



REDUCING HARM:

POLICE AS PARTNERS IN PREVENTING HIV, PROMOTING PUBLIC HEALTH AND PROTECTING THE HUMAN RIGHTS OF PEOPLE WHO USE DRUGS



ABOUT THE IAS POLICY BRIEF SERIES ON INCLUSIVE CARE SERVICES AND POLICIES FOR PEOPLE WHO USE DRUGS:

Launched on World Hepatitis Day in 2018, this series spotlights the needs of people who use drugs and aims to accelerate the global viral hepatitis response by bringing more attention to a population whose needs remain underserved. Topics include prioritizing people who inject drugs in viral hepatitis C (HCV) elimination efforts, women who inject drugs, police and harm reduction, young people who inject drugs and community-delivered harm reduction services. Other areas of focus include stigma and effective advocacy strategies for health promotion.

This brief is the fourth in the series and spotlights the role of police through exploring the interface of policing, harm reduction and the human rights of people who use and inject drugs. Read, download and share the policy briefs: <http://bit.ly/IASPolicyBriefs>

CONTEXT

Many people who inject and use drugs experience negative interactions with the police and, as a result, are over represented in criminal justice systems, prisons and compulsory drug treatment centres. This happens because in many countries, the production, trafficking and use of some drugs is illegal and police are tasked with enforcing the law. Harm reduction programmes at their core recognize that drug use has implications for individual and public health, and these harms must be reduced as a fundamental step towards ensuring the human right to health. Despite these policy and programmatic shifts, people who use and inject drugs frequently report being targeted and searched by police, as well as experiencing harassment, humiliation, extortion, violence and arbitrary detention at the hands of the police [1].

In many countries, research has documented that these types of police practices increase vulnerability of HIV acquisition and onwards transmission [2], and are not conducive to access and retention in care for HIV and other related health services for people who use and inject drugs [3]. In recognition of this, the World Health Organization recommends the decriminalization of drug use and possession for personal use as a critical enabler for an effective HIV response [4]. The police have a central role in creating supportive environments where harm reduction programmes can exist and that, by fulfilling this role and becoming a partner in harm reduction, both the police and the broader communities in which they serve benefit immeasurably.

Law enforcement must work in partnership with the community, including people who use drugs, in pursuit of creating a rights- and health-affirming environment. While protecting public health is not the primary function of the police, operating within a human rights framework that improve health and well-being is part of progressive and effective policing practice [5].

“Police have historically been used in many parts of the world as an arm of the war on drugs, using violence and repression to control people who use drugs. Even so, there are experiences of harm reduction programmes developed by local governments, which have shown that it is possible to collaborate with the police and work from a more humane approach.”

Ernesto Cortes, Asociación Costarricense para el Estudio e Intervención en Drogas (ACEID), Costa Rica

There are growing examples of police engaging and partnering in harm reduction approaches to drug use and, by association, helping expand the definition of harm reduction and what harm reduction policing can achieve. There have been recent calls for all stakeholders to acknowledge and support the development of the role of police as a critical part of a comprehensive public health approach [6].

FROM HARMFUL POLICING TO HARM REDUCTION POLICING

“Harm reduction is important as the services it provides are a pathway, a doorway for people into treatment. It reduces the spread of HIV, hepatitis and others. I was against this kind of approach for the first 15 years of my career, but I have come full circle as I have seen that these sites [safe injecting and overdose prevention sites] work.”

Inspector Bill Spearn

Vancouver Police Department, Vancouver, Canada

Harmful police practices are frequently linked with punitive drug laws or actions that contradict human rights- or evidence-based approaches [7]. Examples include: confiscation and destruction of needles and injecting equipment; arrests of people who inject drugs near harm reduction facilities; systematic crackdowns in areas known to be open-air drug markets with people visibly consuming, buying and trading drugs; arbitrary arrests; and intimidating police surveillance of harm reduction services [1,8]. Such actions jeopardise health and well being by creating barriers for accessing services for people who need them, and can negatively affect the police, health and harm reduction service providers [9].

The use of arbitrary search tactics infringes dignity, respect and privacy; in the US and across Europe, there have also been instances based on racial and socio-demographic profiling [10]. ‘Stop and search’ approaches disproportionately target people who are black and poor, and these inequities are further reflected in prisons and people formally charged within criminal justice systems [7]. In several countries in North Africa, the Middle East and South East Asia, law enforcement agencies coerce or force people who inject drugs into compulsory detention centres in the name of treatment. Distrust of law enforcement increases the level and frequency of violence between community members and people who inject drugs. For example, the war on drugs in Thailand has resulted in the deaths of thousands of people who use drugs and has significantly affected the country’s HIV prevention and treatment efforts among people who use drugs [11]. A more protracted war on drugs continues in the Philippines. Since 2016, more than 27,000 people have been killed due to extrajudicial killings as part of drug law enforcement operations in the Philippines alone [12]. While these “wars” are often framed as tackling drug trafficking, it is invariably people who use drugs who are disproportionately targeted.

Policing cultures and practices are influenced by a hierarchical organizational structure, police instructions, performance metrics, individual actions (which are shaped by social norms and values, and individual interpretation and understanding of issues) and the social, political and cultural context [13,14]. While the stated focus of the police is typically to prevent crime and safeguard social order, in practice, police in some countries are often involved in a range of health and social issues, which highlights the fact that police are very much part of a public health response although they are rarely recognized for it and nor is it often specified to them in their training and professional development. Police sometimes have flexibility in how they prioritize their interventions and efforts. Police are often expected to respond to the broader community’s perceived fear of drugs and of people who use them. Widespread misunderstanding of drugs, drug use, harm reduction and related interventions (including their cost and evidence of effectiveness) exists in the general community and among police [12,15]. Depending on the policing culture and practice and on the available information, support and skills, police officers can either exacerbate or reduce drug-related harms [8]. A growing number of police leadership and strategic development professionals are recognizing the need to reconsider traditional policing approaches to issues of drug use in the community.

“If police support the idea of harm reduction, drug users can get access to medical care. It would reduce the number of HIV infected persons and also the police can spend more time on crime prevention rather than drug arrests.”

**Associate Professor Police Lieutenant Colonel Krisanaphong Poothakool,
PhD Rangsit University, Bangkok, Thailand**

Harm reduction policing includes police implementation of national drug and HIV policy that enables harm reduction and evidence-based HIV prevention and treatment interventions for people who inject drugs (for example, in South Africa and Thailand) [12,16]. Police can endorse and create pathways for referrals to harm reduction and HIV interventions, like needle and syringe programmes (for example, in Mexico, the United Kingdom and some US states) [17-19] and safe injecting sites (for example, in Australia, Canada and Switzerland) [20,21]. Furthermore, supportive attitudes and requisite knowledge and skills can be developed through the systematic inclusion of harm reduction training within police colleges (for example, in Moldova) and in-service training (for example, in India and Uganda) [22-25]. In Kyrgyzstan, police receive training within the police training academy around HIV services for key populations. This training emphasizes the need for police to give space for harm reduction services to take place. Support from high-ranking police officials who are involved in the Law Enforcement and HIV Network has been critical to foster a culture that supports harm reduction policing [26,27].

“I participated in the development of the training course and in training police officers. This was necessary so that the police do not impede access of key populations to harm reduction programmes.”

Colonel Alieva Gulsara (retired)

Academy of the Ministry of Interior, Kyrgyzstan

Over time, a policing culture that embraces harm reduction can take shape. An example is the Vancouver Police Department in Canada. Seven years after adopting a harm reduction policy in 2006, confiscation of drug injecting equipment declined from 22% in 2002 to 3% in 2014, and experiences of physical violence perpetrated by police against people who inject drugs declined from 14% in 2004 to 3% in 2014 [9]. Recognizing opportunities for police to achieve their personal safety and broader security objectives while enhancing the HIV response is an important starting point. This requires commitment, collaboration, experimentation and access to best practice for adaptation to local settings [28]. Once this journey starts, health and safety improvements for police, people who inject drugs and the broader community can follow [8].

“Harm reduction gives support for people who inject drugs to become more self-sufficient. If you can build a sense of respect between police and people who inject drugs, ultimately, you will see less offending, your relationships with that community will be better and police out on the street will be safer. When I see members who have made the shift in support of the harm reduction approach, I can see their day-to-day duties become much more enjoyable and much more safe.”

Commander Stuart Bateson

Victoria Police Department, Melbourne, Australia

BOX 1: WHAT IS HARM REDUCTION POLICING?

Police and public health share the same desired outcomes: safe and healthy communities. For police, the harm reduction philosophy and related interventions have many benefits. The interventions save lives and prevent blood-borne infections. They also improve the health, safety and well-being of police [29]. According to Harm Reduction International: “Harm reduction refers to policies, programmes and practices that aim to minimise negative health, social and legal impacts associated with drug use, drug policies and drug laws. Harm reduction is grounded in justice and human rights – it focuses on positive change and on working with people without judgement, coercion, discrimination or requiring that they stop using drugs as a precondition of support”. A harm reduction philosophy therefore provides a framework for rights-based policing that enhances police legitimacy, community relationships and intersectoral collaboration [30].

Alternatives to arrest and punishment benefit individuals and the community, reducing barriers to employment and facilitating access to health and social services, including harm reduction [31]. Through partnering with health services, police can support access to HIV, viral hepatitis, TB and related services for people who inject drugs.

Harm reduction policing creates space for people who inject drugs to make choices about their health and that of their families and the broader community while improving public safety and enhancing police well-being and operational effectiveness [8]. Crime and visible public consumption and trading of drugs may be reduced, and the police working environment becomes safer [32]. Recognizing drug use as a social and health issue and allowing the appropriate service providers to work with people who inject drugs enables police to focus attention on crime prevention, public safety and investigating serious crimes, including trafficking, while partnering with health and social services.

1. SUPPORT NEEDLE AND SYRINGE PROGRAMMES

Needle and syringe programmes are one of the most cost-effective public health interventions [33] and are considered to be a priority intervention by the United Nations Office on Drugs and Crime, the Joint United Nations Programme on HIV/AIDS and the World Health Organization [34,35]. Access to sterile needles and syringes is the cornerstone of an effective HIV response for people who inject drugs [36]. Services can be mobile (on foot or from vehicles) or fixed (from kiosks, dispensing machines, community centres, pharmacies or health facilities). Alcohol swabs, tourniquets, sterile water, filters, personal cookers, acidifiers, personal sharps containers, condoms and lubricant may be distributed, among food and other services, in addition to needles and syringes.

Explicit police support for needle and syringe services should be included in national HIV strategies, with state and non-state actors informed of the public health and safety benefits of these interventions, particularly for HIV and hepatitis C virus (HCV) prevention. To reduce the risk of needle-stick injuries among police and to support safe access and disposal of injecting equipment, governments should repeal laws that criminalize the sale, distribution and possession of needles and syringes and that use the possession of injecting equipment as evidence for drug charges [1]. An evaluation of police training and engagement with police in the Escudo (SHIELD) programme in Tijuana, Mexico, showed improved police understanding, behaviours and occupational safety, as well as reduced stigma and discrimination towards people who inject drugs [13,16,23].

“Through the Escudo program, I learned how to avoid infections. It encouraged me to try to support people who inject drugs. I learnt how we should react to a needle-stick injury. I learnt to not throw away syringes with their dose, and if that person is going to be arrested, to allow them to inject their syringe and later to throw it away safely. It made me be aware that if they [people who inject drugs] have the need, not to take the syringes away suddenly, because the moment will arrive when their bodies have the need and that is when the person gets sick [withdrawal].”

Officer Fabiola Berber Ríos
Police Department, Tijuana, Mexico

The increased circulation of needles and syringes can raise concerns. For police, occupational needle-stick injuries during searches and operations are a concern [8,37,38]. In addition, injecting equipment discarded in public spaces may spark public alarm, with complaints often directed to the police. Needle and syringe programmes address these concerns. Distribution of sterile needles and syringes and support for safer injecting practices provide people who inject drugs with the tools and skills required to prevent HIV and other blood-borne infections [39]. Needle-stick injuries and environmental risks are reduced through integrated mechanisms for the safe collection and destruction of used materials [13].

Denying access to harm reduction services and confiscation by police of injecting equipment have negative health and safety outcomes. These actions increase the likelihood of concealment, reuse, sharing and unsafe disposal of needles and syringes, increasing the risk of HIV and blood-borne transmission among people who inject drugs, the police, harm reduction and health service providers and the general public [3,9,40,41].

Supportive national HIV and HCV policy and policing orders can provide a framework for law enforcement to be trained around the effectiveness of these approaches, where to refer people who inject drugs who may need access to sterile equipment or want to dispose of used needles and syringes, and how to protect themselves. These policies can also provide a mechanism to hold law enforcement accountable if access is denied or materials confiscated.

Safe injecting and disposal practices increase where police are supportive of needle and syringe services and provide space for them to operate [42]. For example, in Vancouver and Melbourne, police authorities actively engage with needle and syringe service providers and their staff. They share information and collaborate to enhance public safety and security. Police officers and law enforcement officials in these jurisdictions also refer people who inject drugs to these services to reduce the reuse, sharing and unsafe disposal of needles and syringes. This collaboration also enhances police-community relationships and reduces counterproductive needle and syringe confiscations [43,44]. By gaining a better understanding of the benefit of needle and syringe services, police also understand the value of the service and the occupational risks they may face through the confiscation and destruction of injecting equipment and the harm caused by such actions.

Police support for these programmes includes police orders preventing the use of used needles and syringes in drug possession charges, for example in the United Kingdom [45]. Police in the United Kingdom, Malaysia and New York have standing orders that support needle and syringe programmes. Some police stations in England and Scotland supply people who inject drugs with injecting equipment upon release from police stations [45]. Formal and informal police training (including site visits and



To meet the WHO targets for NSP coverage, 200 sterile needles and syringes need to be provided per person who injects drugs per year, and 300 by 2030 (WHO, Global Health Sector Strategy on Viral Hepatitis 2016-2021).

engagements with clients who use these services) has enhanced police understanding and referral to these programmes [23]. Ongoing efforts are needed to incrementally reduce the harms that police actions have on people who use drugs.

“We aimed to build stronger relationships with our harm reduction service providers and the community of people who inject drugs. We’d have sessions where we’d bring pizza to the needle and syringe exchange and sit down with some long-time drug users and get a better understanding of their perspectives. That was particularly useful for new police members who were coming into an area with an open-air drug market – just to have another perspective on it. Over time we got more respect from the people who were using drugs in that community. There was not as much confrontation and more understanding of each other’s roles. If you can foster those relationships, you get better outcomes for policing.”

Commander Stuart Bateson
Victoria Police Department, Melbourne, Australia

A recent paper exploring the role of gender in policing in Mexico in the context of people who used drugs highlighted that female police were less likely to report confiscating needles and syringes from people who use drugs and were less likely to arrest people for possessing syringes. The authors concluded that the gender of officers was an important consideration in reducing negative health and human rights of people who use drugs. They urged policing institutions to consider increasing the number of female police officers as it was shown to reduce the public health harms of policing [46].

Police are also well positioned to raise general community awareness of the need for and effectiveness of needle and syringe services through their public engagements and campaigns. Police forums can include people who inject drugs and needle and syringe service providers. By doing so, support for the rights and access to health services of people who inject drugs can be garnered.

2. SUPPORT OPIOID SUBSTITUTION THERAPY

Opioid substitution therapy saves lives. It also improves quality of life, reduces the risk of HIV and other blood-borne infections through reducing or eliminating opioid injecting, improves retention on antiretroviral and TB treatment, reduces illicit opioid use, reduces crime, and lessens interactions with the criminal justice system [31,47-58].

Conducting police operations near to, or arresting clients who use, opioid substitution therapy services negatively affects access and retention [59] and the related health and safety gains. Police bribery and extortion of people undergoing opioid substitution therapy has been reported in a number of countries (for example, in Mexico and Ukraine) [1,60]. These practices negatively affect retention within such programmes and increase the likelihood of HIV and viral hepatitis infection and onward transmission [60,61]. Reports have been made to the United Nations Special Rapporteur on Torture of opioid substitution therapy medications being withheld from people who inject drugs to elicit criminal confessions [7,62].

Historically, police promotion of opioid substitution has generally been linked to reduced crime: clients on opioid substitution therapy are half as likely to commit acquisitive offences than those who are not [32,63,64]. Police support for opioid substitution programmes can range from not interfering in service provision to providing information and voluntary referrals. In Australia, Austria, Germany, the Netherlands, Moldova, the United Kingdom and certain US states, clinicians provide opioid substitution therapy to people in police custody [43]. Training and engagement with staff and clients have further improved police promotion of this effective treatment [65].

In Canada, the Vancouver Police Department recommends treatment on demand, with a core focus on increasing support and access to opioid substitution therapy and evidence-based interventions for people who inject drugs when they need it. The department advocates for access to newer substitution medications (like hydromorphone and diacetylmorphine for heroin), shorter waiting times for substance use and mental health treatment, emergency support and improved linkage to longer-term services. This averts the risks of contaminated opioids from the street, reduces crime and helps people improve their lives through increased opportunities for legitimate employment and focus on things other than avoiding withdrawal [66].

“One day, a lady called Mutuli came to my office and said that she wanted to quit heroin use, but that she could not. I went with her to the Ugandan Harm Reduction Network and explained her needs to them. I explained how many times we had arrested her, the many times she has been to hospital, but she was failing. They told me about methadone, and opioid substitution therapy, which we did not have. To address this, we have been involved in planning the opioid substitution therapy pilot project.”

Commissioner Zarugaba Tinka Ignatius
National Police, Kampala, Uganda



3. SUPPORT AND ENGAGE IN OVERDOSE PREVENTION AND MANAGEMENT

Deaths from overdose are preventable. Appropriate education on overdose risks, development of skills to recognize and manage an overdose, safe injecting sites and increased access to naloxone, including take-home naloxone, are part of the solution. People who inject drugs and first responders, including police and other emergency services, are key players in an effective response [28,64-68]. Yet thousands of people who inject drugs die due to opioid-related overdoses. Potent synthetic opioids and concomitant use of opioids and sedatives account for most overdoses [64]. In some jurisdictions, police agencies are working with public health stakeholders to prevent overdoses and mitigate risks amongst the community. The potential risk of arrest related to reporting an overdose in some places extends to people witnessing an overdose, and can reduce the likelihood of reporting overdoses and receiving life-saving medical treatment.

In Australia, the Victoria Police training manual emphasizes that arrests should not be made at the scene of an overdose. Police in Canada and Australia publicly support drug consumption rooms and overdose prevention sites. Other innovative responses include the use of real-time health and policing information to monitor overdoses and respond rapidly [20,69]. Some police agencies work with local health departments to train police and then equip them with naloxone [70] and support overdose survivors [71]. Good Samaritan laws have been developed to protect individuals who use drugs from arrest when reporting an overdose, and police support campaigns to raise community awareness of such protection [67]. Police have collaboratively developed guidelines and recommendations around overdose [66,67]. In some jurisdictions, police are also able to give naloxone to someone suspected to have suffered an overdose, and research has highlighted the feasibility and success of police issued naloxone [72].

“While law enforcement in our city has improved its opioid overdose attendance protocols towards encouraging health care for people experiencing overdose, there is room for greater harm reduction in its policing practice. While arrest for calling in an overdose may be rare now, there are numerous other ways that people may be put off calling for assistance when witnessing an overdose. For example, one of our constituents was charged with cannabis possession and an unregistered car after calling an ambulance to an overdose to which police also responded. This person may be deterred from calling an ambulance in future. For police, harm reduction can appear contradictory to their sworn duties and it is incumbent upon government to clarify and update laws that criminalise drug use so that police and the affected community can be clearer regarding the priority of health care over arrest.”

Sione Crawford
Harm Reduction Victoria, Melbourne, Australia

4. SUPPORT DRUG CONSUMPTION ROOMS AND SAFE INJECTING FACILITIES

Drug consumption rooms do not increase the prevalence of drug use, and petty crime can be reduced around them [21,42]. For police, in addition to saving lives, these facilities reduce drug use in public spaces and related public order concerns. Police support for safe injecting facilities has been obtained in all the countries where these facilities exist. In these instances, police members are introduced to safe injecting sites as part of their work on the streets and training, and the sites are viewed as a health service. Seventeen percent of people attending the Insite Supervised Injection Site (Vancouver, Canada) have been referred by police [73]. Where the health and rights of people who inject drugs are protected, lines of communication can be established between service providers and police to raise and discuss solutions to challenges that arise. Local police commanders, health officials and safe injecting facility staff can collaborate around issues relating to health, social and security concerns.

“I was working around the area of Insite [a safe injecting space] before it opened, going from overdose to overdose, for my whole shift. I left that area for 10 years. When I came back, things had changed. I was not going from overdose to overdose – it was clear to me that people were using the facilities, and they were saving lives.”

Inspector Bill Spearn
Vancouver Police Department, Vancouver, Canada



5. INCENTIVIZE POLICE DIVERSION RATHER THAN POLICE ARREST



Police can be partners in harm reduction and work well with healthcare workers and communities

Diversion and alternatives to arrest are more effective in reducing drug-related harm than entry into the criminal justice system [74]. Diversion is a scheme operated by the police that allows first-time offenders to be dealt with outside the court system and avoid getting a criminal record, while still taking responsibility for their offending. Through diversion programmes, police link consenting people who use drugs to case managers or directly to health and/or social service providers. These approaches recognize the challenges facing people who inject drugs, particularly those who live on the street, and that stabilizing and improving health and well-being and social reintegration are lengthy processes. They seek to support rather than punish people who use drugs at the point of contact with police [31].

Consent-based diversion has been successfully employed where drug use is decriminalized (for example, in Portugal) or criminalized (for example, the US and Australia). Informal police diversion has also been employed in Cambodia and in some cities in China [75]. Diversion options (for people who have committed a non-violent drug-related crime or as part of crime prevention) empower police with tools that increase officers' sense of meaning and build their effectiveness in using available resources that address the factors underlying harms [76]. Through diversion, people who inject drugs are offered referral, in most cases through a case manager, to a range of services, notably substance use services, housing and employment opportunities, which significantly reduces their likelihood of repeat arrests for similar offences, as well as nuisance complaints [31,74]. Similar police programmes, as in Australia, caution people who use drugs involved in low-level crime, rather than charging them. Diversion processes have also been used with positive outcomes for vulnerable young people [77].

Diversion averts criminal justice proceedings and detention costs, as well as the opportunity cost incurred by spending time on repeat arrests for non-violent crimes. For individuals who inject drugs, remaining outside the criminal justice system increases their likelihood of resolving harmful substance use practices and reduces their risk of TB exposure and/or re-offending [78]. Diversion is less harmful than arresting and imprisonment, but it is not without problems. Diversion differs from drug courts as it takes place earlier in the process, occurs within the community where people live and is offered on a voluntary basis. Importantly, the use of punitive measures is avoided (for example, the threat of incarceration if drug use continues) and the focus is on longer-term outcomes [77]. Police-assisted referral and support for harm reduction increases access to these services and reduces morbidity and mortality. It has been shown to be of value for police in Australia, Canada, India, Kyrgyzstan, Myanmar and many other countries [23]. Uptake of referrals is enhanced when social, health and police services work together.

“Diversion is recognizing that the criminal justice system is not set up to deal with behavioural health and other complex issues that some people who use drugs have that are driving the criminal acts that they commit. It is recognizing that the punishment model is not effective. We know from research that we put people in jail and prison, and their use of drugs goes up. The diversion process enables police to use their discretion, to recognize that the person needs help.”

Chief Brendan Cox (retired)

Law Enforcement Assisted Diversion Bureau, Albany, New York, United States

HARM REDUCTION POLICING IS HUMAN RIGHTS POLICING

“All police officers are informed of the need for continuity of services for people living with HIV and people who inject drugs... Police have been trained around the comprehensive HIV package. We developed a referral ticket and a system of communication and linkage between the police and non-governmental organizations.”

Dr Svetlana Doltu

Former Head of the Prisons Medical Department, Republic of Moldova

Denying access to sterile injecting equipment, opioid substitution therapy, condoms and lubricant or treatment for HIV, hepatitis and TB violates the right to health of people who inject drugs [61]. Maximum benefit of supportive laws is achieved where police promote the harm reduction philosophy and provide space for the implementation of HIV prevention and treatment services [9,65,79]. Reducing harms either anticipated or experienced by people who inject drugs is essential as part of an effective HIV response.

Twenty-six countries have decriminalized drugs for personal consumption, and a few others are considering decriminalization [1,12]. These law reforms have improved public safety (including reductions in non-violent arrests and incarceration), improved health (notably, reductions in HIV infections and overdose), saved money and allowed police to focus resources on serious crime [7]. Sustainable funding and the scale up of harm reduction, substance use and HIV-related treatment services should accompany drug-related law reform. The experience of law reform relating to drugs in the Netherlands, Portugal and, more recently, Uruguay, some US states and New Zealand provides evidence for future processes [80]. In 2019, the Centre for Law Enforcement and Public Health and the Law Enforcement Action Partnership presented a Police Statement of Support for Drug Policy Reform at the 2019 Commission on Narcotic Drugs in Vienna. The statement includes explicit support for harm reduction, decriminalization and legal regulation to enhance public health and safety [81]. In so doing, an enabling legal environment can support the police as effective partners in harm reduction as well as in promoting public safety and public health. In addition, these approaches improve the quality of police members’ work life and well-being [76]. They reduce the frustration associated with ineffective punitive responses and, over time, result in fewer engagements with people who inject drugs. Harm reduction, human rights and public health can become a mutually reinforcing cycle that benefits the police and people who use drugs.

“Our peer outreach workers are profiled and searched by the police on the street. This has made it difficult for us to work with the community.”

Connie Van Staden

South African Network of People Who Use Drugs, Pretoria, South Africa.

Table 1. Positive examples of policing and harm reduction in practice

SETTING	EXAMPLE	HARM REDUCTION AND POLICING DESCRIPTION
Global	The Law Enforcement And HIV Network (LEAHN)	LEAHN connects police and public health practitioners involved in the HIV response. It aims to enhance police effectiveness in working with vulnerable groups, such as people who inject drugs, through partnerships. LEAHN facilitates knowledge sharing, advocacy and peer education. An International Police Advisory Group and Country Focal Points exist to educate, inform, advocate and engage police around the complex issues that underlie the HIV epidemic and drug use [82].
Melbourne, Australia	Saving lives from drug-related overdose	The policing culture in the Victoria Police Department supports harm reduction as it saves lives and prevents the spread of HIV. The department has standing orders and structured training for police to support community access to naloxone and emergency response services and to not make arrests at overdose scenes. The department also has an assisted health and social services referral structure and an offence cautionary system [83].

<p>Vancouver, Canada</p>	<p>Supporting safe injecting facilities</p>	<p>The Vancouver Police Department has supported the city’s safe injecting facility since its establishment in 2003. Thirteen years ago, the department implemented policies to support harm reduction services and public health approaches to overdose. Multi-stakeholder collaboration has continued to build resilience, systems and responses that have reduced drug-related mortality and morbidity in the city during its opioid crisis [84].</p>
<p>Tijuana, Mexico</p>	<p>Proyecto ESCUDO (SHIELD)</p>	<p>This project monitors trends in occupational needle-stick injuries and the attitudes, behaviours and safety precautions taken by Tijuana police through collaborative partnerships and systematic police training by Mexican and US stakeholders. The project has enhanced police practices that promote officer safety and public health responses to drug-related harms. It has also reduced stigma around substance use disorders and strengthened public health-police partnerships [25]</p>
<p>Moldova</p>	<p>Access to HIV services and opioid substitution therapy while in police custody</p>	<p>In the Republic of Moldova, a National Police Inspectorate supports the implementation of opioid substitution therapy and HIV, TB and hepatitis testing services for people who inject drugs who are detained and awaiting trial. In their interaction with key populations, the police provide a referral form to access community-based services. For people who inject drugs, this includes harm reduction services. People who are sentenced can access needle and syringe programmes, opioid substitution therapy and HIV, TB and hepatitis services within prison. Continuity of care is an important focus [85].</p>
<p>Uganda</p>	<p>Ugandan National Police support for a harm reduction pilot programme</p>	<p>Almost 1,000 members of the Narcotics Division of the Ugandan National Police have been trained around harm reduction. This has been done while the police have been supporting preparations for the launch of the country’s first harm reduction pilot site, based at a mental health hospital in Kampala, which is expected to start offering needle and syringe and opioid substitution therapy services in late 2019 [86].</p>
<p>Various</p>	<p>Police policy supporting needle and syringe programmes</p>	<p>Police agencies in various parts of Malaysia, the United Kingdom, New York and other locations have standing orders that support needle and syringe programmes. These orders are included in police training and provide police with guidance on their actions in relation to people who inject drugs and access to and destruction of needles, syringes and other injecting equipment in their line of duty [19].</p>
<p>United States</p>	<p>Law Enforcement Assisted Diversion (LEAD)</p>	<p>LEAD is a harm reduction-oriented response to low-level offences (such as drug possession and sales) that operates in 43 jurisdictions. Police, health, social services and community representatives collaborate to solve problems for individuals who frequently cycle through the criminal justice system. Police officers exercise discretionary authority at the point of contact to divert individuals to a community-based, harm reduction intervention rather than booking, detention, prosecution, conviction and incarceration. Individuals engage with a case manager and receive a range of support services, often including housing and/or drug treatment. LEAD has restored police-community relations and reduced recidivism [87].</p>



RECOMMENDATIONS

LAW AND POLICY MAKERS

- Allocate official responsibility for drug-related issues to the Ministries of Health and Social Services.
- Ensure law and policy harmonization to support harm reduction and HIV prevention and treatment interventions across sectors.
- Revise existing laws and embark on law reform process towards alternatives to punishment for people who inject drugs who have committed petty crimes, the decriminalization of drug use and legal regulation.
- Provide sufficient budget for health and law enforcement in the response to drug-related issues.

HUMAN RIGHTS AND HIV ADVOCATES

- Advocate for laws and law enforcement that support people who inject drugs to attain health and prevent HIV, hepatitis, overdose and related conditions.
 - Support open discussion, engagement and innovation around drug and police policy reform.
 - Promote repealing of laws that criminalize the sale, distribution or possession of needles and syringes.
 - Champion increased access to and financing of comprehensive harm reduction services and police adoption of a harm reduction approach.
 - Advocate for access to a safe supply of opioids.
 - Where drug use is decriminalized, advocate to ensure that drug amounts for personal consumption are sufficient to avoid charges for low-level selling.
 - Raise awareness of the public safety and health benefits of alternative approaches to drug use.
 - Engage with police and sensitize law enforcers on harm reduction and human rights.

POLICE

- Foster a policing culture that treats all people with dignity and respect

- Highlight the benefits of a harm reduction approach for police and society.
- Ensure swift access to justice and reparation for people who use drugs who have suffered abuse and ill-treatment at the hands of the police.

- Establish trusting relationships with a range of stakeholders, including people who inject drugs

- Strengthen relationships with local departments of health, social development and housing and harm reduction service providers to develop responses to local health and safety issues.
- Include representatives of harm reduction service providers and people who use drugs in public-policing forums. Commit to feedback, with accountability mechanisms.
- Explore the option of joining networks of police members and agencies to share best practice around public health, HIV and harm reduction policing.

- Train and support a well-skilled and well-equipped police service

- Systematically train new recruits and all levels of existing police on drug use, harm reduction (approaches and tools), overdose, stigma, HIV, HCV and related interventions. Cover topics relevant to sub-groups, like young people, women and people who use stimulants.
- Incorporate field training on engagement with harm reduction service providers for police.

- Provide rights-affirming police services

- Ensure that policing orders encompass and are supportive of the full range of harm reduction and HIV services, including responding to overdose, and are aligned with the intention of non-punitive responses to drug possession and use.
- Develop and implement standing orders that outline the need for police to provide space for HIV and harm reduction service delivery (that is, no arrests, searches or citations for drug use or possession at mobile or fixed services) and outline referral pathways and stakeholder roles.
- Develop orders that protect people who report overdoses or other crimes (as victims or witnesses) from prosecution.
- Issue specific directives to guide police action where they have discretion to caution, refer or divert.
- Use accurate and timely collected data to develop an early warning system to detect local drug-related trends and rapidly deploy public health and safety resources to high-priority areas.
- Enable access to naloxone for rapid response to a potential overdose.
- Ensure access to opioid substitution therapy and HIV and related services while in police custody.
- Support dissemination of accurate, non-stigmatizing drug-related information.

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SELECTED RESOURCES

Police and Harm Reduction: How law enforcement can advance public safety, public health, and public confidence Open Society Foundations (2018) -

<https://www.opensocietyfoundations.org/uploads/0f556722-830d-48ca-8cc5-d76ac2247580/police-harm-reduction-20180720.pdf>

Training Manual for law enforcement officials on HIV service provision for people who inject drugs

UNODC (2014) – https://www.unodc.org/documents/hiv-aids/LE_MANUAL_02.10.14.pdf

Police Statement of Support for Drug Policy Reform CLEPH, LEAP (2019) –

https://cleph.com.au/application/files/4815/4957/9983/Statement_of_Support_for_Drug_Policy_Reform_Feb_2019.pdf

Police Statement of Support for Harm Reduction Policing LEAHN

<https://docs.google.com/forms/d/e/1FAIpQLSdpsZQIm6SOpljsiEze8Wimz5fXHDSNgjyV1OaRbMTV84N5Q/viewform>

Amsterdam Declaration on Police Partnerships for Harm Reduction

LEAHN (2014) – <https://www.idlo.int/sites/default/files/Amsterdam%20Declaration%20on%20Police%20Partnerships%20for%20Harm%20Reduction.pdf>

Syringe Access & Law Enforcement (training materials)

Harm Reduction Coalition (2012) <https://harmreduction.org/syringe-access/syringe-access-tools/sas-le/>

Overdose Prevention & Naloxone Manual (training materials)

Harm Reduction Coalition (2012)

harmreduction.org/issues/overdose-prevention/tools-best-practices/manuals-best-practice/od-manual

The Opioid Crisis: The need for treatment on demand. Review and recommendations

Vancouver Police (2017) <https://vancouver.ca/police/assets/pdf/reports-policies/opioid-crisis.pdf>

Ten Standards of Care: Policing and The Opioid Crisis

Police Executive Research Forum (2018) - https://americanhealth.jhu.edu/sites/default/files/inline-files/PolicingOpioidCrisis_SHORT_final.pdf

RxStat Technical Assistance Manual

RxStat (2014) - <http://www.pdmpassist.org/pdf/RxStat.pdf>

UNODC Guide: Improving Cooperation and Interaction with Law Enforcement

https://www.unodc.org/documents/hiv-aids/2016/Practical_Guide_for_Civil_Society_HIV_Service_Providers.pdf

Practical Guide For Civil Society HIV Service Providers Among People Who Use Drugs: Improving Cooperation And Interaction With Law Enforcement

Officials - Youth RISE (2018) – <https://youthrise.org/wp-content/uploads/2019/02/Police-Guidelines.pdf>

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