

**STANDARD OPERATING PROCEDURES
TO IMPROVE COMMUNITY-LEVEL COLLABORATION
WITH LAW ENFORCEMENT**



PSI CHAMPION IDU PROJECT



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Acronyms

ATS:	Amphetamine Type Substances
CHAMPION IDU project:	The Comprehensive HIV Prevention Among Most-At-Risk Populations by Promoting Integrated Outreach and Networking Injecting Drug Users Project.
DIC	Drop In Centre
FAR:	Foundation for AIDS Rights. Thailand.
LEHN:	Law Enforcement and HIV Network
MSM:	Men who have Sex with Men
NSP:	Needle and Syringe Program
ONCB:	Office for Narcotics Control Board, Thailand.
PSI:	Population Services International
SDI:	Seriously Disruptive Incident
SOP:	Standard Operating Procedure

Introduction

This PSI Thailand standard operating procedure (SOP) to improve community-level collaboration with law enforcement at community and at national levels has been developed in the context of the CHAMPION-IDU project.

The development process included an in country consultation visit of several harm reduction programs; and a desk review of available published and grey literature was analysed and collated from a range of Asia region and other countries, considered by the authors to be relevant to the Thai context.

The SOP provides guidance for project staff to develop capacity in developing community and national level collaboration with law enforcement. A range of strategies have been developed that draw on both international experience as well as Thai case studies on effective responses to various types of incidents with police. These include scaling the severity of incidences to match with suitable responses and responsibilities, steps for debriefing (to communicate with the SOP on burnout and relapse management), and monitoring form templates.

Background

The PSI Comprehensive HIV Prevention Among Most-At-Risk Populations by Promoting Integrated Outreach and Networking (CHAMPION) IDU project works in partnership with a range implementing groups to meet the needs of over 12,000 injecting drug users across over 20 provinces - by providing HIV prevention services as well as by addressing policy and program gaps in the response to HIV among drug users.

Police 'incidents' with Thai people who use drugs and with CHAMPION IDU project staff and peer educators are not unusual and human rights violations against people who use drugs are commonplace.

About the SOP

The SOP is intended to build the capacity of staff and volunteers on effective approaches and responses to drop in centre and field encounters with law enforcement. Additionally, implementation of the SOP will assist PSI to identify appropriate advocacy strategies at both a local and national level.

The SOP has been divided in four sections

1. **Advocacy.** This section contains guidance for CHAMPION IDU projects to develop advocacy strategies.
2. **Procedures for managing police incidents** - principles and guidelines
3. **Appropriate level of responses for a range of incidents** - specific responses for different incident types
4. **Monitoring and reporting** – This section describes the purpose and process for reporting police incidents. Appendix 1 contains an incident form template.

All staff are required to read through the SOP and sign that they are familiar with the contents.

Project wide training should also be conducted on how the SOP should be implemented at a local, regional and national level.

Diligent monitoring of incidences is required to ascertain the degree and depth of interactions with law enforcement. The M&E team will conduct training in the correct recording of data and monitor the processing and maintenance of records. All data coordination will be the responsibility of the M&E team.

Section 1: Advocacy:

Local level advocacy

Experience from harm reduction implementation in a variety of countries shows that frontline officer practices are amenable to change. As such, All CHAMPION IDU projects are to develop a local level advocacy strategy for developing a good working relationship with local level police. PSI can support plan development as requested.

The plan should include:

- Strong recommendations or instructions for the development and maintenance of transparent and direct engagement with police at implementation level. (This may include organising police visits to the DIC on open days, or developing on-going training for local police).
- Identifying which tools need to be utilised or developed (for example, leaflets for law enforcement or general community describing the work of the project, peer worker ID cards, marked jackets etc.)

Communication:

Good communication is an essential skill in developing and maintaining advocacy. Communication skills consist of:

- openness and honesty; a willingness to speak, and to tell the truth (wisely, prudently);
- immediacy: saying without undue delay what needs to be said and not waiting days, weeks, months;
- concreteness; being down to earth, understandable (non-technical) language;
- interpersonal regard; or respect (anyone can exhibit respect in interaction with friends and allies. The same approach can be effective when negotiating with even potentially hostile 'others')
- empathetic listening; working to understand what the other is saying, and feeling;
- managing confrontation: Two levels
 - (a) the communication itself, e.g., "I'm sorry, I don't understand, could you repeat that, or give me an example, or say it another way, or..." and
 - (b) Stating clarity of the issue; a willingness to express disagreement, making the view of the harm reduction worker on the issue clear and intelligible.

Utilising and including community advisory mechanisms within the project site is vital. The form these mechanisms will take will depend on the specific local context and individuals concerned.

Building local networks and relationships:

Benefits for law enforcement from supporting harm reduction projects:

Harm reduction helps to decrease HIV in the community (which in turn improves occupational health and safety for police)

Encourages users to access harm reduction, prevention, treatment and care programmes (which in turn have been shown to decrease involvement in criminal activity)

Help to build lasting community relationships which can reduce community problems and public disorder.

It is important to establish and nurture relationships with local enforcement officials. Staff can ask for meetings, or offer to meet officials informally. Use such opportunities to help law enforcement (and other government officials) know what benefits there are to law enforcement in supporting harm reduction.

In establishing such relationships it is important to be friendly and respectful, keeping in mind the "rule of reciprocity" (where if you are antagonistic, or overly

defensive, you are likely to be met with a negative response). Practical partnerships can be proposed (such as shared training, shared speaking spots at public events, etc) - recognising that police and harm reduction workers have much in common as the two 'sectors' most likely to mix with people who inject drugs.

Harm reduction committees:

Local level harm reduction committees should be created with the participation of key secondary stakeholders and community members (police representatives, community leaders, local NGOs, prominent personalities in the locality, Project Manager or harm reduction worker representative, client representatives and relevant service providers). Local level committee meetings should occur regularly (e.g. quarterly) or as needed (if a significant change or crises emerges).

Terms of reference for committee members can be developed (keep the terms of reference clear and simple to ameliorate interruption when there is representative turn over) and initial tasks can include establishment of ground rules regarding information sharing while protecting client confidentiality. Information can be shared on:

- Issues faced at the DIC and in the field
- The location and hours of operation of the harm reduction activities
- Up to date key contact persons within the local police and the project
- Complaints and feedback from the community regarding project activities and relevant police activity
- Opportunities for referral network development and cross referral
- Opportunities for shared training

CASE STUDY:

In one Bangkok district the experience with law enforcement is better due to the quarterly stakeholder meetings (including also community leaders, health service providers and local government administrators). These do not exist in other provinces where the project operates. In these places, personal, informal connections with influential persons have been key.

The harm reduction project committee representative/s can aim to negotiate (through the committee and with additional strategies as required):

- A Committee Letter of Support for project components accepting in principle the objectives of the project and its scope.
- Agreement that if it is necessary for police to carry out an operation in the vicinity of a DIC or outreach activity, police should consider advising the project manager / staff.
- Recognition and common understanding of the utility of harm reduction worker ID cards.

Additional strategies:

- Involving police officials at the planning stage of the project (*see also below on commencing work in a new project site*)
- Where there will be no negative impact on client access, invite police as key guests to project related functions
- Using selected police who understand and support the program and its effectiveness to sensitize other police officials.
- Regular advocacy and support at the local police station/s (ideally this should be negotiated through the local level harm reduction project committee law enforcement focal point)
- Involving local police officials in community HIV and drug awareness programs .
- Encourage local law enforcement officials to participate in training, both as participants and presenters when appropriate.
- Informal connections with influential persons including police, community and religious leaders
- Show police the products and activities at the DIC and explain rationale for and benefits of the program.
- If there are community activities, harm reduction workers might join in to help their image.
- Referral also helps validate other harm reduction work in public perception.

Case study:

Staff attribute smooth relations with police to advocacy activities with local village and religious leaders and public health agencies. NSP advocacy with Muslim leaders has been done within a religious framework and with great success. Muslim leaders indirectly influence police and can mediate if necessary. Prior to these advocacy efforts and when NSP was started 3 years ago, it had to be done secretly with prevention commodities being delivered to agreed hiding places, but now it is more open and accepted and the district health centre has also started providing needles and syringes

Before commencing project work in a new site:

The following information should be provided to the Police before the start of the program and at every interval where there maybe changes to the information

- The name and address of the project (and governing agency – PSI)

- Hours of operation and other related information regarding the Drop In Centre
- Hours of operation and the geographical areas at which outreach work will be carried out
- Introduce police to sample project identification cards and their purpose
- Liaise with the local police on a regular basis

Training of field level police officers on drugs and dependency, functions of and evidence for harm reduction approaches and the importance of the police role can be offered by harm reduction programs. Training materials have been developed for this purpose¹ and can be adapted for the Thai and local contexts.

In the event of serious and/or repeated adverse incidents, harm reduction project staff should work with PSI to explore possible resolutions, including level and type of intervention, responsibilities for implementing proposed strategies and timing for follow-up assessment and possible further activities. Interventions may include presentations to police executive management, precinct commanders, training officers, police recruits, specialized police task forces/units, or local operational police.

It must be emphasised the importance of consistent and regular reporting of all instances involving law enforcement. Monitoring of such instances is vital in identifying trends and managing potential or ongoing issues.

Section 2: Procedures for managing police incidents

This section sets out principles and general advice on recommended approaches in the event of interface between harm reduction workers and police. The section addresses use of identity cards, working in pairs, drugs at work policy, confidentiality, and worker rostering and tracking. Where possible, topic areas are illustrated with short Thai case studies.

Duty of Care

If harm reduction work involves significant risk to personal safety, workers need to make an informed decision about their willingness to risk arrest, violence and/or other forms of harassment. Responsibilities of central management to frontline harm reduction workers need to include full disclosure of the risks involved and other conditions of work including clarity on extent and limitations of supports available.

Conduct in the event of encounters with police

Harm reduction workers should always try to develop good relationship with police and act in a calm, professional and courteous manner avoiding argument,

¹ See for example, training resources listed with LEHN (<http://www.leahn.org/>)

confrontation and sarcasm. In cases where there is advanced notice, it is suggested that clients be informed that the police will be in the vicinity.

If the officers are talking to clients or other harm reduction workers, staff can approach but stand back respectfully until the police acknowledge their presence and should then ask permission to approach. Harm reduction workers can then introduce themselves and their role, perhaps using their identity card and any printed material describing the project they may have on hand. If appropriate, harm reduction workers can ask if there is a problem and if they can be of assistance.

In convivial encounters, harm reduction workers might also take the opportunity to invite police to make an appointment to tour the DIC and meet other staff. They could also ask politely for their business cards or names and badge numbers.

It is suggested that if police seem to be loitering for no apparent reason, workers can politely explain that there is an agreement with (authority) that the DIC and outreach worker activities are respected as a health care facility and that it should not be used as a way to look for people.

The responsibilities of harm reduction workers in dealing with police are:

- Harm reduction workers will respect the duties of the police in regards to protecting the community
- Harm reduction workers will not interfere in police operations

Suggested approaches:

No approach can guarantee of successful outcome, however, the following may be effective.

- Provide leaflet succinctly outlining purpose and benefits of NSP.
- Clearly marked outreach worker uniforms (jackets) and other health worker 'accessories'
- Always remain calm and polite
- Try to initiate negotiation with higher ranking officers
- Avoid check points
- Women staff may politely remind officers of regulations that they should be searched by women officers
- Calmly ask for a phone call to help organise the bail fee
- Memorise badge numbers or vehicle license plates.
- When police activity is intense, needles and syringes can be delivered to agreed hiding places.
- More accessories (jackets, hats, bags etc) for peer educators to 'appear' to be health workers rather than drug users
- Availability of the diagnostic ATS test for harm reduction workers to assess if they are 'fit for work' before going into field for outreach. (Being 'fit for

work' is discussed in more detail in the SOP on relapse management and burnout prevention and management.)

- Local project manager name card with number

What does not help?

- Being aggressive
- Asserting legal rights
- Asking for badge number
- Looking like a stereotypical 'drug user': Unkempt or untidy appearance may lead police to stop and question workers because they 'look like a drug user'

Identity Cards

All staff and volunteers must carry a card identifying them as project workers.

Staff and volunteer identification cards should feature, at a minimum, the worker's photo, the agency's name, name of project, project contact number, harm reduction worker's name and title.

Although CHAMPION IDU projects already issue ID cards to workers they are not uniformly well received by local law enforcement authorities, indicating the need for further sensitisation and advocacy work linked to the cards in some sites.

ID cards do not help if the person is carrying drugs or if they are there when drugs are being sold. ID cards could be of key importance but there is a need to make sure the authorities know and understand the card.

*INSERT:
FAR to add advice on strength of ID cards and
how they should be used.*

Working in pairs

It is recommended that outreach workers perform their duties in pairs, unless in exceptional circumstances and agreed to by management. Harm reduction worker pair partners can help each other in a range of ways for safety, mutual support, relapse management, encouragement, presentation of different viewpoints, debriefing, ideas, messages, and outreach techniques.

Working in pairs allows one outreach worker to be engaged in dialogue with a client, whilst the other literally "watches their backs" and surroundings. Ideally a community outreach pair should consist of a male and female (or transgender depending on client group) and be reflective of the demographic profile of the target community. Site level research indicated that a man and woman worker combination is probably safer than two women working together. When required, woman to woman peer education can still take place whilst the male colleague stands back and observes the vicinity.

Drugs and harm reduction work

As a matter of course, drug selling, buying and using generally does occur near harm reduction DICs and outreach zones if the site and activity areas are well chosen. In

order to function within the legislative and policy frameworks of most countries, harm reduction programs do stipulate that drug use, procurement and selling activity is prohibited while at work and clients are likewise discouraged from such activity while at the DIC.

All PSI CHAMPION IDU sites must have an alcohol and other drug policy that explicitly states that all PSI CHAMPION IDU project staff and peer educators must not procure, sell or be in possession of unauthorised drugs whilst at work. All workers and volunteers must adhere to these policies. . If during a police search a worker is found to be carrying drugs, the project has no jurisdiction over the incident and no intervention is recommended.

Even though the worker may have contravened organisational policy, in the interests of worker support, the staff or volunteer concerned should be offered assistance through the DIC's legal aid program.

Protecting client confidentiality

In order to access people who are criminalised because of drug use, there must be an assurance of 'safety' or expectation that service access will not attract police attention and that client confidentiality will be respected. To this end, issues of monitoring and evaluation and measuring coverage are often dealt with through use of non-identifying code systems (such as the unique identifier code currently in place with Thai CHAMPION-IDU projects).

*INSERT:
FAR to add definition and procedure here for
accessing legal aid.*

All programs must ensure mechanisms are in place that protects the confidentiality of all clients, for example, confidentiality agreement forms for all employees of the project (including cleaners, drivers etc) to sign that clearly state they agree to protect the confidentiality of clients.

Workers should be instructed to not put themselves in a position where they will obtain information about criminal activities of clients. Generally in day to day services provision, harm reduction workers should not divulge any identifying information to the police concerning clients or whether a participant accesses any services at the DIC.

*INSERT:
FAR to add how staff should respond to police
questions about clients*

Although programs should protect the confidentiality of their clients, there are some instances where this may be breached.

- If there is a concern that a client may intend harm themselves or others
- Staff have information concerning a serious criminal offence which could materially assist police, they must pass on this information.
- Any decision to breach confidentiality should be discussed with the program manager.

Other security issues

Each project must have mechanisms in place that inform the project as to which peer educators are rostered on each shift, where they are working and what time

they will return. Each project site must have a procedure that describes when a peer educator is considered missing with clear instructions on what steps to take.

Harm reduction projects can institute additional field guidelines such as the following to better ensure some degree of safety and wellbeing:

- Carry picture identification at all times.
- Project manager to establish a relationship with the local police for rapid and appropriate response.
- Outreach work in pairs
- Make contingency plans for worst case scenarios. These plans should be shared with partners and agreed on by teams.
- Outreach workers are advised to not carry valuables in the field.
- Do not give clients any identifying information about yourself (e.g. surnames, home address, home telephone number, etc.)

Harm reduction worker rostering and tracking

All PSI CHAMPION IDU projects must implement a standard procedure for workers to report on where they are going and when they will return so that prompt action can occur in the event of arrest or other mishap.

A rostering system designating harm reduction workers to particular geographic areas for particular times means that project management is informed of where the worker is and when they are expected back.

Peer educators must inform DIC if they are to be delayed, for whatever reason, in returning back to base. Failure to inform the DIC should be considered a disciplinary matter.

Procedure if a worker does not return at the designated time.

1-4 hours

1. If a worker is an hour late and there has been no word from them, the field coordinator is to call the workers phone (and then their pair partners phone).
2. If no response, coordinator is to ascertain from other staff if anyone is aware of why the worker has not returned back to work
3. If the workers' whereabouts remain unknown, field coordinator to notify DIC manager immediately
4. The DIC Manager will determine what course of action to initiate
 - a. Call the workers' home or next of kin
 - b. Call local health authorities
 - c. Contact local police
 - d. Inform head office that a worker is missing

Within 24 hours:

- If these steps produce no results and the worker is still missing, the DIC manager should compile a written report detailing the steps taken to locate the workers.
- PSI Field Manager should receive a written account of the incident. In discussion with family and other relevant parties, a missing persons report may need to be lodged with local police.

Section 3: Appropriate responses for incidences based on levels of severity

Any incident involving unexpected police intervention should be viewed as a Seriously Disruptive Incident (SDI). However, as a guide for project managers and harm reduction workers, a scale of severity has been devised to indicate an appropriate level of response for particular incidents.

Any negative encounter has potential, particularly if not addressed, to lead to anxiety, burnout and perhaps relapse issues. As such, it is important to remember that even the most minor scale event can trigger serious issues in some individuals at some times and that as an initial step, debriefing must always be offered and supported.

Level of Severity

Adverse police incidents can be classified according to the following levels of severity:

*INSERT:
FAR to advise on legal rights on each of these
issues/scenarios*

- **Loss of time and/or resources**
 - Questioning
 - Seizure of CHAMPION IDU products
- **Loss of privacy**
 - Search
 - Urine test
 - Seizure of drugs
- **Loss of freedom**
 - Arrest
 - Positive urine test
 - Bail fee
- **Loss of rights**
 - Physical assault
 - Sexual assault

- Torture
- Violence
- Threats of any of the above
- Being asked to be informants

Loss of time

In drop in centres

If there is advanced notice, staff should prepare for the police arrival and notify project management.

Due to confidentiality responsibilities, clients areas should remain closed off our out of sight or calmly cleared.

If Police officers enter agency the following should take place:

- ✓ Staff should find out the nature of the visit, obtaining the police officers name/s, badge number/s and office if possible
- ✓ Central office should be notified
- ✓ In case of emergencies do not interfere and support officers doing their job
- ✓ Follow-up with filling up an Incident Form
- ✓ If the officer/s is hostile or does not want to cooperate, try noting the license plate number of their police vehicle and record the time that they entered the DIC. This will allow a meaningful record to be kept without being confrontational.
- ✓ The worker reports the incident but no action required.

Case Study:

Police sometimes come to the DIC to patrol through looking for someone, but they don't tend to make trouble. Staff deal with them and control the situation, even using the patrol as an opportunity to explain the programme, show leaflets etc.

In some cases the event may trigger reactions in workers which may later contribute to burnout or relapse. It is important to offer anonymous counselling support to all persons who have experienced an adverse police incident.

The manager should also check in with the worker at least weekly to monitor progress.

In the field

When officers are in the vicinity, staff may choose to speak with the officers, find out what is happening and to get the officers' names. This should not be done in an antagonistic or aggressive manner.

When officers are arresting or questioning a client(s) it is important to ask permission to approach. You should be allowed to witness an arrest, but it is important to remain at a reasonable distance.

<i>Advice from an experienced peer educator:</i>

Normally arresting police are lower rank and do not want to listen and ignore rights and regulations. Higher ranking police tend to be more understanding and open to negotiation – but these cannot always be engaged in the process – they are not usually found at check points and may also not be met in the station. Even if they are met they might not necessarily listen.

Different police stations have different procedures – there is no advantage in waiting until you are in the station to try to assert rights. Workers should not panic, and try to memorise rank and name or badge number, do not speak unless given a chance to speak with a higher rank officer, and that they wear their ID card. Remain polite and try to talk about their job and the project. Do not ask to seek to a higher rank as they will get cross. Try asking for a phone to help organise bail.

If you are stopped by police they should remain calm and show your ID card. If in a public place it is viable to try to negotiate rights (i.e. if there are witnesses). If needles and syringes are seen, harm reduction workers explain that these are not illegal and that the purpose of their work is in the context of HIV prevention.

Ask police to call the manager. If there are no witnesses it may be better to remain quiet and compliant. Be polite. Don't show off knowledge of rights, but learn about the legal process. Afterwards tell the manager about what happened.

Loss of resources.

- ✓ Fill out incident form (see example template Appendix 1), offer anonymous counselling support.
- ✓ Manager to record loss of equipment and notify head office.
- ✓ Order extra stock if required.
- ✓ Report to head office loss of equipment

Example Case Studies:

A peer educator went to the mosque and waited for the end of the praying period. Police came and searched him, finding injecting equipment. The worker tried to explain and police knew about the program but destroyed the equipment. In these southern 3 provinces, police keep blacklists for drug users. If peer educators show their ID cards, they are used to compare with names on the blacklist and police will search the worker if they are listed. If needles and syringes are found, the worker will be required to give a urine test. If the result is positive, products are confiscated and bail is paid for release of the worker.

An outreach worker was questioned regarding CHAMPION IDU 'luggage' – but the worker was an ex-user and had no drugs with him. He showed the police his name card – they took the card, but did not ring the manager and the matter ended there.

Loss of privacy

Fill out incident form (see example template Appendix 1), offer anonymous counselling support.

Example Case Studies:

After a positive urine test result ATS using clients are usually offered the opportunity to pay to have the case cleared. It costs 3-4000 baht. Usually there is questioning first, then test, then bribe.

Two workers were arrested, so the team went to support them and were asked to give urine for testing.

When police search a client's house there is no warrant or regulated process. They know of no organisation that can raise police accountability.

Staff know their rights due to training from PSI, but they are afraid to speak out about their rights due to fear of reprisal and victimisation as there is no one to support them in their fight for their rights.

Police always confiscate cell phones and clients are not given the right of a phone call. Clients know they have a right to make a call but they are afraid to ask. They know their rights but the knowledge is useless.

One women peer educator felt there is some protection provided by the regulation that only women officers

should search women suspects. In the past this has meant she was not searched (apart from being asked to open her bag and pockets) and was able to retain use of her phone to call for assistance. However, she also had the experience of being required to have a urine test without privacy (by the side of the road) and with male officers watching.

Loss of freedom

In the event that police proceed with arrest.

- ✓ Remain professional and cooperative;
- ✓ Do not interfere, hinder or obstruct the police in their role;
- ✓ Try to remember the details of the incident such as place, time, arresting person's name, rank, etc.;
- ✓ Restate the need to contact the project office or responsible authorities by the arresting police or the station in-charge and;
- ✓ Fill in written incident report.
- ✓ Report incident, manager contacted, immediate response required, psychosocial support offered.
- ✓ Management decide whether to cease operations in the short term
- ✓ Manager to liaise with law enforcement and document procedures for bail fine etc instigated,
- ✓ PSI notified of event within x hours.

Bail fee

When workers are arrested and taken to the station, PSI can provide financial support. Provided the worker has not contravened the alcohol and other drug policies, if a fine is to be paid, it will be covered by PSI under the 'emergency budget'. First the project manager or lawyer must call the PSI Field Manager (in real time - the field manager is available at all times) to clear payment for fees and then the manager can go to the station to pay the fine.

A paper trail for fines is needed and generally FAR can get them.

*INSERT:
FAR to insert instructions for managers to follow
on fine payment procedures and documentation
(perhaps FAR can also design a template and
checklist for this?)*

Case study

Normally the police do call the manager to say a harm reduction worker has been arrested and then either ask for bribe money or bail. PSI can pay for bail. Once there is a positive urine the worker enters the legal process. If the person is deemed a user rather than a dealer, bail can be paid by PSI and the worker released.

Loss of autonomy

This level of severity allows alternative and supported mechanisms for documenting severe consequences from adverse law enforcement incidents.

At this level:

- ✓ report incident,
- ✓ project manager informed,
- ✓ medical assistance provided free of charge by organisation,
- ✓ mandatory appointment made to see psychologist or access counsellor (up to worker if they take it further)

Case study

If they are lucky they may call their family (to supply bribe money) who attend and, as a witnesses, violence tends to not occur. Sometimes clients are released if they tell police about dealers and other drug users.

Women who have been sexually harassed or assaulted may be reluctant to document their experience. By using prompts such as 'harassment' in incident forms and in discussion, workers can be asked if they feel they had lost their rights rather than having to discuss a sexually assault. With a mandatory appointment with the counselling hotline, the worker has the option to talk privately about any sexual abuse.

Case study

If a woman agrees to sex she can be released, but if she refuses she is forced to sign a confession. Regulations say only women police can search women but with drug users this instruction is ignored. When urine tested women are not given a separate or private space. Women are regarded as 'lower than other IDU', so they do not have confidence to stand up for their rights and feel trapped in a men's system. But women only groups could help women to develop their own strategies to give voice to their issues.

Women workers mostly work in pairs but sometimes alone – and are deployed to focus on women and MSM as well as male IDU. Sometimes released if the women agrees to give information about others and have sex with the police. Women may feel ashamed afterwards –and not want to tell others about the experience or document it in a form. If the form could be filled anonymously it might be easier – but it is an issue as the women feel guilty. They may also be concerned about the impact of the form and what will happen with their story. Women peer educators and clients would feel better if they could talk with someone they trust – for example though an internet forum with a counsellor rather than face to face.

Informants

Informants can challenge the functionality and integrity of any harm reduction program, particularly if they are also working with harm reduction projects. However, harm reduction workers should never violate the confidentiality of a client or worker who has acted as a police informant.

The following strategies can be used by harm reduction programs to address or minimise the impact of police informants:

- ✓ All workers should be encouraged to speak with the manager or PSI legal support if they are under pressure to act as police informants.
- ✓ Engage with the local harm reduction committee and other community-based services to raise the issue and to seek help to reduce the vulnerabilities associated with becoming an informant. For example, try to connect with employment, housing and youth services and legal supports to see if they can provide strategies aimed at extricating and keeping people out of this situation.
- ✓ Remind clients to exercise discretion around others in relation to specific details about their illegal drug use or other criminal activities

INSERT:

FAR to add other suggestions here

Violence

This should be dealt with in the same manner as an incident resulting in loss of autonomy.:

Case Studies:

In the field urine testing at check points and with police patrols are common and target ATS users who are taken to the police station and asked to pay for the test. A positive result usually means 2 ½ months in prison, followed by court and then 2 ½ months in rehabilitation. If clients try to refuse to pay for the test they are threatened with violence. Violence is also used to extract 'confessions'.

Verbal harassment is common if harm reduction workers try to speak up for their rights. Around 30% of police incidents with peer educators involve violence. This rate was higher prior to the urine test policy – where police attempted to extract confessions rather than using positive test results to secure convictions. If the workers carrying drugs, violence can be used to get dealer names. Sexual harassment happens more in the city areas than in the country (in the opinion of the male workers)

One client was stopped by police in his car with his brother. He was stripped, blindfolded and electrocuted until he screamed and his brother offered himself instead. Police proceeded with the same treatment for the brother in order to extract a confession.

It is difficult to sue police – an expensive and slow process. If there is evidence of torture, prison staff can and do prosecute police (so police use phone books, electricity and avoid the presence of witnesses).

They may try to explain who they are but if the police concerned are nasty, they will just respond with violence. They want to sue, but as drug users they are powerless. They do not feel supported. They need first to be convinced that it will help. (In the past, research on violations did not help).

Organisation responsibility

In the event of serious and/or repeated adverse incidents, harm reduction project staff should work with PSI to explore possible resolutions, including level and type of intervention, responsibilities for implementing proposed strategies and timing for follow-up assessment and possible further activities.

Interventions may include presentations to police executive management, local level commanders, training officers, police recruits, specialized police task forces/units, and/or local operational police.

Table 1: Summary of Severity Scale responses

Type of incident	Severity response scale
<p>Loss of time and/or resources (e.g. questioning by police, etc)</p>	<p>Complete an incident form.</p> <p>Debrief to ascertain the degree of distress, need for follow up and to identify factors which may prevent or minimize a similar incident recurring. In the event of seizure of CHAMPION IDU Products, significant quantities can be reported to PSI Field Manager within 24 hours, and small quantities in monthly reporting.</p> <p><i>Remind worker of the confidential counselling hotline</i></p>
<p>Loss of privacy</p>	<p>Complete an incident form.</p> <p>Debrief</p> <p><i>Remind worker of the confidential counselling hotline</i></p>
<p>Loss of freedom</p>	<p>Complete an incident form.</p> <p>Debrief</p> <p>As soon as possible, manager is to be contacted. They will immediately contact local authorities to ascertain the situation.</p> <p>Where possible, 'bail' should be posted immediately.</p> <p>Following a critical event or if the worker is experiencing issues related to a police event, the worker should be encouraged to discuss the issue with the counselling service (See Burnout and relapse SOP for procedure).</p>
<p>Loss of rights</p>	<p>Complete an incident form.</p> <p>Debrief.</p> <p>As soon as possible, manager is to be contacted. They will immediately contact local authorities to ascertain the situation.</p> <p>Where possible, 'bail' should be posted immediately.</p> <p>If a worker does not return to the DIC as arranged, the worker tracking and reporting procedure should be initiated.</p> <p>Following a critical event or if the worker is experiencing issues related to a police event, the worker should be encouraged to discuss the issue with the counselling service (See Burnout and relapse SOP for procedure).</p> <p>The manager should plan to meet with the worker again in a week, two weeks, then a month later to check on progress of worker.</p> <p>If required, medical assistance is to be provided free of charge by organisation, and a mandatory appointment made to see</p>

	psychologist or access counsellor (up to worker if they take it further) Report to PSI Field Manager within 24 hours
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Post Incident:

Debriefing

Any incident involving unexpected police intervention should be viewed as a Seriously Disruptive Incident (SDI). Following any SDI it is important to debrief the staff member concerned to ascertain the degree of distress, need for follow up and to identify factors which may prevent or minimize a similar incident recurring. A more comprehensive discussion on debriefing can be found in the burnout and relapse management literature search and SOP.

It is important for all harm reduction workers to debrief with co-workers, regularly and systematically, in the spirit of true "supervision." This should be opportunity for workers to discuss what is going well, what is not and why; how to turn failures into successes, or at least neutralize opposition and hostility.

Counselling Support

Following a critical event or if the worker is experiencing issues related to a police event, the worker should be encouraged to discuss the issue with the anonymous counselling service (See Burnout and relapse SOP for procedure).

Literacy issues

Literacy issues may be an obstacle to filling out incident forms so there should be a system where peer educator pair, manager or the counsellor hotline can assist in filling out records of adverse events.

Legal support

It might be useful to consider arranging for the FAR lawyer to be involved in some team meetings when police incidents are being discussed.

Follow up assessment

In the event of serious and/or repeated adverse incidents, harm reduction project staff should work with PSI to explore possible resolutions, including level and type of intervention, responsibilities for implementing proposed strategies and timing for follow-up assessment and possible further activities.

Interventions may include presentations to police executive management, local level commanders, training officers, police recruits, specialized police task forces/units, and/or local operational police.

Section 4: Monitoring and reporting

Monitoring and reporting are important to ensure that meaningful documentation of incidents exists. This key data is used to identify and address potential problems that

may have an adverse impact on the provision of harm reduction services. For example, if a detailed record can be made of significant police obstruction to harm reduction project implementation, a case can better be made for a more supportive policy framework. At site level there may be scope to improve police accountability. Harm reduction workers should also use reporting and monitoring information systems as tools for program development, debriefing and to inform advocacy strategies.

Every police incident should involve an incident form that reports on what happened.

Badge numbers or names - recorded after the event are ideal but also optional (if the worker was unable to collect this detail a form should still be completed). If there is high severity or recurrence of adverse events with a particular police officer, it might be appropriate to seek out legal counsel and/or meet with law enforcement officials. However, this would be first discussed and negotiated with local level program staff with no action taken until common agreement has been reached.

Comfort and safety of staff remains paramount.

If the worker does not wish to include their name or did not identify the police officer concerned, they should still be encouraged to complete an incident form as best as they can recall, and may submit the form anonymously. This can be done with assistance from the PSI confidential counselling hotline. Use of harm reduction worker codes (as with client unique identifier codes) may also be offered in order to protect worker confidentiality. A pseudonym may also be used if a unique identifier is not feasible.

By employing worker tracking mechanisms, field staff and managers will be aware of any event so they can provide support and develop appropriate responses (which may involve re-thinking their advocacy strategy); they may not need to know all the details but they should be aware that something bad has happened. (*see also, Table 1 above*).

Project interface with police will be captured in monthly reporting to PSI (as with other program data), but in some instances where severity of the incident is judged as serious, the matter may be reported more urgently.

Incident forms

An incident form template (*Appendix A*) includes prompts for date, harm reduction worker name or code, police name, badge number, station, police statement, account of incident, (location, time and type of incident), witness contact details and account, charge details, docket number and lawyers name. This form can be adapted for use for all SDIs.

PSI should develop an additional standalone SDI (also known as a critical incident) policy and procedure to refer to in tandem with the law enforcement SOP. Such policy would cover all SDIs (including violence, death of client, and associated staff grief responses, needle stick injury, etc) in order to document, analyse and follow-up on what occurred, causal factors, what could have been done differently, who reviewed the incident, actions that were taken and any additional action required.

The M&E team will conduct training in the correct recording of data and monitor the keeping of records. All data coordination will be the responsibility of the M&E team.

PSI will monitor data to guide decision making processes with regards to project site suitability or the need for advocacy from a national level.

Staff to also monitor client events through the sampling survey for the Management Information System data base.

Appendix 1- Police Incident Sheet sample template

Harm reduction worker name: _____

Date: _____ Time of incident: _____ Location/s of incident: _____

Officer's Name: _____ Badge #: _____

Officer's Name: _____ Badge #: _____

Police station: _____

Any police statement or charge details?: _____

Incident type: (tick relevant boxes)

Questioning,

Bribes

Search

Harassment - physical, psychological,
sexual

Urine test

Being asked to be an informant

Positive urine test

Seizure of drugs

Other

Seizure of CHAMPION IDU

products(details)

—

Harm reduction worker account of incident:

Phone #: _____

Manager notes:

✓ Initial actions

✓ Follow-up required

Referred to counselling: .

✓ Prompt: remind worker of the confidential counselling hotline

✓ Legal support sought

✓ **Report sent to PSI Field Manager Y/N**

✓ **Where gaps identified in current policies or procedures?**

✓ **Recommendations/Suggestions**
