

ENVISAGING THE FUTURE OF POLICING AND PUBLIC HEALTH

POLICING KEY POPULATIONS: INNOVATIVE PROGRAMS AND PARTNERSHIPS FROM AROUND THE WORLD



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AUTHOR

Daniele Sudsataya, Research Assistant at the London School of Economics Department of Health Policy.

Edna Oppenheimer, Senior Consultant.

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ABOUT THIS REPORT

In September 2022, the Global Law Enforcement and Public Health Association held a major event series called the Marketplace of Ideas which showcased practical and innovative approaches to addressing public health issues that have traditionally been criminalised or over-policed, with a particular focus on policing and policing alternatives. The United Nations Office on Drugs and Crime (UNODC) was a major supporter of the event series.

This report summarises the key learnings and discussions stemming from one of the event's sessions titled "Law enforcement and public health – policing key populations". At the session, five presentations which were delivered by expert panellists from the UNODC. Each presentation analysed the role law enforcement plays in public health responses, particularly within the context of vulnerable populations that face acute health and security risks.

In this report, we look at these presentations with the aim of learning more about different ways of building cross-sectoral partnerships between the law enforcement and public health sectors. In doing so, we want to develop a deeper understanding about what types of approaches – with a focus on policing models – uphold the human rights of people with health and welfare needs, provide them appropriate care and support, reduce society's massive over-reliance on policing and incarceration, and effectively keep people out of the criminal justice system.

A video recording of the full session can be viewed here:
<https://glepha.com/moi-video/#plenary3>

INTRODUCTION:

REDEFINING THE ROLE OF THE POLICE IN PUBLIC HEALTH RESPONSES

Law enforcement and public health are two sectors that should be working in close collaboration with each other to address a broad range of complex societal issues, yet in practice they often operate separately to adhere to rigid laws and policy frameworks (Punch 2019). Increasingly, the role that the police have long held in society is being contested and thrust into the global spotlight. There is growing acknowledgement that police behaviour and the health and wellbeing of the communities they serve are inextricably linked.

Police officers commonly find themselves tasked with handling challenges that are clearly better addressed by public health and welfare approaches. In many countries, police have become the default responders to an enormous range of complex social and health issues – drug use, mental health crises, the spread of infectious diseases (such as HIV and hepatitis C), homelessness, and violence against women and girls – problems which are likely to worsen with the rising costs of living and for which criminal justice-centred responses on their own are rarely the best solution (Bartkowiak-Théron et al. 2022).

It has been well documented that many policing efforts actually *increase* health risks by functioning as a barrier to the uptake of health and social services (Crofts & Patterson 2016; Krupanski et al. 2020). For instance, law enforcement has often been used as a penal mechanism to prosecute people who have committed drug-related offenses, including drug use (Wodak & McLeod 2008). Punitive policing can cause people to hide or share needles used for injection or to lie about their drug use for fear of retribution (Crofts & Patterson 2016). Existing data indicates that close to half a million (470,000) people globally are imprisoned for drug possession for personal use (Penal Reform International 2022). In many parts of the world, people convicted of drug use offenses are not offered

appropriate support and treatment for their drug use. Instead of receiving the critical health and social care they need, these people are dealt with by the police in ways that exacerbate existing inequities (Van Dijk & Crofts 2017).

Another obvious and recent example is the way in which police responded to the Covid-19 pandemic, a health emergency that caused unprecedented social fragmentation around the world. During this time, the police typically found themselves on the frontline of the pandemic response with an entirely novel set of tasks which were very different from their usual responsibilities; they were given the mandate to ensure the public adhered to constantly changing government restrictions (Roberts et al. 2021). During the initial months of the pandemic, in some countries more people were killed by police than the virus (BBC News 2020; Human Rights Watch 2020).

Never before has there been such urgency to find solutions that move away from criminalisation to address the root causes of social and health inequity. It is imperative that police services start to adopt a more humane and compassionate approach – one that engages communities in a manner that builds public trust and addresses the health, safety and security needs of communities while upholding their human rights (Krupanski et al. 2020).

The United Nations Office on Drugs and Crime (UNODC) has been working with countries to improve the role of law enforcement in public health responses through the development of innovative programs and policing partnerships. In this report, we give an overview of the important work the UNODC has been doing globally to support and scale up 'harm reduction' policing. We summarise five presentations from a seminar series organised by the Global Law Enforcement and Public Health Association in 2022 delivered by experts from the UNODC:

- Presentation 1. What do we mean by evidence-based, human rights-based and gender-sensitive police reform?

- Presentation 2. Pre-arrest and pre-trial diversion mechanisms for people with drug use disorders in contact with the criminal justice system
- Presentation 3. The role of law enforcement in protecting public health and HIV prevention – An overview of police work with key populations
- Presentation 4. Creating layers of safety: The role of law enforcement in drug use prevention without school settings
- Presentation 5. Regional perspectives on law enforcement and public health – Lessons from East and Southeast Asia

Through these five presentations, we gain a deeper understanding of how law enforcement and public health sectors can work together in a way that reduces public health risks, particularly health risks associated with drug use, overdose, HIV infection and hepatitis C. We can learn a by examining innovative policing approaches, comparing international experiences, and transferring knowledge within and across countries and global regions.

PRESENTATION 1:

WHAT DO WE MEAN BY EVIDENCE-BASED, HUMAN RIGHTS-BASED AND GENDER-SENSITIVE POLICE REFORM?



PRESENTER:

Dr. Wendy O'Brien, Crime Prevention and Criminal Justice Officer, Human Rights-Based and Gender Sensitive Police Reform, UNODC

Justice actors and institutions are the gateway to justice. Police, for example, have the scope to facilitate equal access to justice for all, to reduce victimisation, and to uphold the procedural rights and equal human dignity of all persons who come into contact with law enforcement institutions.

This presentation focuses on the role police agencies can play in facilitating access to justice informed by the international evidence-base, the international legal framework, and gender- and victim-sensitive approaches that prioritise the voices of community members.

OUR EXPECTATIONS OF THE POLICE

When we think about our expectations of police, we may think first and foremost about the preservation of public order and community safety, and perhaps about the role that police play in preventing or reducing crime. While these are vital considerations that we should consider when designing key performance indicators for police in many parts of the

world, there are other important expectations that we might have of police that might not immediately come to mind.

Do we expect police to reduce harm, for example? This is an important question that is not fully addressed by our expectation that police play a role in preventing or reducing crime. While the reduction in the volume of crime and public order offences can be quite readily measured, it can be more difficult to quantify the prevalence of harm to the community and the frequency in which human rights are upheld or breached, particularly where such harms may be largely concealed from public view.

If we take gender-based violence as an example, we note that this is a crime that inflicts profound harm, but in some jurisdictions internationally it may not be criminalised nor addressed effectively by police or criminal justice actors. If we were to conceptualise the role of police as primarily one of ensuring public order, for example, we would risk overlooking the important role that police could play in reducing harms that occur within the home, and the transformative potential that police could therefore have in ensuring equal access to justice.

In pursuit of this goal - to ensure equal access to justice for all - UNODC works to support Member States in operationalising holistic approaches to policing that are evidence-based, aligned with the international legal framework, and guided by gender-responsive, victim-sensitive and trauma-informed approaches.

INTERNATIONALLY AGREED STANDARDS ON POLICING

The guidance UNODC provides to Member States is underpinned by internationally agreed standards on policing, including the Code of Conduct for Law Enforcement Officials (1979) and its accompanying Guidelines for the Effective Implementation of the Code of Conduct (1989), and Basic Principles on the Use of Force and Firearms by Law Enforcement Officials (1990).

Of particular importance, Article 1 of the Code of Conduct for Law Enforcement Officials states:

“Law enforcement officials shall at all times fulfil the duty imposed upon them by law, by serving the community and by protecting all persons against illegal acts, consistent with the high degree of responsibility required by their profession”.

This provision of the Code of Conduct, a longstanding international agreement, indicates that the role of police is one of service. In serving the community, police are not to prioritise or respond to individuals on a selective basis. The Code of Conduct specifies that police services must be inherently non-discriminatory, and obliges the police to protect the human rights of all persons (Article 2). Further, the Commentary to Article 1 clarifies that policing functions includes the provision of service to individuals facing hardship or discrimination:

“Service to the community is intended to include particularly the rendition of services of assistance to those members of the community who by reason of personal, economic, social or other emergencies are in need of immediate aid.”

In the Code of Conduct, the international community agreed that the role of police is to serve the community, without discrimination of any kind. Police, therefore, are key actors in facilitating equal access to justice for all, as envisaged by Goal 16 of the Sustainable Development Agenda.

This forms a core component of the technical assistance and capacity building work that UNODC delivers, on evidence-based, human rights-based, and gender-sensitive policing.

THE EVIDENCE ON EFFECTIVE POLICING

Ensuring that policing practice is informed by evidence is, at its core, a common-sense strategy. At the international level, considerable attention has been given to “evidence-based policing”, the benefits of which are

described well by the National Academies of Sciences, Engineering, Medicine (2021, p.1.):

“Evidence-based policing’ uses scientific processes to strengthen police decision-making and overall agency functioning, as well as to minimise public harm, promote community trust and enhance community perceptions of police legitimacy”

When we talk about the ‘evidence-base’ on policing, it is important that we do not take a prescriptive or deterministic approach. In our work, at UNODC, we consider that it is vital to broaden the scope of what can be classified as ‘robust evidence.’ We know that the majority of the rigorously conducted empirical studies on public policy interventions derive from the Global North, where there is a concentration of funding for research. Further, if we were to rely exclusively on the findings of randomised-controlled trials as the ‘gold standard’ of research we may risk missing the voices of our key partners in communities. We may also miss looking at key justice needs, that are not well-documented in the existing evidence-base and may be marginalised as a consequence of structural discrimination.

THE IMPORTANCE OF PARTNERSHIPS TAILORED TO THE NATIONAL CONTEXT

To ensure our work upholds human rights, it is important to recognise that the voices of marginalised individuals and groups may not routinely be heard, and in some settings these voices may be actively silenced. As UN staff, it is incumbent on us to find ways to ensure that our work and any legal, policy or procedural recommendations that we make, are meaningfully informed by the lived experience of the communities we seek to serve. This is vital to the achievement of the 2030 Agenda for Sustainable Development and the Agenda’s universal values to Leave No One Behind.

It is important that we do not cleave so closely to the scientific ‘evidence-base’ that we risk falling into the trap of assuming that the success of an intervention in one context will automatically mean that the same

intervention can be successfully transposed to all settings. It is similarly important to recognise that an intervention that makes a positive impact in one setting may indeed bear risks or unintended consequences elsewhere.

To ensure the appropriateness and effectiveness of our work, it is vital that we work in very close partnership with national authorities, and UN field offices all over the world. The UNODC provides technical assistance only upon invitation by national authorities and where our combined efforts are focused on ensuring the national ownership of programmes that aim to build skills, knowledge and develop reforms that are the objectives of the programmes.

In this regard, our work on evidence-based, human rights-based, and gender-sensitive police reform is always tailored in accordance with regional, national, and local specificities, and informed by three key streams of input:

1. *The normative and legal framework* which includes the international legal framework as well as attention to regional, national, and local laws and customs
2. *The evidence-base* which includes not only 'scientifically rigorous' studies, but also the information that can be gleaned from smaller studies, empirical accounts and programme evaluations, as well as the practice wisdom that is shared by civil society organisations
3. *The voices of community* which not only inform our conceptualisation of the evidence-base, but are also important to developing, testing, implementing and refining any proposed programme intervention

Underpinning this work is a robust commitment to adapting our approach according to what works, for whom, and in what circumstances. Our work is based on international human rights frameworks, principles of non-discrimination and equal human dignity.

WHY THESE APPROACHES ARE CENTRAL TO BUILDING COMMUNITY TRUST IN POLICE AND PROMOTING EQUAL ACCESS TO JUSTICE FOR ALL

Evidence-based, human rights-based and gender-sensitive approaches to policing improve the effectiveness of police programs, increase community trust in police, and ensure that police treat individuals fairly and with dignity. These approaches are also ‘holistic’ as they bring together multiple sectors – the law enforcement, public health and social services sectors – with the shared goal of developing strengths-based and systemic solutions that address the root causes of complex societal issues.

PRESENTATION 2:

PRE-ARREST AND PRE-TRIAL DIVERSION MECHANISMS FOR PEOPLE WITH DRUG USE DISORDERS IN CONTACT WITH THE CRIMINAL JUSTICE SYSTEM



PRESENTER:

Anja Busse, Programme Officer, Prevention,
Treatment and Rehabilitation Section,
UNODC

There are a variety of strategies agreed upon in different international conventions and reports which law enforcement agencies can adopt to better support people with drug use disorders in contact with the criminal justice system. This presentation outlines some of these key strategies.

DRUG USE AND CONSEQUENCES FOR THE JUDICIAL SYSTEM

About 284 million people worldwide (5.6% of the global population aged 15-64) used drugs at least once during 2020. Close to 37 million people who use drugs suffer from drug use disorders, with many of these people having interacted in some way with the criminal justice system (UNODC 2022). Data shows that of the 3.1 million individuals arrested, 62% of these people were arrested for drug use, 39% were arrested for drug trafficking, and 2.5 million were sentenced to prison. People convicted for drug-related offences contribute to major prison overcrowding in a wide number of countries (United Nations 2022).

Police officers are frequently in contact with people who use drugs and with drug use disorders in a variety of situations ranging from traffic violations, accidents, drug law offences, overdoses, and family crisis. As first responders, the police can play a supportive role in referring people to appropriate health and social services as needed.

INTERNATIONAL DRUG CONTROL CONVENTIONS AND LEGAL FRAMEWORKS RECOMMENDING ALTERNATIVES TO ARREST

A range of international conventions and policy frameworks recommend UN Member States develop and implement measures that function as alternatives to conviction or punishment for people who use drugs and with drug use disorders in contact with the criminal justice system, in cases of a minor nature. These frameworks include international human rights law, International Drug Control Conventions, United Nations Standard Minimum Rules for Noncustodial Measures (Tokyo Rules), and United Nations Rules for the Treatment of Women Prisoners and Noncustodial Measures for Women Offenders (Bangkok Rules), which have been further strengthened by Member State agreements at the United Nations General Assembly 2016 Special Session on the World Drug Problem, Commission on Narcotic Drugs Resolution 58/5 (2015) and Commission on Crime Prevention and Criminal Justice Resolution L.8 (2017), among others. These frameworks strongly encourage collaboration between the justice and health sectors to ensure people with drug use disorders, including those in contact with the criminal justice system, receive appropriate care and support.

In addition to these international frameworks, heads of the National Drug Law Enforcement Agencies (HONLEA) recommend that governments make full use of alternatives to imprisonment for people with drug use disorders, particularly at the time of arrest and at the pre-trial stage (UNODC & HONLEA 2017). Governments are encouraged to adopt a health-oriented approach through which people with drug use disorders who are in contact with the criminal justice system are directed to treatment and care as early as possible.

Studies have shown that investment in the treatment of drug use disorders can both reduce the chance that someone will be involved in criminal activities in the future and is associated with positive outcomes with the entire community including reduced drug use, increased employment rates or decreased homelessness (US Department of Health and Human Services 1997).

THE UNODC/WHO INITIATIVE ON TREATMENT AND CARE FOR PEOPLE WITH DRUG USE DISORDERS IN CONTACT WITH THE CRIMINAL JUSTICE SYSTEM AS ALTERNATIVE TO CONVICTION OR PUNISHMENT

Following the launch of a UNODC/WHO initiative in 2016, UNODC and WHO collaborated to produce a handbook outlining how treatment of drug use disorder can be a suitable alternative to criminal justice procedures such as conviction, in adequate cases (UNODC & WHO 2019). The handbook promotes seven principles. According to the central principle, drug use disorders should be considered as a healthcare issue first and foremost so require responses that are health-centred. Individuals with drug use disorders in contact with the criminal justice system for crimes of a minor nature should not be punished on account of their drug use and instead should be provided with appropriate treatment. The handbook further summarises measures across the stages of the criminal justice system that can be applied to divert people in adequate cases from the justice system to the healthcare system as an alternative to conviction or punishment.

To understand how available diversion schemes are for people who use drugs and with drug use disorders, in 2022 UNODC conducted a mapping to learn about existing practices. Of the total 77 UN Member State countries that responded, 65 countries had at least one type of alternative to conviction or punishment. At the pre-arrest stage, where the role of police is especially crucial, the most commonly reported alternative measure was diversion to treatment or education, sometimes combined with administrative penalties. The mapping also indicated that there is generally a high level of agreement among countries of the need for non-custodial alternative measures (UNODC 2022).

TECHNICAL ASSISTANCE AND GUIDANCE FOR COUNTRIES ON HOW TO DEVELOP PRINCIPLES FOR IMPLEMENTING DRUG TREATMENT AS AN ALTERNATIVE TO CONVICTION OR PUNISHMENT

The UNODC provides technical assistance to countries on how to implement these seven principles. Technical assistance includes rapid assessments, policymaking workshops, and demonstration projects at selected sites. For example, in one country in West Africa, UNODC has supported the development of a so-called ‘therapeutic injunction’ as a novel form of an alternative to incarceration for people with drug use disorders in contact with the criminal justice system.

The UNODC is currently in the process of developing further guidance on how to implement alternatives to conviction or punishment with the involvement of technical experts, civil society groups, and people in the community with lived experience. So far, one informal and exploratory consultation has been held to discuss the specificities at each stage of the criminal justice system – including the pre-trial stage – with broad participation of law enforcement professionals from around the world. Barriers and opportunities to implementing drug treatment as alternative measures were discussed during the consultation and will inform an upcoming technical guidance document.

With respect to pre-arrest diversion and pre-trial diversion, some of these emerging implementation principles include: The need for evidence-based drug treatment to be readily available in the community; quick referrals to health and social supports; adequate training for health, justice and related professionals, and; the recognition that police hold responsibilities as first responders while also acknowledging that health and law enforcement professionals have complimentary but different roles.

PRESENTATION 3:

THE ROLE OF LAW ENFORCEMENT IN PROTECTING PUBLIC HEALTH AND HIV PREVENTION – AN OVERVIEW OF POLICE WORK WITH KEY POPULATIONS



PRESENTER:

Dr. Zhannat Kosmukhamedova, Programme Manager, Law Enforcement/HIV Global Focal Point and Regional Adviser for Eastern Europe and Central Asia on Drugs/HIV, UNODC

This presentation examines trends in HIV infection rates in different global regions and discusses the positive and negative influences various policing practices can have on HIV outcomes and public health outcomes more generally. Since the HIV virus disproportionately affects certain groups within society, this presentation focuses on the key populations at greatest risk of infection.

GLOBAL PROGRESS IN ADDRESSING HIV/ AIDS

Regional level data on HIV infections indicate that Eastern Europe, Central Asia, the Middle East, North Africa, and Latin America have seen increases in the transmission of the virus over the past decade (UNAIDS 2022). Globally, around 38.5 million adults and children are living with HIV, of which 1.5 million are newly infected individuals who contracted the virus within 2021 (UNAIDS 2022). Additionally, there were around 650,000 deaths due to AIDS that year, with a disproportionate number of deaths concentrated in the Eastern and Southern Africa region.

Available data reveals that 70% of new HIV infections in 2021 were among key populations and their sexual partners (UNAIDS 2022). More specially, demographic data at the global level indicates that:

- People who inject drugs have a 35 times greater risk of acquiring HIV compared with people who do not inject drugs
- Female sex workers have a 30 times greater risk of acquiring HIV than adult women in the general population
- Gay men and men who have sex with men have a 28 times greater risk of acquiring the virus than adult men in the general population
- Transgender women have a 14 times greater risk of acquiring the virus than adult women in the general population

Global progress in addressing HIV is slowing. A lot of countries do not have the harm reduction services they need to turn the tide of HIV and other epidemics that predominantly affect people that inject drugs. Most people who are newly infected with the HIV virus belong to vulnerable populations who do not have access to lifesaving treatment services on account of inadequate health system capacities, lack of funding and resourcing, and inappropriate policies that prevent their access to healthcare.

UNAIDS has conducted research exploring laws criminalising various aspects of drugs in countries across Central Asia and Eastern Europe and found that certain policies in this region were discriminatory to individuals living with HIV and inhibited their access to treatment. Such policies include the criminalisation of transgender people, criminalisation of sex work, and criminalisation of the possession of small amounts of drugs. Discriminatory policies also include visa restrictions on the entry, stay and residence of people living with HIV, and mandatory HIV testing as a requirement for getting married or obtaining work permits.

LAW ENFORCEMENT AS CRITICAL TO PUBLIC HEALTH AND EFFECTIVE HIV RESPONSE

Police agencies and officers at all levels are essential and meaningful partners in national and global HIV responses (Punch 2019). However, while police have a crucial role to play in the protection and promotion of public health and in HIV responses, this role remains largely unacknowledged. It is imperative that lawmakers and policymakers ensure domestic laws, law enforcement practices, and policing policies and procedures do not discriminate against key populations as these can exacerbate the impacts of HIV infection, either directly by creating barriers to the access of treatment or indirectly by increasing stigma toward particular groups of people in society.

RECOMMENDATIONS FOR IMPROVING POLICE AND PUBLIC HEALTH PARTNERSHIPS

To ensure key populations have adequate access to drug and HIV-related services, there are a number of important steps to take:

- Police officers should increase their understanding of their professional responsibilities in HIV prevention and work toward harm reduction objectives
- Policing principles, policies and operational guidelines should be incorporated into police education, culture and practice
- Police should have access to a full range of alternative measures, including diverting people away from the criminal justice system into the health sector
- Community-led organisations should seek to understand the benefits of police and public health partnerships and alternative policing measures, as these organisations are often the first entry point for referring key populations to health services

To develop effective, human rights-focussed and evidence-based policing strategies that align with internationally agreed standards, it is essential to ensure there is:

- Political awareness and government support – leadership and political investment in HIV prevention, treatment, and care are fundamental to the success of policing initiatives that adopt a public-health approach
- Continuity of resourcing, capacity building and engagement – police and others in the law enforcement sector need adequate resourcing and training if they are to fulfil HIV prevention goals and have the capacity to form effective partnerships

PRESENTATION 4:

CREATING LAYERS OF SAFETY: THE ROLE OF LAW ENFORCEMENT OFFICERS IN DRUG USE PREVENTION WITHIN SCHOOL SETTINGS



PRESENTER:

Dr. Ziad El-Khatib, UNODC UNV Public Health Expert

As outlined in the UNODC/WHO International Standards on Drug Use Prevention, prevention is about availing social, cognitive, emotional skills for children at different age of development so that they can realize their talents and potential and become contributing members of their community and society. Specific social institutions play a role at different ages of development, including schools. This presentation describes the purpose of this guiding document and process of developing it.

In 2013, the UNODC developed the first edition of its International Standards on Drug Use Prevention, followed by a second updated edition in 2018 using WHO criteria. In 2021, the UNODC began its work on developing a guiding document for the role of law enforcement officers in drug use prevention within school settings.

The guiding document aims to:

1. Provide an overview of the strategic thinking process that needs to be considered by frontline law enforcement officers (or their management) whenever implicated in such activities

2. Inspire law enforcement officers to re-invent their role and open new opportunities for them in prevention
3. Better integrate law enforcement officers in the larger systems of prevention bringing them closer to other prevention agents, and to optimise the effectiveness of this prevention system by capitalising on the strengths and weaknesses of each of its agents.

However, this guiding document does not intend to advocate for the actual introduction of law enforcement officers in school-based prevention if they have not been already engaged or are not planning to do so. Further, this guiding document does not prescribe any specific process on how to deal with different scenarios in schools nor does it advocate for any specific intervention to be undertaken by law enforcement officers in school-based drug prevention. Rather, the guidance document provides an overview of the strategic thinking process that needs to be considered by frontline law enforcement officers whenever they are involved in such activities.

By doing so, this guiding document inspires law enforcement officers to re-invent their role and opens new opportunities for them in prevention. It also strives to better integrate law enforcement officers in the larger systems of prevention, bringing them closer to other prevention agents, and to optimise the effectiveness of this prevention system by capitalising on the strengths and weaknesses of each of its agents.

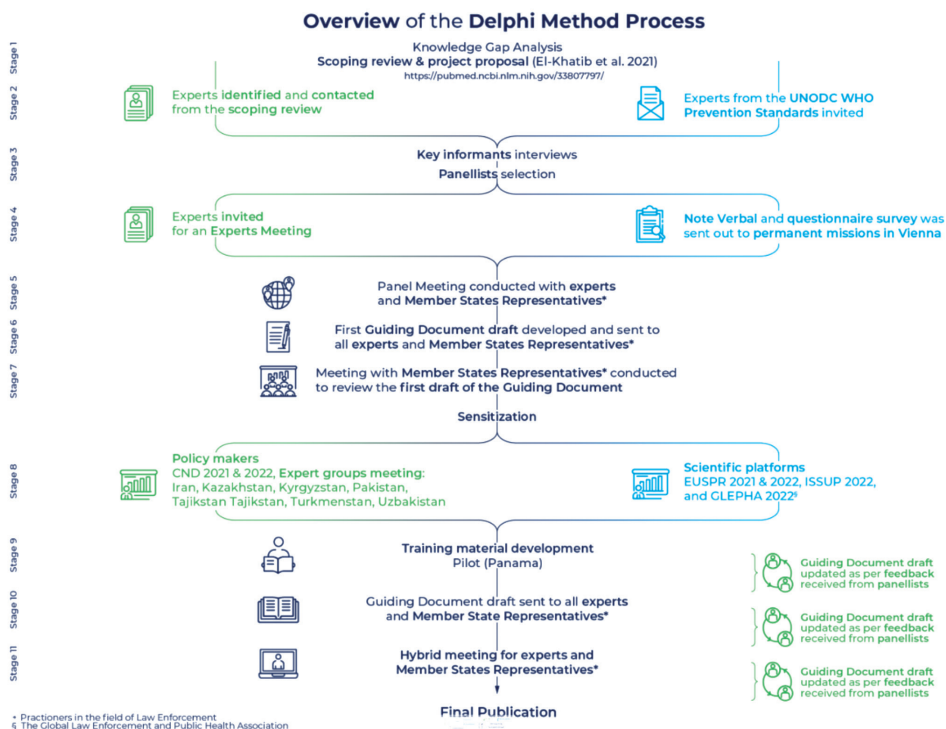
The guiding document will include the following topics and will look for the intersection between them:

- The science of prevention
- The science of communication
- The role of law enforcement officers in the community
- The potential role of partnerships between the school and law enforcement officer

- Law enforcement officer-led prevention practices within school settings (what works and does not work)
- The importance of epidemiology and evaluation.

The process of developing these youth-specific guidelines was carried out in 12 stages (outlined in the diagram below).

The guiding document was launched in May 2023 to the Members States and can be downloaded online.



PRESENTATION 5:

REGIONAL PERSPECTIVES ON LAW ENFORCEMENT AND PUBLIC HEALTH – LESSONS FROM EAST AND SOUTHEAST ASIA



PRESENTER:

Karen Peters, Drugs and Health Programme Officer, Regional Office for Southeast Asia and the Pacific, UNODC

Prison overcrowding is a problem in many countries across the region, with drug-related offences accounting for most prison sentences. Compulsory drug treatment is another major human rights concern. This presentation starts with a regional overview, then describes the development of innovative programs in a selected number of countries.

REGIONAL OVERVIEW

The supply and use of stimulant drugs in the region

Methamphetamine continues to be the primary drug of concern for many countries within the East and Southeast Asia region. A record amount of methamphetamine (over one billion tablets) was seized in 2021. The level of supply, however, is not uniform across the region. There has been an increase in the number of seizures in Southeast Asia, especially in the lower Mekong region, while there has been a steady decrease in East Asia over the past three years.

Prison overcrowding in the region

Overcrowding in prison is a very serious public health issue in the Southeast Asia region, with levels ranging from an occupancy rate of 111% in Myanmar, 339% in Thailand, 354% in Cambodia, to over 400% in The Philippines (World Prison Brief 2021). In most countries in the region, drug offences account for above 70% of total prison incarceration. Drug related offences also account for a high proportion of people in pre-trial detention; in the Philippines drug-related offences account for 75% of people in pre-trial detention, 72% in Cambodia and 67% in Laos (World Prison Brief 2021). These figures point to huge humanitarian and public health concerns in the way that drug issues are being responded to within the region.

Compulsory drug treatment as a human rights concern

Health and harm reduction responses vary across different countries in the region. In some countries, a major concern is the use of compulsory drug treatment. Half a million people across the region are being sent to compulsory drug treatment programs annually. Compulsory treatment is a violation of human rights, and the evidence shows these types of approaches are ineffective (Wegman et al. 2017).

Data from 2012 to 2018 shows that the numbers of people in compulsorily drug treatment programs increased in four countries; Cambodia, Laos, the Philippines and Thailand. Notably, in the past few years, Thailand has amended their drug law and abolished their application of compulsory drug treatment programs. The UNODC is currently supporting the Thai government with transitioning to the amended law and new policy framework. The UNODC provides tailored support to governments and assists local authorities with developing evidence-based interventions to address methamphetamine and stimulant drug use dependence.

A SNAPSHOT OF COUNTRY LEVEL PROGRAMS

Indonesia

Indonesian law provides space for some leeway on how drug users should be treated. Some interpretations of various articles within the law give lawmakers, including the judiciary, the discretion to make decisions that allow for diversion to drug treatments should a person wish to voluntarily engage in treatment interventions. Unfortunately, this option is not universally applied nor universally accepted within the Indonesian criminal justice context.

Since 2021, the UNODC has been providing extensive sensitisation training to the Indonesian law enforcement and judiciary sectors. This includes running training, workshops and seminars for around 1000 police officers, judiciary personnel and local government officials on drug policy and international standards. Over 200 law enforcement and judiciary personnel have additionally received trained on the availability of alternatives that they can use when processing drug-related cases.

Vietnam

Vietnam has focussed on two key areas over the past few years. During the Covid-19 pandemic, the UNODC trained law enforcement officers on effective prevention measures, including occupational health and safety. During the pandemic, police received training on the importance of harm reduction services for people who inject drugs, such as take-home methadone programmes. The UNODC has also been training law enforcement personnel on how to assist people who use stimulant drugs to access effective harm reduction services, including custodial staff in prison settings.

The Philippines

In 2020, the UNODC developed a training manual for the Philippines Public Safety Academy by adapting existing guidelines developed for

broader application and tailored to the Filipino context. The goal was to embed this training manual within the Academy's ongoing education programs. The UNODC has also been working with police officers by delivering training on the importance of linking people who use drugs to evidence-based drug treatment services typically run by civil society organisations.

Laos

The UNODC's work in Laos has concentrated on engaging law enforcement officers in the province of Houaphanh. In 2021, the UNODC developed a six-step plan to achieve this aim, which involves: Paying a visit to a high-level provincial leader; making an effort to get to know police officials and appointing a principal responsible individual; holding provincial and district-level stakeholder consultation meetings; creating job descriptions for law enforcement that are precise and in line with the UNODC's policy; discussing the workplan and coordination system with all partners; and maintaining tight relationships and offering assistance to partners as necessary. Implementing these steps has improved the quality of relationships with the police and has begun to shift their perceptions and attitudes.

POLICING VULNERABLE POPULATIONS – KEY LEARNINGS FROM THE PRESENTATIONS

Through the five presentations we have looked at the role law enforcement plays in public health responses, particularly within the context of vulnerable populations that face acute health and security risks. We now turn to explore a number of common themes that are evident across the presentations to deepening our understanding of how to build effective partnerships between the police and public health sectors in a way that best upholds the human rights of vulnerable populations.

MULTI-SECTORAL COLLABORATION BETWEEN LAW ENFORCEMENT AND PUBLIC HEALTH

Institutionally, public health and law enforcement are often viewed and managed as separate and distinct sectors. However, the beliefs and behaviours of the police are intrinsically connected to the health of communities and can directly or indirectly impact on community wellbeing (Punch 2019). Greater multi-sectoral collaboration is crucial if we are to adequately address the underlying barriers to the health and wellbeing of communities and vulnerable groups.

The positive role law enforcement can play in responding to a range of public health issues is clearly expressed in a number of internationally agreed standards on policing, such as the Code of Conduct for Law Enforcement Officials (1979) and its accompanying Guidelines for the Effective Implementation of the Code of Conduct (1989), as described in Presentation 1. As a more recent example, the 73rd World Health Assembly Agenda Item 3 emphasises the need for interagency collaboration and calls for “the intensification of cooperation and collaboration at all levels in order to contain and control the Covid-19 pandemic and mitigate its impact”. These international standards

highlight the need to bring law enforcement and public health sectors into closer alignment with the aim of enhancing public health and community safety.

As many of these international conventions and resolutions lack detail on the role and responsibilities of the police in responding to social and health issues, it is often left to countries to figure out ways of strengthening their institutional systems and policing responses in a way that protects the health and wellbeing of their citizens. In light of this gap and to provide countries with some guidance, international organisations such as the UNODC and the Global Law Enforcement and Public Health Association have developed a range of materials and training resources that governments and other relevant actors can draw on to support the development of local policies and programs.

IMPROVING ACCESS TO JUSTICE, HEALTHCARE AND SOCIAL SERVICES

Individuals from vulnerable populations often face challenges with accessing health and social services due the stigma they experience in society and discriminatory laws and policies (UNAIDS 2022). Across the world, health systems, laws and law enforcement mechanisms vary widely from country to country. For example, in Presentation 5, we see a number of different approaches being adopted in countries across the East and Southeast Asian region.

Policing responses to public health issues, such as drug use and HIV infection, are in many cases punitive in approach and impede people's access to health services and medical treatment. Individuals may find themselves unable or afraid to seek treatment if they fear the social repercussions they may face in doing so (Livingston et al. 2012). Governments – and by extension law enforcement agencies – should ensure the police role facilitates access to social services and healthcare, rather than serving a barrier.

Trust in the police is a major impediment to accessing services. Since marginalised groups tend to have higher levels of distrust in the police,

health services and government authorities in general, efforts to build trust and confidence between vulnerable communities and the police are an essential part of the solution (Boulware et al. 2003). Laws that discriminate against marginalised groups, such as people who use drugs and those living with HIV, infringe on the human rights and health rights of these individuals and inflame the cycle of their distrust in authorities.

TRAINING AND GUIDANCE FOR LAW ENFORCEMENT PERSONNEL

When it comes to family violence, mental health and drug use, police are often the first responders to an incident or callout and the first point of contact with the criminal justice system. This means these police officers often hold the responsibility of deciding if situations should be handled either through a health or a criminal justice pathway. Many policing systems worldwide handle health-related offenses through prosecution, particularly when it comes to drug-related offenses. In doing so, individuals may be incarcerated and as a result denied from receiving the medical treatment and support they need (Punch 2019).

A major barrier to the appropriate policing of public health issues is the lack of formal training programs and guidance resources (Roberts et al. 2021). International organisations, such as the UNODC and GLEPHA, have been working with relevant stakeholders to develop a variety of tools and training packages with the goal of equipping police and other law enforcement personnel with the knowledge and skills necessary to properly respond to health issues. These resources provide guidance to law enforcement officers in their interactions with vulnerable populations and help officers to identify when a person is in need of treatment, healthcare and other support in lieu of arrest. Presentations 2, 3 and 5 highlight the benefits of and need for improved police training.

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GLEPHA'S SPECIAL INTEREST GROUPS

The Global Law Enforcement and Public Health Association is a not-for-profit, membership-based association bringing the law enforcement and public health sectors together to address complex issues requiring an inter-sectoral approach. GLEPHA sees it of prime importance to bring together practitioners, policymakers and academics to explore the myriad interactions between the police and public health sectors across a wide range of social, humanitarian, security, and public health issues.

If you are interested in finding out more about the issues explored in this report, please consider joining a GLEPHA Special Interest Group (SIG). Under GLEPHA's umbrella, there are 11 Special Interest Groups that serve as international forums for individuals and organisations who have knowledge, experience or interest on particular topics to engage in collaborative discussion and exchange.

Special Interests Groups focus on the following topics:

- Deflection & Diversion
- First Responder Wellness
- Intersectionality in Law Enforcement and Public Health
- Harm Reduction
- Mental Health
- Law Enforcement and Public Health Education
- Neurodisability
- Policing and Pandemics
- Prosecutors and Elected Officials
- Trauma-Informed Policing
- Violence Prevention

To find out more, please visit: <https://glepha.com/special-interest-groups/>

CONTACTS

PRESENTER CONTACTS

Presentation 1

Dr. Wendy O'Brien, Crime Prevention and Criminal Justice Officer, UNODC

E: wendy.obrien@un.org

Presentation 2

Anja Busse, Programme Officer, Prevention, Treatment and Rehabilitation Section, UNODC

E: anja.busse@un.org

Presentation 3

Dr. Zhannat Kosmukhamedova, Programme Manager, Law enforcement/HIV Global Focal Point and Regional Adviser for Eastern Europe and Central Asia for Drugs/HIV, UNODC

E: zhannat.kosmukhamedova@un.org

Presentation 4

Dr. Ziad El-Khatib, Senior Epidemiologist and Associate Professor in Global Health at the Karolinska Institutet, Sweden

E: ziad.khatib@gmail.com

Presentation 5

Karen Peters, Drugs and Health Programme Officer, Regional Office for Southeast Asia and the Pacific, UNODC

E: karen.peters@un.org

CONTACT US

Corresponding authors

E: d.sudsataya@lse.ac.uk

E: ednaoppenheimer@gmail.com

Global Law Enforcement and Public Health Association

<https://glepha.com/>

E: nick.crofts@unimelb.edu.au

