Police Issues and Concerns

The questions below and the accompanying answers are provided as a guide to assist NPCs and others when dealing with issues that may be raised by police and other people regarding harm reduction approaches. These are frequently asked questions that are generic and not country or culturally specific, they can be applied just about anywhere. The answers should not necessarily be seen as ‘conclusive’ and are only guidelines for suggested responses. It is recommended that this document be used as a handout or as an attachment with other harm reduction information.

1. What is the police role in harm reduction?

Police have a role in supply reduction, demand reduction and harm reduction approaches. These are collectively known as harm minimisation. Law enforcement is quite unique in that police can play an important and active role in each area. Whilst traditionally police have had a fundamental role in supply reduction, there is a growing awareness that because of the special position that they are in, police can actively participate and support demand and harm reduction strategies.

The police role in reducing drug related harm in the community is multi-faceted and therefore quite unique. Police can have significant involvement and influence in strategies that reduce the harm from drug misuse. Police can provide leadership and guidance in the development of programs that aim to reduce drug related harm to individuals and communities.

Police are often described as the ‘gatekeepers’ to the criminal justice system and interface with a broad range of the community on a number of levels and in different circumstances. It is important therefore that police are aware of other government initiatives designed to reduce the drug harms such as Drop in Centres (DICs), Needle and Syringe Programs (NSPs) and other harm reduction approaches such as Outreach Workers (ORWs).

For example:

- police can refer people to drug treatment agencies or other types of assistance
- police can act as a useful resource for schools in drug education programs and take part in community education about drugs and/or HIV risks
- police can provide a supportive environment for NSPs by not targeting the vicinity of these programs to arrest users
- police can avoid arrests at the scene of a drug overdose therefore encouraging people to ring for medical help without delay or fear of prosecution

Police behaviour towards Injecting Drug Users (IDUs) can be one of the strongest determinants of whether the IDU behaviour will be conducive to transmission of HIV or not (AIDS Foundation).
If police can become involved in harm reduction, the awareness by the IDU of the impact of police practices will be raised, and the IDU will have a larger range of options for what they often see as a no-win situation. For example, as a point of contact police can provide information on how IDUs can enter treatment when desired, they can provide IEC to IDUs that include ways to avoid overdose. In other cases police can refer people to activities that give IDUs the chance to participate in programs such as drama, art, music and employment opportunities. They may even initiate these programs themselves in conjunction with other community agencies and groups.

Some of the reasons cited for why police are well placed to encourage entry into drug treatment programs are:

- Police are there 24 hours a day, seven days a week
- Police have the frequent contact with dependant and problematic users
- Police have contact with users at ‘treatable moments’ (times of crisis) (AIDS Foundation).

The police are best situated to be in contact with users and to provide them with information in relation to safe injecting practices and HIV. For harm reduction practices, police can be the worst enemy or the best friend (Crofts et. al. 1998). Police need to be prepared to try new strategies and practices that will support health sector initiatives as well as review their own practices to ensure that they do not have a negative impact on the spread of HIV.

2. Aren’t Blood Borne Viruses (BBVs) such as HIV a problem for the users only? Why should the community and police be concerned about BBVs? What are the risks to police re BBVs?

HIV/AIDS and other BBVs such as Hepatitis B and C are concerns for the whole community. HIV can be transmitted through blood to blood contact such as needle sharing and through sexual intercourse. Many injecting drug users come into contact with sex workers who have sexual contact with married men. Many IDUs also have unprotected sex with their partners who may in turn have other sex partners, and many married men also have unprotected sex with sex workers and other women. So you can see how the virus can be easily spread. Police are directly at risk of BBVs due to needle stick injuries from searching prisoners as well as engaging in risky sexual behaviour themselves.

3. If we don’t enforce the law, how are we going to stop people using drugs? Doesn’t it send the wrong message to the community? Aren’t police condoning drug use if we allow people to access clean needles and syringes?

A primary role of police is to enforce the law, that is true, however there may be alternatives to the criminal justice system that can assist users to access help for their drug use.
Very few IDUs, once dependent, will stop their drug use because of concerns about the law. Approaches such as police using their discretion, on the spot warnings, formal cautioning programs and diversion into treatment programs allow police to use a range of strategies to deal with IDUs, these approaches will have a better effect than merely sending users to gaol. Using these approaches to deal with drug users will also free up a lot of police time that it taken up dealing with minor drug offenders that can be used to tackle more harmful crimes in the community such as drug trafficking, robberies and assaults.

NSPs sites are facilities funded through governments, therefore police should not conduct activities that jeopardise or disrupt other government initiatives that may lead to a waste of government funds. Previous approaches to the drug problem such as ‘just say no’ campaigns in schools and getting tougher on those addicted to drugs have not worked and have actually increased harms. We need to look at alternatives in every aspect of what we do to deal with drug misuse. Perhaps the message we should be sending to the community is that drug use is a complex issue which requires a considered, thoughtful, and equally complex response at all levels.

4. **Do needle syringe programs support spread of drug abuse?**

No. It’s important to realize that only active drug users may become the participant of such program, so before he/she gets sterile syringe he/she has to approve practically that he/she is active drug user. There is no convincing evidence of any major unintended negative consequences especially no increase in illicit drug use. Another benefit of NSP is that there is a reduction in needle stick injuries to the general public, public amenity cleaners and law enforcement – as needles are exchanged and fewer discarded by users (Buning, van Brussel & van Santen). Furthermore, many DICs spend time collecting discarded syringes found in public space.

5. **What is the role of the police in needle syringe programs?**

The police should realize the necessity of such programs. The police should not wait or arrest those clients who bring their syringes for exchange. You should remember that every disposed or exchanged syringe is a potential source of infection, withdrawn from circulation and, perhaps, someone’s saved life. Besides, the police officers should not pick out syringes or needles or prevent the users from coming to the exchange units, following them or waiting for them by the unit. If drug addicts feel unsafe while visiting exchange service they will start sharing needles again that will in turn speed up HIV spread (AIDS Foundation).
6. **How do we deal with communities’ concerns about drug users on the streets and them wanting police to take action? What is an enabling environment?**

This is a difficult issue. In any situation police have to consider their actions and responses and what impact those actions may have on the whole community.

However, whilst the community may have concerns about the day to day issues around drug use, e.g. the ‘in your face’ drug trade; seeing people overdosing, injecting, vomiting etc., police also need to be mindful of what the consequences of their actions may be. Ideally, police and health workers should work together to ensure that both groups can reduce the impact injecting drug use. Police can do this by avoiding activities that further marginalise IDUs, not creating a climate of fear that leads to problematic and chaotic drug use and where possible, promote the role of agencies that deal with IDUs on an ongoing basis.

Police should take every opportunity to promote the role of harm reduction and explain why police are taking that approach. This approach will provide a much more helpful and positive message for the community and will show good leadership.

7. **How can police use their discretion and remain accountable for their actions or non-actions? What options are there for police to deal with users other than through the courts?**

The police use of discretion is important. It allows police to ‘problem solve’ situations and empowers them to make decisions based on a range of factors. No two situations will ever be the same so police need to use different approaches to various situations. Guidelines for police using discretion can be complex, however when considering whether or not to take action or use discretion, police should ask themselves the following questions:

- would my action in this situation be in the greater community interest?
- is this offence of a minor or technical nature?
- are there alternatives to prosecution?
- is the person’s culpability in question?

What ever action police take, proper reporting and recording of the action taken is important. Police should record the details of the incident and collect any illicit substances and deal with the property in the normal manner.

Supervisors must support subordinates in their use of discretion and monitor how it is applied, without their leadership and guidance less experienced police will be unclear and confused about how to support harm reduction.
8. Isn’t it easier to just lock everyone up who uses drugs and keep them there until they are cured? Police and government should isolate all HIV+ people to clear the community. If we had more resources and the courts gave tougher sentences we would stamp out the drug problem forever. Why don’t we do that?

Imprisonment has little impact upon IDUs, particularly those addicted; in fact it can make the problem worse. Many users contract HIV in prisons as there are still drugs there and there is male to male sex also. There would never be enough money to build enough prisons to keep everyone who uses drugs, even just the ones who inject; even those who support the idea of prison recognise that this is a temporary solution to a long term, complex issue. If we put everyone in prison that used drugs there would be no one left in the community.

Everyone uses drugs, even police. Sometimes, when a person’s drug use is particularly problematic and chaotic and their behaviour is affecting many people then courts should consider a custodial sentence, particularly if they have been given many opportunities in the past to change their behaviour. However in many circumstances court time is taken up with people arrested and prosecuted for simple use and possess offences.

Law enforcement and prison does not cure addiction, what is required is a broad range of harm reduction and treatment approaches that help deal with the harmful drug use behaviour. No country has successfully dealt with the problem of drug addiction through more police, tougher sentences and more people incarcerated Even in the USA where this approach has been taken they still consume higher than average illicit drugs. In fact, locking people up who have HIV with other people makes the problem worse by spreading the disease further.

9. Do needle syringe programs work?

By the beginning of the 1990’s needle exchange programs were organized in more than 20 countries around the world, including: the USA, Canada, Australia and most of the EU member states. Data collected has shown that when implemented correctly the rates of sharing injecting equipment and HIV spread amongst injecting drug users was reduced. Research conducted in the USA proved that the needle exchange programs could reduce the risk of HIV spread by up to 73% (AIDS Foundation).

Through a survey, conducted over seven years of running needle exchange programs, in Amsterdam it was found that the population of drug users did not increase (Buning, van Brussel & van Santen)

An evaluation carried out in 99 cities showed a reduction in HIV transmission risk by 19% in cities with NSP, compared with an 8% increase in cities without them McDonald et al ‘Effectiveness of NSP for prevention of HIV transmission’ International Journal of Drug Policy14, 2003.
10. What are the benefits of giving IDUs clean injecting equipment?

Shouldn’t NSPs give out one syringe for every syringe returned? Why don’t we just make them re-use the same syringe or tell them to clean one syringe and re-use that? Why do IDUs discard their syringes in public places so that people can get harmed from them?

Very few IDUs use only the one syringe. The lifestyle as a result of injecting illicit drugs, in particular their concerns over being found with needles by police, means that users often discard their needles and syringes quickly after use (without the intention of causing harm to others). Also, many people who inject for the first time would have difficulty accessing clean needles and they are often introduced to injecting by a friend, partner etc who may have shown them how to inject and then given them a used needle. Drug use is frequently a social activity shared by a number of people in each injecting “session”; not every member of the session can be expected to have recently accessed a clean NS and, if each of those who does have injecting equipment has only one NS, then sharing is bound to occur. A ‘one for one’ exchange encourages sharing and BBV transmission. BBVs, particularly Hepatitis C, are quite resistant to even thorough cleaning; it requires only a small amount to be passed on to cause an infection. It is therefore safer to use a clean syringe every time a person injects.

11. What about users who deal to support their habit? What should happen to them?

This again is a difficult question. Most societies see drug trafficking as a most reprehensible type of offence. However there are degrees and levels in many types of offences. Whilst the trafficking of commercial quantities of drugs should be considered a very serious offence, courts often consider lower level trafficking, particularly where the offender is selling to support their own habit, differently. Consideration in these cases should be first given to dealing with the primary issue, the person’s addiction, and the trafficking issue second. It should be open to courts to consider a range of options, even for those selling drugs, when sentencing a person for a drug offence.

12. Why should police not be allowed to patrol near NSPs to apprehend people using drugs?

This would be counter-productive to the role of NSPs in preventing the transmission and prevalence of BBVs in the community. Police action should not prevent the NSP to work effectively. By police targeting NSPs, users will be deterred from using the facilities and will not obtain cleaning injecting equipment. Police crackdowns, in particular, should not be conducted in a way that disrupts the working of NSPs. It is not a case of police avoiding going near an NSP altogether (a no-go zone for police), this would be impractical, it is about police not conducting law enforcement activities within the vicinity of the NSP that create a deterrent for people using the NSP or DIC facilities.
13. What happens when police conduct street crackdowns, why does the drug trade move and is harder to find?

Street crackdowns, where police conduct intensive operations to try and wipe out the local drug trade, have been found to be ineffective in dealing with illicit drug use. These operations, whilst making police look good in terms of figures for arrests etc, merely disrupt the drug trade for a short time. The trade generally moves to another place (displacement) and/or makes users harder to access for outreach and other health workers because users find places which are more discreet and secretive. Eventually, the trade moves back to the same place because police cannot maintain the high resource levels required in the initial crackdown.

Police can operate more effectively and efficiently by directing the resources that are used for intensive street crackdowns towards higher level drug traffickers and suppliers. Supply end policing has been shown to have a more significant effect on rates of drug use than street level policing.

The policy of harm reduction does not necessarily conflict with street crackdown approaches by police. Whilst it is difficult for NSPs and outreach to work effectively when police are conducting intensive police operations targeting street level drug use, it is possible for the two to co-exist. In order for the two to co-exist, police must act in a way that does not disrupt the working of the NSP or outreach work. By not targeting the vicinity of the NSP or arresting outreach workers police can support the harm reduction approaches. Where they do conduct more intensive policing operations such as crackdowns, police should use the range of approaches previously outlined to deal with drug users, such as using discretion, cautions and warnings, diversions and alternatives to the criminal justice system. It should be acknowledged that one effect of crackdowns will be increased marginalisation, less access to health services including NSPs.

Furthermore, crackdowns have been shown to make the police role in detection of traffickers more difficult. Crackdowns disperse the drug market, dealers become more sophisticated and organised to avoid detection and the market becomes more isolated, fragmented, hidden and diverse.

NSPs and outreach workers can also play an important part in helping to prevent community concern about visible drug use. It may be worthwhile suggesting to users that they use in places where they are less visible to the community, such as using in a group (not alone) in a private home or more secluded place, that they cap their needles and use proper disposal techniques after use. It could also be suggested that they try to be more discrete when purchasing drugs, therefore making the drug trade less visible to the public.

14. What is happening in other departments, health, education etc, to stop people using drugs?

The issue of drug misuse requires a comprehensive, coordinated and concerted effort by all agencies involved in addressing drug misuse. No single approach works in isolation.
Whilst harm reduction has been shown to address the harmful aspects of injecting drug use, comprehensive education programs in schools and communities can also help prevent harmful drug use and addiction before they start. Rehabilitation also plays a role as does international cooperation between countries to reduce illicit drug supplies.

15. Don’t outreach workers support users and help them to use drugs, aren’t they aiding and abetting drug offences?

An important part of outreach is to engage with users and develop a relationship of trust and support. Many users are suspicious of authority figures and don’t feel safe or comfortable in accessing help through conventional means such as GPs and health centres. Many are worried that their drug use will become known and they may become further ostracized and marginalised. Also, their lives often become entrenched around their drug use, so they can live a very disrupted lifestyle, they are often poor and find accommodation difficult so they are transient. Many outreach workers would prefer clients that are easier to access and more reliable, however this is not the case. Most outreach workers would not knowingly aid and abet criminal offences, workers who become involved in criminal activity such as supplying drugs and hindering police would not be supported by their colleagues and if found out would be dismissed. ORWs acknowledge and accept the reality of drug use; while an outreach worker may provide advice on how to avoid vein damage from injecting, they are also equipped to provide advice and referral (as appropriate) regarding detoxification and drug treatment.

16. Is this a part of government policy? How do I report on harm reduction policing in terms of activity reports and other action plans?

Governments now recognise that drug use is a complex issue requiring a comprehensive approach. Many countries have adopted a harm minimisation approach which involve supply, demand and harm reduction strategies. It is also recognised that the prohibition of substances such as heroin, cocaine and amphetamines (supply reduction) creates many of the problems that people use these drugs experience. These problems often result in a drug that is sometimes difficult to obtain, is not reliable in terms of purity and quality, is often inflated in price creating an expensive product that leads to crime and a chaotic and harmful lifestyle.

The harmful outcomes of prohibition are addressed through the range of harm reduction approaches, which are supported by government. Governments do not condone illicit drug use, however they do acknowledge that it exists and take appropriate measures to limit the harm to users and the rest of the community. One way in which police can report on harm reduction is to focus on the activities that are undertaken in conjunction with other agencies, such as NSPs, DICs and outreach workers. Police can report on joint programs, strategies and activities in their regular activity reports.
17. How can police and health maintain cooperation?

Cooperation between agencies with different philosophies and roles can be very difficult. Collaboration can be time consuming and differences of opinion can lead to arguments, frustration and even sabotage. Collaboration exists at ARHP EAP sites. Technical Working Groups made up of police, health and local government officials have been formed to provide support and act as local level multi-sectoral steering committees.

It is, therefore, essential that strategies for maintaining cooperation are considered from the start; the following have been found to be useful in some settings and some countries:

**Management support.** The probability of success is increased if there is collaboration at the highest levels and if the drug projects are given high priority by senior managers. One of the best ways to ensure this is through keeping them informed of the progress of the project.

**Focus on the benefits.** Many benefits ensue from collaboration, not least of them is the goal of harm reduction. Sometimes it is hard to remember this fact and people working in the field need to be reminded of the benefits and the greater goal. It should be emphasized that looking at the problem from a different angle, whilst understanding the difficulties faced by counterparts, can provide new ideas and strategies for tackling the problem.

**Public Image.** The public image of law enforcement agencies will benefit if they are seen to be involved in prevention activities. Some police are very keen to be involved in crime prevention as well as control. Cooperation will be enhanced if these preventative activities are given appropriate publicity.

**Achieving small successes.** Motivation is continuously renewed when small-scale goals are regularly achieved. Any programme of action should thus be divided into small goals, otherwise a group may be overwhelmed by the enormity of the task that it faces.

**Motivational feedback.** It sometimes helps to pause and ask: Where are we now? Where do we want to be? How do we get there? Getting feedback from senior management and front line workers alike is important to understanding the levels of motivation and for designing/redesigning strategies and training.

**Publicity.** Cooperative projects are often news worthy and can provide an excellent subject for articles about drug problems and to promote community awareness and provide information on the type of community action that is required.

**Liaison with other groups.** Maintain liaison with other groups who are working on similar projects and to exchange information jointly with them through forums, conferences and study tours as well as through establishing formal and informal networks (Grant 1991).
18. As a front-line supervisor, on the one hand how do I support less experienced operational police in their law enforcement efforts and on the other dissuade them from targeting users and NSPs?

Front-line police supervisors play a crucial role in ensuring that other operational police support harm reduction approaches. By conducting proper briefings such as informing police as to the location of NSPs, by supervising staff on patrol and advising them about dealing with outreach workers, by monitoring running sheets to ensure there are no patrols near NSPs and by developing good relationships with other agencies, supervisors can play a very important part in harm reduction.

Supervisors must also be aware of the importance of reducing harm to police also, such as safe searching and the added importance of reducing harm to drug affected prisoners in cells by close monitoring. Frontline supervision is often about showing leadership and guidance, if you lead, others will follow.

19. Are NSPs and outreach workers accountable?

ARHP EAPs emphasise professionalism, have developed appropriate policies and standard operating procedures. Due to the perceived concerns, additional mechanisms are often employed to monitor professionalism and accountability.

NSPs and outreach workers are accountable for their services. In most cases they are using government resources so they are required to be accountable for funding etc. NSP workers are often required to ask IDUs details of their needs e.g., how many needles they require, if they require other services or assistance etc. Issues such as confidentiality are important so users are not forced to give details that may breach privacy. Outreach workers are often required to wear identification cards with their photo and a brief explanation of their role. Workers may also have a statement from a local authority on the back of their ID stating that they are authorised to conduct their work and are not breaking the law by providing their services. ORWs and DIC staff are bound by policies and operating procedures as are other front-line workers.

20. What is the influence of substance maintenance programs on criminal behaviour?

In the USA and Sweden there were three special surveys conducted to evaluate the effectiveness of methadone programs in the prevention of illicit abuse and due to this risky asocial behaviour. Within the American experiment the scientists compared the behaviour of persons, receiving substitution therapy, and those, who were only on the list for treatment. After the first year of survey it was found out that persons, who didn’t receive substitution therapy were 97 times more often were taking heroin and getting imprisoned 53 times more often than those under the treatment. At the international conferences, where the project results had been represented, quite often the police reported on the decrease of the rates of committed crimes in the regions where harm reduction programs were implemented.
For example, Polish police say that this methodology reduced pressure on the department for illegal drug use prevention and concentrate on the work against big producers and traffickers (AIDS Foundation).

Another example, in the evaluation of the Pilot Project of Methadone Maintenance Treatment in the PR China, the Secretariat of National Working Group Pilot Project of Community-based Methadone Maintenance Treatment for Heroin Addicts (September 9, 2004) found in the case of the Gejiu City of Yunnan Province police reflected that the operation of methadone clinic restrained the local drug market. Based on the former drug dose of clients who involved in treatment, the clinic reduced at least 100g Heroin dealing each day. According to the local drug price of 200-300 RMB/g, drug dealing profit reduced 20,000-30,000 RMB per day, and 10,000,000RMB a year.

**21. Why do we need NSPs when we have methadone programs?**

NSPs serve a specific purpose, that is the provision of clean injecting equipment and other information on safe injecting for people who are injecting drug users. The purpose of this is to reduce the prevalence and prevent the transmission of blood borne viruses such as Hepatitis B, C and HIV in the community.

Methadone maintenance Treatment (MMT) is a quite different program. Whilst it is a harm reduction approach, as is needle and syringe exchange, methadone is used for people who are trying to stop or reduce their heroin use. Methadone is used as substitute therapy and is given to people who are at the stage when they want to stop their drug use so MMT alone will not impact on the epidemic, as not every IDU will be a suitable candidate for MMT – e.g. non-dependent people who inject drugs, new injectors etc at risk of acquiring HIV but are not eligible for MMT.

Methadone is used to help stabilise the person’s life and allows the person to deal with their physical dependency without having to use an illegal substance (as methadone is legal for use). A person can remain on methadone for days, weeks, months and even years until they choose to give up the drug completely. Research has shown that people on long term MMT have reduced criminal activity, do not use injecting equipment, and have more stable relationships, actively seek work and are less likely to relapse into injecting drugs again.

NSPs can work in conjunction with methadone maintenance and should not be seen as mutually exclusive. Whilst it is preferred that people who use methadone do not also inject heroin, this is not always possible as many people relapse into heroin use even after being on methadone for quite some time, and as previously stated, some people use heroin even though they are on the methadone program. The use of heroin whilst on methadone maintenance is actively discouraged as it can be harmful and lead to overdose risk.