

Aligning Policing and Harm Reduction: Research to Practice

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Overview

1. General background
2. Research Illustrations
 - Law reform
 - Institutional policies
 - Training
 - Monitoring and evaluation
3. Research to practice

General Background

Vulnerable Groups and Public Health

- Spread of HIV and other disease among injection drug users, sex workers, and other high-risk groups: a longstanding problem that continues to grow rapidly
- Public health/harm reduction measures have been shown to address the spread of infectious disease among these populations
- Police work targeting these populations can impede or facilitate public health efforts

Harm Reduction Perspective



Photo by A. Cabrera

- ① criminalization pushes activities underground, thus impacting public health
- ② laws shape vulnerable groups' access to syringes, condoms, and public health prevention programs (2,4)
- ③ abuses perpetrated by police against vulnerable groups often go unaddressed (e.g. sexual violence, extortion, forced confessions) (6)
- ④ encounters with police (arrest, syringe or condom confiscation) associated with risk behavior and increased levels of infectious disease(1, 3, 4)
- ⑤ police interference with public health programs reduces their impact, fuelling epidemics (2, 6-8)

Policing Perspective



- Function is to enforce the law
- Fear occupational risks from contact with at-risk groups, poor knowledge of basic health information
- Cultural norms support negative attitudes toward harm reduction and other public health interventions
- Lack of clarity about the policies governing harm reduction programs
- Frustration with tools to address the root causes of drug abuse (poverty, lack of available treatment, etc.)
- Competing priorities, including politics, economics and community groups

Aligning Policing-Public Health

1. Law Reform
2. Changes in institutional policies/guidelines
3. Police trainings
4. Collaboration structures to bridge sectors
5. Changing incentives
6. Monitoring and evaluation

Research Illustrations

Law Reform: Mexico

- 2010 law decriminalizing possession of small amounts of drugs
- syringe possession and condom possession is legal and should not be used as evidence of criminal activity
- Large cohort study of 750 drug users in Tijuana, Mexico

Law Reform: Mexico

- It is illegal to possess **any** amount of heroin: 90%
- It is illegal to possess clean syringes: 83%
- It is illegal to possess condoms: 16%
- Police conduct **does not** reflect formal law: 85%

Institutional Policies: Kyrgyzstan

Instruction 417:

- how to conduct enforcement involving vulnerable groups
- specific practices related to harm reduction programs and outreach activities
- occupational safety protections for police
- national survey of 319 police officers

Institutional Policies: Kyrgyzstan

- 43% were aware of instruction 417
- those who were aware were significantly more likely to have
 - better knowledge about, and better attitudes towards harm reduction programs
 - better understanding of due process for sex worker detention
- 44% support referrals to harm reduction programs, but less than 20% report past referrals

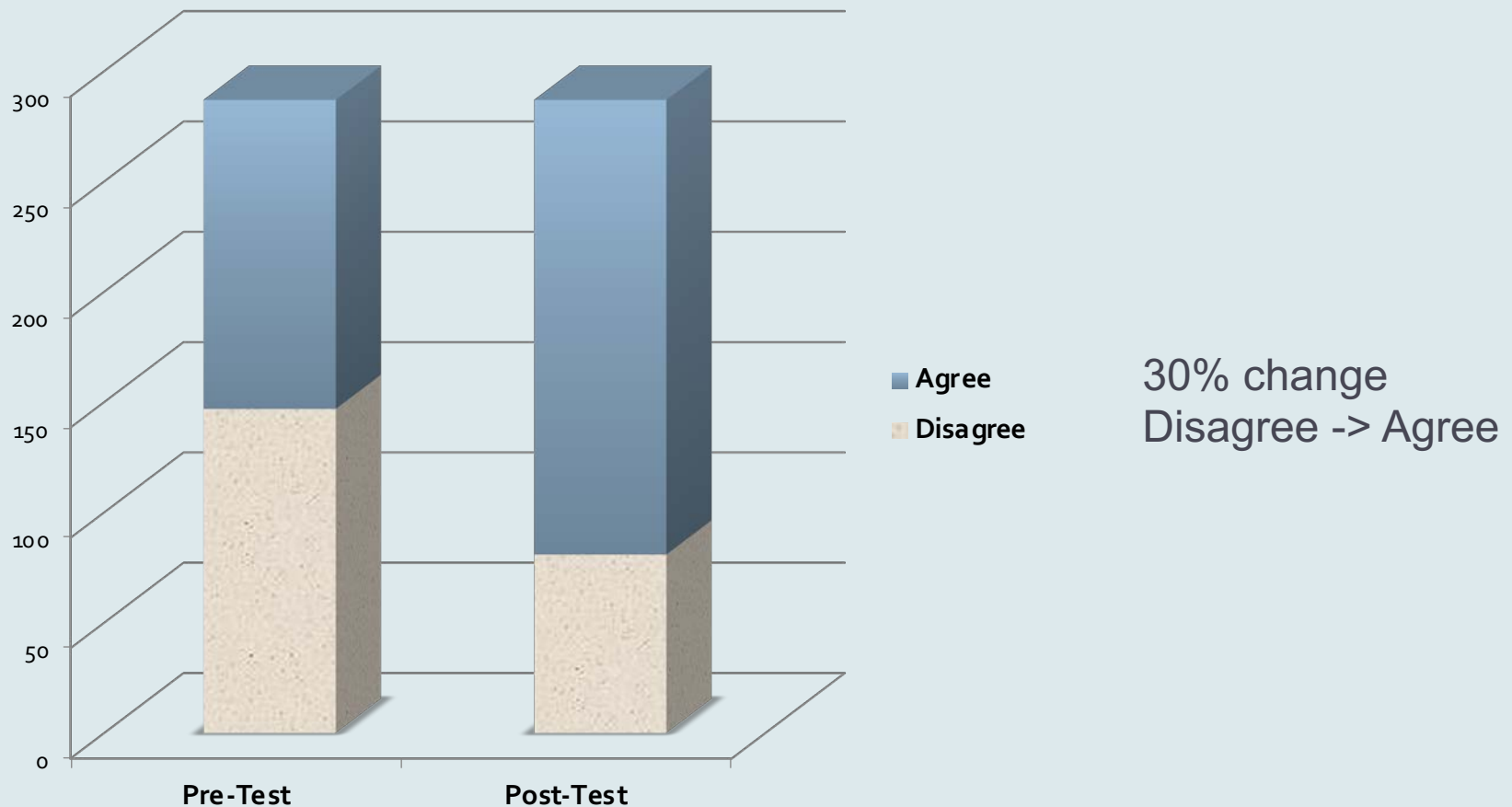
Police Training: Baltimore

Training Model

- Both police academy and continuing education
- Framing: occupational safety, workload reduction, staff turnover
- Presenters model collaboration
- Evaluation (pre-post)
- Components:
 1. Infectious disease knowledge and prevention
 2. Laws and policies
 3. Public health programs and evidence

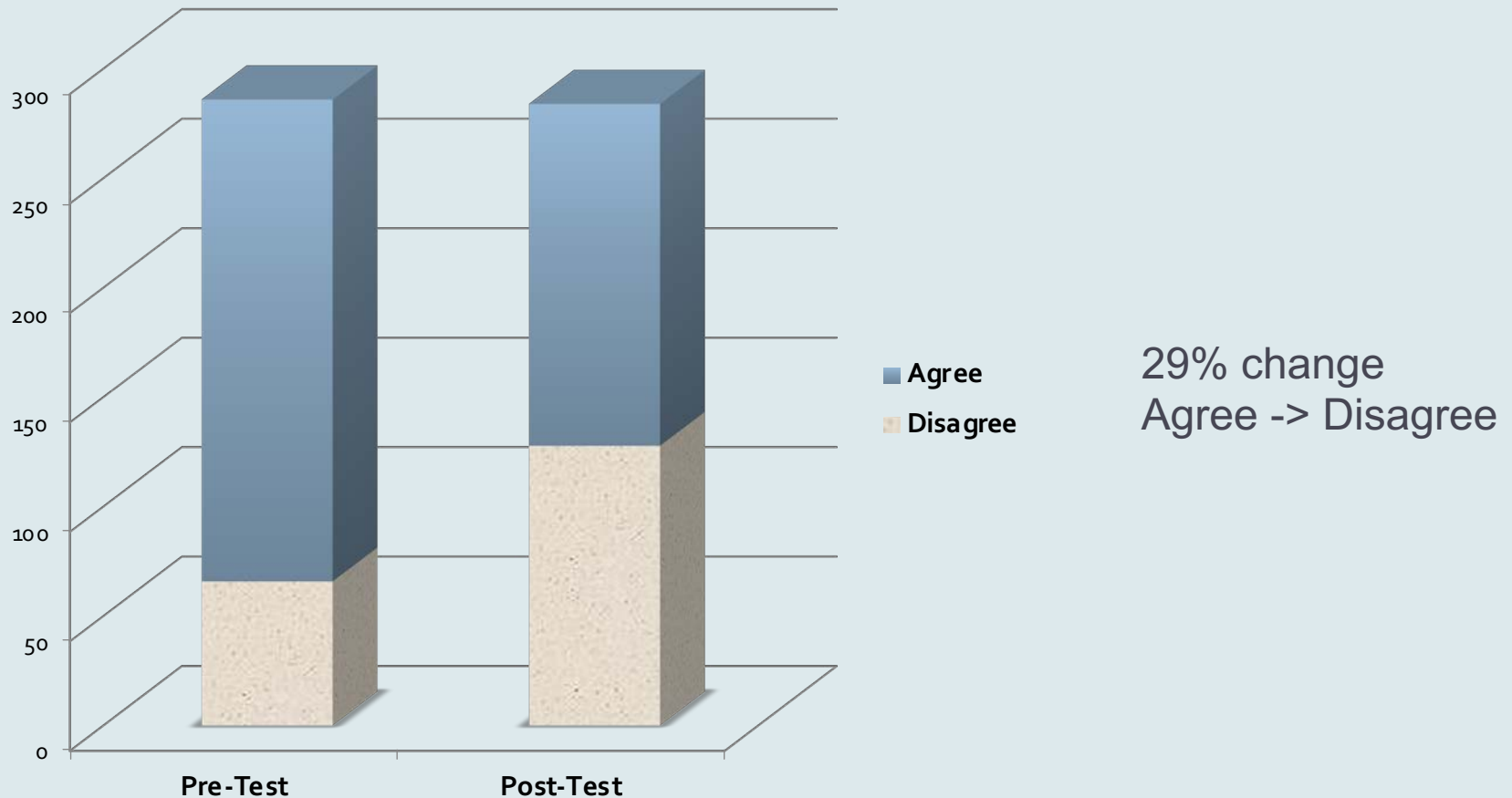
Baltimore: Police Training

It is legal for needle exchange clients to carry used syringes and other drug injection equipment?



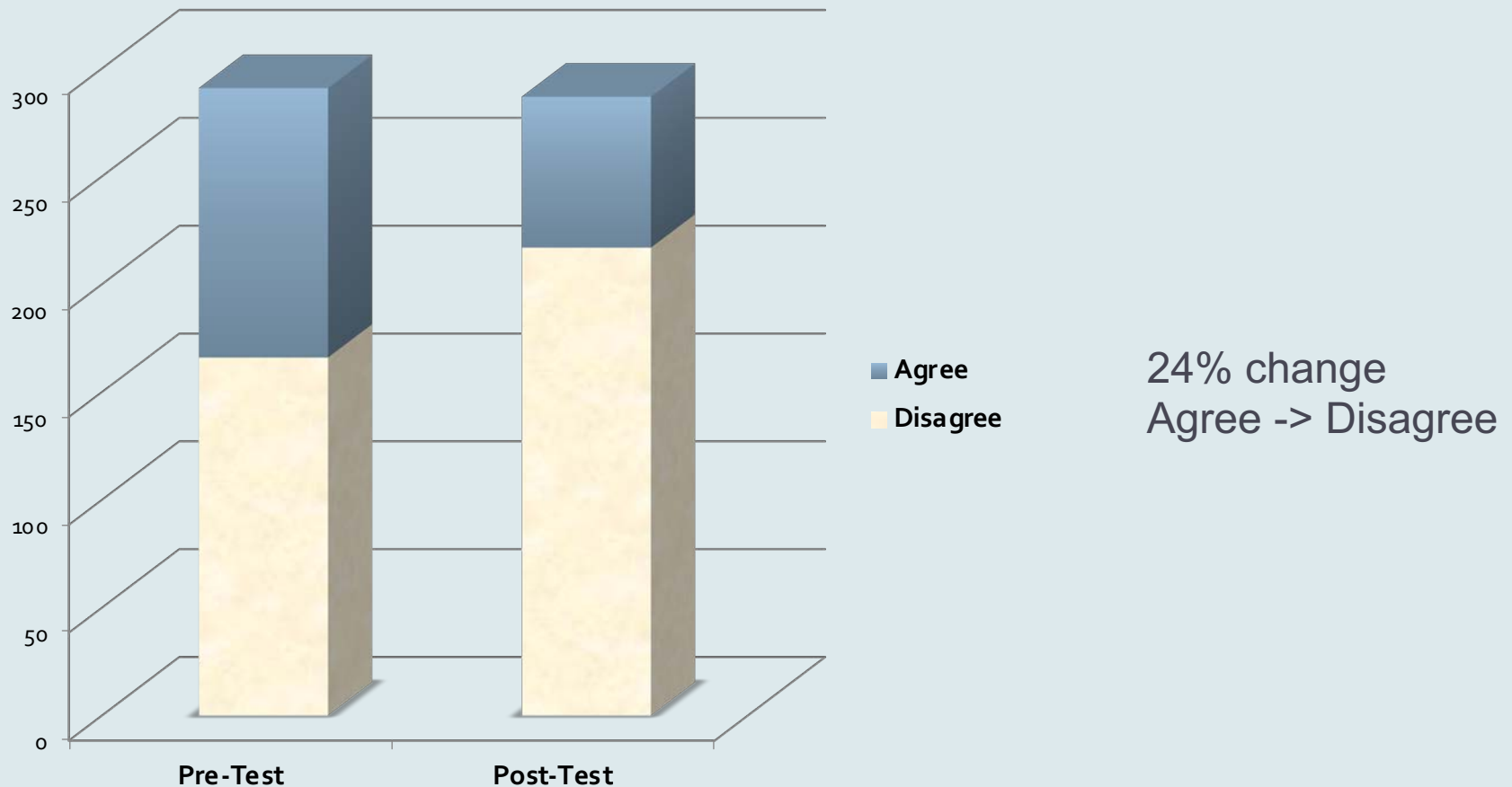
Baltimore: Police Training

If syringes are found during a search but the person is not arrested, I would confiscate them.



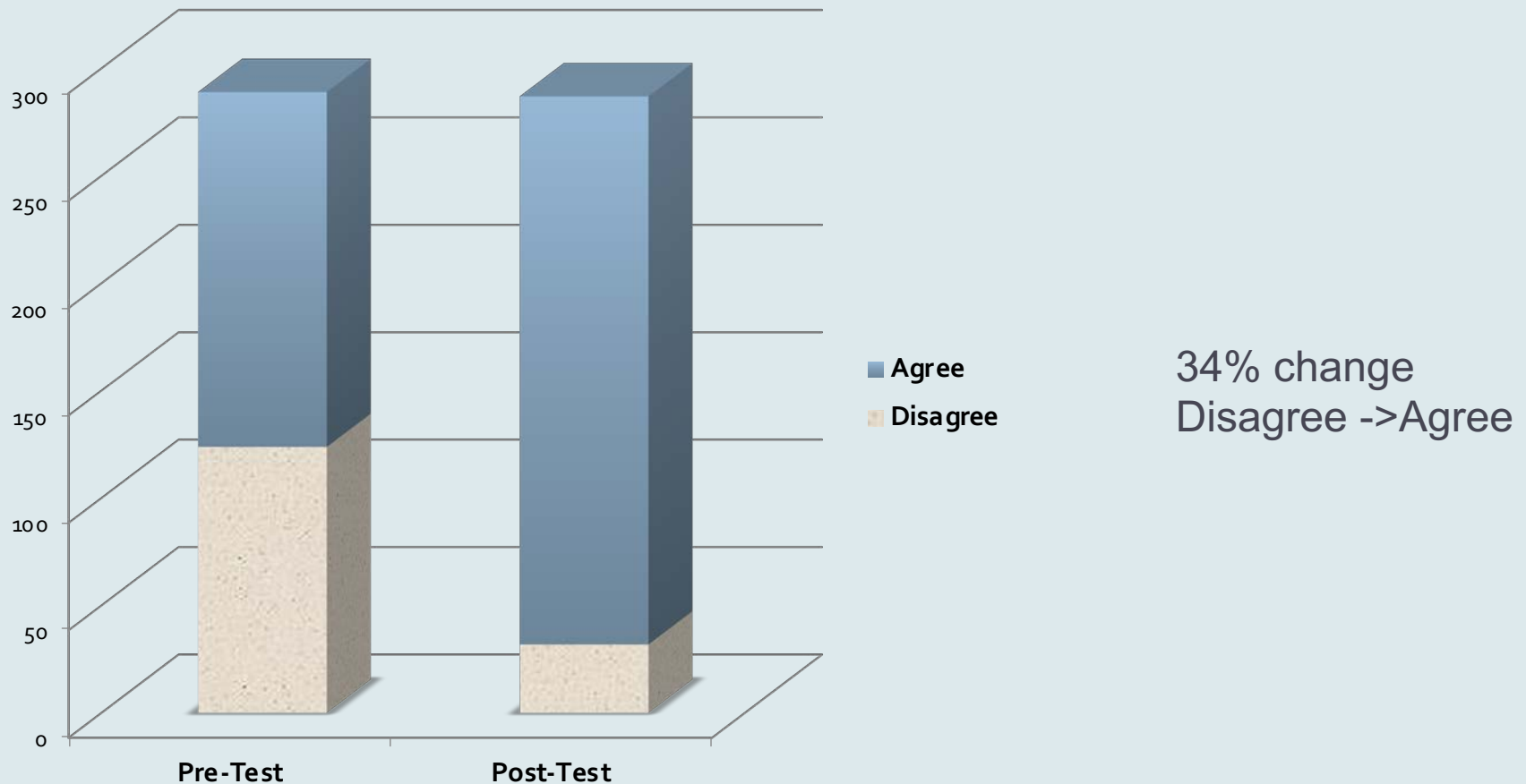
Baltimore: Police Training

Access to clean syringes through pharmacies or syringe exchange promotes drug use.



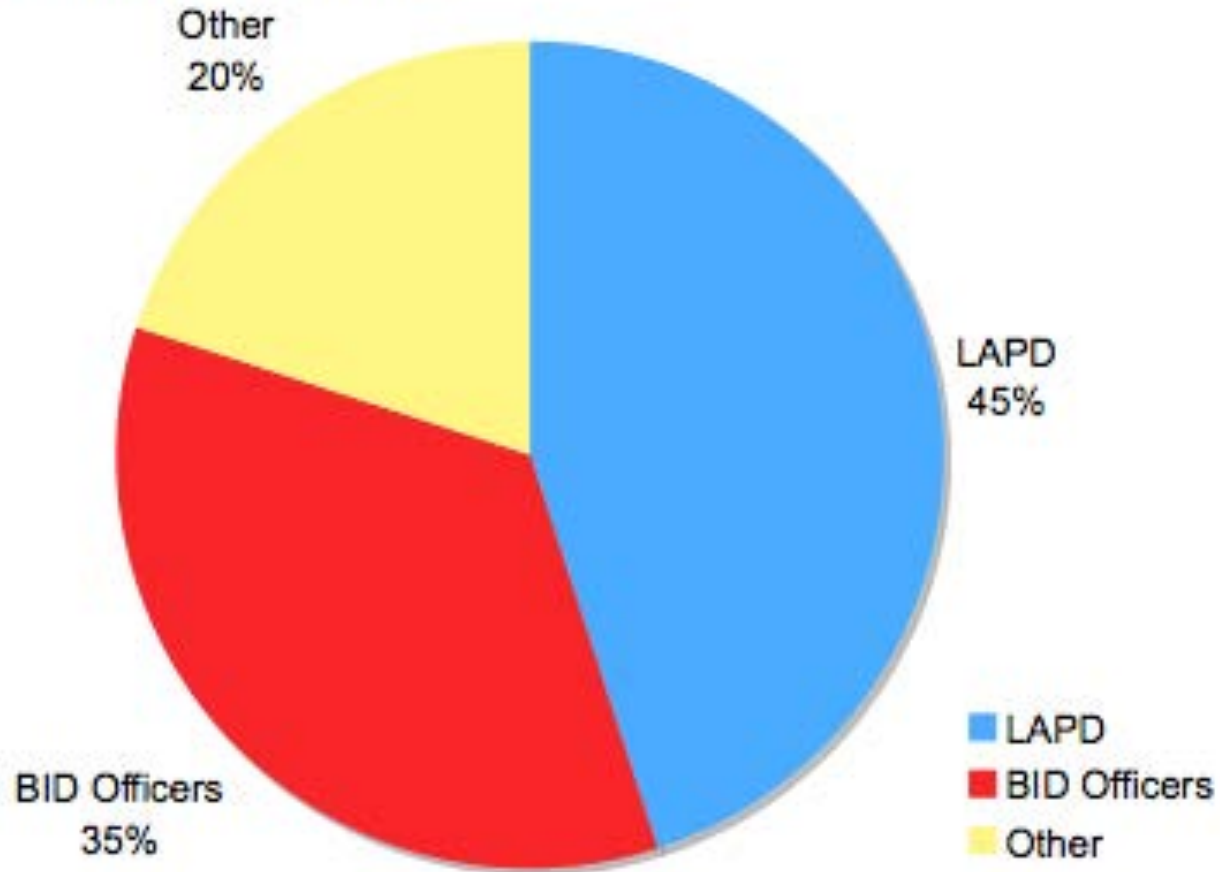
Baltimore: Police Training

The syringe exchange program helps drug users get into drug treatment



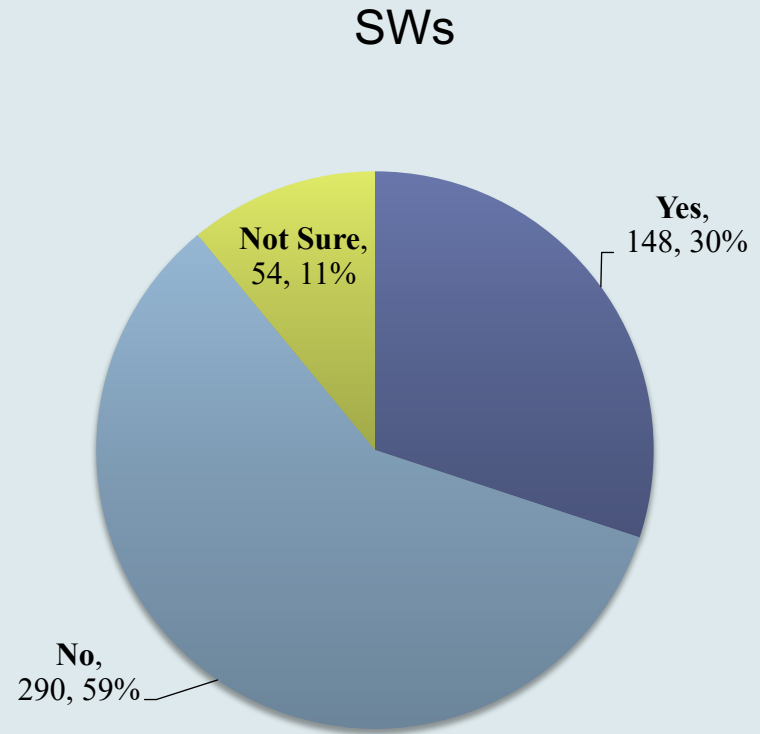
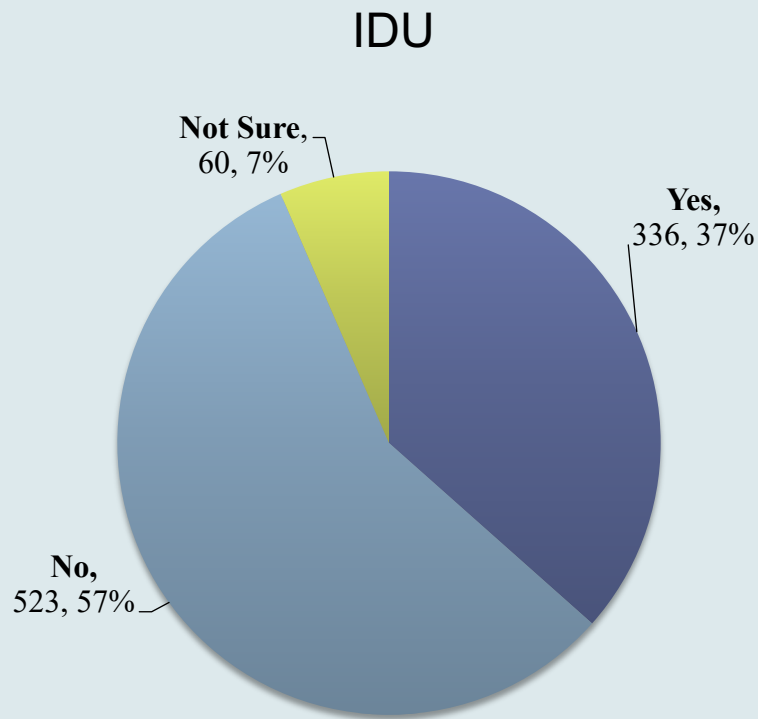
Monitoring: Los Angeles

**Figure 9: Enforcement Affiliation
January 2010 - April 2011**



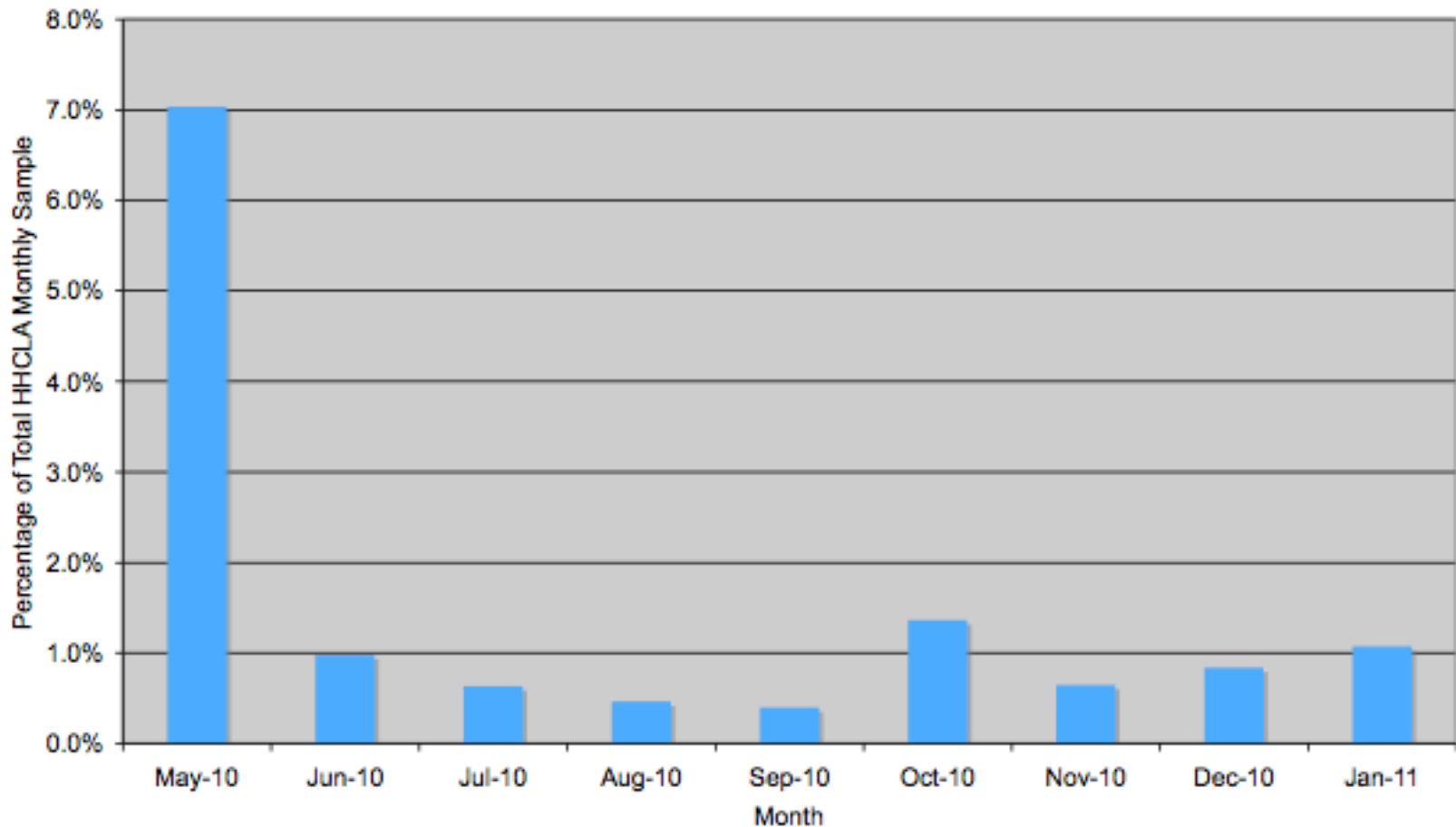
Monitoring Barriers: Kyrgyzstan

Percentages of SW and IDUs Willing to Report Adverse Encounters with Police (last 6 mo.)*



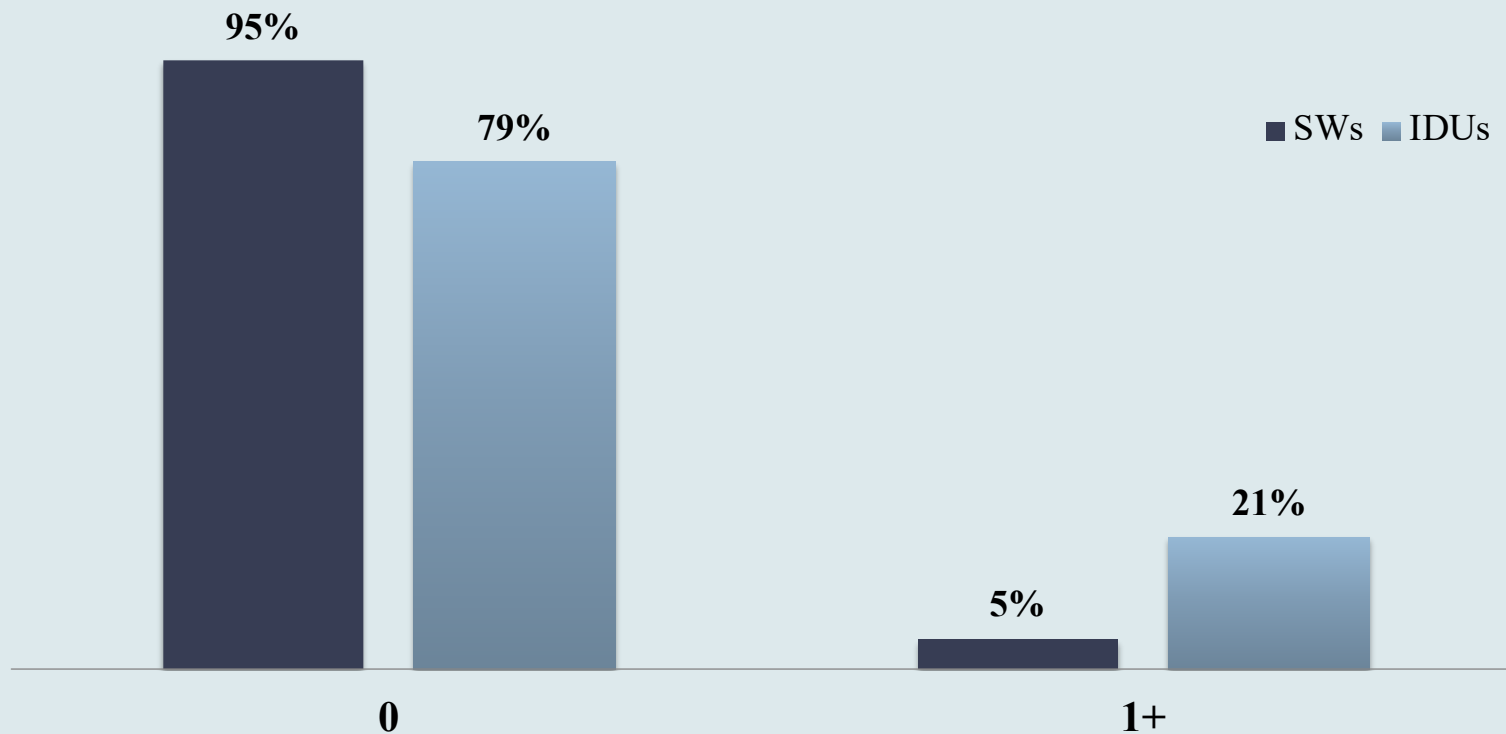
Monitoring Barriers: Los Angeles

Figure 6:
Rate of HHCLA Clients Reporting Incident Compared to Overall HHCLA Sample(May 2010 - January 2011)



Collaboration: Kyrgyzstan

Percentages of Vulnerable Group Respondents Given Information about Harm Reduction Programs by Law Enforcement (last 6 mo.)*



Summary and Discussion

Key Challenges

- substantial gaps exist in police knowledge of key laws and policies related to harm reduction efforts;
- negative attitudes about these efforts are prevalent among police, fuelled by social, cultural and religious influences;
- enforcement practices that contravene public health goals and civil or human rights are commonplace
- vast majority of interventions never evaluated
- barriers to accurate surveillance of police practices affecting vulnerable groups

Key Opportunities

- there is evidence that some police already do, and more are willing to help connect vulnerable individuals with harm reduction services;
- prevalence of occupational injuries, low knowledge about response procedures and high anxiety about occupational risk demonstrate opportunity for public health education and collaboration;
- policy, training, and incentive-building interventions have shown promise and should be scaled up
- adopt a “harm reduction” approach
- monitoring and evaluation are key

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- Literature:
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