants note that RxStat has increased their understanding of drug use and dependency as well as the value of health-based approaches and partners.

3. Draft Instructions and Operational Guidance

One of the common challenges that police departments face is the lack of clear instructions and operational guidance on how to address harm reduction services. Such operating guidance is valuable in determining police strategies, resources, and priorities, and allows police to align their policies and practices with health or social services. This is especially important as the problems associated with street-based drug use cannot be solved by law enforcement alone. Such guidance allows law enforcement to demonstrate their commitment to broader government policies and obligations, makes policing priorities and expectations clear for the members of the public, and increases likelihood of sustaining policies after change in command.

One of the common challenges that police departments face is the lack of clear instructions and operational guidance on how to address harm reduction services.

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- Over the past 25 years, Kyrgyzstan has become a major transit point on a heroin trafficking route from Afghanistan to Europe. This contributed to a rapid increase in the rates of drug use and problematic use, particularly of injection drugs, and to an increased risk of HIV and hepatitis C among users and their sexual partners. The government tried various punitive approaches, including severe criminal penalties, administrative detention, drug user registration lists, and police sweeps targeting drug users. These approaches, however, did not resolve the problem. After a number of years of work with harm reduction programs, in 2009 the Kyrgyz Ministry of Interior issued Instruction 417, which advised police not to interfere with harm reduction services, such as needle and syringe programs or outreach to people who use drugs or sex workers. Instruction 417 also outlined the national police’s responsibility to protect and uphold citizen rights, especially vulnerable populations like injection drug users, and addressed police occupational health and safety concerns. The instruction has served to integrate support to harm reduction within the police, to underscore police commitment to advancing the national HIV strategy, and as guidance for local departments to design and implement cadet and in-service training, officer deployment, and appraisal of officer performance to improve health. It has also served as a helpful resource for community members to work in partnership with police on promoting police-public health responses to drug use.

4. Support Alternatives to Arrest

The power to arrest people, or issue citations, are among the most important tools utilized by law enforcement to promote public safety and conduct their work. At the same time, drug enforcement officers note that arrest can be over utilized or ineffective—when you only have a hammer, everything looks like a nail. Even in jurisdictions where personal possession or consumption has been decriminalized, many users may be arrested instead for low-level selling (sometimes referred to as “micro-trafficking” or narcomenudeo in Spanish) or other nonviolent offenses. When it comes to drug users and minor drug sellers, a growing consensus from law enforcement and

public health leaders notes that arrest is not effective. When drug use is combined with (or a result of) other significant social challenges, such as homelessness, poverty, personal trauma, or mental health problems, then arrest becomes even less appealing or effective as a solution. An emphasis on arrest or citation encourages officers to address an incident after it occurs and limits opportunity or requirement that they engage on supporting solutions to address underlying factors leading to the incident. A number of police departments are beginning to explore new enforcement policies that move away from arrest and incarceration as the answer to social problems, seeking to direct people to integrated support and health services instead of jails. This connects strongly with the previous discussion on the importance of community and multiagency partnerships and can similarly help promote a strategic shift from an emphasis on trying to control misbehavior and legality to problem-solving and workmanship.

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When moving forward on an alternative to arrest or citation initiative, it is very important to involve officers at all levels at the design stage, especially those who will be implementing these strategies. Involving these officers in design helps build their ownership over the strategies and helps identify any practical operational considerations. This increases the likelihood that strategies created will be realistic and can be effectively implemented.

- Jurisdictions across the United States, beginning in 2011 with Seattle and King County, Washington, have launched an initiative called Law Enforcement Assisted Diversion (LEAD). Through LEAD, law enforcement officers who come in contact with drug users and low-level sellers (up to seven grams of substances), or receive a referral from other LEAD partners (such as social workers, prosecutors, or other officers), can direct them to community-based harm reduction services instead of detaining them in jail and processing them through court for administrative or criminal charges. LEAD does not only include drug charges, but a range of nonviolent crimes allegedly committed by someone with substance use problems. Some jurisdictions implementing LEAD also include non-felony property crimes, and there has been discussion to expand to non-felony and non-domestic battery and assault charges. The services available include housing, healthcare, job training, treatment, and mental health support. Participants in LEAD begin working immediately with case managers with the goal to connect them with services that will reduce the harm a drug offender causes him or herself, while increasing public safety and health. The approach often includes a partnership of police, prosecutors, executive government offices, health and social service providers, and community and human right advocates. As a harm reduction-based approach, success is not defined by abstinence or a negative urine test, but rather on improvements in the person's health and living conditions and on public safety. In Seattle and King County, the numbers of those who returned to commit crimes decreased by nearly 60 percent among LEAD participants, fiscal burden on the criminal justice system decreased, and LEAD participants were significantly more likely to obtain housing, employment, and legal income.
- In response to a burgeoning HIV crisis, particularly among injection drug users, as well as an increase in heroin use,

the Portuguese government decriminalized all drugs in 2001. As a result, possession of up to a 10 days' average daily dose of all drugs, although still illegal, is treated as a health and social issue rather than a crime. Many Portuguese law enforcement officers report that the change has allowed them to focus their counter-narcotics efforts on large-scale traffickers and to devote police resources to prevention of serious and violent crimes. When law enforcement encounters someone with less than a 10-day supply, they refer the individual to a local commission composed of a lawyer, a doctor, and a social worker. The commission meets with the individuals to learn more about their drug use, its impact on their lives, and to make appropriate recommendations or referral for services and treatment. Punitive sanctions such as fines can be applied, but this is rare as the focus is on promoting healthy outcomes. Seventeen years after the start of decriminalization, Portugal has reported decreased HIV diagnoses, no overall increase in drug consumption, a decrease in drug consumption among 15-24 year-olds, and decreases in fatal overdoses. The percentage of drug-related offenders in prison (i.e. those convicted of offenses while under influence of drugs or to fund personal use) decreased from 44 percent in 1998 to 21 percent in 2012.

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5. Develop New Performance Metrics, Incentives, and Management

An emphasis on arrest—as well as other traditional measures like citation, clearance rate, crime reports, and response time—are often not up to individual officers, since performance of individual officers, local units, and departments as a whole are set from above as a central way to measure individual and agency-wide performance. Officer performance metrics and incentives are an important way in which police executives seek to encourage proper and effective implementation of policy, to professionalize the agency, and to demonstrate to the public and the government that the agency is performing well. The emphasis on outputs, such as arrests, citations, and drug seizures, however, often ignores attention to real-world outcomes—for example, whether drug use or trade is reduced—and is often imposed even when officers know that the outputs measured are not making a difference.

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What one chooses to measure sends a strong signal as to what is valued and important in policing. Some jurisdictions have moved away from measuring arrests or seizures made, citations or summonses issued, or arrests leading to conviction, instead building a strategic plan and measurements that are integrated with and supportive of broader public goals. As a result, these departments and agencies include measurement of things like levels of community satisfaction and trust, community victimization and perception of safety, the quality of police contacts, or a decision to refer someone to a harm reduction service provider instead of arresting them. These indicators can be obtained through community and contact surveys, providing civilians with a “receipt” of their contact with an officer, review of civil society reports and complaints, review of agency policies and protocols, narrative reports provided by officers and reviewed by supervisors, as well as surveys of officers themselves.¹⁵ Framed as a part of government that shares the broad responsibility to strengthen community life, law enforcement can take a deeper and richer role, better assess their impact on community life, and receive credit for contributions to community health and safety including things like lower overdose rates and higher rates of housing.

These metrics can be attached to professional incentives such as rewards, medals, citations, promotions, or informal congratulations that recognize both officer knowledge of harm reduction strategies as well as implementation of referrals to services. In addition, agencies can incorporate outcome-based metrics, such as through community surveys and input, as a way to assess promotions and to award internal agency or public recognition. This can be helpful especially when there are formal and informal economic incentives—such as overtime pay or rewards, or days off from duty—for officers to arrest, charge, and appear in court on drug cases. Even when operating informally or unofficially these incentives can contribute to an operational culture that may have equal or even greater impact on performance.

- In 2011, the Brazilian state of Pernambuco launched the ATTITUDE Program (Comprehensive Care for Drug Users and Their Families) as part of a homicide-reduction effort. The program included a focus on providing

harm reduction-based housing, recognizing that street-based crack users were among the most vulnerable to violence and murder due to their housing vulnerability. Police worked with social and health agencies, nongovernmental groups, and local academics to design, implement, and evaluate the approach, with attention being paid not just to numbers of homicides but also to including interviews and focus groups with people who used drugs, their family members, and government staff. In addition to better tracking of homicides, this resulted in a greater understanding of the history and trajectory of people who use drugs in the city, including their relationship in the community and experiences of crime and victimization. This, in turn, allowed law enforcement as well as health and social service providers to make adjustments in terms of staff deployment and types of interventions. Positive changes were consequently detected in homicide rates, violence, and drug use.

- In 2007, Australia developed a new framework for measuring the performance of drug law enforcement. Recognizing the substantial investment government made in drug law enforcement activity—between \$1.3 and \$2 billion, annually—the government determined it was critically important to have good systems to measure the efficiency and effectiveness of the activities. The goals of the National Drug Strategy served as the basis for developing the metrics and law enforcement at multiple ranks were consulted in the drafting process. It was determined that no indicator alone was sufficient, but that metrics needed to be based upon four interdependent outcomes: reducing drug crime and drug-related crime, reducing organized crime, improving public health, and improving public amenity (safety and wellbeing). In order to assess improvement in public health, the framework includes trends in illicit drug-related deaths and morbidity, presence of ambulance attendances at overdoses, participation in harm reduction services, trends in lost productivity, and alternatives to arrest and incarceration. Public amenity assessment includes measures of community safety and wellbeing through surveys on community satisfaction with policing and community perceptions of a “drug problem” through crime and safety surveys.

Even when operating informally or unofficially these incentives can contribute to an operational culture that may have equal or even greater impact on performance.

Training can also serve as an entry-point to build relationships with civil society partners, including harm reduction experts and drug users, in ways that challenge stereotypes.

6. Support Training and Culture Change

Organizational culture is a major factor in determining law enforcement practices. Practices may not change even with a revised operational policy if the dominant organizational culture runs counter to it.

Police structures are often commander-driven, and commitment from the top is important to all the measures described above. Notably, most of these successful reforms also included input and feedback from the officers responsible for implementation on the streets.

Training, when integrated and combined with the items discussed previously, can be an important way to affect organizational culture. This includes training for new recruits as well as in-service training for established officers, with field training on engagement with harm reduction occurring prior to officer certification. This allows for an added level of experiential learning and makes it clear that the harm reduction approach is an expected approach to daily duties. Training can also serve as an entry point to relationships with civil society partners, including harm reduction experts and drug users, in ways that challenge stereotypes. Law enforcement may also hold public forums with strategic partners so that the community can be educated in what the police are doing. This is an essential piece of community policing and allows for a true partnership between police and the community. Indeed, training alone is rarely sufficient, and it is important to incorporate it as one element of other initiatives previously discussed. This is the reality of law enforcement, particularly when involving drug use, is unpredictable and not every situation follows a predictable scenario for which officers can be trained. Thus, it is important to redefine training not as simple classroom instruction, but a participatory way to emphasize the key role that harm reduction principles, problem-solving approaches, and officer discretion have in contributing to the shared goal of protection of health and safety.

- The antinarcotics law in Uganda allows for a 10-to-25-year prison sentence for possession of illicit drugs. After years of rigid enforcement of this law, community

members and civil society actors began working with police in recognition that illicit drug use and trade had continued while harms to health, rights, and resources increased. Common ground was found as many officers acknowledged that if their children were misusing drugs, they would prefer they receive health treatment instead of a long prison term. Still, many misconceptions, stereotypes, and disagreements persisted. As a way to engage officers and to develop better community and police relationships, the narcotics division of the Uganda National Police began a training series for senior law enforcement officers across the country. Training sessions provide information and a space for discussion about the various types of drugs in circulation in Uganda, their effects on the body, the difference between drug use and dependence, and harm reduction. Importantly, the training sessions were jointly led by civil society partners and law enforcement and, as a way to undo stereotypes, it included drug users themselves. The sessions provide an entry point for law enforcement to reflect on these issues as peers and to work with one another to discuss and confront entrenched culture and beliefs about drug use.

Law enforcement may also hold public forums with strategic partners so that the community can be educated in what the police are doing.



Selected Handbooks and Manuals

General Law Enforcement Training and Principles

“Training Manual for law enforcement officials on HIV service provision for people who inject drugs”, United Nations Office on Drugs and Crime, 2014: [unodc.org/documents/hiv-aids/LE_MANUAL_02.10.14.pdf](https://www.unodc.org/documents/hiv-aids/LE_MANUAL_02.10.14.pdf)

Amsterdam Declaration on Police Partnerships for Harm Reduction, 2014: [leahn.org/wp-content/uploads/2013/08/Amsterdam-Declaration-on-Police-Partnerships-for-Harm-Reduction.pdf](https://leah.org/wp-content/uploads/2013/08/Amsterdam-Declaration-on-Police-Partnerships-for-Harm-Reduction.pdf)

Frankfurt Principles on Drug Law Enforcement, 2013: [leahn.org/wp-content/uploads/2013/08/131101.-Frankfurt-Principles-on-Drug-Law-Enforcement.-International-Conference-on-Drug-Policy-and-Policing.pdf](https://leah.org/wp-content/uploads/2013/08/131101.-Frankfurt-Principles-on-Drug-Law-Enforcement.-International-Conference-on-Drug-Policy-and-Policing.pdf)

Rio de Janeiro Declaration, 2011: [leahn.org/wp-content/uploads/2013/08/110921.-Rio-de-Janeiro-Declaration.-Governo-de-Rio-de-Janeiro.pdf](https://leah.org/wp-content/uploads/2013/08/110921.-Rio-de-Janeiro-Declaration.-Governo-de-Rio-de-Janeiro.pdf)

Harm Reduction Services Training

“Syringe Access and Law Enforcement” training materials: harmreduction.org/syringe-access/syringe-access-tools/sas-le

“Overdose Prevention and Naloxone Manual” training materials: harmreduction.org/issues/overdose-prevention/tools-best-practices/manuals-best-practice/od-manual

“Supervised Injecting Facilities & Drug Consumption Rooms: Overview of International Literature,” Vendula Belackova and Allison M. Salmon, 2017.

Strengthening Community Relationships

“Procedural Justice and Police Legitimacy: Using Training as a Foundation for Strengthening Community-Police Relationships”, California Partnership for Safe Communities, 2015.

“Community Policing Defined”, E-Learning Course, Virginia Center for Policing Innovation and US Department of Justice: copstrainingportal.org/new-perspectives-on-community-policing

“New Perspectives on Community Policing”, E-Learning Course, Virginia Center for Policing Innovation, Western Community Policing Institute, and US Department of Justice: copstrainingportal.org/new-perspectives-on-community-policing

Alternatives to Arrest

Law Enforcement Assisted Diversion (LEAD) resources: leadbureau.org

Indicators, Incentives, and Metrics

Australia National Drug Strategy, 2017-2026: hcas.aasn.au/documents/555-national-drug-strategy-2017-2026/file

Community Policing Self-Assessment Tool (CP-SAT), US Department of Justice, 2013, Webinar: cops.usdoj.gov/html/podcasts/the_beat/09-2013/CPSAT_CHRP/pdf

Example Report: cops.usdoj.gov/pdf/CP-SAT/CP-SAT_Example_2nd?Admin.pdf

Videos

Basics of Harm Reduction (Russian with English subtitles), International Alliance on HIV/AIDS, Ukraine: youtube.com/watch?v=joDkxPzqOg&t=9s

Overdose Prevention and Reducing Risks for Injection Drug Use (Russian with English subtitles), International Alliance on HIV/AIDS, Ukraine: youtube.com/watch?v=g85lkoY2Scs

Legal Aspects of Drug Dependency.
Injection Drug Users and Police (Russian
with English subtitles), International Alliance
on HIV/AIDS, Ukraine: [youtube.com/
watch?v=Hf31q9ByaXo](https://www.youtube.com/watch?v=Hf31q9ByaXo)

Police and HIV Prevention: A Crucial Partnership
(English), Open Society Foundations:
[opensocietyfoundations.org/voices/police-
and-hiv-prevention-crucial-partnership](https://opensocietyfoundations.org/voices/police-and-hiv-prevention-crucial-partnership)

How Police Can Arrest the Spread of HIV
(English), Open Society Foundations:
[opensocietyfoundations.org/voices/how-
police-can-arrest-spread-hiv](https://opensocietyfoundations.org/voices/how-police-can-arrest-spread-hiv)

See also: To Protect and Serve: How Police,
Sex Workers, and People Who Use Drugs Are
Joining Forces to Improve Health and Human
Rights (English), Open Society Foundations:
[opensocietyfoundations.org/reports/
protect-and-serve](https://opensocietyfoundations.org/reports/protect-and-serve)

Select Organizations

International:

Harm Reduction International
hri.global

International Drug Policy Consortium
idpc.net

Law Enforcement and HIV Network
leahn.org

Law Enforcement Assisted Diversion (LEAD)
Support Bureau
leadbureau.org

UNAIDS
unaids.org

United Nations Office on Drugs and Crime
unodc.org

Eastern Africa

Keeping Alive Societies' Hope (Kenya)
kash.or.ke

Uganda Harm Reduction Network (Uganda)
ugandaharmreduction.org

Eastern Europe and Central Asia

AIDS Foundation East West (Kyrgyzstan)
afew.org/countries/kyrgyzstan

International AIDS Alliance (Ukraine)
aidsalliance.org.ua

Alternative Georgia (Georgia)
altgeorgia.ge

Eurasian Harm Reduction Association
harmreductioneurasia.org

Moldova Harm Reduction Union (Moldova)
uorn.aids.md

Latin America

Redes de Desenvolvimento da Maré (Brazil)
redesdamare.org.br

Programa Compañeros (Mexico)
[facebook.com/Programa-
Compañeros-1519683831603839/](https://facebook.com/Programa-Compañeros-1519683831603839/)

Instituto Sou da Paz (Brazil)
soudapaz.org

Brazilian Platform for Drug Policy (Brazil)
pbpd.org.br

North America

Harm Reduction Coalition (USA)
harmreduction.org

Katal Center for Health, Equity, and Justice (USA)
katalcenter.org

Insite, Supervised Consumption Site (Canada)
vch.ca/locations-services/result?res_id=964

Western Europe

Ana Liffey Drug Project (Ireland)
aldp.ie

Endnotes

- 1 See, for instance: Van Den Berg, et al., "Full participation in harm reduction programmes is associated with decreased risk for human immunodeficiency virus and hepatitis C virus: evidence from the Amsterdam Cohort Studies among drug users," *Addiction*, 2007, 102(9): 1454-1462; and Crofts and Patterson (eds), *Police, Law Enforcement, and HIV Supplement to Journal of the International AIDS Society*, 2016, 19(3).
- 2 See, for instance: Boyd et al., *Public Order and Supervised Injection Facilities: Vancouver's SIS*, Centre for Addictions Research of British Columbia, 2008; Wood, et al., "Impact of a medically supervised safer injecting facility on drug dealing and other drug-related crime," *Substance Abuse, Treatment, and Policy* 2006, (1): 1-4; DeBeck, et al., "Public crack cocaine smoking and willingness to use a supervised inhalation facility: implications for street disorder," *Substance Abuse Treatment, Prevention, and Policy*, 2011, (6): 4.
- 3 See, for instance: Fairbairn, et al., "Seeking refuge from violence in street-based drug scenes: Women's experiences in North America's first supervised injection facility," *Social Science and Medicine*, 2008, 67(5): 817-23.
- 4 See, for instance: Caulkins and Reuter, "Towards a harm-reduction approach to enforcement," *Safer Communities*, 2009, 8(1): 9-23.
- 5 See, for instance: DeBeck, et al., "Police and public health partnerships: evidence from the evaluation of Vancouver's supervised injection facility," *Substance Abuse Treatment, Prevention, and Policy* 2008, (3): 3-11.
- 6 See, for instance: Davis and Beletsky, "Bundling occupational safety with harm reduction information as a feasible method for improving police receptiveness to syringe access programs: evidence from three U.S. cities," *Harm Reduction Journal*, 2009, 6(16).
- 7 Police legitimacy "reflects the belief that the police ought to be allowed to exercise their authority to maintain social order, manage conflicts, and solve public safety problems in their communities." Legitimacy is gained and measured by three points: (1) "Public trust and confidence in the police. Such confidence involves the belief that the police are honest, that they try to do their jobs well, and that they are trying to protect the community against crime and violence. (2) Legitimacy reflects the willingness of residents to defer to the law and to police authority, i.e. their sense of obligation and responsibility to accept police authority. (3) Legitimacy involves the belief that police actions are morally justified and appropriate to the circumstances." from Tom Tyler, "What are legitimacy and procedural justice in policing? And why are they becoming key elements of police leadership?" in *Legitimacy and Procedural Justice: A New Element of Police Leadership Report published by Police Executive Research Forum and U.S. Department of Justice*, 2014.
- 8 See, for instance: Fernandes, et al., "Effectiveness of needle and syringe programmes in people who inject drugs – An overview of systematic reviews," *BMC Public Health*, 2017, 17:309; World Health Organization, "Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users," Evidence for Action Technical Papers, 2004; amfAR, The Foundation for AIDS Research, "Public Safety, Law Enforcement, and Syringe Exchange," Fact Sheet, 2013.
- 9 See, for instance: Schwartz, et al., "Opioid agonist treatments and heroin overdose deaths in Baltimore, Maryland, 1995-2009," *American Journal of Public Health*, 2013, 103(5): 917-922; Fullerton, et al., "Medication-assisted treatment with methadone: assessing the evidence," *Psychiatric Services*, 2014, 65(2): 146-157; United Nations Office on Drugs and Crime and World Health Organization, "Principles of Drug Dependence Treatment," Discussion Paper, 2008.
- 10 One lead example of these projects is DanceSafe www.dancesafe.org/drug-checking.
- 11 See, for instance the European Monitoring Centre for Drugs and Drug Addiction website on "Drug consumption rooms: an overview of provision and evidence," www.emcdda.europa.eu/topics/pods/drug-consumption-rooms.
- 12 Bohnert AS, et al., "Policing and risk of overdose mortality in urban neighborhoods," *Drug Alcohol Dependence* 2011, (1): 62-68.
- 13 The San Francisco Police Department Bulletin (issued December 19, 2017) can be found online at: <http://sfgov.org/dosw/sites/default/files/department%20bulletin%2017-249.pdf>.
- 14 Sir Peel's "Principles of Law Enforcement" can be found online at: https://www.durham.police.uk/About-Us/Documents/Peels_Principles_Of_Law_Enforcement.pdf.
- 15 See, for instance: Davis, et al., "Revisiting 'Measuring what matters:' Developing a suite of standardized performance measures for policing," *Police Quarterly*, 2015, 18(4) 469-495.

Open Society Foundations

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

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COVER:

A community support officer speaks with a homeless person in London, U.K.

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INTRODUCTION:

Police and EMS personnel speak with a man in Washington, D.C.

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PAGE 7:

A Philadelphia police officer shows a package of the overdose reversal agent naloxone while on patrol near Philadelphia, Pennsylvania.

Photo credit: © Dominick Reuter/Getty

PAGE 9:

Members of the harm reduction program Programa ATITUDE speak to a man in Recife, Brazil.

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PAGE 19:

A Seattle police officer visits a homeless woman as part of a program that connects homeless people to services in Seattle.

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PAGE 25:

Police speak with local residents in Vavuniya, Sri Lanka.

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