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PRACTICAL GUIDE FOR CIVIL SOCIETY HIV SERVICE PROVIDERS AMONG PEOPLE WHO USE DRUGS:

IMPROVING COOPERATION AND INTERACTION WITH LAW ENFORCEMENT OFFICIALS

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Practical guide for Civil Society HIV service providers among people who use drugs: IMPROVING COOPERATION AND INTERACTION WITH LAW ENFORCEMENT OFFICIALS

Purpose

The practical guide is intended for managers, health-care workers and outreach workers of community based and civil society organizations providing comprehensive HIV prevention, treatment and care services, also known as harm reduction[1] interventions among people who inject drugs.

The purpose of the guide is to:

- Increase knowledge of the benefits of collaboration between law enforcement and civil society HIV services providers, including harm-reduction strategies.

- Build understanding of the role of law enforcement in creating an enabling environment for harm reduction.

- Reinforce the importance of advocacy when working with law enforcement and build awareness of approaches to inspiring law enforcement support of the aims and objectives of a harm reduction programme.

- Increase knowledge of ways in which collaboration between law enforcement and civil society services providers can be increased and maintained.

- Introduce some working approaches with different levels of the law enforcement sector.

- Build awareness of practical 'tools' used by law enforcement that can allow the harm reduction activities to be implemented.

- Outline measures CSOs can take in response to potential harmful law enforcement practices.

- Outline specific policies and practices that CSOs can implement to ensure safety of their staff, volunteers and clients as well as recourse that can be taken when safety has been compromised.

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1 WHO, UNODC, UNAIDS, 'Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users. 2012 revision

Introduction

The success of any national HIV response is dependent on the strength of multi-sectoral partnership and collaboration between all relevant agencies. Emerging partnerships between police, health experts, and civil society organizations are beginning to prove that law enforcement and HIV-prevention programmes can work together to save lives while reducing crime. When successfully implemented, these programmes reduce the risk of HIV and drug overdose, and protect the health and human rights of key populations, such as people who use drugs, sex workers and men having sex with men.

Historically, law enforcement agencies have always played a critical role in the protection and maintenance of public health. Currently, preventing the spread of HIV amongst people who inject drugs through the provision of harm reduction services is a major public health challenge in which law enforcement agencies can have significant impact and should be seen as essential partners.

However, law enforcement often find themselves in a dilemma, caught between their 'duty' and community expectations to uphold drug laws and create 'drug free' communities as well as simultaneously allowing unhindered access to harm reduction programs such as needle and syringes programmes. It is within this context that the law enforcement role has been identified as either a facilitator or barrier to the effective control of HIV.

Consequently, in many countries there has been a concerted effort by policy makers and law enforcement to address the impact of illicit drugs by increasing or broadening the range of their responses. These responses are aimed at bridging the gap between law enforcement and health services so that the harms associated with illicit drug use are reduced. These broader responses are wholly consistent with an approach that acknowledges that the law enforcement response to health issues should focus on collaboration, resource sharing and joint ownership. In this context, many law enforcement organizations throughout the world, especially in developed countries, have reviewed their approaches toward high-risk groups, particularly people who inject drugs, and implement policies and programs that support better health outcomes.

While it has become apparent over recent years that the law enforcement approach to dealing with illicit drugs has significant impact on the health and well-being of those who choose to use them, particularly those who inject, little is understood or acknowledged about how law enforcement see the issue of harm reduction. In parallel, very little guidance is available that considers the issue from their perspective.

This guide has been designed to provide representatives from civil society organisations and other agencies working in the field of harm reduction with insights in how best to engage law enforcement in order to gain support for their services. It places the user of the guide in the role of advocate and provides examples of what might work or resonate with law enforcement in terms of driving change and raises discussion about opposing viewpoints, opinions and barriers you may encounter with law enforcement.

Part 1 discovers the opportunities of civil society and police joint activities and cooperation. It is designed to provide the knowledge and skills necessary for people in the harm reduction

field and representing civil society groups to engage with law enforcement in a way that will be best acceptable and most likely to succeed when advocating for their support.

Part 2 encourages civil society organizations to adopt a risk management approach in dealing with law enforcement. CSO have a responsibility to provide workers, volunteers and clients with an environment free from undue or unreasonable risk to their health and safety. This guideline outlines a set of tools and strategies to strengthen their organizations, to empower their workers and to take a more active role in management of risks and consequences.

PART 1: ESTABLISHING SUPPORTIVE RELATIONS WITH LAW ENFORCEMENT

1.2 Engaging with Law Enforcement Agencies

When law enforcement actively support harm reduction, these services can operate effectively with little or no hindrance. However, the very nature of the illicit drug trade will mean that inevitably law enforcement and service providers will need to discuss the impact of law enforcement activities on the delivery of such services. In these situations, it is best to take a positive, 'problem solving' approach towards engagement with law enforcement. You may need to 'park' some of the experiences of drug users and try to focus on positive outcomes. This may not be easy. It is recommended therefore that any engagement with law enforcement be integrated in project management plans at early stages, before implementation starts. Any engagement should be conducted in a manner of mutual respect and understanding. If law enforcement support is not forthcoming however, law enforcement activities will continue to significantly impact on service delivery, and in some cases can even lead to its failure.

As a member of civil society advocating for harm reduction, you must be aware that there are fundamental differences between the harm reduction culture and the law enforcement culture. Understanding these cultural differences and taking a problem solving approach to issues will go a long way to ensuring that law enforcement are more supportive. In the harm reduction culture, people who have a dependency on illicit drugs are viewed as having a complex health issue. In the law enforcement culture, illicit drugs are seen as a law and order issue and people should be dealt with according to the law. Many within law enforcement might hold the view that someone who is experiencing problematic illicit drug use was warned about the outcomes so too must they accept the consequences.

However, a major shift can occur in law enforcement policies and practices when law enforcement recognise the value of the health approach to dealing with dependency on illicit drugs. Law enforcement attitudes towards harm reduction will change when they gain a greater understanding of the chronic, relapsing-and-remitting nature of substance dependence – particularly the nature of injecting drug use and the compulsion to use drugs. An effective approach to explaining the concept of dependence is to draw comparisons to other forms of dependent behaviour such as eating, smoking and drinking alcohol, some of which might be 'personalised' in terms of law enforcement experiences. Once they recognise that drug dependency is a complex health and social condition with many contributing factors, they will also understand that there are no 'quick fix' solutions and may be open to discussing alternatives to arrest and incarceration. Later in this guide there is a range of options put forward that law enforcement have adopted as alternatives to arresting people who use drugs.

There are many examples of law enforcement policies and practices that have been introduced to reduce the risks associated with injecting drug use without necessarily changing the law. The resources and processes outlined in this guide will allow you to work through these issues and work towards a resolution that benefits not only your harm reduction program but can also have positive outcomes for law enforcement and the rest of the community.

To promote good relations and resolve operational problems, law enforcement and service providers should establish formal lines of communication to regularly discuss any issues or problems that either service may be experiencing. In establishing initial contact with law

enforcement, a CSO may want to involve municipal health or other authorities who value the contribution that harm reduction services make to community health and safety. Communication lines can be established through forming action teams, working groups or steering committees.

Information that may be useful for law enforcement and service providers to share can include:

- ground rules regarding information-sharing which complies with the codes of ethics and objectives of both services (for example, individual confidentiality);

- project goals and objectives;

- specific information about the roles of the staff involved in the services;

- location of sites;

- hours of operation of services;

- identifying main contact persons within the service;

- service policies and procedures.

1.2.1 Core tactics and arguments when advocating for change

Argument is often the basis of persuasion: this can be done either formally (through scientific papers for example) or informally (in a chat with an influential community member), in a group (such as a speech to the media) or between individuals. In each case, the advocate marshals some information and ideas together and presents a case. When advocating the support of harm reduction services, keep in mind that multiple strategies will be required to bring about change.

Direct, one-on-one approaches might buy you some time with law enforcement. At the same time, adopting new law enforcement approaches (policies and practices) to issues such as injecting drug use could require the impact of a number of 'influencers' such as local politicians and community representatives, faith groups, criminal justice agencies, families and friends of those impacted by HIV as well as social, welfare and health agencies working together to achieve the same goal.

When advocating for change with law enforcement, build a case for change based on the evidence of international best practice focused around what is in the best interests of your constituents as well as the broader community. This "case" should be very specifically designed for the target audience: the law enforcement. CSOs must be ready and able to deal with opposing viewpoints and recognise that some opposing viewpoints are valid. If the advocate pre-empts the most likely issues or opposing perspectives by trying to think of such views in advance, the advocate can prepare responses and strategies early on in order to be ready to address any opposition.

The advocacy process requires, above all, that CSO try to think from the point of view of both the target audience and the opponent. This is the most important technique in advocacy. To do this successfully requires very close and careful listening. When someone who has a contrary view is talking, it is sometimes difficult not to start arguing back immediately. If however, the advocate listens carefully, opponents will usually reveal their deepest concerns. By listening, and sometimes 'agreeing' to these arguments, the advocate can build a better understanding of what motivates the target audiences and opponents, what interests them, and what opposing arguments may sway them.

Remember, 'failing to prepare is preparing to fail'. Be ready for whatever argument or contrary views may be put forward. You may notice, over time, that law enforcement will have a 'core' group of concerns, repeated by different law enforcement at different levels. Once you are familiar with these 'core' concerns you will become more adept at your advocacy work. The core concerns at each level are addressed in this manual.

Understanding the way people feel about an issue is important in your advocacy work. Don't fall into the trap of becoming involved in discussions that polarize points of view. Always try to maintain the 'middle ground' and understand that opinions and emotions can swing both ways. In many cases, law enforcement may actively dislike or even abhor people who use drugs and the thought of assisting them in any way may be repugnant. Consequently advocates trying to promote the adoption of supportive policies and practices may hear comments such as: "We are hoping the AIDS problem will fix the drugs problem." In other words, all people who use illicit drugs will die of AIDS, thus 'fixing' the drugs problem. For people who are passionate about the need for effective approaches to HIV and injecting drug use, such discriminatory statements on the part of a target audience or opponent, can lead in turn to emotional responses, to anger, heated words, yelling and a break-down in the relationship.

Advocating for support of harm reduction services with law enforcement will therefore be challenging, after all they are often in the position of holding the most power and influence. Most change happens within law enforcement through a number of internal and external influences and factors that challenge and put pressure on the need for law enforcement reform. There is often a 'carrot and stick' approach used – reward and punish.

The basis for any change of ethical behaviour within law enforcement starts with the certain guiding principles that are often called a 'Code of Conduct'. Seek and refer to these principles when dealing with law enforcement, especially in regard to issues of human rights and accountability. A model Code of Conduct can be found at Appendix 1 at the rear of this manual.

Be mindful that not all law enforcement will be opposed to what you are advocating for. There will be many who understand the need and are willing to help. Work closely with and support these law enforcement so that they can influence their colleagues and become 'champions' for your cause.

An important lesson from the first two decades of addressing HIV is the need to understand that all people, including law enforcement officers, are ultimately at risk of HIV infection, either directly through risky behaviour or practices (searching techniques) or indirectly

through the impact that HIV has on the families of people living with HIV. Avoid any arguments that can lead law enforcement to believe that HIV and AIDS affects 'others' (i.e. people who inject drugs) and not themselves and the broader community.

The first step in raising awareness of the law enforcement role on the topic of HIV/AIDS and injecting drug use is to speak broadly about the need for health services and the need to protect society from disease (such as SARS, malaria and bird flu) and other social/welfare problems. Within this context, the argument may narrow down to HIV and injecting as the most significant drug- related problem facing each society today. Alternatively, the health issues may be narrowed down

to HIV/AIDS as one of the greatest health problem likely to face most countries if not now, then in the next 10 or 20 years. From there, the argument can be narrowed still further to HIV and AIDS among users as a vital area to be addressed.

The evidence for the effectiveness of harm reduction approaches and the engagement of civil society in the implementation of these services is now very strong. Supportive law enforcement policies and practices should therefore become standard as part of a country's response to HIV and should be implemented at an appropriate scale throughout the country. Law enforcement can be extremely effective when they actively participate in, and support, the strategies that seek to reduce the risk of HIV transmission amongst people who inject drugs and the general community.

As a harm reduction advocate you are also concerned about the impact of HIV when it starts to spread into the wider community. Thus, advocate for public health measures for all members of the community (including law enforcement and their families) who should have the right to be protected from HIV using the services that are available. An important step in your advocacy efforts with law enforcement officers is establishing some 'common ground' or goals. It may be a surprise to some, but law enforcement and health workers agree on many things. For example, most health workers and law enforcement officers would agree that both agencies should work together towards a goal of building a community that is safe and healthy. Most law enforcement and health workers would also agree that people in their community should not be subjected to stigma or discrimination because of their health status. Once common ground and agreement on significant issues is established, it is then a good time to discuss what strategies can be developed that will enable these common goals to be achieved.

There may be many other formal and informal opportunities for CSO to engage with law enforcement about the issues of injecting drug use, HIV and harm reduction. For example, some law enforcement personnel undergo extensive training about drug and alcohol issues in law enforcement academies, training schools or as part of locally based in-service training. Look for opportunities to link your program into existing law enforcement training courses to educate about the connection between injecting drug use and HIV/AIDS and the scale of the epidemic, and examine the solutions and best practices implemented worldwide. There may be other 'gaps' within law enforcement training at 'in-service' and 'briefings' at the local levels where opportunities may arise to educate police about drug issues such as occupational exposure, signs and symptoms of intoxication, drugs and their effects. You may be surprised at the lack of basic knowledge that some law enforcement officials may have

about drugs. Giving out a few condoms at a meeting of local law enforcement officials may help kick-start conversations about how HIV is spread.

With the epidemic of HIV impacting upon so many nations and with many infections resulting from sexual transmission, the topic of safer sex is currently incorporated into many law enforcement training workshops. There, risk behaviours in the community and the various harm reduction interventions can be more openly discussed, including within law enforcement sector training. A key factor for law enforcement is the issue of occupational exposure to blood borne viruses such as HIV and hepatitis B and C. Many within law enforcement have concerns over the risk of a needle stick injury and consequent infection when searching suspects. It must be stressed to law enforcement that the risk of contracting HIV from a needle stick injury is extremely low and that post-exposure prophylaxis can reduce the risk of contracting HIV.

Another relevant issue to raise during discussions with law enforcement about occupational exposure is why users hide syringes in their clothing and dispose of equipment inappropriately. Research supports the notion that users want to avoid law enforcement detection and possible prosecution for possessing 'paraphernalia' e.g. syringes. Where these 'paraphernalia' laws have been removed, or law enforcement have adopted a policy not to prosecute people found with needles and syringes, users are more likely to dispose of syringes safely and less likely to hide them in clothing or dispose of them in public places. This, in effect, will lead to a reduced risk to law enforcement and the rest of the community because users will be more confident and motivated to use proper facilities to dispose of equipment. This will lead to a reduction in the prevalence of HIV amongst users and the general community and will also mean less risk of needle stick injuries among law enforcement officials and possible infection.

1.2.2 Mobilising the community

Many parents, law enforcement officials, politicians and other community members may believe issues such as HIV are someone else's problem. Consequently, responses have been delayed until preventable HIV infections have become fatal AIDS cases. By this time, what began as a problem affecting only a small population of people who use drugs may have expanded to a national problem affecting all sectors of the community. A community can be triggered into action by an urgent or perceived problem. But, with HIV/AIDS and injecting drug use, community concern and action often do not occur until people have been personally touched by knowing a person affected either by drugs or by HIV/AIDS. This can mean that community mobilisation does not occur until HIV and possibly AIDS has taken hold; usually years after HIV has begun spreading in the community.

This need for 'early community mobilisation' can be a strong selling point to get law enforcement agencies involved in harm reduction. There are many examples where law enforcement agencies have demonstrated strong leadership and guidance in the community in order to create a safer, healthier environment. For example, law enforcement forces have been mobilized in times of floods and other natural disasters including the spread of diseases such as SARS or bird flu. These situations do not require a traditional 'law enforcement' response. What is required is someone to take charge, demonstrate leadership and help

make the community a safer place. This is the role often adopted by law enforcement. Once you have convinced law enforcement that something needs to be done and that they are in an ideal position to do something, they can be strong allies in gaining community acceptance and support for harm reduction and other HIV prevention programs.

One characteristic about operational law enforcement at the local level is that it is more than likely that those law enforcement you advocate with may already be familiar to you. People who live and work in a community, particularly those who work in the delivery of government services or deal with the same people, often get to know each other and the people that they are working with. Often these relationships are very positive and people have known each other over a long period. Law enforcement and health workers will also have the same clients. They will know their families, friends and the circumstances that may bring them into contact with their service.

These situations result in issues being 'personalised' for those involved and can have great potential for cooperation and problem solving. People at the local level involved in service delivery, particularly operational police and health workers, will understand that issues affecting people's lives, such as HIV, can be complex and there are no easy solutions. They are more likely to collaborate and work together than those people who are remote or removed from the situation and have no connection to the everyday lives of the people they are working with.

Advocacy at the operational law enforcement level can be rewarding and achieve significant results. As stated previously, operational law enforcement will have the most impact on your services, so changing their approach will be a key outcome. However, operational law enforcement may be under pressure from more senior law enforcement to fill quotas and participate in broad sweeping operations or 'crackdowns'. In order to have impact on these approaches, you will need to work closely with, and advocate to, middle management and senior level law enforcement.

1.2.3 Community safety

Another important point to highlight in discussions with law enforcement is that this issue is not necessarily just about law and order. It is also an issue of community safety and the promotion of public health for all. Many law enforcement agencies throughout the world now recognise that law enforcement involves a broad range of responsibilities that combine to ensure everyone lives in a safe and secure environment. It is in this context that the issue of HIV fits. It is our desire that as community members we want law enforcement to show leadership and act in the best interests of the community. It is because of this fact alone that we want the law enforcement to show support for harm reduction and view their role as one of leadership.

Often the most expeditious approach for law enforcement is to arrest or process a person who is found breaking the law or take other action that allows them to immediately deal with the situation and then move on. Examples of the law enforcement approach may include arresting someone for an assault, theft of property or traffic violation. However, operational law enforcement are also frequently required to deal with other matters that may not

necessarily require the option of enforcing the law. For example, they may be required to locate lost property, find a missing child, settle neighbourhood disputes, evacuate buildings in times of floods, guard government buildings, and direct traffic. These tasks are all 'law enforcement' responsibilities, but do not necessarily involve enforcing the law. International research suggests that law enforcement allocate a considerable amount of time to dealing with issues that may be described as maintaining 'community safety' rather than 'law enforcement'. This is important to remember when advocating for harm reduction to law enforcement that it is a significant community safety issue.

1.3 Building connection with Operational level Law Enforcement Officers

It is important for law enforcement to understand that the services your organization provides are part of a larger effort to promote health and well-being in your community. It may be advisable to engage municipal health authorities or other municipal authorities as you reach out to law enforcement. For example, inviting representatives of the local health department or mayor's office (who are supporters of harm reduction) to initial meetings with law enforcement may help you build trust.

It is recommended that where possible you make initial contact with middle management level law enforcement from the region or province your service is operating in. This level of law enforcement can organise for you to meet with operational law enforcement officers and will have the authority to make quick decisions that will be followed at the operational level. Attempts to make contact or meet with central level or senior level law enforcement can be met with lengthy delays as there will be protocols to follow and communication between senior law enforcement and operational level law enforcement will in most cases have to be directed through middle management law enforcement. If your attempts to meet with middle management law enforcement fail, through delays and inaction, you will need to approach operational law enforcement directly. However, at the end of the day it is the operational level where you should be seeking to make most impact.

The operational level is where most law enforcement begin their careers. These law enforcement personnel are often young, inexperienced officers who want to get 'runs on the board' and establish a name or reputation for themselves by achieving high arrest rates and tackling law and order problems 'head on'. Law enforcement officers at this level are very much driven by law, policy and operating procedures; more or less a 'formulaic' or 'prescribed' approach to their work. They are often response or 'reactive' and can see their role almost entirely as service delivery with little scope or time to address the underlying issues impacting the work. Consequently, they can often take 'short cuts' in order to get the job done quickly and move onto the next task, so their actions sometimes may be seen as inconsistent and they may not realise the broader consequences of their actions.

The following issues may indicate that operational law enforcement activities are impacting your service:

- increased numbers of law enforcement personnel in the vicinity of your drop-in centre or effective approaches site;

- clients stating that they have been targeted by law enforcement for searching near the drop-in centre;

- arrest or detaining of outreach workers and peer educators;

- law enforcement seizing clean injecting equipment or other paraphernalia from clients as they approach the service;

- users demonstrating poor injecting practices due to concerns over law enforcement activity nearby;

- a sudden decline in the number of clients using your services due to arrest or law enforcement activity nearby;

- drop-in centres in other sites reporting increased numbers of your clients attending their centres due to law enforcement activity near your site;

- law enforcement attending at your drop-in centre and searching the centre and/ or arresting staff;

- outreach workers reporting that clients are difficult to find – they may have moved or been displaced and are reluctant to meet in the usual places due to law enforcement activity.

Once you are aware that law enforcement activities are having an impact on your service, you need to think about what the issues are that need to be considered:

1. Law enforcement need to be aware of the situation.

2. They need to be made aware of what can be done to reduce the harms.

3. They need to acquire confidence in applying harm reduction theory and practice.

4. They require manpower and skills to identify operational problems and regularly liaise with the community.

Even if you have advocated widely, including involving law enforcement in the early implementation of your project, there will be occasions as described above when law enforcement activities can have significant impact on your program. It may be daunting to make initial contact with law enforcement agencies, particularly if you are unfamiliar with law enforcement protocol or uncertain as to whom you need to speak. If this is the case, it may be worthwhile ringing or speaking with a senior person at the local law enforcement complex first and asking to speak to the person who manages the station and then asking if you can make an appointment to see them. If this is unsuccessful, the next step would be to go to the station and ask to speak to the station manager or a supervisor. In either case, you may need to explain briefly your concerns to the law enforcement officer working at the reception area so that they understand that this is not something they have the authority to deal with and they need to involve their supervisors.

Law enforcement stations are busy places with lots of activity, law enforcement officials will be coming and going, the public will be making enquiries and asking for service, the phones will be ringing and in some cases people will be held in custody. Most of the law enforcement personnel who work at the local station will be of lower ranks with several supervisors and possibly one or two station managers. Most will wear uniforms and their designation or rank will be displayed on their uniform and in some cases their registered number along with their name badge may be displayed. Be very careful to avoid 'pointing the finger' and using a confrontational approach with law enforcement. Avoid getting drawn into a situation where you are seen to be dealing out blame and looking for their apologies. This approach will immediately create a barrier and you may find that you will get no cooperation. The best approach is to put yourself in their 'shoes' – ask yourself: 'what might law enforcement be concerned about when it comes to the HIV issue?'. In other words: 'what's in it for them?'

Because operational law enforcement are responsible for maintaining community safety, protecting life and property and providing other essential services, operational law enforcement officers are required to provide these services on an around-the-clock basis. You will find that most large local stations operate non-stop to ensure that members of the community can obtain law enforcement services at all times. Operational level law enforcement, sometimes referred to as 'general duties' or locally-based law enforcement, are required to address a broad range of issues happening on a daily basis. While there may be some degree of specialisation, generally speaking local law enforcement will be the sort of law enforcement that attend day-to-day incidents in a particular geographic area.

Law enforcement at this level generally adopt 'problem solving' approaches to their work and as previously mentioned are often described as being 'task focused' or response driven. They will deal with many different situations during their working day and may deal with people who are experiencing a crisis where health, social, or welfare services have been unable to deal with the situation. A good example is where law enforcement attend an incident involving a person who is experiencing a mental health crisis. While most people who have mental health issues live in the community and don't experience problems, some from time to time do experience severe issues posing a danger to themselves and others - that's when the law enforcement will be called. It can be easy therefore for law enforcement to gain a view that most people who have a mental illness are in crisis mode – because this is what they most commonly deal with – the same can be said for when they deal with people experiencing drug issues.

Many people who use illicit drugs do so without drawing law enforcement attention. They may use drugs in their homes or in places where they are not visible and do not raise law enforcement or community concerns. However, a person using illicit drugs may draw law enforcement attention if for example they inject in public; experience overdose; commit crime while under the influence of illicit drugs, to sustain their dependency or experience other personal or family crisis because of their drug use. In these situations law enforcement will respond and take action. The more frequently law enforcement have to deal with incidents such as these, the quicker they will develop negative views about people who use drugs because they will deal with them 'at their worst' as far as their drug use is concerned. Consequently, when agencies that are seeking law enforcement cooperation in improving access to harm reduction and other health services for people who use drugs attempt to engage with law enforcement, they may be met with a lack of cooperation and resistance.

Whilst law enforcement at the senior and middle management levels are regularly involved in consultation with a wide range of government agencies and community groups, operational law enforcement may not get this opportunity. They do not necessarily have the time to identify and address the underlying issues associated with a problem they are dealing with and in most cases will take the quickest, most appropriate action to deal with a situation. However, the group of law enforcement personnel with the greatest potential for direct involvement in harm reduction initiatives is general duties or 'operational' officers, i.e. those in regular contact with people who use drugs. Their knowledge, attitudes and behaviours are likely to be important factors in determining the effectiveness of your services.

When the issue of drug use is dealt with in community settings, there can be competing ideologies. Law enforcement often see themselves as agents of 'social control' – keeping

society 'under control'. The community is expected to comply with drug laws and law enforcement have the role of maintaining social order. And there will be many people in the community that agree with a strong law enforcement approach toward illicit drugs. Law enforcement will be mindful of their 'duty' to uphold the law and the impact of their actions on the broader community. This may conflict with the way health workers believe drug use should be dealt with, such as taking a 'social welfare' approach or seeing drug use as a 'health problem'. Often these competing ideologies lead to stereotyping and prejudging. For example, some health workers may see law enforcement as 'inflexible' and lacking compassion and understanding, whereas law enforcement may see health workers as 'soft' and unable to take a firm stand against people they see as a persistent risk to the community.

So when you speak to law enforcement officers at this level about harm reduction, remember that you are talking about providing services to a group of people that they frequently have difficulties with, often involving complaints from the community about drug use and other behaviours, and have formed negative or cynical views about. Bearing this in mind, when you advocate for your services and address your concerns about law enforcement activities, you will need to be careful and selective about how you approach operational level law enforcement officers. Law enforcement will have many concerns that will need to be addressed when you advocate for their acceptance and support for harm reduction. Your service may have a protocol or MoU with law enforcement developed already, if not, it is important that managers of services engage with law enforcement to develop such documents. It is not recommended that service providers such as outreach workers directly approach law enforcement – this is best done by managers.

Whatever the situation, it is best to approach your advocacy work with law enforcement with an open mind and without any preconceived ideas about what their attitudes or responses may be. Develop a process prior to going to the station.

Questions that need to be asked include:

- *Is it the first action to be taken by the CSO?*

- *Who will attend the meeting at the station?*

- *What is the purpose for going?*

- *What is the 'end game' or goal we are seeking?*

- *How will we gain their interest and support?*

- *Is it the best alternative for the situation?*

- *Has data or evidence been collected?*

After visiting the law enforcement station, it is best to ask to speak to the officer in charge. He or she may meet with you then and there, or they may make an appointment time. When you have been given an appointment time and date, always remember to stick to common courtesy such as being on time, and being respectful.

1.3.1 Law enforcement concerns about harm reduction

The process of gaining support and acceptance from operational law enforcement officers may be difficult at first and may be met with a lot of resistance. When you make contact with these law enforcement personnel, depending on their level of knowledge and experience they may have initial concerns or beliefs about injecting drug use and harm reduction programs, particularly needle and syringe programs which will need to be addressed.

Drug dealers target services: This will be a commonly held belief. You must stress to law enforcement that harm reduction services are not a "no go" area for law enforcement. If criminal behaviour or supply of drugs is occurring in the vicinity of a site, law enforcement will need to take some action. It would be worth recommending that where possible, law enforcement consider liaising with the management staff of the service before they take any action.

Programs attract drug users causing increased levels of crime and public nuisance problems: This is sometimes referred to as the 'honey pot' effect and will be one of the main concerns of law enforcement. They will believe that more users will be attracted to the area, therefore, increasing the numbers of users. It must be stressed to law enforcement that programs are generally set up in response to needs in a given location. Research evidence shows that the presence of harm reduction services does not increase localised crime or increase drug use. It is important to remember that some people who use harm reduction services may, at times, be involved in illegal activities. If law enforcement are concerned about illegal activity, particularly drug dealing, or public amenity problems, you should suggest that they seek to resolve this through liaison with the manager of the program in the first instance.

Programs are a good way to locate wanted offenders: This is a particularly difficult issue. Many law enforcement will justify patrols within the vicinity or surveillance of NSPs because they want to locate known people who use drugs or people who may be wanted on a warrant or suspected of a crime. When discussing this issue with operational law enforcement, refer to research that indicates that law enforcement actions in the vicinity of needle and syringe programs designed to identify and apprehend offenders is a strong determinant in users' decisions not to use that service. It may be worthwhile suggesting to the law enforcement that they exhaust all avenues of enquiry first and consider other ways of locating a wanted person rather than monitoring clients as they use needle and syringe programs (which should be a last resort).

Service staff should 'identify' drug dealers: Some law enforcement officials may argue that information staff receive from users about the drug market should be passed on to them. Such information that may be revealed by the clients might include the identity and whereabouts of drug dealers or other information about where drugs are sold. It is not in the best interests of the clients to divulge this or any other information to law enforcement. It may jeopardise the relationship the service has with their clients. If clients believe that certain staff are passing on information to law enforcement then client confidentiality and trust is also broken. Clients of harm reduction services will be deterred from using the service and the program will most likely fail. In any case, it is highly unlikely that clients will divulge the whereabouts of their suppliers to staff or anyone else at the service. This should be the response to law enforcement who may demand to know the whereabouts of drug

dealers. It may also be worth pre-empting these requests from law enforcement to suggest that information about changes or trends in the drug market will be relayed to them when staff becomes aware of this information.

Other concerns or key issues for law enforcement may include:

- What is the level of support of senior officers?

- How will performance indicators be changed and what records do we need to keep?

- Will drug referrals and cautioning programs be supported and who should be targeted for such approaches?

- What protocols will be in place to support decisions about when to arrest and when to not arrest people who use drugs?

- Who will make decisions about who are "sellers with harmful tactics" and who are not?

- What approaches should be taken with users who sell drugs to support their habit?

- What approaches can be better taken to target major suppliers?

- What is the level of community support for changes in the approach of law enforcement? How can this be increased and maintained?

- What mechanisms can we have in place to demonstrate the success or failure of introducing new approaches and to gain the necessary evidence?

- What approaches do we specifically use in establishing safe areas around NSPs and substitution programs?

- What specific guidelines do we need to work together with the health sector and what are law enforcement procedures and other procedures of the health sector?

- How often do we meet with health sector and who attends these meetings and how is information circulated to all operational law enforcement?

Some of these concerns are issues that law enforcement agencies will need to resolve internally, such as: what is effective use of resources; what reporting and recording mechanisms are involved; and what are the legal obligations or considerations that have to be made? Some concerns can be addressed by your service, such as collection of needles and syringes discarded in public places. You can prevent community complaints and reduce the likelihood of law enforcement presence in the vicinity of your service by conducting a clean-up of local streets on a regular basis. Other law enforcement concerns may be about how their action or inaction may be perceived by the community, what external support or resources may be required to implement alternatives to arrest such as referral programs and, most importantly, the impact on law enforcement workload.

Maintaining good relationships with law enforcement is vital. You may need assistance from law enforcement from time to time as some clients can become argumentative, disruptive and in some cases violent when visiting the service. Incidents such as these may require urgent law enforcement attendance so consideration should be given to developing protocols for law enforcement attendance in crisis situations. Balancing public order and public health concerns is not always easy for law enforcement. Emphasis needs to be given though that harm reduction programs are a public health strategy designed to reduce the harms to people who use drugs and to *members of the wider community*. In many cases law enforcement have given great support to these and related programs and have decided to take an approach that encourages people who inject drugs to use clean needles and syringes and to dispose of syringes in an appropriate manner.

1.3.2 Operationalising harm reduction

If you are working in the harm reduction field and dealing with law enforcement agencies, there may be a range of factors that influence law enforcement decision-making and the action they take. These factors include legal constraints, policies, community expectations, values and attitudes, use of discretion, and awareness and understanding of the issues. However, whatever the issues you are faced with when implementing harm reduction strategies and dealing with law enforcement, a simple process can be followed. One of the most effective approaches is to explain the law enforcement role in reducing HIV and other risks is by 'operationalising' the concept of harm reduction. Law enforcement officers are generally practical people. While they may understand the key concepts and agree with the evidence you present, at the end of the day they will want to know what it is you are asking them to do.

There are many examples of how law enforcement can support harm reduction programs by changing operational practices. This means that you will need to provide practical examples of law enforcement policies and practices that support harm reduction programs. As we have already identified, where law enforcement action is aimed at deliberately disrupting the functioning of the harm reduction program, these health services find it difficult if not impossible to operate. The goal of our advocacy efforts with law enforcement should therefore be to create an environment where they adopt policies and practices that enable harm reduction programs to operate effectively. This is often described as creating an 'enabling (supportive) environment'. An enabling environment is one where all aspects of the community, especially law enforcement, work together to create a situation where effective approaches are supported and maintained.

Operational approaches that support harm reduction and create an enabling environment can include:

- Law enforcement agree not to conduct unwarranted patrols or person checks in the vicinity of NSPs.

- Diverting users from the criminal justice system to health and welfare agencies. These approaches, often called 'arrest and referral' require law enforcement and other agencies to collaborate. Considering the possible reduction in crime that

can be associated with drug users undertaking treatment, referring drug users to health and welfare agencies where treatment can be obtained has value for law enforcement as a crime prevention strategy.

- Allow law enforcement to refer users to your harm reduction services, set up a formal or informal referral system for law enforcement to refer users to health services.

- Service providers visit law enforcement station – introduce outreach workers and talk about their role – show law enforcement the outreach workers ID card and invite local law enforcement supervisors to sign the card as an authority.

- Not taking criminal action at non-fatal overdose situations.

- Managing and caring for intoxicated people whether or not they are in custody.

- Law enforcement agree not to use discriminatory language or stigmatise users, thus gain cooperation of when arresting and searching - law enforcement are provided with information about safe searching techniques to reduce potential risks and harms to law enforcement from needle stick injuries.

- Encouraging people who use drugs to dispose of needles and syringes safely.

- Providing information to users and others about the risks of injecting drugs.

- Training is provided by health service staff for law enforcement on HIV prevention and how to develop better relationships with health. Issues such as why users hide syringes and dispose of inappropriately can be addressed.

- Accurate and credible posters, brochures etc. on HIV and other related issues are placed in the stations to raise awareness.

- Develop IEC material on safe disposal for law enforcement to give to users as part of their normal patrol duties.

- Use supportive law enforcement officers in community forums – as keynote speakers they can be very powerful influences on community attitudes and can be part of your overall advocacy work.

- Involve law enforcement in other activities – an open day at drop-in centre or a street display could be enhanced by law enforcement having a display or handing out supportive IEC materials.

- Meet formally and informally with law enforcement – discuss outcomes of 'crackdowns' in informal situations such as over coffee or chance meetings.

- Provide feedback to law enforcement about successful cases – e.g. users who seek treatment and have successful outcomes.

- Develop a local level agreement – formulate either a commitment letter from law enforcement or a document that details roles and responsibilities for health services and law enforcement.

- Develop a set of policies and procedures for outreach workers and drop-in centre

staff to ensure accountability and to avoid incidents that may create problems with law enforcement – (give copy to them). Incidents that may be prevented could be situations where outreach workers or peer educators are involved in illegal activities during working hours.

Much care is needed in balancing a program's relationship with law enforcement and its relationship with its clients. Evidence of collusion or collaboration with the law enforcement by a harm reduction program can cause enormous credibility problems with a program's clients. Communications of this type should always be carried out by a designated spokesperson within the harm reduction program (usually the program manager) who has to judge the optimum relationship with law enforcement according to local conditions.

1.3.3 Responses to law enforcement crackdowns

The activity related to the buying and selling of drugs is often referred to as a "drug market" and a place or location where there is a great deal of drug-related activity is sometimes referred to as a "hot spot". Examples of typical locations that can become "hot spots" are public places such as parks, street corners, shopping malls, hotels, and railway stations. Law enforcement operations known as "crackdowns" are common approaches taken by operational law enforcement to deal with drug "hot spots". In most situations, law enforcement crackdowns target street level buying, selling and use of illicit drugs. Sometimes a crackdown situation is described as a 'zero tolerance' approach, where all offences disclosed in an area are prosecuted. One of the objectives of drug-law enforcement is to disrupt drug markets to reduce selling and buying. In some cases another objective may be to reduce problems related to public amenity and the use of public space by the community. A crackdown usually involves a higher than normal allocation of resources to address a particular problem and is often of short duration. In these situations, the aim of law enforcement is to remove the 'visible' 'in your face' drug market so it might be worth considering how this issue might be addressed – especially if the calls for a crackdown are driven by community concerns.

A crackdown may be centred on a hotspot or any place where it is deemed necessary and may include a range of activities such as:

- aggressive patrols where 'person checks' are conducted frequently;

- arrests or detention of known people who use drugs, especially those already registered;

- motor vehicle inspections;

- undercover law enforcement including covert surveillance and buying or selling drugs;

- "sweeps" or saturations where a large number of law enforcement officers move through an area at the one time conducting person checks, searches and issuing 'move on' directions;

- obtaining information from users to pursue larger-scale dealers.

Ideally, law enforcement should not adopt practices that jeopardise the functioning of harm

reduction services. In crackdown situations however the essential services that aim to ensure users do not engage in unsafe injecting practices, such as sharing of needles and syringes, may be significantly affected.

When crackdowns impact on the functioning of harm reduction services, users will be deterred from accessing clean needles and syringes. It is important therefore that during the time of a crackdown you bring to the attention of law enforcement the problems that are being encountered by your services. This will have to be done very diplomatically without the use of 'blame'. You will also need to be more creative and adaptive in how you access users and provide services to them. Remember, the crackdown may be a part of a nation-wide operation driven by central level law enforcement or government, and the local operational law enforcement officers may have no choice. In some situations there may be incentives provided to law enforcement, such as monetary rewards, to arrest and detain users. This will make your advocacy work even more difficult as law enforcement officers will have added motivation to arrest users.

In crackdown situations, it will be useful to remind law enforcement that people who use illicit drugs can develop behaviours and practices that reduce the risk of being detected or apprehended, particularly when law enforcement increase their activities that target street users.

These practices will not only increase the risks to the users, but also increase risks to the community and law enforcement themselves as transmission rates of blood borne viruses such as HIV are likely to rise.

Practices that users develop to avoid law enforcement detection during crackdowns (and other times of high activity) can include:

- increased sharing of injecting equipment;

- continuous re-using of unsterile injecting equipment;

- disposing of injecting equipment quickly and unsafely after use;

- users move to remote areas away from health services – displacement effect;

- users injecting quickly and unsafely because of fears of being arrested;

- users move 'underground' to avoid law enforcement;

- potential for physical confrontations between law enforcement and users are heightened during crackdowns;

- avoiding potential 'high risk' locations such as needle and syringe programs, drop in centres, contact with outreach workers and peer educators.

As you can see, law enforcement activities during crackdowns will have the potential to significantly impact upon drug users' behaviour. In addition, during crackdowns it is not unusual for outreach workers and peer educators to also be arrested. Where crackdown operations do not take into account the impact that they may have on harm reduction programs, or law enforcement disregard or are ambivalent to the impact, these programs will fail or experience significant problems.

An effective way to deal with these situations is to pre-empt any forthcoming crackdown by developing a strong and ongoing working relationship with law enforcement. By developing a positive relationship and being proactive with law enforcement there is more likelihood that senior law enforcement officials will warn services of impending crackdowns to enable services to be better prepared. Warning drug users about potentially unhelpful injecting practices such as using in view of the public will be helpful to avoid law enforcement being compelled to conduct crackdowns.

Additionally, collaboration and relationship building should not be confined to just law enforcement. Work hard to engage and build understanding with a broad range of influential agencies and other groups such as local government representatives, faith groups, business associations, residents and social and welfare groups.

1.4 Advocating with 'Middle Management' Law Enforcement

In order to gain more sustainable and ongoing law enforcement cooperation, acceptance and support for your harm reduction project, particularly at the operational level, you will need to engage and advocate effectively with middle management law enforcement also. Most operational law enforcement will consider how their actions, or lack of action, will be viewed by their superiors and will need to report their activities. In terms of direct line management, the next level up from operational law enforcement is 'middle' management. These are not station supervisors, they will often be housed in another complex or building and may have regional authority.

In the law enforcement hierarchy, those responsible for managing a region or province are often referred to as 'middle management'. Whilst they have a lot of responsibility, e.g. they may be managing a large number of law enforcement officers over a wide geographic area, they still sit in the middle of the law enforcement management structure. This means they sit above operational level law enforcement but sit below the central level senior law enforcement officials who are responsible for policy, strategic direction and hold senior portfolio responsibilities with other government departments. Law enforcement at the middle management level can make decisions and take the necessary action to ensure your program works at the operational level. Middle management will often represent the operational law enforcement at meetings, technical working groups, steering committees or any other group that has been formed to effectively implement your program.

Middle management law enforcement officials will tend to remain in a position for a longer period than those at the operational level. Experience has shown that CSO often become frustrated with the turnover of law enforcement officers at the local level. It seems that once you have gained the confidence and support of operational police they move to another area, gain promotion or transfer to another department. This means the process of gaining support starts all over again. By developing a positive relationship with middle management law enforcement there will be less likelihood of experiencing the frustration of frequent turn over at the operational level so the relationship can be more ongoing and productive.

Middle management law enforcement will spend a large proportion of their time liaising with external organisations or agencies, such as your own, and are more likely to be involved in discussion with people of their own level or responsibility. They will often sit on a number of steering committees, working parties and action groups across a broad range of issues and responsibilities. In some ways, they will be a lot easier to work with than operational law enforcement as they will be more familiar with a broad range of issues affecting the community. They will be experienced officers who have also served as operational law enforcement and have also undertaken personal and professional development programs to reach the middle management level. If you have not worked with law enforcement previously you may be uncertain as to how and where to make contact with middle management law enforcement. Whilst you may be aware that local operational law enforcement work from a 'station' house, middle management may be harder to find.

How do you locate middle management law enforcement?

First you may have to go to the local station house to find out. Often middle management law enforcement work from a larger complex which may have a station house attached. However, like middle management in many organisations, they will also work from a large building similar to an office complex. In any case, ask at the local law enforcement station for the location and contact details of the senior law enforcement officer responsible for managing the area they are working in. Once identified, you can make contact with that officer in different ways. The recommended method is to write to the officer requesting that you meet with them as soon as possible (this is both professional and accountable). You should briefly outline the purpose of the meeting and identify the organisation you work for and the issues you wish to raise. Most middle management law enforcement will respond within a week to ten days of receiving the letter. If you do not hear within this time, ring the officer that you forwarded the letter to.

When you have been given an appointment time and date, always remember to stick to common courtesies, such as being on time and being respectful. In some cases, the law enforcement officer who receives the letter may delegate the responsibility of meeting you to another officer. This is not to say that the original officer thinks the issue is not important. Some law enforcement in middle management are given certain responsibilities, or 'portfolios', relating to specific law enforcement issues such as traffic control, crime and police/health liaison. In other cases, the officer may be too busy at that point and may delegate the responsibility to another officer.

Be aware that middle management officers may be required to report any outcomes or issues raised to more senior officers. When you meet with middle management law enforcement, do not be surprised if they are already aware of the program or project you are implementing. Middle management law enforcement frequently consult with representatives from government, including health departments and centres for disease control and NGOs and other project workers. So they may be aware of your project, or have experience of similar projects in the region. Don't go to the meeting necessarily expecting a confrontation or a hostile reception. In recent years there has been a significant change in the attitudes of law enforcement towards harm reduction. Law enforcement can generally see a lot of benefits in harm reduction even if they may be reluctant to fully and openly embrace it.

Because middle management law enforcement sit between operational and senior levels, they will have similar concerns to these two levels about harm reduction. They will be very mindful of what impact their decisions have on operational level services and equally alert to how their decisions will be viewed by their senior colleagues. Middle management are often tasked with interpreting decisions from senior law enforcement and implementing these orders at the operational level. So when they make decisions at their level they will have concerns about how their actions may be viewed by senior officers. You will generally find that middle management level will want to know what impact their support for harm reduction will have at the operational level and if this support conflicts with law enforcement or government policy at the central level.

1.5 Advocating with Senior Management Law Enforcement

Like many large organisations, law enforcement agencies can be characterised as being similar to a 'pyramid' when describing the management structure. There are much fewer law enforcement at the higher management levels, or the top of the pyramid, than at the bottom. Central, or senior level law enforcement will have a broad range of responsibilities that will include overall control of administration and operational functions of the law enforcement service. At this level they will be involved in strategic and business planning processes and work very closely with government. They will be responsible for developing policy and will also be required to make important decisions about the future directions of the service.

Senior law enforcement may be more difficult to access, particularly for people working at the ground level. You may need to gain the support of several colleagues or enlist the support of senior executives in your organisation or other health agencies when advocating to senior law enforcement.

Senior law enforcement can make unilateral decisions and give directions to lower ranking law enforcement that require them to comply with recommended policy and practice. Because of the management structures within law enforcement, advocacy, when successful, can be extremely rewarding.

Advocacy with senior law enforcement will need to take into account the political context within which senior law enforcement work as many will be extremely aware of government policy and direction in this issue. It is important to remember that advocacy with senior law enforcement should be seen in the context of your broader advocacy work with government policy makers and legislators. This is vital, because law enforcement cannot do this on their own, despite how much support they will give you.

Senior law enforcement will generally be located in major cities, mostly in the capitals, and like senior managers in many organisations, they will be very busy attending meetings, giving or receiving briefings, consulting with senior counterparts from other government agencies and in some cases undertaking strategic liaison with law enforcement services from within and outside the region. This being the case, senior law enforcement will be more difficult to access and it may be difficult for the person operating or implementing a harm reduction program to meet with senior law enforcement.

Often law enforcement at this level prefer to talk to people of their equivalent in terms of responsibility and rank. It may be wise to consider enlisting the support of senior executives or representatives from your project or your donor organisation or, where possible, enlist the services of supportive senior law enforcement from elsewhere to work with you when you advocate at the senior law enforcement level. There will be strict protocols about how you go about arranging access to or meeting with senior law enforcement. There may be formal channels such as communications directed through a particular arm of government or specific stakeholders in aparticular ministry that your agency is required to contact first. In other situations you may be required to work through your country's embassy or consulate in order to access the right law enforcement representative.

These protocols are often developed at the initial stages of a project and will often be written down in a memorandum of understanding or other formal document. If your harm reduction service is funded by a donor agency then you will need to be very mindful of these protocols as the issues you wish to speak to senior law enforcement about may be considered to be extremely sensitive. Safeguards will be in place to protect you, your agency, the government and law enforcement from situations that may be potentially politically sensitive and may be misinterpreted.

Whilst it may be difficult to get access to senior law enforcement, your efforts, should they succeed, can be very rewarding. Because law enforcement management style can be described as somewhat 'autocratic' in nature, e.g. strongly influenced by discipline, once you have conducted advocacy with senior law enforcement and won them over, they can make wide ranging decisions which will have significant impact and will be adopted by the ranks below. Senior law enforcement however are acutely aware that whatever approaches they may take to deal with certain situations, particularly drug law enforcement, their actions will be scrutinised and should comply with the law and government policy. Be aware that whilst in some countries great efforts are made to ensure that there is a 'separation of powers' between government and the judiciary (law enforcement, courts etc.) that is not the case in other places where law enforcement are seen very much as agents of the government.

One characteristic which is quite common to law enforcement organisations everywhere is that the police who are senior in rank will generally have worked their way to the top through all levels of the organisation. That means that the senior law enforcement officer that you are advocating to will probably have started out as a junior operational officer and who, through hard work and study, has been promoted to a level of higher responsibilities. This is very important because when you start discussing issues around harm reduction and law enforcement, senior law enforcement will want to know what impact any new law enforcement practices or changes to policy will have on day to day operational law enforcement. If it is government policy to implement harm reduction, you will need to locate this document and provide senior law enforcement with an outline of what it states about HIV prevention interventions for people who inject drugs. This document may be titled 'National Strategic Plan' or 'Action Plan for AIDS' or drug use, or similar.

This 'National Strategic Plan' or 'Action Plan' may describe or emphasise the need for linkages to be developed between government departments and agencies such as law enforcement, health and local government. These plans should again link into the strategic plans developed by law enforcement and other government agencies such as health departments. For example, law enforcement organisations should have a strategic plan about drug control and other measures to deal with drug issues. That plan should link into the government's national drug strategy plan and should emphasise the importance of harm reduction from either an international or national perspective. This then should link into the strategic plan for the health department, and so on. It is possible however that in some higher levels of law enforcement they are not aware of harm reduction interventions being part of government policy so you will need to peruse these document carefully.

When you meet with senior ranking law enforcement you should keep in mind that the development of links with senior law enforcement should not be left to a time when problems have been identified. Many problems can be averted by taking early action and establishing

communication and collaborative linkages with law enforcement. One of the easiest ways to get law enforcement 'off side' is to accuse them of not being supportive when you have failed to inform them of what your program is seeking to achieve before it starts operating. An example is when law enforcement at central level make a decision to direct provincial law enforcement to conduct a 'crackdown' on people who use illicit drugs including incentive payments to arrest more users and place them in rehabilitation centres. This policy will impact significantly on harm reduction services. Central level police may be unaware that this policy is causing this effect because they have not been informed that these services are operating in the province.

It should be recognised that the concept of harm reduction may confuse some senior law enforcement who wish to uphold the law 'by the book'. These law enforcement officials need to be helped to realise that they can support harm reduction without compromising their enforcing the law mandate. In many parts of the world there has been legislation, policies and practices developed by governments and law enforcement agencies that provide law enforcement with options in dealing with people who are using illicit drugs, particularly those who are dependent on those drugs. These different approaches, or 'tools', can provide law enforcement with options or choices when dealing with people who use illicit drugs, including warnings, formal cautions, diversion to treatment, referrals and sentencing options for courts such as diversion rehabilitation programs.

By using this range of options or approaches, law enforcement can deal with each person on an individual basis and use the approach that best suits the situation and the person. This will allow law enforcement flexibility but also enables them to be accountable to the law. Many senior law enforcement have also travelled widely and studied overseas. They will have experienced different approaches to law enforcement approaches and may be aware of research and evaluation on law enforcement practices from overseas. It may help to acknowledge and build on this knowledge base and reinforce with senior law enforcement that harm reduction is nothing to be feared, it is well researched and supported by law enforcement in many places throughout the world including countries in the South East Asia region.

The legal environment in which law enforcement operate can restrict the type of actions that they can take. There are many laws, procedures, policies, and organisational structures which impact on law enforcement. It may be difficult to gain the support of senior law enforcement for some harm reduction programs if support appears to be at odds with the legal frameworks in which law enforcement operates. However, in many countries supportive senior law enforcement officials have become advocates for legislation change to laws that impede harm reduction services.

Recognise that different law enforcement may have different skills and responsibilities. Some middle ranking law enforcement may not be in a position to make organisational commitments, so you will need to approach the right level law enforcement, preferably in a more senior position. It is important to make sure that the law enforcement officers that you deal with are able to deliver on their commitments and promises.

Remember, senior law enforcement are highly accountable, probably more so than many other government employees. They will be required to record and report their activities and

justify their involvement in any collaboration with you or other agencies. They may need to justify this involvement through linking into their action plans to achieve the objectives for that department. The advantage of involving senior law enforcement in your advocacy efforts is that they will be in a position to influence law enforcement above and below them. They can strongly influence the operational responses provided at the local level and also report back to government on these activities. Having senior law enforcement support will give you the access to a level that has the authority and the influence to make meaningful changes.

You should see the meeting with senior law enforcement as part of your collaborative efforts that will include individuals, community organisations, and government departments. You should communicate with law enforcement and each group and develop and maintain links with each other. There are benefits for everyone if these links are formed and maintained. Informal contacts should be made at the local and community level also. Law enforcement are generally practical and work well with documented plans. Senior law enforcement should be invited to be part of the solution to the spread of HIV and involved in the designing and planning stages of programs. They should not be expected to simply keep out of the road and sit idly by while others implement projects.

Law enforcement officers can be very resourceful and are trained to deal with most issues from a 'problem solving' approach. Whilst senior law enforcement will acknowledge that academic reports and research are important, most will want to know how the project will work in the practical sense and can be of great assistance in foreseeing potential risks or problems that may develop.

Senior law enforcement are often constrained in what they can and can't say openly. This should be taken into account and highlights why it is so important for law enforcement to build links with those people implementing harm reduction. Senior law enforcement may not always be in a position to make public comments on controversial issues and may have to defer to government officials. While law enforcement may be very supportive of harm reduction, you may find that when it comes to public comment they will take a more 'middle of the road' approach. Some may avoid being drawn into a public debate where they may be seen to be 'taking sides' or being pushed on whether one approach to the drug problem is preferred to another. However, where senior law enforcement are available to make public comment and speak openly about their support for harm reduction, they can be your strongest asset. You will need to cultivate and support relationships with supportive senior police.

In public forums in particular, the community will want to hear from law enforcement as they are often seen as 'experts in the drug debate' and they will often consider more closely what law enforcement have say than other experts in the field. Many countries and regions have not accepted needle and syringe programs because of legal restrictions. Government's opposition to needle and syringe programs is based on the perceived fear that allowing needle and syringe distribution will signal approval of and increase drug use. Even when law enforcement agencies see the benefits of needle and syringe programs, they cannot necessarily support them openly. Where it is not government policy to make harm reduction services such as needle and syringe programmes illegal or the law is unclear, you need to emphasise strongly that harm reduction is regarded as world's best practice to deal with the

transmission of HIV and it is in the community's interest to adopt these programs.

In many countries where the law is unclear about harm reduction, there has been special permission granted by governments to set up harm reduction program in order to demonstrate their effectiveness and influence government policy. However the time for pilot programs has passed and there is enough evidence now from around the world to show the effectiveness of such interventions.

When faced with different levels of resistance from senior law enforcement, it is important to again remember certain 'core arguments':

- Harm reduction interventions are evidence-based and have proven to be effective in many countries.

- HIV transmission in many parts of the world, especially South East Asia, is driven by sharing needles with substantial numbers of HIV cases either directly or indirectly related to injecting drug use.

- Supply reduction and demand reduction approaches focus on medium to long-term goals. Harm reduction is pragmatic and aims to reduce the immediate impact of the risks associated with injecting drug use.

- There are approximately 40 million people living with HIV/AIDS in the world, with approximately ten thousand new infections each day.

- There are significant risks to the general community and law enforcement. HIV is not a virus restricted to people who inject drugs; it can be passed on through unprotected sex to anyone.

- Prevention of HIV transmissions among users can be achieved when a core package of interventions is implemented. This package includes needle and syringe programs, outreach, peer education, substitution therapy programs, referrals to drug treatment and primary care health services for people who use drugs.

- As a result of the rapid transmission of HIV infection among users and the consequences this can have on the wider community, urgent and immediate action is required.

- Harm reduction has gained greater prominence and legitimacy throughout the world with its focus on reducing the harms, not just for the individuals but also for the family and the community and society as a whole.

- The different harms that need to be taken into the consideration do not only focus on health, but on the significant social, economic and legal aspects of drug use. In a number of countries cost analyses of the benefits of harm reduction have been undertaken and the results have been extremely persuasive.

- Providing clean injecting equipment to people who use drugs saves on the health and care related costs to those who otherwise may acquire HIV. The introduction of opioid substitution therapy programs shows that their cost effectiveness is substantial.

- A failure to address HIV transmission among, and from, people who inject drugs has limited the effectiveness of HIV interventions, leaving open the spread to the general population.

- Law enforcement can adopt policies and practices that support harm reduction services that enable an environment to be created where harm reduction can function with little or no disruption.

Other key issues that will have significant impact upon senior law enforcement in terms of gaining their acceptance and support for harm reduction strategies could include statements highlighting that drug use is a growing problem in most countries. There is evidence that problems related to drug use need to be tackled by a societal approach, in which law enforcement play an important part but so do other agencies related to health and welfare for example. Prevention of drug use and treatment of drug dependence can be improved over time but at present there are people injecting drugs in this country who are at risk of acquiring and transmitting serious infections.

There is also evidence that these approaches are effective in terms of economic gains. When people enter opioid substitution therapy programs there is an immediate reduction in the money used to finance the buying and selling of illicit drugs. This 'black market' money is returned to the 'legitimate' market because the person purchasing illicit drugs is no longer a 'customer' or in some cases a 'provider', they are taken out of the 'loop'. This results in economic benefits to everyone, including law enforcement. Another example of the economic benefits of harm reduction was identified in an evaluation of needle and syringe programs in Australia.

The Return on Investment in Needle and Syringe Programs Report (2002)[2] found that:

> Between 1990 and 2000 nearly $150 million (Australian) had been invested in needle and syringe programs. This level of investment and return from needle and syringe programs over 10 years has resulted in:
>
> - an estimated 25,000 cases of HIV being avoided
>
> - an estimated 21,000 cases of hepatitis C being avoided
>
> - an estimated saving of over 5,000 lives by 2010
>
> The investment of $150 million resulting in an estimated return of somewhere between $2.4 and 7.7 billion.

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2 Return on investment in needle and syringe programs in Australia: summary report, http://www.health.gov.au/internet/main/publishing.nsf/content/needle-return-1-sum

The economic benefits are a strong selling point for harm reduction approaches with senior law enforcement. At this level law enforcement are well aware of what will impact on government policy and if an approach can be shown to not only save lives but also be cost-effective, then they know that those benefits will be of interest to government representatives.

The 'public order' evidence is also strong. A large HIV/AIDS epidemic can lead to problems of public order and national security, especially where HIV is increasingly found among military and law enforcement personnel. HIV prevention among people who use drugs not only protects them (who are part of the community) but can prevent a massive epidemic which often reaches people who have never been involved with injecting drug use or sex work. Based on the evidence, the advocated activities are the only sensible way to protect public health, public order and security. Safety of law enforcement may also be a concern as they are at risk of acquiring HIV from needle stick injuries during searches if people who use drugs have concealed injecting equipment on their person. The advocated activities can reduce the risk of HIV transmission among law enforcement.

Resourcing implications should also be raised. You may hear comments from some senior law enforcement (and other levels) that dealing with illicit drug problems is mostly about a lack of law enforcement resources, e.g. law enforcement never have enough resources to 'fight' the drug problem. This may be true, to a certain extent, however while law enforcement are always in need of more personnel and equipment, the fact is that even in countries where there has been 'saturation' style law enforcement to eradicate drug use there is still an illicit drug market.

Government resources are limited also. All departments and agencies want more funding. Hospitals, schools and other agencies require more money to deliver services to deal with the drug problem whether it is treatment, prevention or law enforcement. It is unlikely that there will ever be enough money for all of these departments individually so it is far more efficient to share resources and coordinate responses rather than expect one government department or agency to deal with the problem. Sharing responsibilities with other agencies makes for easier law enforcement work. By working collaboratively with health authorities law enforcement resource allocations towards drug problems can be reduced through sharing the workload. Law enforcement 'calls for service' can be reduced and the limited law enforcement resources can target high-level drug trafficking rather than users.

Underpinning much of your advocacy efforts with law enforcement will be the proposition that law enforcement officers use their discretion when dealing with minor drug offenders, particularly those offences that relate to using an illicit drug and possessing needles and syringes. The use of discretion by law enforcement is not a new concept. In many law enforcement agencies throughout the world the use of discretion is commonplace. In fact, it is often used as an example of effective law enforcement practice when law enforcement are flexible in their decision-making and apply different action depending on the circumstances and nature of the offence.

One of the comments frequently made by law enforcement who are unfamiliar with the concept of discretion, or apply discretion and are unaware that they are applying this approach, is that they 'must enforce the law at all times'. However, it is clear that law enforcement in many places, including those in South East Asia, adopt different approaches depending on

the circumstances and the offence. They often apply their discretion to a particular offence after careful consideration of all of the circumstances of the case and may take action that does not necessarily involve prosecution or arrest.

The issues that law enforcement may take into consideration when deciding whether to arrest or not may include:

- Is an arrest in the community interest?

- Is there some doubt about the person's culpability?

- Is it a minor or trivial matter?

- Is there another way of dealing with this matter other than arrest?

For example, it is not uncommon for law enforcement to use their discretion when dealing with minor traffic violations, minor assaults and theft, and, in many places, the use of illicit drugs is also treated this way. When confronted with a situation that may involve the law enforcement officer using their discretion and not arresting, they will always consider what their options are, particularly if the offence fits into one of the categories above. In these cases, it has been found that giving law enforcement a range of 'operational tools' to use and apply in these situations allows law enforcement to take alternative action but still remain accountable.

Some of the 'tools' that law enforcement may consider could include:

- giving a warning;

- giving a formal and recorded caution;

- making a referral to another agency;

- diverting the offender through to a special program;

- issuing an 'on the spot' fine or other penalty;

- taking no action.

A strong argument for law enforcement using their discretion when dealing with people suspected of using drugs or found with needles and syringes in their possession is that the offence is of a minor nature and an arrest may not be in the interest of the community. In the case of using an illicit drug, law enforcement could consider diversion through to treatment, which may be a better outcome than arrest. They may also decide to take no action if they detect a person in possession of a needle and syringe. It may be in the community interest to recommend to the person that they dispose of the needle and syringe by giving it to an outreach worker or staff at a drop-in centre. This way, users are encouraged to use harm reduction services without fear of harassment by law enforcement and will not dispose of injecting equipment inappropriately for fear of being caught and arrested.

Another major selling point to law enforcement for using discretion and not arresting, particularly for minor drug offences, is that the amount of time they normally spend dealing with people who use drugs is reduced and this 'saved' time can then be allocated to targeting the supply end of the drug market. A major component of your advocacy strategy with

senior law enforcement should be to strengthen the ties between the law enforcement and the health sectors for the benefit of the whole community. Cooperation between health agencies and law enforcement and how this can benefit the community requires a full explanation. As previously stated, senior law enforcement will have regular contact with high-level representatives from other government departments such as health. However, in practical terms, they will always be considering how any new strategy or approach will be implemented in practical terms and how will this impact upon service delivery.

Whilst at the local level there may be both formal and informal relationships developed that enhance cooperation and problem solving between law enforcement and health agencies, there may be a need to provide senior law enforcement with examples of how this can be developed at middle and central management levels.

You may suggest that various committees be established and schedule regular joint meetings of representatives from health and law enforcement agencies. Recommendations about law enforcement and health meetings can include that meetings should take place at all levels – central, provincial and local. The structure, objectives and timing of meetings can vary according to the level and reason for their existence.

Committees can exist to:

- gain consensus on activities, work plans and budgets for project activities at regional, national/provincial levels;

- promote collaborative approaches between law enforcement and health sectors to address issues of HIV and injecting drug use;

- manage services on a day to day basis and develop lines of communication to deal with issues involving agencies from either sector;

- raise awareness and understanding of effective approaches among the health and law enforcement sectors and adoption of practices which support implementation of harm reduction initiatives;

- facilitate joint training of harm reduction approaches among health and law enforcement agencies;

- provide local/national technical support to project activities;

- address a range of operational barriers;

- meet on an "as required" basis to address a specific need such as the development of management guidelines.

Types of committees at different levels can include:

Regional Coordinating Committee

Regional harm reduction coordinating committees are usually required for large projects that are set up in several countries in the one region. These committees are usually convened annually, and review annual plans; endorse proposed national/provincial project activities;

assess the allocation of resources across project sites; monitor project performance at a regional level; and facilitate exchange of information and experience among the agencies. They will also be an important avenue for linkages with other regional projects and committees or organisations that have a broader, global focus.

National or Provincial Coordinating Committees

National or provincial committees can be established in harm reduction sites, meet regularly and have responsibility for oversight of the project in each country/province. Membership can comprise representatives of health and law enforcement agencies. The function of these committees is to facilitate coordination between the various project partner agencies particularly between the health and law enforcement sectors; review annual work plans; and recommend to government or donor groups which activities should be undertaken. They can also monitor project performance; advise on progress; recommend changes to project components, budget and future directions as appropriate; and address problems identified during implementation.

Steering Committees:

Steering committees involving law enforcement and health agencies are established to provide local level guidance and oversight of service activities; coordinate inputs from various stakeholders; and resolve issues impacting on service provision.

These steering committees provide a forum for members from the law enforcement and health sectors to:

- exchange information on service related matters among implementing partner and government agencies;

- develop and implement policies that support the effective conduct of harm reduction services;

- ensure there is no overlap or duplication of services, geographical areas or target populations by other projects and agencies;

- liaise between other projects, NGOs and local/provincial authorities and provide a channel of communication;

- act as a focal point between the central and local authorities and to guide and host members of other interested parties visiting the project sites with a view to scale up these approaches;

- monitor and report on activities and problems they are addressing.

Expert Panels

Expert panels can be three-tiered (national, provincial and local level experts) and draw membership from both the law enforcement and health sectors, and can provide supervision of project activities, monitoring and evaluation, technical assistance and training. This is also part of capacity building exercises to build up local expertise.

Technical Working Groups

Technical working groups can be been formed and may exist in a variety of forms, both 'standing' and on an 'as required' basis to address specific needs. These groups draw on relevant expertise to meet their purpose but membership is provided largely from agencies in the health and law enforcement sectors.

Senior Law Enforcement Seminars

Seminars for senior law enforcement officers should be considered as an adjunct to training for law enforcement at the senior levels. Seminars are considered more formal than workshops or other types of training and are more likely to appeal to senior law enforcement in terms of their levels of responsibility. Seminars should be seen as an advocacy tool and as a way to promote understanding and awareness of the role of law enforcement in combating the spread of HIV. These seminars can involve central level law enforcement from the country you are working in, or, where funds permit, involve senior law enforcement from countries in the region.

The purpose of seminars should be to gain senior level law enforcement support for current and future harm reduction interventions and are a valuable avenue for raising awareness about the law enforcement role in combating the spread of HIV in the community. Seminars should aim to promote law enforcement understanding of the prevalence and transmission of HIV in the community, and facilitate law enforcement understanding, acceptance and support for harm reduction approaches.

A major theme of the program should be that law enforcement can be extremely effective when they actively participate in and support harm reduction strategies. Seminar programs should cover a range of issues relating to the law enforcement role in combating the spread of HIV including understanding of the prevalence and transmission of HIV; explaining and clarifying the purpose of harm reduction programs; law enforcement approaches to supporting harm reduction; legal and policy issues; and occupational exposure. It is important that the seminar take a 'law enforcement talking to law enforcement about harm reduction' theme as the best people to speak to law enforcement about the most effective approaches to dealing with the spread of HIV is law enforcement themselves. So whilst experts from the medical field should be included in the program, the majority of speakers should be law enforcement or people working directly with law enforcement who are supportive of harm reduction.

It needs to be emphasised to senior law enforcement that supply and demand reduction strategies have limited impact upon current illicit drug users, particularly those users who are compelled to keep using despite the risks. Stress that the emergence of HIV, and its rapid spread among people who inject drugs, has required the development of an effective strategy to address the epidemic - that strategy is harm reduction. One of the key issues to be addressed with law enforcement during seminars and other training opportunities is the use of discretion and consideration of different approaches to deal with the problem of drug use. When addressing the issue of law enforcement use of discretion, it may be worthwhile giving examples of how law enforcement use discretion in dealing with other legal issues such as traffic offences or minor assaults.

It is important to also highlight to law enforcement that disrupting the proper functioning of harm reduction programs, such as needle and syringe programs and outreach workers, may not be in the community interest and may in fact increase the harmful aspects of injecting drug use to the community, such as improper disposal of needles and syringes. Advocacy for senior law enforcement should focus on the potential harms or risks to law enforcement from injecting drug use, particularly from occupational exposure such as needle stick injuries, and how these can be avoided. This issue may be addressed through giving examples of how occupational exposure training has been included in law enforcement training curriculum in many countries as part of a comprehensive training program on harm reduction.

1.6 A 'culture' of reducing harm

It can be argued that the use of mind altering substances, drug use, is a human behaviour that has been part of most, if not all, societies throughout history. Most societies sanction some drug use and not others. Drugs provide many benefits including medical and therapeutic uses. History shows that which drugs are sanctioned and which aren't depends on complex social issues involving a range of factors. Tobacco and alcohol, for example, have been both illegal and legal at various stages and in various places throughout history. Heroin, cocaine and amphetamines, all of which are now illicit, have all been legal substances at some point in time.

Regardless of the legal status of a drug, there are potential risks in any drug taking situation and every drug has potential for harm. Harms can be experienced by the individuals using the drug or others that come into contact with the user either directly or indirectly. For example, tobacco is a legal drug in most parts of the world, yet it is responsible for nearly three quarters of all drug related deaths. Alcohol is also legal in many places, however, it too accounts for many deaths, injuries and accidents. Over the counter and prescribed medications can also be problematic and may lead to dependency forming and harms from misuse, such as accidents.

Heroin, an illegal drug, causes very few deaths compared to legal substances however some people who become dependent experience other types of issues such as being drawn into sex work, property crime and relationship problems. Despite all of the problems associated with drug use, whether it is a legal or illegal drug involved, there has also been wide recognition that drug use is not going to disappear. Most people use drugs and drugs provide benefits to the many that use them. Rather than keep hoping that we can eliminate all drugs, we should be looking at ways that we can reduce the harms experienced by users and others.

For example, tobacco smoke has been shown to cause severe illnesses not only to smokers but also to those who breathe in cigarette smoke nearby – 'passive' or 'second hand smokers'. Steps have been taken to reduce the impact of passive smoking by restricting, and in certain environments banning, tobacco use. Heroin use can also be problematic, particularly when people inject using shared equipment. They run the risk of becoming infected with HIV and other blood borne viruses. That's why needle and syringe programs are an important tool in the reduction of harm associated with heroin use.

How much of a global problem is mortality linked to illicit drug use? According to World Health Organization sources, in 2004, 0.4% of all deaths worldwide are linked to illicit drug use. This is considerably less than the 8.8% of all deaths worldwide that are associated with tobacco consumption and the 3.2% of all deaths worldwide that are linked to alcohol use. In 2006, the World Drug Report produced by the United Nations of Drug Control and Crime Prevention, estimated that 5% of the world population (age 15 - 64) use illicit drugs at least once a year (cannabis use is 4%, with use of amphetamine type substances, cocaine and opiates at 1%). Around 2.7% of the world population use illicit drugs at least once a month. Tobacco, with a well-established record of producing numerous adverse health consequences, is consumed by an estimated 28% of the adult population worldwide.

Reducing harm is an essential component of what many law enforcement officers do on a day to day basis when dealing with drug use. A major component of law enforcement work is dealing directly or indirectly with the acute or immediate harms from both licit and illicit drugs. Alcohol use, for example, causes significant problems in society which law enforcement regularly have to deal with. Alcohol is linked to road accidents, domestic violence and other assaults, drownings and suicides. It is rare for law enforcement in any part of the world not to have to deal directly or indirectly with people whose behaviour is affected by alcohol.

1.7 Harm reduction training and law enforcement

Law enforcement, compared with many other professionals, undergo a significant amount of training. They attend numerous workshops, seminars and information sessions during their careers. The very nature of the law enforcement role is quite dynamic, and requires an excellent understanding of relevant law, policy, technical, tactical and practical skills.

One of the major aims of any law enforcement training program should be to increase the level of support (both expressed and actual) by the law enforcement participants towards harm reduction strategies which help reduce the harms related to injecting drug use, particularly the transmission of HIV. One of the key issues for middle management law enforcement is the concern of occupational exposure to HIV, particularly through needle stick injuries. Law enforcement managers will be very keen to enlist the expertise of people who work in the HIV area to assist in delivering training to law enforcement about the potential risks and how they may be avoided.

It can be argued by CSO that, if training is conducted early and with reinforcement through refresher training and supervisor support, the supportive environment necessary for broad operational support can, over time, be developed and maintained. Training for middle management levels is likely to be more appropriate if focused on strategic issues and the longer-term benefits of proactive law enforcement whilst gaining their support for the activities to be implemented at the operational levels.

Objectives of law enforcement training should be to:

- Increase the knowledge of law enforcement of the relationship between injecting drug use and HIV.

- Increase the knowledge of law enforcement of how HIV can spread easily and quickly among people who inject drugs and from users to the rest of the population thus making many people, who are not directly associated with injecting, vulnerable to HIV infection.

- Increase the strength of the belief by law enforcement that HIV/AIDS is a very serious problem to them, their family, and their country, and requires immediate action to reduce its transmission among, and from, users.

- Increase the knowledge of law enforcement of effective harm reduction strategies to reduce the transmission of HIV among and from people who inject drugs.

- Increase the use of "infection control procedures" and "universal precautions" to avoid occupational exposure.

- Increase the knowledge of law enforcement of law enforcement policies that are effective in reducing the spread of HIV among users such as needle and syringe programs.

- Increase the quality and amount of assistance provided by law enforcement to users in order to help decrease risks to users from intoxication, withdrawal, and overdose.

Content of law enforcement training programs should include, but not be limited to the following topics:

- drugs and their effects;

- the nature of drug dependency;

- HIV – global, regional and local impact;

- HIV – routes of transmission and prevention approaches;

- harm reduction approaches to dealing with the problem;

- law enforcement policies and practices that support harm reduction;

- how to build effective working relationships between law enforcement and health;

- how law enforcement can avoid occupational exposure;

- gain an understanding of the impact of stigma and discrimination experienced by drug users and people living with HIV/AIDS.

Law enforcement training programs on harm reduction and HIV should be easily integrated into existing training either at pre-service and in-service courses; promotional courses; specific training on drugs and harm reduction; senior law enforcement seminars; and specialist training. As in many other training academies and educational institutions, there is a lot of competition for curriculum time. Integrating harm reduction training into existing academy courses will have a minimum adverse impact on time tabling and will enhance sustainability. It is essential that the training is supported, sustainable and ongoing, so there will be a significant time commitment involved in advocating to law enforcement to allow harm reduction training to be included in training plans.

Additional readings on engaging with law enforcement:

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KEEP IN MIND

THE IMPACT OF POLICE ACTIVITIES ON THE DELIVERY OF HARM REDUCTION SERVICES

Raise this point with particular reference to key population groups behaviour being strongly influenced by the activities of law enforcement agencies that impact on the delivery of HIV prevention and testing services.

Focus on:

- People Who Inject Drugs (PWID) as one of the key population groups for HIV transmission related to mainly the use of non-sterile injecting equipment

- The most effective way to prevent transmission amongst PWID is to provide sterile injecting equipment

- Many PWID find difficulty to obtain sterile needles & syringes

- They may be concerned about being found by police with injecting equipment

- Therefore, many PWID continue to share injecting equipment and contract HIV

- Once infected a PWID can transmit HIV to the broader community through unprotected sex

Police activities that target harm reduction services, especially NSPs can lead to:

- clients avoiding drop-in centres where they can obtain clean injecting equipment, condoms and other important advice about treatment services

- people who inject drugs will revert back to needle sharing and unsafe-sex practices putting themselves, their friends and families, the community at greater risk

- there may be an increase of inappropriate disposal of used needles and syringes in the streets and other places that may put others at risk

- people who inject drugs may be displaced to other areas where there are no or reduced services which will put others at risk

- outreach workers that are harassed or arrested by police will no longer be able to provide a service to people who inject drugs – their relationship will break down

State that a person who is dependent, particularly those with a severe or chronic dependency, are compelled both physically and psychologically to keep using despite the risks and potentially harms to themselves and others. Injecting is both *effective and efficient* because it means that all of the drug can be introduced into the body directly into the blood stream and often results in an immediate effect.

Explain what the term 'harm reduction' means

Don't assume that police will have the same level of knowledge about these issues as you have. Police are expected to perform many tasks in the community which requires a broad level of knowledge about a range of issues so it is hard for them to 'know everything'. They may be even unaware of the risks of HIV to themselves, many police agencies neglect this issue, and many police also forget some of the basic information they acquired at training academies, particularly if they have not used that knowledge on a regular basis.

Explain to police that harm reduction has various definitions, or you can refer to the list of services identified in the 'UN Comprehensive Package'[3].Emphasise that it is not about drug legalisation, although reforming drug laws that impact on human rights and increase risks are part of the harm reduction approach.

The main services that police will need to be familiar with in terms of their law enforcement role will include:

1. Needle and syringe programmes (NSP)
2. Opioid substitution therapy (OST) and other drug dependence treatment
3. Condom programmes for people who inject drugs and their sexual partners

While the other components of the package are important, it is the above three services that police will encounter the most in their work and can be quite challenging given the legal status of needles and syringes and in some countries methadone and condoms.

Explain how NSP programmes are delivered and important facts about NSPs:

- NSP do not increase drug use, they do not lead to an increase in drug using people in an area, nor do they draw in drug traffickers
- NSP provide sterile needles and syringes and other injecting equipment to people who inject drugs
- The purpose of providing this equipment is to prevent needle sharing and other unsafe practices to prevent the spread of blood borne viruses such as HIV, HBV and HCV
- NSP services can be delivered in a range of settings such as drop-in centres, hospitals, pharmacies, community health and medical centres, outreach workers on foot or in vehicles and dispensing machines
- NSP services are best delivered by staff who can engage with people who inject drugs such as former or current PWID, peer educators work closely with people who use drugs to teach how to use drugs more safely
- NSP services benefit the community by not only reducing blood borne viruses, such as HIV but also clean the community by removing discarded injecting equipment and other paraphernalia
- NSP provide an important 'bridge' or link to services such as drug treatment and other health programmes, social, welfare and similar services
- NSP services enforce policies that manage the activities of outreach workers and other staff to prevent any unlawful activity
- investment in NSP leads to reduce long-term health costs for everyone, as well as reducing the prevalence of HIV

EXAMPLES OF WHERE POLICE ENABLE BETTER HEALTH OR SAFETY OUTCOMES FOR COMMUNITIES

It may be worth explaining to police that police have a history of working closely with health agencies for better health and safety outcomes that benefit all of the community. Police support for harm reduction services is included or should be seen as an integral part of police/health relationships.

Examples of effective police/health relationships:

✓ working with communities during times of natural disasters such as floods, tsunamis earthquakes, fires

✓ searching for people who may be lost in dangerous circumstances

✓ enforcing law related to seatbelts in cars, drink driving and helmets on motor/bikes

✓ responding to incidents involving a person who has a mental illness and is experiencing a crisis situation

✓ investigating incidents of domestic or family violence

✓ referring victims of traumatic crime to counselling and other support agencies

✓ referring people who need assistance to welfare, social and health services including crisis accommodation programmes

✓ enhancing responses by providing support to health agencies during outbreaks of infectious diseases such as SARS, Ebola, Bird Flu and HIV.

It is important to highlight that many of these police actions are not necessarily related to enforcing laws. They are more aimed at enhancing community safety and improving health outcomes, which is an essential element of effective policing.

Police may have concerns about harm reduction services

When talking with police about the need to support harm reduction services, they may raise several objections or arguments against this, such as:

- Harm reduction may be seen as being in <u>conflict</u> with law enforcement goals

- Police may believe that harm reduction services will attract users – which may draw anger from local communities

- Police aim to remove drugs – 'a drug free society' - and harm reduction services may be viewed by police as promoting drug use

- Harm reduction may compromise prevention of drug use and abstinence-based treatment

- Support for harm reduction may cause a loss of 'credibility' with their police peers

- Harm reduction services may be seen as surrendering - 'waving the white flag' – e.g. 'giving up the fight' or sending the 'wrong message'

However, we know from extensive research globally that shows that harm reduction interventions (especially NSPs) do not contribute to the above situations, so be prepared to argue your case and show that:

- Effectively reduces the transmission of HIV, Hepatitis B and C (including reducing the risks to police) in key populations groups and general community by creating a barrier to transmission

- Reduce the sharing of injecting equipment

- Assist in reducing the number of needles found in a community

- Act as an effective bridge for those people wanting HIV treatment and drug substitution therapy (methadone etc.)

- Reduce long-term health costs (NSP & OST programmes are cost effective)

Do not increase drug use or increase the frequency of drug injecting

Do not recruit new users or lower the age of first injecting

THE BENEFITS TO POLICE IN CREATING AN ENABLING ENVIRONMENT FOR HARM REDUCTION

When discussing with police about the need for their support for harm reduction services it is important to place yourself in their shoes and ask yourself *'why should I support harm reduction?'* and *'what's in it for police?'*.

While the answer to these questions may be difficult to answer from both - police and health perspectives, the points below may help the police to understand what they may consider to be the most attractive in terms of outcomes that mostly suit their needs.

- Harm reduction services provide a 'bridge to treatment' which can reduce or stop drug use and result in less crime in the community

- Harm reduction programmes can improve the amenity of an area by actively cleaning up discarded needles and syringes – this leads to reduced calls from the community to police to respond to drug use

- Police resources can be used more efficiently and effectively – police can focus on traffickers rather than users, and through collaborative efforts with other agencies police can reduce the burden and expectation imposed on them

- Harm reduction programmes reduce the spread of HIV and therefore reduce the risk <u>to police and the broader community</u>.

At this point it may be worth acknowledging the following points also:

- Police may find it difficult to support harm reduction services because their experiences of dealing with people who inject drugs and the drug trade are mostly negative

- Police need to be aware that harm reduction services are well researched and do not lead to many of the negative outcomes that they assume or be misguided about

- There are many good examples of police and health working closely together to bring about better outcomes for communities

- Police need to feel supported in their efforts to support harm reduction

- Police should aim to work in collaboration with harm reduction services and create an enabling environment for harm reduction

Do not assume that police have a thorough understanding of how HIV is transmitted – their knowledge may be very limited

POLICE NEED TO BE MINDFUL OF THE RISKS OF EXPOSURE TO HIV AND OTHER BLOOD BORNE VIRUSES TO THEMSELVES

As stated above, police will need to be aware of the risks from HIV and other infections *to themselves*. This is often a good starting point for a conversation about the impact of HIV, the benefits to police of supporting harm reduction services and why police should be involved. Not all police agencies will have thorough occupation health and safety information and guidelines for their staff so you, as the expert, can provide police with information, education and resources that will make their job safer. This is a great way to start the relationship with police and is also a good way to introduce more information about the impact of HIV to key populations groups and the broader population.

Some 'quick tips' that can be provided to police may include:

- Treat all blood and other body fluids as though they contain HIV or other viruses, bacteria, etc.

- *Anything* used for injecting drugs (needles and syringes, swabs, dressings, bandages,) is likely to have blood <u>in</u> it or <u>on</u>

- Keep a barrier between you and anything that has, or has had, any person's body fluid in it or on it (needles and syringes)

- Use rubber gloves or a plastic bag if you are searching a person or handling anything that might has blood or body fluid on it

- If you are searching a person for needles and syringes take your time, be very careful and avoid needle stick injuries

- Place any confiscated items such as needles and syringes in a sealed container and dispose of safely

- If you believe you have been exposed to blood or other body fluid through a needle stick injury or other means you need to seek immediate medical attention

DISCUSSING THE IMPACT OF POLICE 'STREET CRACKDOWNS'

Highlight that a relationship between HIV prevention services, such as drop-in centres and outreach work, and people who use drugs is built on trust. It may be helpful to remind the police that people who use drugs often experience high levels of stigma and discrimination so they are often excluded from mainstream health services. When a drug user wants to reduce or stop their drug use, the harm reduction HIV services are best placed to offer a 'bridge' to treatment. Some users will keep using drugs despite going to treatment so it is important to keep providing access to HIV prevention services.

When police conduct 'crackdowns', these events can have major impact on the delivery of services. When discussing this issue with police, it is important to emphasise:

- acknowledge that police may be under pressure to respond to the 'visible' aspect of drug use – many people in the community do not like to see people who use drugs, they may feel they reflect negatively on their community

- emphasise that drug issues are complex, there are no 'straightforward' answers and while crackdowns may be a short term 'show of strength' there will not be a general shift in drug activity

- police crackdowns can have significant impact on the delivery of HIV prevention services by displacing or moving the drug market

- displacement leads to people who inject drugs being more difficult to access for HIV prevention services and creates drug problems for new areas

- people who inject drugs will return to needle sharing if they cannot obtain needles and syringes because services cannot access them once they have been displaced by a crackdown

- alternatives to crackdowns should be developed by police in collaboration with local communities especially civic leader, there should be more consensus building around an agreed set of principles and strategies for addressing drug issues rather than short term efforts such as crackdowns

- police may be better to focus their resources on the 'supply' end (traffickers) rather than the 'demand' (users)

- police should work closely with local HIV prevention services to ensure that when a crackdown occurs the services are not impacted, and alternatives to dealing with people who inject drugs be considered such as referrals to HIV and other health services

ESTABLISHING OR STRENGTHENING PARTNERSHIPS BETWEEN POLICE AND HARM REDUCTION SERVICES TO PREVENT THE SPREAD OF HIV

Collaboration between police and harm reduction services is the key to success and should be strengthened and enhanced with police taking an active leadership role in developing these relationships:

- Police and harm reduction should work together toward agreed goals – there is a need to clearly articulate the benefits of harm reduction for police
- Police at the local level should develop internal operational guidelines and other instructions that clarify their role when dealing with harm reduction services such as outreach workers and drop-in centres
- Police should work with harm reduction services and community groups to discuss alternatives to police crackdowns to deal with drug markets
- When issues between police and harm reduction services arise, mechanisms should be in place to address these issues
- A documents such as a MoU that helps clarify roles and responsibilities and general agreements and understanding on each agencies' levels of accountability should be developed
- Police can play an active advocacy role in the community to generate support for harm reduction services, especially through the media
- Police should consider implementing a reward system for their officers who demonstrate support for harm reduction services

THE OVERALL GOAL IS TO ADOPT POLICIES AND PRACTICES THAT HELP TO CREATE AN ENABLING ENVIRONMENT FOR IMPLEMENTATION OF HARM REDUCTION PROGRAMMES

Emphasise to police that a local Standard Operating Policies or Procedural Guidelines be developed that provide operational instructions for police on how to support harm reduction.

Such guidelines, in the simplest form, could be:

"Police should be mindful not to carry out patrols, person checks (including arrests) in the vicinity of NSPs or where a person is actively engaged in using harm reduction services such as outreach and not perform duties that might discourage people who inject drugs from accessing these services"

Police support for harm reduction approaches is critical in facilitating enabling environments. Harm reduction *cannot* work without police support.

Therefore, police should <u>not</u>:

- Target or actively patrol near the vicinity of harm reduction services, e.g. needle exchanges and drop-in centres
- Conduct street sweeps and 'crackdowns' with mass arrests leading to displacement of the drug market elsewhere
- Search, detain or arrest outreach workers and peer educators from conducting their work
- Remove sterile needles and syringes from people who inject drugs and take syringes as evidence of drug use
- Remove condoms as evidence of sex work

1.8 Conclusion of the Part 1

Because of the lessons learned from addressing the immediate harms from alcohol and other legal drugs, law enforcement in many parts of the world now look at other substances and identify the immediate or acute risks associated with their use and apply similar strategies. They recognise that most drugs have potential for harm, so their strategies aim to reduce or minimise the harms. For example, when law enforcement look at the problems associated with alcohol use in a community, they consider many areas of potential risk or harm. Law enforcement may target licensed venues or other liquor outlets to ensure there is no excessive or inappropriate disposal of drink; ensure that intoxicated people remain safe by taking them off the streets and monitor them in custody or take them to sobering up centres; ensure that roads remain safe by enforcing restrictions on blood alcohol concentration when driving; and patrol night clubs and other venues to keep crowds well behaved and orderly.

These are examples that demonstrate that law enforcement can adopt a multi-faceted approach to potential problems associated with alcohol use rather than simply trying to eliminate the drug itself. Using the example of how law enforcement now take a more holistic approach to dealing with potential problems from alcohol misuse can be valuable when the issue of harm reduction and illicit drug use is on the agenda with senior level law enforcement. The same philosophy that has led law enforcement to adopt problem-solving approaches to the harms associated with legal drugs, such as alcohol, can be applied to illicit drugs. In many parts of the world law enforcement now focus not only on reducing or controlling the supply of illicit drugs, but also implement measures to reduce the harms or risks to the individual.

Such policies and practices include agreeing not to conduct unwarranted patrols or person checks in the vicinity of fixed needle and syringe sites so they don't act as a deterrent to people using those services. Law enforcement officers also in many places now agree not to arrest peer educators and outreach workers and to not charge or arrest people who inject drugs found only in possession of needles and syringes.

Law enforcement officers now closely monitor users held in custody to prevent self-harm and arrange, where appropriate, for the person to receive medication and in some cases their methadone dose. Law enforcement officers have taken the bold step of introducing cautioning, diversion and referral programs so that people who are dependent on opioids can access treatment quickly or obtain information about accessing support programs. In some places law enforcement have implemented innovative programmes that reduce the risk of overdose by providing users' support groups and other agencies with forensic information about changes in composition and purity levels of street based heroin so that they can inform users of potential overdose and other risks. Many of these approaches are further described in the Case Studies found in the appendices of this guide.

All of these approaches demonstrate that law enforcement can not only apply harm reduction techniques to the problems associated with legal drugs, but they can also apply harm reduction to the problems associated with illicit drugs as well. By demonstrating that similar techniques can be used with different substances in different situations, law enforcement at all levels can develop a 'culture' of harm reduction where the their first thoughts are about reducing harm and their priority is to implement a broad range of strategies that aim

to reduce or minimise the risks. If you have difficulties drawing an analogy between harm reduction using legal drugs and harm reduction using illegal drugs, perhaps other examples can be given. For instance, on the road we anticipate that most people riding motor bikes will do so carefully and not have an accident and get injured.

We do this by providing proper training; making road laws for people to obey; having laws to enforce safety precautions such as helmets; and ensuring motorbikes are in good working condition, and roads are well maintained and safe to use.

PART 2: RISK MANAGEMENT MEASURES

Some law enforcement practices can contribute to the vulnerability of people who use drugs and can affect the safety of staff and volunteers of harm reduction services working to serve them.[3] In addition to working to develop cooperative relationships with law enforcement as described above, it is essential that CSOs be prepared to manage the risks for their staff, volunteers and clients.

The mitigation interventions are presented under four broad themes:

- Organizational duty of care including safety and security measures;

- Documentation;

- Partnerships and advocacy;

- Addressing the special needs of women.

For each of the proposed interventions, the text includes: the recommended activity; concrete and practical how-to advice; opportunities and risks; tools and sources of technical and financial support; and, in some cases, examples of good practice.

The guide presents examples of actions that can be taken.[4]

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3 Open Society Institute. (2008). Public health fact sheet - Police, Harm Reduction, and HIV. Retrieved from: http://www.opensocietyfoundations.org/sites/default/files/Police%2520and%2520Harm%2520Reduction_ENGLISH.pdf
4 This part provides with good practices and lessons learnt from different countries, as well as shares the experiences from the CHAMPION-IDU project (Thailand). A description of the CHAMPION-IDU project is provided in the Appendix 5.

2.1. Organizational duty of care

Duty of care is a concept defined as "an obligation to conform to a certain standard of conduct for the protection of another against an unreasonable risk of harm."[5] In the context of health and social care service delivery for people who use drugs (PWUD), this obligation or responsibility for the safety and integrity of others is generally shared: peer outreach workers have a duty of care towards clients in protecting their confidentiality and privacy; implementing agencies and employers have a duty of care towards all employees and volunteers, especially in protecting them from any harms that are likely to occur in the workplace; and donors have a duty of care towards implementing agencies, particularly in ensuring that recipients have deployed comprehensive strategies to prevent risks and mitigate negative consequences.

Within CSOs, the concept of duty of care can be applied and scaled up in many different ways, leading to a range of different interventions with the fundamental objective of extending the organization's influence to provide more support to workers and clients in recognition of their particular vulnerability to adverse encounters with law enforcement.

Measures can include:

a. Safety and security mechanisms

b. Guidelines for encounters with law enforcement

c. Internal counselling

d. Professional development and skills building

e. Compensation for risk

f. Relapse management and drug dependence treatment

g. Access to legal support

h. Drug free workplace policy

2.1.1 Safety and security mechanisms

Development and deployment of a comprehensive safety and security plan with supporting mechanisms can provide a first line of mitigation against the potential negative consequences of encounters with law enforcement. In effect, a comprehensive safety and security plan provides clear and transparent guidance to management at organizational and field levels on decision-making processes to address safety and security concerns. A comprehensive safety and security plan should include components of day-to-day safety and security management as well as crisis and emergency management.

The following activities and tools are recommended to be included under the day-to-day safety and security management component:

a. Buddy system: The buddy system should be included in the daily safety and security

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5 Duty of Care (2015). In Duhaim Legal Dictionary. http://www.duhaime.org/LegalDictionary/D/DutyofCare.aspx

management plan as an institutional minimum standard mandating that peer outreach be always conducted in pairs. In the context of CSO encounters with law enforcement, it is increasingly recognized that many of the risks and potential adverse consequences are related to non-sanctioned law enforcement behaviours that deviate from guidelines, policies and laws. Therefore, it stands to reason that the risks inherent in those encounters can be defused, reduced and mitigated by the presence of witnesses. As such, outreach workers travelling and delivering services in pairs can have significant benefits for worker safety and security: while one outreach worker concentrates on engagement with clients, the other can literally "watch their back" and keep an eye on the surroundings for potential risks. Similarly, in the event of an encounter with law enforcement, one outreach worker can engage with the officer while the other takes discrete action to document the situation (filming or taking pictures with a phone, taking notes in the outreach logbook, calling the supervisor, contacting the main office, etc.). If the situation degenerates, the supervisor and senior management representatives from the employing CSO can intervene more rapidly to provide assistance.

In addition, paired outreach workers can generate additional advantages such as providing mutual assistance and support to one another and stimulate positive reinforcement that contribute to better engagement with clients and a reduced supervision workload. Peer to peer professional support can be encouraged as part of structured debriefing and case management, in daily strengthening mutual capacity on outreach techniques and strategies including behaviour change communication, in monitoring and documentation, and strengthening of supervisory and mentoring skills.

It is further recommended that consideration be given to gender balance within the buddy system. In particular, it is recommended that, where possible, a male field worker accompany gender minorities at all times during outreach. This is particularly important to reduce the risks of sexual abuse and violence perpetrated by law enforcement.

There is a clear risk that deploying such a policy in the organization could significantly impact human resources, financial resources, and programmatic results. In particular, a greater number of workers may be required to reach the same number of clients in a set timeframe. However, deploying the buddy system as a minimum standard makes a clear statement that occupational health and security of the workforce is important and that the employer takes its duty of care seriously.[6]

b. Outreach tracking: An outreach tracking policy is also recommended to be deployed as a minimum standard to protect and safeguard field worker safety and security. In the case of encounters with law enforcement, field workers travelling with sterile injecting equipment and other health commodities may be particularly vulnerable to law enforcement scrutiny. If an outreach worker is unofficially detained or officially arrested, s/he may not be allowed or able to contact their supervisor. It is therefore critical to have a tracking system in place to rapidly identify such events and provide the necessary organizational support, especially if the worker has been targeted, detained or arrested by law enforcement during work hours.

At the start of every workday, field workers should share their outreach itinerary along with a list of clients who will be visited. After visiting each client and before moving on to the

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6 Birgin, R., Moore, S., & Population Services International (PSI). (2012). Standard Operating Procedure to Improve Community-Level Collaboration with Law Enforcement, http://www.cahrproject.org/wp-content/uploads/2014/10/SOP-LE-community-collaboration-WEB.pdf

next location, all field workers should contact the DIC to inform the manager that they are moving on. In that respect, the DIC manager can better ascertain if an emergency situation has occurred and pinpoint its potential location. In that respect, field workers should check-in with their managers regularly and inform of delays against the daily plan. Failure to report in should be considered a disciplinary matter and a breach of organizational policy.

At the same time, outreach tracking would allow management to take clear action at designated temporal milestones and provide clear guidance on timelines, triggers and actions to be implemented. For example, when an outreach worker does not check-in, does not respond to calls or messages, and has not been seen in the area from where s/he was last checked in, the following actions should be considered and adapted for implementation:

    a. DIC manager inform the office after 1-4 hours without contact

    b. Head office (human resource officer) to contact the local hospitals to check recent admissions after 2-6 hours without contact

    c. Program manager or law enforcement advisor to contact local police after 4-8 hours without contact

    d. Program manager to inform the family of the field worker after 6-12 hours without contact

Finally, it is important that the search for a missing worker not be limited to phone calls – recalling other outreach workers from the field and deploying them to locate the missing worker should become a priority, especially where abuse by law enforcement is frequent. In that sense, the DIC manager should re-assign outreach teams to retrace the missing workers' steps, starting from the location from which the last check-in was made, towards the next destination in the plan.

Note that combined with a mandatory outreach buddy policy, the risks of 'losing' workers during work hours is significantly minimized. In parallel, the ability of management to respond and provide support in cases of emergencies such as when a team member goes missing will be considerably enhanced. However, there is a significant risk that workers may perceive these measures in a negative light, as an extra management mechanism to track their movements and provide more oversight on their work in the community. In essence, workers may feel that employers do not trust them and want to exert more control over field activities. In such cases, it is important to remind all workers of the risks that they are facing and that the employer has a responsibility to ensure as best as possible, the safety and security of all workers.[7]

c. Regular safety and security meetings: Outreach workers will likely have a very good sense of the safety and security issues that impact on their work and personal lives. In this context, it is important to include the issue of safety and security in the regular DIC team meeting agenda. On the one hand, allocating regular timeslots to discuss safety and security during internal meetings will provide opportunities to remind outreach workers to be careful and avoid unnecessary risks and, in parallel, for field workers to confidently

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7 The CHAMPION-IDU Standard Operating Procedure to Improve Community-Level Collaboration with Law Enforcement includes recommendations for the deployment of an organizational policy mandating a tracking system and provides detailed suggestions for action triggers and temporal milestones. http://www.psi.org/wp-content/uploads/2015/07/Small-CHAMPION-IDU-INNOVATIONS-BEST-PRACTICE-AND-LESSONS-LEARNED.pdf

and safely raise emerging safety and security concerns and identify emerging risks early on. When such discussions are documented, those reports can then be used as evidence to support advocacy and solicit flexibility from donors in reprogramming funds. On the other hand, regular discussions about risk should provide a clear basis for scaling up organizational duty of care options as well as flexibility in terms of worker performance expectations.

For example, during extended law enforcement crackdowns targeting PWUD in the local community, it may be unreasonably risky to send out field workers to conduct outreach. Flexible work hours should be allowed where safety and security risks tend to be higher during a specific period of the day. Routine outreach itineraries should be changed regularly as a matter of good practice to avoid attracting attention of law enforcement, especially where no official policy or operational truce is in place to allow CSO workers to travel freely. However, where partnerships with law enforcement are in place, having regular and routine outreach itineraries may be a benefit rather than a risk.

In addition to such discussions at field level, it will be critical for CSO senior management team members to review concerns, emerging patterns of risk and potential negative consequences, as well as develop clear responses to live up to its institutional duty of care responsibilities.

Such discussions require little or no additional resources and there are no risks associated with discussing and documenting daily safety and security issues. On the contrary, such should facilitate better organizational decision-making and enhance awareness amongst all workers. However, once such discussions are initiated, workers will generally expect a clear and swift response from their employer. In that respect, CSO initiating regular discussions on risk management must be ready to allocate resources to support concrete action, simply because perceived inaction will negatively affect workforce morale and undermine the relationship of trust between the employer and the workforce.

d. Crisis Management: To complement the daily activities proposed above, a comprehensive set of crisis and emergency management tools should be developed and deployed, especially in the context of CSO encounters with law enforcement. The following activities and tools should be integrated, along with daily safety and security management, in the safety and security plan:

Crisis management team: As a first step, CSO should enlist workers from all levels into a designated crisis management or safety and security team. This team should include, at minimum, a representative from the organization's senior management, one representative from each of human resources, operations and logistics, as well as a representative from project's technical unit, and at minimum, one field worker. Including peer outreach workers in the crisis management team will generate buy-in and ownership, provided that the input they provide is taken seriously by all members and addressed effectively.

In turn, clear terms of reference, roles and responsibilities as well as reporting lines should

be defined to ensure transparency and ownership. The crisis management team should be delegated the necessary authority to be responsible for overseeing risk assessments, develop policy and verify compliance, as well as implement safety and security plans and interventions, on a day-to-day basis as well as during emergencies.

Ideally, the crisis management team will be responsible for the following tasks:

1. Defining the roles and responsibilities of each member of the crisis management team;

2. Keeping the crisis management team's supervisor informed of significant threats, risks, consequences and developments;

3. Delegating implementation of specific activities to workers in the organization;

4. Tracking and evaluating potential threats and risks, from man-made risks to natural hazards, including those associated with law enforcement encounters;

5. Defining management strategies and activities to regularly assess, prevent, mitigate, prepare, respond and recover from risks and their negative consequences;

6. Developing, maintaining and updating safety and security policies, plans and protocols;

7. Ensuring that workers have the knowledge and capacity to implement safety, security and crisis responses, including access to tools and guidelines to support roll-out;

8. Ensuring that compliance with safe practices is maintained and adhered to across the organization;

9. Regularly communicating significant threat alerts and notifications to workers and management; and

10. Liaising with external agencies, partners and groups.

The team should nominate a Security Focal Point (in the absence of a dedicated security professional) to manage all field security and safety requirements, as well as act as a point of liaison for head office.

Crisis management policy: The crisis management policy outlines steps to ensure security of workers, assets and operations. The security policy is designed to reduce the risks and threats to the organization's workers, assets and operations, from political violence (including terrorism, insurgency, politically motivated unrest and war), social unrest (including sectarian, communal and ethnic violence) as well as natural disasters (such as floods, earthquakes, and cyclones) of sufficient magnitude to impact the work conducted by the organization.

The crisis management policy should be developed with the following objectives in mind:

1. To establish a set of contingency procedures for the management of program operations;

2. To ensure the safeguard and security of all employees and volunteers on a day-to-day basis;

3. To inform all staff of the security rules, policies and procedures that can be applied in emergency situations and on a day-to-day basis;

4. To protect all organizational assets from damage, misuse and loss during emergency situations;

5. To provide guidance to senior managers so that the organization's workers and assets can be effectively protected at all times.
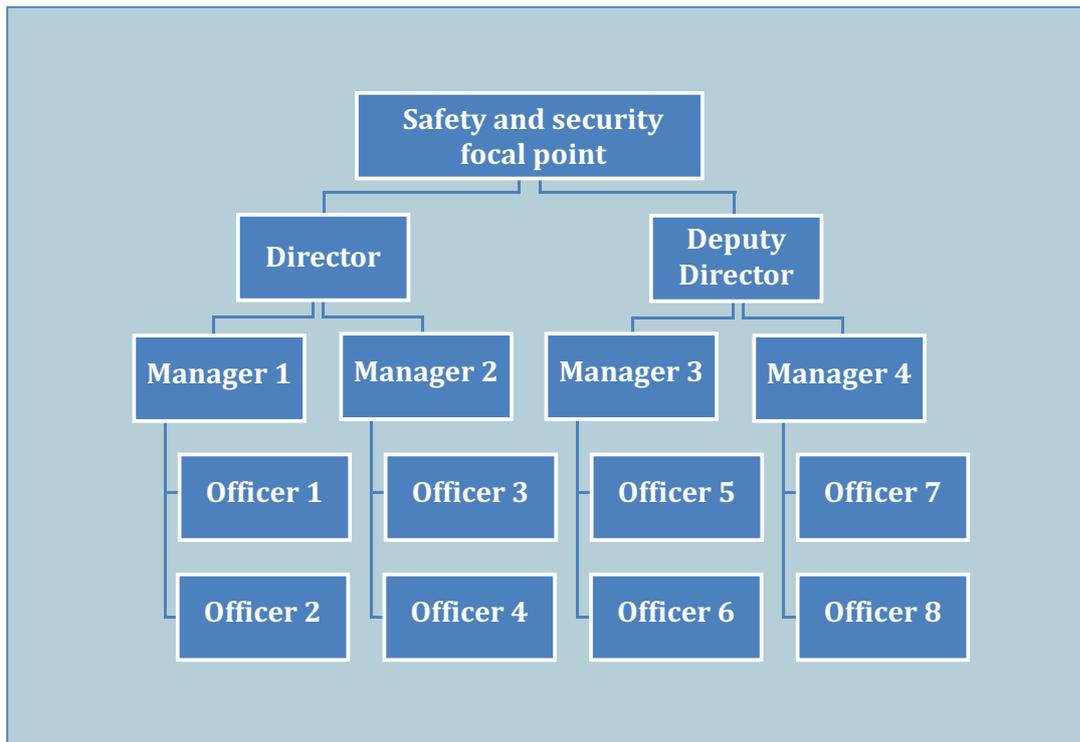
Ideally, the crisis management policy will include clear guidance in terms of assessing the magnitude of daily risks and potential emergencies, decision making cascades, triggers and timelines for action, precautionary measures, procedures for the development and regular updating of an emergency call tree, guidelines for initiating and managing an evacuation or suspension of service delivery, procedures for temporary to long-term suspension and re-initiation of activities, as well as the documents pertaining to the roles, responsibilities of the crisis management team, including terms of reference, focal points and key representatives' contact details. In addition, the organizational tools and policies on the issues listed above should be sensitive to and develop guidance for managing risks and emergencies during office hours, outside of office hours, and while on duty travel.

Developing tailored responses for office- or DIC-based encounters with law enforcement compared to those taking place in the community or away from the office will therefore be important to ensure that risks encountered by workers during outreach and duty travel are effectively addressed. Indeed, workers report feeling alone and 'cut-off,' from both colleagues and communication lines, during encounters with law enforcement in many LMIC and interventions like the buddy-system can help prevent and mitigate such risks and feelings.

Finally it is critical that the senior-most CSO representative endorse the crisis management policy to ensure buy-in, ownership and compliance across the workforce. In essence, to be effective, workers must believe and have confidence that this policy will meet their needs, especially in the context of emergencies and encounters with law enforcement.

Crisis response operational procedures and execution tools: The crisis response operational procedures should contain practical advice on a range of safety, security and emergency management interventions. For example, the details of the call tree (see Graph 4) should be contained in the operational procedures. A call tree or phone tree is a manually operated or automated telecommunications chain designed to notify specific individuals of an event.

Example of an emergency call tree

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                    ┌─────────────────────┐
                    │ Safety and security │
                    │     focal point     │
                    └─────────────────────┘
              ┌──────────────┴──────────────┐
        ┌──────────┐                  ┌──────────┐
        │ Director │                  │  Deputy  │
        │          │                  │ Director │
        └──────────┘                  └──────────┘
        ┌────┴────┐                   ┌────┴────┐
   ┌──────────┐┌──────────┐     ┌──────────┐┌──────────┐
   │ Manager 1││ Manager 2│     │ Manager 3││ Manager 4│
   └──────────┘└──────────┘     └──────────┘└──────────┘
        │          │                  │          │
   ┌──────────┐┌──────────┐     ┌──────────┐┌──────────┐
   │ Officer 1││ Officer 3│     │ Officer 5││ Officer 7│
   └──────────┘└──────────┘     └──────────┘└──────────┘
   ┌──────────┐┌──────────┐     ┌──────────┐┌──────────┐
   │ Officer 2││ Officer 4│     │ Officer 6││ Officer 8│
   └──────────┘└──────────┘     └──────────┘└──────────┘
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The operational guidelines should also include all the standard operating procedures (SOP) that directly relate to safety and security. Additional SOP should be kept with the crisis management operational procedures, including service specific SOP (like the UNODC SOP on *DIC for Injecting Drug Users*[8], on *Outreach for Injecting Drug Users*[9], and on *Needle Syringe Exchange Programs for Injecting Drug Users*[10]).

Ideally, the operational procedures will also include a set of tools including checklists, contact lists, staff manifests, and evacuation maps, all in local languages, to assist with effective operationalization of the plans, policies and decisions and improve organizational responses to emergencies. These should be available in every DIC and offices, while an abbreviated version of the execution tools should be included in every outreach worker logbook and in every vehicle.

Additional readings on evacuation planning and execution:

Commission for Occupational Safety and Health. 2004. Guidance Note – Preparing for Emergency Evacuations at the Workplace.

US Department of Labour Occupational Safety and Health Administration. 2001. How to Plan for Workplace Emergencies and Evacuations.

WHO. 2011. Guidelines for Developing Emergency Simulations and Drills.

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8   https://www.unodc.org/documents/southasia/publications/sops/drop-in-centre-for-injecting-drug-users.pdf
9   https://www.unodc.org/documents/southasia/publications/sops/outreach-for-injecting-drug-users.pdf
10 https://www.unodc.org/documents/southasia/publications/sops/needle-syringe-exchange-program-for-injecting-drug-users.pdf

e. Capacity building on safety and security: It is critical for employers to reinforce awareness of policies, systems, procedures and tools to protect occupational health and safety of workers, and strengthen skills of all workers. All workers should be trained to use safety and security skills and tools at the right time, and recognize their utility and effectiveness.

It is unlikely that CSO working in harm reduction will have the necessary capacity to assess, prevent, mitigate, prepare, respond and recover from significant risks and emergencies. If resources are available, the manpower, skills, knowledge and experience required to develop and deploy comprehensive crisis management mechanisms can be obtained from an external source. If funding is not available for external assistance, CSO teams can use the additional readings presented here to help guide them through developing their approach to safety and security.

Though workshops and classroom-based trainings will be useful and necessary, employers should complement them with regular drills and simulate a variety of emergencies, with a focus on the priority risks identified during the assessment phase. Fire drills are common practice and other emergencies can be simulated based on the fire drill model. For example, employers may wish to role-play a scenario where a field worker has failed to check in after several hours. Drills and simulations will help workers internalize organizational procedures as well as the fundamental value of the crisis management apparatus in their daily work.

In the case of the CHAMPION-IDU project, the crisis management policy and emergency and crisis operational plans, including evacuation plans, execution tools, training and capacity building were developed with external technical support. Funding may not always be available for external support.

2.1.2 Guidelines for encounters with law enforcement

It is strongly recommended that CSO develop their own organizational guidelines to provide clear and unambiguous support to all workers who may encounter law enforcement during the execution of their duties. In essence, a standard operating procedure (SOP) or guideline should outline simple advice on actions to be taken and avoided during encounters with law enforcement.

For example, the cornerstone of the CHAMPION-IDU *SOP to Improve Community-Level Collaboration with Law Enforcement*[11] includes always telling the truth and always remaining polite and respectful, even when such courtesies were not reciprocated. Employees and clients should know their rights pertaining to encounters with law enforcement and feel empowered to exercise them. For example, where applicable, they should know and exercise the right to remain silent and request the presence of a lawyer.

The local SOP should describe the most important risks and threats that may arise from encounters with law enforcement as well as detail: organizational risk prevention measures (selected from

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11 www.cahrproject.org/resource/psi-standard-operating-procedures-to-improve-community-level-collaboration-with-law-enforcement

Section 1 of this guide); mitigation strategies (selected from Section 2 of this guide); the range of responses that should guide implementation from local to national levels; the support accessible to workers after an adverse encounter with law enforcement; and key local advocacy strategies and activities to improve the operational environment, including key messages; as well as M&E forms to record both negative <u>and</u> positive encounters with law enforcement (See section 2.3 on Documentation below).

The SOP should ideally underline key actions that should be sustained in parallel with all field operations, including setting up local community advisory boards; regular communication with local law enforcement agencies to inform them on project objectives, strategies and results; as well as the need to document all encounters with law enforcement, whether for advocacy, accountability, organizational development or personal health and informed decision making.

2.1.3 Internal counselling

There is ample evidence to show that the emotional, psychological and professional well-being of front-line carers may be adversely affected due to the fundamental nature of their work which often places them in direct contact with other people's suffering.[12] This is no different for workers in harm reduction, HIV prevention, treatment, care and support as well as other projects seeking to improve the health and quality of life of PWUD. In fact, this burden is often exacerbated by the fundamental nature of the projects that operate on a peer-to-peer basis. While peer-based models have been recognized to maximize effectiveness of outreach and improve receptivity of clients,[13] they also often leave peers – who themselves are likely to have significant health, social, economic and legal burdens of their own – with a double emotional, psychological and professional burden that may adversely affect their mental health and their work performance. These in turn may be further exacerbated when peers go through adverse encounters with law enforcement, particularly when they occur during the conduct of their professional duties.

In this regard, it is recommended that organizations delivering health and social care services to PWUD, especially those that do so through a peer-based model, have a clinical counsellor on-call or on-staff (part-time or full-time, depending on expressed needs and risk assessment) to provide low threshold emotional, psychological and professional support services and regular weekly supervision to all workers. Low threshold access should imply a range of channels through which workers can seek support from the counselor. For example, a combination of on-site visits to each of the DIC and anonymous phone-in service should be made available for all workers. In addition, the project could register its workforce under an external call-in service provided by SOS International offering individual workers 24/7 emergency health support and guidance.

In CSO where the peer workforce is particularly large, it is further recommended that the lead counselor develop clear criteria to identify and select mature, capable and trustworthy workers to join a counseling team. Once the counseling team has been established, it will be important for its members to advertise their service. Again, advertising the service through

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12 Notthingham, M. C. (2009). The Effects of Providing Care on Caregivers' Mental Health: An Investigation of Depression and subjective well-being. Arizona State University.
13 World Health Organization. (2004). Evidence for action: effectiveness of community-based outreach in preventing HIV/AIDS among injecting drug use.

multiple channels will yield a better uptake from the workforce. For example, email alerts and regular reminders that contain the counseling service hotline number, informal brown-bag sessions, and discussions during regular team meetings should be encouraged. Though advertising the service is critical, ultimately, workers' decisions whether to use such services will hinge on the trust and confidence they have in their employer.

In this context, it will be of the utmost importance that the counselor guarantees confidentiality and anonymity should workers desire it. Workers may be reluctant to share personal or emotional details if those are to be reported to the organization's management. As such, it will be critical to have a transparent understanding across the organization what details can and can't be shared with management. For example, the Clinical Counselor reported regularly to the Program Director on the number of contacts with staff, the province from which the worker initiated contact, key issues and problems faced by the workforce in broad strokes (i.e. dealing with the death of a client/family member, family issues including divorce, past sexual abuse, work-related conflicts, etc.) and the kind of support offered by the counseling team. Only in the event that the counselor perceived a major imminent threat to the worker's own safety and security (self-harm, suicide) or to the safety and security of others (formulated specific targeted threats) was the counselor allowed to breach confidentiality and provide management with private details. At no time should the internal counseling service be used as a means to identify people who are actively using drugs or as a tool to enforce policy through disciplinary action.

The counseling team also provided all workers with extra capacity building sessions to strengthen counseling, coping, psychosocial support, mentoring, coaching and supervision skills, strategies and tools in the workforce. These sessions can again be rolled out in classroom-based workshops or through small group discussions coinciding with the counselor's site visits. Essentially, these sessions should be designed to strengthen workforce self-confidence and contribute to the empowerment of workers in order to, amongst others objectives, allow them to confidently and politely negotiate with external officials, especially in the context of encounters with law enforcement.

Providing the workforce with access to an internal counseling and support service can generate many benefits. Most importantly, the counselor can alleviate some of the emotional, psychological and professional burden carried by peers. In that respect, the counselor may have the opportunity to intervene and delay, even prevent relapse thereby reducing organizational turnover, and build capacity of peers in expressing frustrations and other challenges constructively. In addition, this guide recommends that all workers be provided with a copy of the *Harm Reduction at Work – A Guide for Organizations Working with People Who Use Drugs*[14] booklet, ideally accessible in local languages.

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14 Open Society Foundations. 2011. Harm Reduction at Work – A Guide for Organizations Working with People who Use Drugs.

2.1.4 Professional development and skills building

Investing in the professional development of the workforce, especially in the context of preventing risks and mitigating negative consequences associated law enforcement encounters, can have significant benefits for CSO. In this context, developing a better understanding of law enforcement culture, norms, practices, expectations and limitations may go a long way in fostering better understanding and cooperation between CSO and law enforcement. In that sense, any controlled encounters with friendly law enforcement representatives can expand the horizons of the workforce and soften their attitudes towards law enforcement. In parallel, developing the workforce's skills and capacity to understand the legal and policy context in which they operate as well as exercise their rights with confidence in a non-confrontational fashion will likely contribute to fewer negative encounters with law enforcement.

Inviting law enforcement officials and officers to visit the organization's offices and DIC may in turn allow law enforcement representatives to better understand CSO efforts and generate more tolerance and acceptance for their efforts at community and national levels. Under the CHAMPION-IDU project, a friendly senior police officer has been providing training to field workers on how handle encounters with law enforcement. In parallel, negotiations are underway in Thailand to establish a formal partnership between key CSO and the Royal Thai Police Academy to setup an internship program for police cadets at DIC.

2.1.5 Compensation for risk

The United Nations defines "hazard pay" as:

> *a form of compensation granted to staff members who have been requested to remain and report for work in duty stations where very hazardous conditions, such as war or active hostilities, prevailed.*[15]

In this context, outreach workers delivering health and social care services to PWUD should be appropriately compensated for the risks and negative consequences they may be likely exposed to on a daily basis. This is particularly relevant where the risks and negative consequences of law enforcement encounters generate a measurable impact on project performance and the quality of life of workers. Indeed, the fact that law enforcement in many countries actively target and profile PWUD and CSO workers should be cause enough to consider the provision of hazard pay to mitigate those risks and consequences, especially if the employer does not have a comprehensive crisis management and safety security strategy.

Throughout the literature review and key stakeholder discussions that informed the development of this guide, no viable example or recommendation has been identified to address the real risk of financial loss for field workers who are extorted for bribes by law enforcement. Indeed, there are no known formal mechanisms to compensate workers for a financial loss that occurs during working hours from an abuse of law enforcement authority. In that respect, making budgetary allowances for field worker hazard pay should be strongly considered by employers of peers and other field workers. This approach is

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15   See http://www.un.org/Depts/OHRM/salaries_allowances/allowances/hazard.htm

especially relevant where local risk assessments identify extortion as a priority and /or where documentation of extortion is compelling. However, hazard pay should not be restricted to cover risks associated with extortion only – where unreasonable risks and significant adverse consequences can harm workers, CSO should consider supplementing worker salaries and benefits with hazard pay.

It will be important for employers to set clear criteria that define the circumstances under which a worker can access hazard pay. For example, employers may decide to limit hazard pay to sites where there has been a set number of adverse encounters with law enforcement. However, access to hazard pay should not be dependent on the workers' employment status. Specifically, peer outreach workers are often hired as 'volunteers' in CSO and that status should NOT prevent them from accessing hazard pay if the risks they face meet the organizational requirements. In order to prevent abuse of the hazard pay policy, field workers should be encouraged to leave all personal valuables – jewellery, watches, personal phone, etc. – at the DIC while on outreach in the community in order to minimize personal and organizational exposure.

The benefits of hazard pay for workers who encounter a high frequency of adverse encounters with law enforcement will surely improve job satisfaction and workforce morale while compensating workers for the losses they may encounter during the course of performing their professional duties. But most importantly, hazard pay for field workers would send a clear signal that the employer recognizes that its workers must face genuine threats in order to deliver on their professional objectives.

Unfortunately, the probability of convincing donors to invest in hazard pay for field workers seems low in the current context of a global economic slowdown, and even lower in the context of attracting funds from national sources.   CSO should include requests for these services and interventions in proposals and advocate for proper compensation that recognizes and acknowledges the special risks faced by field workers delivering health and social care services to PWUD, especially in the context of risky and potentially adverse encounters with law enforcement.

2.1.6 Relapse management of and drug dependence treatment

Peer workers hired by CSO to deliver health and social care services to PWUD are exposed to illicit drugs, discuss drug-related issues, and engage with PWUD for at least eight hours every working day. Peers are therefore constantly exposed and in proximity to the illicit drug market, which, in and of itself, is an important risk factor that can facilitate relapse in the workforce. It is also known that certain events, situations, even smells can act as triggers that lead to relapse. In particular, events such as witnessing or being a victim of violence, including physical, psychological and sexual abuse, as well other stress-inducing situations that lead to overwhelming feelings of helplessness and terror are common triggers for relapse. It is likely that both field workers, especially peers, as well as clients will be at higher risk for relapse due to the negative consequences of encounters with law enforcement which can generate such strong emotions. In this context, it is clear that employers have a duty of care, if not an ethical obligation, to provide support to workers who may be at risk of relapse, including facilitating access to appropriate treatment.

In order to manage and delay relapse as much as possible, employers are recommended to deploy a range of informal interventions, including:

- regular positive reinforcement, when deserved, from immediate supervisors, especially for peer workers;

- appropriate frequency, intensity and quality of supervision and support from line manager;

- regular debriefings with immediate supervisor and senior management as well as interaction with the team during official meetings and retreats

- development of a career plan, especially for peers, volunteers and field workers.

In addition to informal mechanisms, more formal tools and policies can be deployed to delay and reduce the risks of relapse among the workforce as well as among clients. In particular, the use of an individualized relapse management plans can provide a useful tool to self-manage potential relapse. Ideally, the tool will allow individuals to identify the triggers that lead to their relapse, adapt their behaviour to avoid those triggers as well as develop strategies to delay and hopefully avert relapse when the triggers are encountered. Though this tool can be a powerful self-help mechanism, it will be most effective when combined with other internal interventions, from peers and supervisors, and through support mechanisms like the internal clinical counsellor or access to additional health and social care services.

While CSO may be ready to facilitate referrals to external treatment providers, and even provide financial support for evidence-based drug dependence treatment for their workforce, across many LMIC, such services are in short supply. Especially across Asia and Eastern Europe, governments have over-relied on forced rehabilitation leading to the detention of PWUD in the name of treatment, to a point where the United Nations issued a statement in 2012 condemning their use, calling for their immediate closure and a moratorium their financial support from international aid agencies. CSO are encouraged to develop clear guidelines and criteria for referring workers and clients to external treatment services in order to assure and confirm the quality of care therein. Where state led drug rehabilitation and treatment services are limited and/or compromised, CSO can explore local options in community-based and peer-led organizations and from private sector providers.

Suggested reading:

Open Society Foundations. (2011). *Harm Reduction at Work - A Guide for Organizations Employing People Who Use Drugs.*

Research Triangle International. (2012). *Compulsory Detention of People Who Use Drugs in Asia - Looking for Alternatives.*

PSI Thailand. (2012). *SOP to Reduce and Manage Relapse and Burnout*.

2.1.7 Access to legal support

According to the International Development Law Organization (IDLO), the United Nations Joint Programme on HIV/AIDS (UNAIDS) and the United Nations Development Program

(UNDP), accessto legal assistance services for key populations group is a critical component of national responses to HIV:

> *HIV-related legal services are an essential component of an effective national HIV response. HIV-related legal services protect and promote the human rights of people living with HIV, people affected by HIV and key populations; [and] are essential to ensure good public health and development outcomes. HIV-related legal services contribute directly to building an enabling environment for effective HIV programmes. Legal services help to ensure access to HIV prevention, treatment, care and support services. Legal services enable people to claim and enforce their rights to access HIV services and thereby create demand for access to HIV services.[16]*

In their toolkit, those agencies recommend a package of legal aid services that should include access to legal information and referrals, legal advice, legal literacy for PWUD to know their rights and legal representation. Where workers and clients of CSO offering health and social care services to PWUD are targeted by law enforcement for regular controls, arrest and even abuse and violence, it will be important for CSO to facilitate access to such legal aid services, including the custody of children, appearance in front of court, access to social services, especially to assist workers detained or arrested during work hours etc.

For example, in Ukraine, three CSO - Time of Life, Mangust and Light of Hope – have integrated legal aid services in the package offered to PWUD, people living with HIV, and current and former prisoners. Each organization uses a different model to offer their clients low threshold access to legal support, from full-time and part-time lawyers on payroll, including their deployment to service delivery sites, all the way to outsourcing contracts with friendly private law firms. Services being offered under the umbrella of legal aid support include legal information and facilitating referrals, telephone information and advice, court representation, mediation by a lawyer or a social worker, legal rights education and outreach.

Since their inception in Ukraine, legal aid services have addressed a wide range of issues, including: law enforcement misconduct, illegal search and seizure, extracting confessions under duress, extortion of bribes, refusal to allow access to health services, including HIV treatment and methadone, while in custody, prosecution for possession of health commodities, discrimination and child custody.[17] The Andrey Rylkov Foundation for Health and Social Justice provides a similar service, offering clients legal advice through a telephone hotline and personal consultations through its "street lawyers" program regardless of whether their encounter with law enforcement occurred during an outreach session.

The program in Ukraine reported that the presence of lawyers at service delivery outlets has been reported to attract new clients and increase credibility of the CSO among clients. At the same time, it can be extrapolated that the presence of lawyers could also reduce the likelihood of adverse encounters with law enforcement and potentially prevent law enforcement misconduct just like the buddy system.

Though legal assistance programs have also been implemented in Ukraine and other

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16 International Development Law Organization and United Nations Joint Programme on HIV/AIDS. (2009). Toolkit: Scaling Up HIV-Related Legal Services.

17 Asia Catalyst. (2010). Know It, Prove It, Change It! A Rights Curriculum for Grassroots Groups.

countries like Denmark, Indonesia, Russia and Thailand, they generally remain small scale and under-resourced.

2.1.8 Drug free workplace policy

A well-tailored drug-free workplace policy can become an important advocacy tool when dealing with law enforcement representatives and can be particularly useful in negotiating an operational truce with law enforcement at community level to allow peer outreach workers to move more freely in the community during outreach. Many organizations, donor agencies included, are increasingly demanding that recipients of public funds meet certain minimum standards and satisfy such specific requirements.

The process for developing a drug-free workplace policy can be particularly tricky, especially in the context of projects and programs that directly employ and retain the services of peers (who by nature are PWUD) and to meaningfully involve people who use drugs in the planning, implementation and evaluation of programmes to adhere to standards of community ownership and effective operational management, as well as to meet donor and other requirements.

It is recommended that the drug-free workplace policy support a zero-tolerance approach for possession, use, distribution and sale of illicit drugs on the premises of any office or DIC or in any vehicle or by staff or volunteers during work hours. The drug-free workplace policy should ideally tie in with other organizational risk prevention and mitigation strategies to refer workers in breach of organizational policy to a range of support mechanisms, including the development of personalized relapse management plans and (where possible and desired by the staff member or volunteer) referrals to evidence-based, ethical drug dependence treatment.

It is critical that such policy instruments <u>not</u> be used in any way to conduct or encourage urine testing within the workforce to identify active PWUD for the purpose of termination and dismissal, or even for offering treatment and support options. Employer-led urine testing, even with the well-meaning intention to offer support and treatment, would significantly compromise the trust between the employer and workers and would violate the worker's right to privacy[18].

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[18] Harm Reduction at Work - A Guide for Organizations Employing People Who Use Drugs, produced by the Open Society Foundations, provides additional guidance on developing a drug-free workplace policy that is both effective in facilitating access to a range of supportive interventions for workers while being responsive to organizational safety and compliance requirements as well as being sensitive to law enforcement perceptions. https://www.opensocietyfoundations.org/sites/default/files/work-harmreduction-20110314.pdf

2.2. Documentation

CSO can use documentation to support management and advocacy activities aimed to prevent and mitigate negative consequences of harmful law enforcement practices as well as to promote good practice. Harm reduction services generally collect information on a number of indicators to monitor their own activities, to report to donors and to sub-national and national monitoring and evaluation programmes. This sub-section outlines several purposes of documentation as well as the type of information that can be used.

Data on various indicators recommended in the *WHO, UNAIDS, UNODC Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users* is often systematically gathered and can be used for these purposes. CSO can also gather specific information on encounters with law enforcement. The CHAMPION-IDU *SOP to Improve Community-Level Collaboration with Law Enforcement* includes a form designed to collect standardized data about encounters with law enforcement from multiple project sites. It is recommended that the form be adapted to fit local needs, reflect priorities, be integrated in routine M&E frameworks, and where possible, deployed as a standard tool across CSO and other organizations engaged with law enforcement across the country.

2.2.1 Showing the positive impact of harm reduction programming on the community

Information gathered through a CSO's standard monitoring and evaluation activities (such as information on levels of programme coverage, numbers of medical services provided or referrals to medical care) can be used to show local stakeholders, including law enforcement, the impact the harm reduction services are having locally and the degree to which they contribute to national programming. When CSOs take proactive steps to build relationships with law enforcement (such as those described in Part 1 of this guideline), this data can be used to show the positive impact of harm reduction programming.

2.2.2 Showing the negative impact of harmful law enforcement practices on harm reduction programming

Sometimes the negative impact of harmful law enforcement practices can be seen in the data collected through an organization's standard monitoring and evaluation activities. For example, a law enforcement "crackdown" involving patrolling near a DIC might quickly impact number of visits and number of needles and syringes distributed per day. In communication with local or national authorities, this information can be presented to illustrate the harmful impact and argue for cessation of the harmful practices.

2.2.3 Informing project strategies to protect staff, volunteers and clients from harmful law enforcement practices

Good governance principles encourage all organizations to evaluate risks and mitigate the

consequences that could negatively impact their operations. CSO should regularly track and analyse data related to the risks and consequences of encounters with law enforcement to draw

out geographical patterns, identify trends over time, and show change (both positive and negative). These efforts should be sustained with the ultimate objective of adapting implementation strategies to deliver services more effectively, better safeguard clients and workers' well-being, and strengthen organizational responses to risk. Providing both clients and workers with up-to-date documentation describing and measuring how encounters with law enforcement can potentially impact their personal and professional well-being can help strengthen the trust with the service provider / employer. While efforts are made to develop such practical data management systems, CSO are encouraged to integrate law enforcement monitoring and evaluation into their routine project and program surveillance and reporting systems.

2.2.4 Evaluation of risk management strategies

As CSO undertake implementation of risk management strategies (such as the ones described above), tracking effectiveness and impact of risk prevention and mitigation interventions will be essential. Data on indicators for interventions deployed by CSO should inform management and staff on decisions related to mitigation of risks. Data from each intervention should be analysed periodically and the results promptly presented to the workforce.

2.2.5 To obtain justice and hold perpetrators of abuse and other human rights violations accountable

Documentation can be used to support official proceedings that seek justice for victims of abuse and human rights violations. In particular, national and international human rights observers, like the UN Special Rapporteurs on Torture and on Health and Human Rights, can be accessed through anonymous online mechanisms that can trigger official action where appropriate. These mechanisms can be particularly effective when the risks and negative consequences on CSO efforts are adversely impacted by unsanctioned law enforcement behaviours.

In addition, data and documentation can be used to support legal action against the state, their agencies, and/or individual perpetrators of abuses and human rights violations. It is thus recommended that, where invited to do so, CSO should consider sharing project data with external agencies in support of such cases. Furthermore, when workers and clients face significant risks of adverse consequences during encounters with law enforcement, CSO should strongly consider ensuring organizational linkages with national human rights commissions, legal aid service providers, and other legal assistance mechanisms and offer and facilitate referrals for both clients and workers who are interested in taking official action. However, where such para-legal services are not accessible or available, CSO should consider initiating rigorous documentation of adverse encounters, with support from legal advisors, to gather evidence for class-action lawsuits or individual litigation.

In any of the scenarios described above, it is strongly recommended that CSO allow each individual to make their own decision regarding whether to take official legal action or not, and unwaveringly support that decision. At no time should CSO pressure individuals into recording official testimonies without their explicit permission nor should CSO use such testimonies without first obtaining and documenting full informed consent. In parallel, CSO that commit to supporting workers and clients in official proceedings should not back out or desist (because of organizational risks or funding challenges) given that doing so would sabotage the CSO's reputation.

Before announcing and initiating CSO-led legal action in the context of adverse encounters with law enforcement, this guide strongly recommends seeking legal counsel and exploring the implications and ramifications of offering legal support to clients and workers to initiate such official proceedings. CSO should be well informed about the potential risks and consequences of such legal action and have deployed comprehensive safety and security prevention and mitigation mechanisms. Ideally, CSO will also have consulted their workforce and facilitated a consensus to include legal action in the CSO's package of health and social care services, especially given that such a decision may increase field workers' exposure to day-to-day risks associated with encounters with law enforcement.

2.2.6 Advocacy for change related to human rights violations and corruption perpetrated by law enforcement

Personal testimonies, case studies, project reports and academic research that describe and measure the impact of law enforcement on CSO operations can provide useful leverage in mobilizing public opinion and effecting policy and operational level changes. Indeed, strategically disseminated information using a range of channels including major media networks and significant events can attract public attention, support resource mobilization strategies, and expand the CSO's network of partners.

The *Know It, Prove It, Change It! A Rights Curriculum for Grassroots Groups* was designed to support CSO, particularly those involved in HIV prevention, treatment, care and support, understanding human rights in the local context, documenting violations and abuses of human rights, as well as designing and implementing advocacy campaigns.[19] Developing advocacy campaigns can be done locally using the *Drug Policy Training Toolkit*, published recently by the International Drug Policy Consortium,[20] and the UNAIDS, UNODC, WHO *Advocacy guide: HIV/AIDS prevention among injecting users*.[21]Once an advocacy strategy has been implemented, it will be important to track its impact. In order to do so, this guide recommends CSO use the *Measuring Up Toolkit* published by the International HIV/AIDS Alliance.[22] In parallel, CSO can join and support the global advocacy campaign *Support. Don't Punish*,[23] which includes a platform for sharing lessons learned, experiences and advocacy strategies in regards to law enforcement.[24] See more on advocacy in Section 2.4 below.

19   International Drug Policy Consortium,& Eurasian Harm Reduction Network. (2013). Training toolkit on drug policy.

20   UNAIDS, UNODC, & WHO. (2004). Advocacy guide: HIV/AIDS prevention among injecting users.

21   International HIV/AIDS Alliance, and International Council of AIDS Service Organizations. (2010). Measuring Up Toolkit - HIV-related advocacy evaluation training for civil society organizations.

22   http://supportdontpunish.org

23   Harm Reduction International. (2013). Support. Don't Punish. Experiences of community advocacy and harm reduction programmes.

24   Open Society Foundations. (2014). To protect and Serve: How police, sex workers, and people who use drugs are joining forces to improve health and human rights, New York. Retrieved from: http://www.opensocietyfoundations.org/sites/default/files/protect-

An example of documentation for advocacy is the Woman Against Violence campaign of the Eurasian Harm Reduction Networks (EHRN). Through the programme, 850 cases of police violence against women who use drugs were documented and gathered through an online platform campaign partners from Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Ukraine and Russia. The cases were discussed in national round table discussions with law enforcement representatives and other community stakeholders.[25]

2.2.7 Highlighting positive examples of cooperation between law enforcement and harm reduction programming

CSO are encouraged to document positive examples of collaboration and partnership with law enforcement to highlight best practice and celebrate the value of law enforcement agencies and representatives' support. For example, *To protect and Serve: How police, sex workers, and people who use drugs are joining forces to improve health and human rights* documents several examples where negotiated partnerships between CSO and law enforcement are contributing to better public security and public health results.[26]

2.2.8 Gathering and managing data

There are several considerations that CSO should keep in mind when working with data linked with impact of law enforcement on programming and individuals. First, the quality of the data should be ascertained and, where possible, verified. This is especially important where the information is intended for official use and for public dissemination. Releasing information that turns out to be incorrect can have major negative consequences on CSO. Where possible, CSO should regularly invite auditors to verify and assess data quality and in order to provide a certification of assurance attesting to effective data quality controls and reliable results.Secondly, integration of new indicators in project performance frameworks implies more documentation at field level– more forms to be filled out by field workers. Deployment of extra documentation requirements can lead to significant push back from the workforce. In some countries, field workers may find it challenging to fill out comprehensive narrative reports describing encounters with law enforcement. In such cases, CSO will be recommended to encourage facilitated reporting –where a worker relates events and describes the situation, prompted by a colleague who fills out the form/report.

Thirdly, CSO should recognize that many workers and clients will likely initially be hesitant to report and document encounters with law enforcement. Workers and clients may be afraid that their testimony will be 'leaked' and lead to reprisals, or they may feel shame, and fear the stigma that may befall them if others find out. In either case, CSO should deploy rigorous mechanisms to preserve and protect the privacy and confidentiality of clients and workers. Where possible, the clinical counselor could be requested to assist with documentation of such cases where no other technical support can be mobilized.

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serve-20140716.pdf

25 More information about that campaign can be found here: http://www.harm-reduction.org/actions/women-against-violence.

26 United Nations Joint Programme on HIV/AIDS, United Nations Office on Drugs and Crime, and World Health Organization. (2012). Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users. http://apps.who.int/iris/bitstream/10665/77969/1/9789241504379_eng.pdf

Protecting the confidentiality and privacy of clients and, when necessary, of workers should be paramount. Indeed, UNAIDS, UNODC and WHO recommend anonymous data collection through a unique identifier code (UIC) that allows in-depth client profiling and follow-up, minimizes the risk of double-counting, and yields better results when measuring coverage.[27] The UIC is essentially designed to protect the identity of the client with an easy-to-recall encryption key. The Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users provides an example of UIC coding based on the system developed and implemented across the CHAMPION-IDU project in Thailand.

Additional measures can be taken to protect client and worker data. As part of good business practice, regular backups of critical data should be performed. Backups should be password protected and copies of backups stored off-site. These measures may mitigate the risks of being compelled by law enforcement to turn over project data, including private and confidential about clients and workers. In such events where law enforcement demand or compel CSO workers to share data, senior management should be the only representatives with the authority to approve such data sharing, and such a decision should only be made after receiving legal counsel.

Despite these challenges, documentation of the impact of law enforcement on CSO efforts as well as the results generated by risk prevention strategies and mitigation interventions will be of critical importance in moving forward. Whether mandated by donors and other agencies or not, CSO should actively monitor, evaluate, measure, analyse and disseminate information and data about their encounters with law enforcement while deploying efforts to ensure reliability and credibility of that information.

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27 United Nations Joint Programme on HIV/AIDS, United Nations Office on Drugs and Crime, and World Health Organization. (2012). Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users. http://apps. who.int/iris/bitstream/10665/77969/1/9789241504379_eng.pdf

2.3 Partnerships and advocacy

The formation of partnerships and engagement in strategic advocacy work can help CSOs mitigate the negative impact of law enforcement on efforts to deliver health and social care services to PWUD. CSOs can establish formal and informal partnerships, found and join coalitions, and engage the help of with community leaders and champions and seek technical assistance to advocate for change in relation to specific local problems. Partnerships on the local and national levels can be mobilized to help a CSO respond to problems related to law enforcement practices.

2.3.1 Reaching out to local stakeholders

Though the nature and intensity of relationships with external stakeholders will vary from place to place and from partner to partner, CSO will be wise to consider mobilizing key stakeholders that complement and enhance their responsiveness to law enforcement issues.

For example, a CSO might consider reaching out to municipal health authorities and other partners in the community to join them in addressing a "crackdown" during which police started patrolling near the DIC. Municipal health authorities can help the CSO authoritatively make the case that it is important that harm reduction services not be interfered with for the sake of the overall health benefit for the city. Under the CHAMPION-IDU project, particular efforts were made to reinforce partnerships with religious leaders in the Deep South of Thailand; there, religious leaders often had more influence than law enforcement at local level and their endorsement of the project increased workers credibility while they generally successfully encouraged law enforcement to avoid arresting project clients and workers.

It is also strongly recommended that CSO identify leaders and champions that can advocate on their behalf and enhance their capacity to effectively address the negative consequences associated with encounters with law enforcement. Such individuals may also be able to protect the project and encourage discretion at community level to mitigate the impact of law enforcement. For example, CSO should consider, where possible, inviting friendly active or retired law enforcement representatives to sit on community advisory boards.

2.3.2 Reaching out to national stakeholders

Local CSO may want to reach out to national stakeholders from within civil society and or from governmental structures for support. Many countries have harm reduction networks, networks of PWUD, networks of PLHIV and or general CSO networks which may be able to help address local problems by leveraging their national partnerships and or for example, their membership in the health authorities with human rights bodies. They may be able to help identify champions who can help or raise your issues in various national fora. Local documentation of the impact of law enforcement practices can provide national stakeholders with information valuable to their national advocacy efforts and help them identify areas where specific technical support or advocacy efforts should be directed.

2.3.3 Accessing technical assistance

Partnerships may take many months or even years to build and, in situations where assistance is required more rapidly, external technical assistance and support can be mobilized to meet those needs. There are an increasing number of technical assistance providers, agencies, and consultancy firms that offer support services to develop and improve implementation strategies to maximize CSO results. Where CSO capacity is not sufficient, external consultants should be invited to conduct risk assessments, develop safety and security plans, monitoring and evaluation frameworks, referral pathways, and other operational tools to support deployment of the interventions recommended in this guide.

2.3.4 Engaging a law enforcement advisor

At the country level, a senior police officer could be identified and hired to act as the 'law enforcement advisor.' In that role, the senior law enforcement official provided support and guidance to the project management and implementation teams with the specific mandate to build capacity of project workers on dealing with law enforcement; to build capacity of law enforcement in working with CSO to achieve public health objectives; facilitate introductions between local law enforcement and field team at each DIC to ensure that law enforcement are aware of the project, its objectives, its activities, the results achieved to date, the workers delivering services and the support expected from local law enforcement; provide on-call assistance during adverse encounters with law enforcement; and contribute to local and national advocacy efforts towards development of an enabling environment.

2.3.5 Placing a project officer based inside local and/or national law enforcement offices

Even CSO may not have access to such champions inside law enforcement, the delivery of health and social services targeting PWUD will likely lead to an increased law enforcement workload. In recognition of the extra work generated by implementation of harm reduction, HIV prevention, treatment, care and support, and other projects seeking to improve the health and quality of life of PWUD, CSO should consider allocating extra resources to support the hiring of a project officer based inside local and/or national law enforcement offices. In such situations, CSO should coordinate with law enforcement agencies to identify needs and capacity gaps, define the roles and responsibilities, and jointly conduct competitive hiring based on CSO and law enforcement employment guidelines. The presence of such an officer can facilitate addressing project concerns related to law enforcement encounters by absorbing the additional tasks that will need to be implemented within law enforcement agencies and increasing responsiveness to CSO issues. Such task-shifting has been widely recommended to support the roll-out of HIV prevention, treatment, care and support services and should be strongly considered in the context of building partnerships with law enforcement and mitigating the risks and consequences associated with encounters between CSO and law enforcement.

2.4 Addressing the needs of women

As noted in the previous sub-section, female workers and clients may be particularly vulnerable and face specific challenges. In that respect, it will be critical for CSO to develop tailored mitigation strategies and ensure that risk prevention and mitigation interventions related to encounters with law enforcement are gender sensitive. *Women, Harm Reduction, and HIV,*[28] published by the Open Society Foundations and the report *"Women who inject drugs: A review of their risks, experiences and needs"* prepared on behalf of the Reference Group to the United Nations on HIV and Injecting Drug Use,[29] acknowledge the multiple risks and vulnerabilities faced by women and girls as well as other gender minorities who use drugs and makes specific recommendations, including related to encounters with law enforcement, to mitigate those risks and negative consequences. In parallel, the UNODC *Female Injecting Drug User Toolkit*[30]and *UNODC/UN Women/WHO/INPUD Policy Brief on Women who inject drugs and HIV: Addressing the specific needs*[31] provides guidance on access essential health and social care services to for women and girls who use drugs. Meanwhile, the Open Society Foundations have also published key lessons learned about effective interventions targeting women and girls, including developing an enabling environment, including transforming gender norms, addressing gender-based violence, legal and policy change to empower women and girls, including inheritance and property rights, promoting women's employment, income and livelihood opportunities, advancing education, reducing stigma and discrimination, and promoting women's leadership.[32]

Targeted advocacy work can be effective. The Woman Against Violence campaign of the Eurasian Harm Reduction Network (EHRN), which documented over 850 cases of police violence against women brought local and national attention to the issue and kicked off initiatives to ameliorate the problem.

Despite existing guidance, addressing the special needs and vulnerabilities of women and girls who can be both clients and workers may require more than what CSO working on delivery of health and social care for PWUD can provide. This guide has reviewed a number of interventions that can be deployed to enhance organizational duty of care, documentation and mobilization of partners, and those interventions are even more important in the context of preventing and mitigating the special risks and consequences of adverse law enforcement encounters on women and girls.

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28 Roberts, A., Mathers, B., & Degenhardt, L. on behalf of the Reference Group to the United Nations on HIV and Injecting Drug Use. (2010). *Women who inject drugs: A review of their risks, experiences and needs.* http://www.unodc.org/documents/hiv-aids/Women_who_inject_drugs.pdf

29 UNODC (2006). HIV/AIDS prevention and care for female injecting drug users. http://www.unodc.org/documents/hiv-aids/publications/HIV-AIDS_femaleIDUs_Aug06.pdf

30 UNODC.(2014). Policy Brief - Women who inject drugs and HIV: Addressing specific needs. http://www.unodc.org/documents/hiv-aids/publications/WOMEN_POLICY_BRIEF2014.pdf

31 Open Society Institute. (2010). What works for women and girls: Evidence for HIV/AIDS Interventions. Retrieved from: http://www.opensocietyfoundations.org/sites/default/files/what-works-for-women-and-girls-20100811_0.pdf

32 ibid

APPENDIX 1 – POLICE CODE OF CONDUCT

A CODE OF CONDUCT FOR POLICE

The following has been taken from

'Victoria Police Blue Paper – A Vision for Victoria Police in 2025' Victoria Police 2014.

Public support for police - producing public value and upholding community values

The principle of policing by consent of the public remains at the heart of a modern Victoria Police. What does public approval depend upon?

Police must produce public value – that is, they must understand and respond to the community's concerns about public safety, at the lowest possible cost in terms of money and authority – and, in doing so, uphold community values.

At least seven dimensions of the public value of policing are important:

- reducing crime and victimisation
- calling offenders to account
- educing fear and enhancing personal security
- ensuring civility in public spaces (ordered liberty)
- using force and authority fairly, efficiently and effectively
- using financial resources fairly, efficiently and effectively
- quality services/customer satisfaction.

Public value is therefore in part created by upholding shared community values.

These values include upholding the rule of law, but go beyond it to the social obligations that underpin a civilised society. Police must treat every citizen – whether victim, offender or otherwise - with dignity and respect. Police must convey trustworthy motives, allow citizens to speak up and express their views during encounters, and not profile people based on race, gender or any other inherent characteristic.

The founder of modern policing, Sir Robert Peel emphasised not only that "the police are the public", but also that police should not cater to public opinion. Thus the police need to be recognisable to the diverse ethnic, religious and other groups within the community, but at the same time held to ethical standards in performing their duties that are higher than those in the community at large.

Peel also stressed the importance of accountability to the public. Police are given by the public the power to deprive individuals of their liberty and to use force in the cause of upholding the law. Public accountability requires transparent measurement of all aspects of performance. Victoria Police could establish a new performance management system that measures the effectiveness of its activities, based on the seven dimensions of public value described above.

All measures should be reported on publicly, so that the Victorian community has a full picture of the value provided by Victoria Police.

Role and functions of Victoria Police

The Victoria Police Act 2013 defines the role of Victoria Police as being to serve the Victorian community and uphold the law so as to promote a safe, secure and orderly society.

The Act provides that the functions of Victoria Police include:

- preserving the peace
- protecting life and property
- preventing the commission of offences
- detecting and apprehending offenders
- helping those in need of assistance.

In practice, the role of Victoria Police is far more complex. A safe, secure and orderly society depends not only on the conduct of police, but on the activities of citizens, and many other organisations. Their behaviour is influenced by many factors, including changing demographics and general social and economic conditions. Police increasingly deal with the consequences of a variety of social ills, such as family violence, abuse of alcohol or illicit drugs, mental illness or underemployment. They depend on the effectiveness of other services to resolve a situation fully, and they are expected to work with other agencies to find ways to deal with the causes of harmful behaviours.

The principle of policing by consent of the public remains at the heart of a modern Victoria Police.

APPENDIX 2 – CASE STUDIES

CASE STUDIES – POLICE SUPPORT FOR HIV PREVENTION

CASE STUDY – MALAYSIA

In Malaysia police operating procedures were developed for NSPs entitled *Malaysian Needle and Syringe Exchange Pilot Project Standard operating procedure for NSEP (Guidelines for NGOs).* This document provided guidelines for NGOs in Malaysia who were part of the pilot programme conducted by the Malaysian government in the implementation of needle exchange programmes. The guidelines are particularly useful because they highlight the importance of the need for agencies to work with local police in the implementation of needle exchange:

The guidelines expand on the notion of discretion as applied to performing duties at or near a NSP, including Drop in Centres, by stating that police 'should not target the vicinity of an NSP for the purposes of enforcing laws relating to dangerous drugs'. It also includes recommendations for police 'not to arrest those bringing needles and syringes for exchange' and 'do not prevent clients from going to the NSP DIC'. The guidelines also clarify an area of contention that some police may feel is somewhat confusing, and that relates to the vicinity of the NSP not being an 'exclusion zone' for police. For example, the guidelines state:

'Exercising discretion in the vicinity of NSEP DICs has at times been thought by police to mean that the immediate vicinity of NSEP DICs are 'no go' areas. This is not the case. If, for instance, drug supply or other criminal activity is occurring in the vicinity of an NSEP, police should respond in line with normal expectations.'

There is the need for police to consider the operation of Needle and Syringe Programmes (NSPs) when carrying out their duties in the areas where these programmes are situated.

Without restricting their day to day duties and obligations, police should be mindful not to carry out unwarranted patrols in the vicinity of NSEPs that might discourage people who inject drugs from attending.

Therefore:

Police should consider the nature and extent of their activities in the vicinity of NSEPs – they should not target the area solely for the purpose of enforcing laws related to dangerous drugs.

If it is necessary for police to carry out an operation in the vicinity of a NSEP outlet, police should consider advising the NSEP manager / staff, provided it will not compromise their investigation.

If an increase or an unusual criminal drug related activities are occurring in the vicinity of a NSEP, or there is an adverse effect on community amenity, where operationally appropriate, police should consider in the first instance approaching the NSEP management to seek their assistance to overcome any difficulties.

Police should refrain from actions which may lead to either a reluctance to obtain sterile needles and syringes, or discourage safe disposal of used injecting equipment.

CASE STUDY – PAKISTAN

Pakistan's Federal Government has developed the Pakistan National AIDS Consortium (PNAC) which is a network of 6 provincial/regional NGO networks throughout Pakistan. PNAC was founded in 2000 and registered with the government of Pakistan in 2005. Harm reduction is also supported in government documents, policies. There are now several NGOs distributing clean injecting equipment in Pakistan.

In Pakistan, a network of drop in centres has been established with comprehensive services offered to people who inject drugs. Those IDUs wishing to use these services are required to be registered and must produce their identification card in order to obtain health services that include clean needles and syringes, primary health care, condom distribution, housing and bathing facilities.

The Anti-Narcotics Force, the most senior authority in terms of drug law enforcement in Pakistan, has provided support to needles and syringe exchange by formally endorsing NSPs as a viable service to address drug related harm, including the spread of HIV and other blood borne viruses.

The NGO NaiZindagi has successfully negotiated with local police in Lahore to gain their support in the establishment and provision of NSP service at the local level.

CASE STUDY – BURMA - MYANMAR

In Burma in 2004, HIV prevalence was on the rise and the epidemic was concentrated mainly among people who injected drugs. There were no freestanding programmes geared specifically to people who injected drugs, and they were afraid to access local health services due to intense stigma at area hospitals, and because laws specified that all people who use drugs should be registered with the government and that police should arrest them. Community members were encouraged to report anyone using drugs to authorities.

In this environment, people who inject drugs stayed away from any official health services even when they were very ill. To improve the health of people who inject drugs, the local UN Office on Drugs and Crime brought together a working group that included international and national nongovernmental organizations, other UN agencies, representatives of bilateral government projects, and government representatives—including the police.

Together, they sought to conduct a pilot project to provide harm reduction services to reduce HIV among people who inject drug in Lashio. The biggest challenge was receiving permission from the local Anti-Narcotics Task Force for the project. Support from the CCDAC helped, but police in Lashio had varying attitudes toward the proposed harm reduction programmes.

Some expressed worries that such programmes might increase drug use, or be against the law. The policy climate put police and people who inject drugs at odds: "Drug use was not permitted by law. So naturally the police viewed the people who use drugs as an offender, with the police and the 'offender' in opposite poles…".

The most important undertaking was to get the supervisor of the anti-drug unit on board with the concept of harm reduction. People who use drugs wanted police to understand that they were not criminals—simply people who need help rather than punishment.

Police responded by saying that they had nothing personal against people who use drugs, and that if higher authorities agreed, they would not arrest them simply for drug use.

In discussions with police, they were asked how health advocates could help make their job easier. Police had concerns that outreach workers could be traffickers trying to gain access to a large pool of customers.

In order to appease these concerns, the partners agreed to allow the police to do background checks on staff, so they could see that they were not drug traffickers. Police also wanted outreach workers to have IDs, so that they could be readily identified as part of the project. The group had no problem with this request. In this way, police saw that the process was a collaborative one, and that their concerns were acknowledged and addressed.

CASE STUDY – KYRGYZSTAN

As in much of the former Soviet Union, policing and health services in Kyrgyzstan were often intermingled. It was common for police to raid organizations that provide services to sex workers and people who use drugs, and to harass program clients as they attempt to access clean needles, condoms, methadone treatment or other vital health services.

Each time police staked out a drop-in centre or needle exchange site, it would completely undermine trust between sex workers and people who use drugs, and the organizations working to provide them with life-saving services. Police also commonly arrested people who were carrying used syringes to return to harm reduction sites.

The growth of the HIV epidemic, however, forced changes in attitude for law enforcement officials. HIV organizations in Kyrgyzstan recognized that in police structures formal command from above was critical. In 2003, civil society groups convinced Kyrgyzstan's Ministry of Internal Affairs to issue Order 389 instructing police *not to interfere* with HIV health service delivery.

The decree prohibited the police from interfering with the operation of syringe exchange and methadone programs, or with outreach activities to sex workers and people who use drugs.

It also required police to undertake occupational safety activities to prevent and treat HIV infection. Civil society members and police officers worked in teams visiting local police stations to monitor compliance.

The first monitoring results were not very good, but they motivated police personnel to "pick up these instructions and read them carefully." By the second round of visits, the stations had trained their staff on the instructions.

Further monitoring has showed real change, with some stations have even started special ledgers to document reported abuses.

CASE STUDY – INDIA

HIV prevalence rates above 50% amongst people who inject drugs. India is one of the few countries in the region that has extensive coverage for HIV prevention programs, including opioid substitution in prisons. The most common forms of drugs injected include heroin, buprenorphine and pharmaceutical drugs.

There are estimated to be approximately 120 needle and syringe sites in India with a strong emphasis on outreach programs. The number of programs is growing steadily and harm reduction is mentioned specifically in the national drug policy. Police in India have historically been very supportive of harm reduction. The model of policing in this country is based on the British style of policing with a strong focus on crime prevention and community policing approaches. Examples of strong and supportive policy and practice approaches by police towards HIV prevention include the work undertaken by police in Calcutta. Their response has been overwhelmingly comprehensive with a succession of policies and practices supporting the prevention of HIV and other drug related harms.

Calcutta Police's strategy combines new concepts of community policing with alternative methods of drug de-addiction through the harm reduction process to effect a change amongst people who inject drugs (PWID) which takes longer to implement but is stronger and broader based in output. The methodology adopted by the police in Calcutta toward dealing with drug related harms and other issues involving health issues for people who inject drugs and the broader community is based on a process of orientation and awareness of modern techniques of intervention were introduced for police personnel with the help of NGOs.

The police undertook community programmes such as street plays, drug awareness rallies, educational programs in schools and similar programmes in slums. The police facilitated NGO intervention through needle-syringe exchange programs (NSEP), substitution programs, distribution of condoms, abscess and general health treatment programs and counselling of victims and their families. Police in Calcutta recognised that there was a strong link between petty crime and injecting drug use in poorer communities in the city. Instead of taking the approach of conducting regular crackdowns and achieving little long term benefits, the police took a more proactive role and initiated a number of community based programs in conjunction with local NGOs.

Research conducted to determine the outcomes from the program implemented in Calcutta has found that many police have had an attitudinal change toward people who use drugs with many acknowledging the human rights aspect of their work. For many people who inject drugs the police who were once viewed as harsh aggressors are now seen as protectors and advisors and importantly there has been a drop in the number of users resorting to crime:

Police have openly spoken about their preparedness to seek the services of NGOs to respond to the health needs of people who inject drugs include Detective Inspector Soumen Mitra:

> *As police officers and having our administrative network spread throughout the state, it is our social responsibility to align ourselves with the forces fighting HIV-AIDS....in this, we work very closely with the Health Department and the NGOs working in this field...the war on drugs policy has had disastrous effect in many countries...the harm reduction strategy – which is primarily the needle-syringe exchange programme & oral substitution – has had good effect in combating HIV-AIDS among PWID.*

CASE STUDY – ENGLAND

The Northamptonshire Police has developed guidelines for the replacement of injecting equipment in custody suites. This protocol was developed as operational guidelines to custody officers engaged in safe disposal of used injecting equipment confiscated from detainees on arrival in custody.

The protocol provides guidance on providing replacement sterile injecting equipment to detainees on release from custody and the roles and responsibility of Northants DAAT (Drug and Alcohol Action Team) and a local pharmacy that provide the sterile injecting equipment. The main purpose of this scheme is to provide clean injecting equipment in the custody suites to improve public health by reducing the spread of blood borne viruses and initiate a harm reduction strategy for people who inject drugs detained at Northamptonshire police stations. The strategy also aims to reduce the risk of needle stick injuries of officers who search prisoners in the custody and provide safe disposal for used injecting equipment. The program also ensures that all detainees who are people who inject drugs are referred to appropriate treatment services via the arrest referral system (DIP).

Police custody staff and drug workers advise detainees brought into the custody suite prior to being searched that there is a needle replacement scheme in operation at the police station. Prisoners are asked to dispose of any used injecting equipment in their possession into a sharps bin provided and they are also informed that they will be provided with new injecting equipment upon release.

Cleveland Police, which includes Hartlepool, Stockton, Middlesbrough & Redcar police services, has articulated in their *Corporate Policy Document - Emergency Needle Provision in Custody Suites* the legislative basis for their decision to offer clean injecting equipment in custody suites by identifying relevant laws:

Article 2 Right to Life. *Human Rights Act* 1998 (UK)

The Police have a duty under Common Law to protect Life.

Health and Safety at Work Act 1974 (UK)

Misuse of Drugs (Amendment) (No2) Regulations 2003 (UK) (SI No. 1653/2003)

Police in Brighton have also provided relevant links to Human Rights legislative compliance: 'This Policy accords with the *Human Rights Act* 1998, with the right to respect for private and family life (article 8) being balanced against personal and community safety, prevention of crime and disorder and the protection of health.'

Police in Bradford have produced a comprehensive range of documents that address issues related to police occupational health and safety risk, particularly related to the risk of infection from blood borne viruses. This service's policies and procedures deal with risk reduction guidelines and the processes for dealing with anyone taken into custody that are suspected of being infected with HIV or hepatitis:

CASE STUDY – UNITED STATES OF AMERICA

This resource provides an ongoing commentary from many senior police personnel who are supportive of needle exchange. The *Risks of the Job* video produced by the California Department of Public Health, Office of AIDS through the California AIDS Clearing House

Senior Police with LAPD have commented and provided support on this issue:

Los Angeles Police Department - Deputy Chief Sergio Diaz:

> 'you don't want to be …at the moment of crisis figuring out what you should do…know and follow your own department's protocol…the department does recommend that field employees are vaccinated for Tetanus and Hepatitis B…'

> '…..we live in a society, we have a lot of contact with each other…family members, health workers, police officers….we are all constantly coming into contact with each other…as we reduce the risk of infection to a drug user… there are benefits that accrue to the rest of us….'

Los Angeles Police Department - Captain Andrew Smith: 'If you look at the police business as maintaining a society free of crime and disorder, I think the needle exchange program actually helps us do that…I think it is helping us keep our officers safer.'

Former Director of the White House Office of National Drug Control Policy and former Seattle Police Chief Gil Kerlikowske: 'Needle exchange programs have been proven to reduce the transmission of blood-borne diseases. A number of studies conducted in the U.S. have shown needle exchange programs do not increase drug use. I understand that research has shown these programs, when implemented in the context of a comprehensive program that offers other services such as referral to counselling, healthcare, drug treatment, HIV/AIDS prevention, counselling and testing, are effective at connecting addicted users to drug treatment.'

Executive Director National Black Police Association Ronald E. Hampton:

> 'Syringe exchange has helped to improve working conditions for law enforcement agencies and reduce rates of HIV and hepatitis infection.'

Sheriff of Broward County, Florida - Al Lamberti:

'While substance abuse prevention and treatment remain vital, it is also essential that the health consequences of injection drug use be mitigated by needle exchange programs.'

Deputy Chief of Police, Atlantic City - Robert Schwartz:

'I would like to go on record totally and enthusiastically supporting the adoption of a lawfully administered needle exchange program, whereby used or dirty needles are turned in or exchanged for clean sterile needles.'

Chief of Police City of Portland, Oregon - Rosanne M. Sizer:

'In Portland, syringe exchange has helped protect law enforcement and first responders from injuries caused by syringes during body searches or rescue operations.

We are particularly impressed that our local syringe exchanges have built a network of support for families and that they have provided a bridge to addiction treatment.

Portland's syringe exchanges have not been a problem for us and indeed have helped to remove some of the burden of working with this difficult population.'

In San Diego, California, a Clean Syringe Exchange Task Force was established to develop a one-year clean syringe exchange pilot program, coupled with a drug abuse treatment referral component. The Task Force was made up of various representatives from public health, local government and academia as well as Captain Larry Moratto, San Diego Police Department.

The Task Force explored many issues associated with operating a clean syringe exchange program in San Diego, such as the availability of substance abuse treatment opportunities within San Diego County. In addition, Task Force members travelled to the cities of Baltimore, Maryland, and Los Angeles, California, to meet with city staff, police, substance abuse treatment providers, and clean syringe exchange program staff currently operating programs within these two cities.

The Task Force made a number of recommendations, supported by local police, that were implemented in order to establish a privately funded, one-year pilot model which included the following (amongst nearly a dozen recommendations):

The City of New York Police Department introduced *Operations Order 19* during early 2007 that reinforced previous standard operating procedure guidelines relating to police conduct and NSPs.

In Atlantic City, the Deputy Chief of Police, Robert A Schwartz from Atlantic City Police Department, New Jersey, documented the support for needle exchange in an open letter to the Drug Policy Alliance in 2004. In Schwartz's letter he outlines his support for needle exchange and affirms this through statements such as:

'I would like to go on record totally and enthusiastically supporting the adoption of a lawfully administered Needle Exchange Program…..I base this decision both on my practical experience and my academic experience as a Law Enforcement Official……'

Harm Reduction is a principle or philosophy, which promotes the managing of drug abuse which is a much more appropriate and achievable goal, than is attempting to eradicate or entirely stop all together the drug abuse problem…..'

CASE STUDY – CANADA

Vancouver Police Department (VPD) has maintained a consistent approach toward harm reduction with police policy strongly supporting drug user access to social and health services. The belief that addiction is a health, not a criminal issue, is shared by the police, social service and health care providers.

For example, the *Vancouver Police Department Drug Policy* sets out the VPD's position on the Supervised Injecting Facility and other harm-reduction measures it supports, such as needle exchanges. The 10-page comprehensive document outlines the VPD drug policy which is, as it states, "based on a Four Pillars strategy of prevention, enforcement, harm reduction and treatment." The aim of the drug policy outlines that:

This document is intended as a guide for Vancouver Police officers that will positively impact their day-to-day policing practice and discretionary application of the law and other sanctions relating to the harmful use and possession of psychoactive substances.

In addition, it will clarify for other stakeholders the rationale for drug-related policing practices in Vancouver, and the specific relationship between the VPD's public safety mission and its drug policy. This policy document gives some background on the VPD decision to create the document, defines terms included in it and then uses the four-pillar structure to outline the VPD policy.

The document makes the VPD's stand on drug policy clear to the public and also to the VPD executive and managers, members of the Police Board and the City of Vancouver. The policy guides VPD members in their day-to-day policing practice and discretionary application of the law, as well as when commenting publicly on drug policy.

In terms of its support for harm reduction and also treatment, the *VPD Drug Policy* clearly articulates its stand on these issues and provides the rationale or discussion basis for supporting these approaches. This 'Discussion' component of the *VPD Drug Policy* is particularly useful because it provides the background to the VPD's decisions to support health programs such as harm reduction, and is therefore critical in understanding these policy initiatives:

Harm Reduction

The VPD supports a wide range of strategies and initiatives by the Health Authority and other organizations that serve to reduce harm in society. Though it seems that the harm reduction concept has been widely perceived as solely associated to public health practices, harm reduction requires a broader scope and should include all practices and initiatives that reduce harm. The degree to which harm reduction measures are needed is proportional to the degree to which the other pillars - prevention, enforcement, and treatment - have failed to succeed.

The VPD's public safety mission in relation to harm reduction also relates to a policing practice that strives to balance the need to ensure open and ready access to public health harm reduction initiatives, such as needle exchange and the Supervised Injection Site by substance abusers, while at the same time ensuring disorder, violent behaviours and unlawful activities on the street are kept under control.

CASE STUDY – AUSTRALIA

Legislative change in Australia to facilitate harm reduction programs and assist in the prevention of HIV transmission has also occurred with the removal of laws related to the criminal possession of needles and syringes. Such changes have occurred in New South Wales, for example, where the *Drug Misuse and Trafficking Act* 1985 (NSW) was amended in 1988 to permit possession of hypodermic needles and syringes. These amendments were designed to promote safe injecting practice and permit possession of needles and syringes.

Several other states have also removed similar legislation, including Victoria, where no laws exist that relate to a criminal offence of possession of needles and syringes or other drug injecting paraphernalia. The only associated sections of legislation refer to exemptions for possession and sale of needles and syringes (includes NSP authorisation),*Drugs, Poisons and Controlled Substances (Amendment)* Act 1987:

> *(5) A person who sells or supplies a hypodermic needle or a syringe is not guilty of an offence under this section by reason only of that sale or supply—*

> *(a) if the person is, or is engaged or employed by, a pharmacist and the sale or supply is made in the course of the lawful practice of a pharmacist; or*

> *(b) if the sale or supply is by a specified person or organisation or specified class of persons or organisations in specified circumstances as authorised by Order in Council published in the Government Gazette.*

In Victoria the Custodial Risk Management Unit has been established in response to the recognition of these health needs of people in police custody, and to make the transition from the community into custody safe. The unit works proactively with Victoria Police to improve health outcomes and reduce risks for people in police care. It is staffed by a doctor and a team of nurses, and supported by a network of GPs.

Custodial nurses are based in metropolitan and regional police stations in Victoria to meet the challenge of keeping people safe and healthy in police custody. The nurse offers a comprehensive health assessment to everyone held in custody. The assessment considers aspects of each person's welfare, medical, psychiatric and alcohol and drug issues. The focus is on managing the health risks of being in a place where there is restricted access to health services.

The nurses liaise with community agencies to ensure they understand the individual's needs. They can help people find pharmacotherapy prescribers, pharmacies, withdrawal services, court-based services or arrange access to the Mental Health Court Liaison Service. If the person is going to prison, referral is made to the appropriate services in the jail. The custodial nursing service has been well supported by police. Many police say anecdotally that since the commencement of the current program in 2002, there has been a dramatic reduction in the number of health and welfare issues in custody.

Another significant policy development that enhances the reduction of drug related harm within Australian police jurisdictions is the 'response to overdose' policies. Initially developed by the New South Wales Police Service in the mid-1990's, this policy is now adopted by each state and territory. Collaboration with ambulance services is a key to these guidelines being effective in each state.

The policy was developed as a result of several incidents whereby young people in particular were reported to have failed to make an emergency call for an ambulance during an overdose situation because of fears of criminal liability should police attend the overdose scene. By introducing this policy, those present at an overdose scene would have the confidence to call an ambulance without fear of prosecution by police for drug related matters.

While the police policy is articulated differently in each Australian state, there is consistency in each jurisdiction's approach. For example, *The Victoria Police Manual 103-7 - Intoxicated, injured or ill persons* – states:

When attending the scene of a non-fatal drug overdose, members are asked to consider the community interest and not to pursue minor possession and use charges.

Introduction – Police action when attending incidents of non-fatal drug overdose must be based on the principles of harm minimisation. One of the Force's roles in supply reduction is to target drug manufacturers and traffickers rather than people who use drugs. The principles of harm minimisation must be applied in potential overdose situations. Accordingly the following policy applies:

Policy – before pursuing any investigation for 'use and possess' offences at incidents of non-fatal drug overdoses, police members must consider whether this action is in the best interests of the community.

Discretion – attending police must consider all of the circumstances in relation to the incident. On most occasions it may be in the greater public interest for police members to use their discretion and overlook minor 'use and possession' offences and take no further action. Removing the fear of prosecution may encourage people present to call for an ambulance without delay thereby reducing the potential for an overdose death or serious injury.

Drug diversion programs are an important component of the principle of 'therapeutic jurisprudence'. This approach recognizes that police, along with other components of the criminal justice system such as courts and prisons, are ideally placed to intervene in a person's life when their drug use is causing or impacting their criminal behaviour and therapeutic interventions such as drug treatment are required.

An equally important outcome for both the offender and police is that drug diversion programs allow police to fast-track minor drug offenders into education and treatment programs. Police are often critical of delays in getting people into treatment; however, this process provides an opportunity for offenders to be fast-tracked into drug treatment.

Research indicates that once a person engages with the treatment system they are more likely to seek the services of these programs on subsequent occasions. Drug treatment programs, particularly opioid substitution such as methadone, have been found to significantly reduce many of the more harmful aspects of injecting drug use.

Outcomes for clients using methadone programs include reduced needle sharing, improved housing and employment prospects and a reduction in associated criminal activity.

In general terms a person who comes under the notice of police whilst in possession of or having used an amount of an illicit drug deemed or assessed to be for personal use only and meets certain criteria can be eligible for a drug diversion.

CASE STUDY – NEW ZEALAND

The New Zealand Police have developed an Illicit Drug Strategy to 2010 based on three strategic directions; supply, demand and harm reduction. There is a significant focus on harm reduction with an emphasis on strengthening existing partnerships and forging new ones with key stakeholders in the community.

Possession of a Needle or Syringe

Both HIV/AIDS and Hepatitis C are contracted through sharing needles and syringes. Police do not prosecute for offences pursuant to Section 13(1)(a) of the Misuse of Drugs Act 1975 where a person is able to rely upon the exemption from liability pursuant to Regulation 7 of the Health (Needles and Syringes) Regulations 1987.

Although Police have a duty to investigate drug offences including the unlawful possession of instruments, Police policy requires Regulation 7 to be adhered to.

This provides that no person shall be prosecuted for the possession of any needle or syringe if it was purchased by or on behalf of that person from any pharmacist, medical practitioner, or authorized representative. This policy functions to reduce the harm associated with needle and syringe use, in particular the spread of HIV/AIDS and Hepatitis C.

Another documented harm reduction approach is the Mental Health / Alcohol and Other Drug Watch-House Nurses Project established under the Effective Interventions Work Program, which was piloted at watch-houses (custody suites) in Christchurch and Counties Manukau.

The nurses will:
• Assess and assist in the management of detainees who are experiencing drug, alcohol and mental health-related problems while in Police custody
• Reduce the risks of harm to detainees in Police custody and custodial staff through the appropriate clinical management of intoxication, withdrawal and mental health disorders
• Liaise with other service providers, and make referrals of detainees to treatment providers
• Develop training and guidelines for custody staff to assist Police in the management of arrestees with mental health, alcohol and drug issues.

APPENDIX 3– Key Messages

Part 1: Establishing Supportive Relations with Law Enforcement

Introduction

Key Message: To advocate change within law enforcement and highlight the benefits that the change will bring to their work.

When advocating for change with law enforcement **build a *case for change*** around what is both **in the best interests of the programme** you are advocating for ***and* the** law enforcement **(who will be mindful of their duty to the law and community support)**.

Key Message: The best way to persuade law enforcement, is to use their peers, who have already adopted change, to be your ambassador in advocating change.

Peer education has been shown to be successful in many areas of education on HIV/AIDS and other topics. Often **the best way to persuade** law enforcement **is to use other supportive** law enforcement **who can operationalize the concept of support for harm reduction.**

Key Message: Change in law enforcement is catalysed by challenges or a need for reform.

Most change within law enforcement happens through a number of internal and external influences and other factors that **challenge and put pressure on the need for** law enforcement **reform**.

Core Arguments with Law enforcement

Key Message: Everyone, including law enforcement, is at risk of HIV infection.

An important lesson from the first two decades of addressing HIV/AIDS is the need to understand that **all people, including** law enforcement are ultimately **at risk of HIV infection**.

Key Message: The first step when discussing HIV/AIDS and injecting drug use, is to stress the need to prioritize the health and social outcomes of the community.

The first step in most arguments on the topic of HIV/AIDS and injecting drug use is to speak broadly about **the need to prioritize health outcomes; the need to protect society from disease and social and health problems**.

Evidence Basis:

Key Message: Evidence shows that harm reduction saves lives. Supportive law enforcement and harm reduction policies and practices should be part of every country's response to HIV/AIDS.

There is strong international evidence for the effectiveness of harm reduction, therefore **supportive** law enforcement **policies and practices should become standard parts of the country's response to HIV/AIDS**.

Public Health:

Key Message: HIV prevention among people who inject drugs can prevent transmission among them and in the broader community.

HIV prevention among people who inject drugs can prevent the spread of the epidemic among people who use drugs and in the broader community.

Key Message: Preventing the spread of HIV can reduce the massive impact the AIDS epidemic has on health care resources.

Preventing the early spread of the HIV can save communities from an epidemic with massive impact on healthcare resources.

Cost-Effectiveness:

Key Message: Harm reduction programmes are effective and cost effective.

Harm Reduction programmes, particularly needle and syringe programmes and methadone are shown to be effective and cost-efficient.

Human Rights:

Key Message: Healthcare is a human right.

Health is a human right, and access to the information and the means to protect health is each individual's human right.

Key Message: Efforts must be made to understand the scale of the epidemics among people who use drugs to design an appropriate response.

The size of the epidemic among people who use drugs may be underestimated and efforts must be made to accurately understand the scale of the problem and design an appropriate response.

Key Message: The health of all people in society is important and must be protected.

People who use drugs are equal members of society and WHO and the signatories to the Health for all policy state that the health of all people in society is important and must be protected.

Key Message: HIV epidemics overwhelm health systems.

HIV epidemics overwhelm health systems. Unless HIV is prevented or brought under control, the epidemic can be a massive strain on health care systems.

Key Message: Harm reduction activities do not lead to increased drug use.

Harm reduction activities do not lead to increased drug use or increased injecting. In fact, the effect is often the opposite: it is true that people who use drugs, **attracted to outreach or needle and syringe programmes, sometimes voluntarily seeking help to stop using drugs**.

Key Message: Harm reduction activities do not conflict with the role of law enforcement; they provide alternatives to incarceration.

Harm Reduction does not conflict with the role of law enforcement. Law enforcement agencies in many parts of the world have adopted policies and practices such as drug arrest and referral or 'diversion' programmes as alternatives to incarceration.

Key Message: Harm reduction interventions for people who inject drugs reduce the spread of HIV.

The emergence of HIV and its rapid spread among people who inject drugs has meant that other strategies had to be developed and adopted – these strategies form the harm reduction approach, which is **realistic, humane and has been successful in reducing the spread of HIV**.

The Illicit Drug Trade

Key Message: A comprehensive approach to illicit drug control requires law enforcement engagement in supply, demand and harm reduction.

A comprehensive approach to illicit drug control involves law enforcement in supply, demand and harm reduction.

Need for Advocacy

Key Message: Harm reduction strategies are most effective when actively supported by law enforcement agencies.

When law enforcement actively support harm reduction, these strategies can operate effectively, with little or no hindrance. **A major shift can occur in** law enforcement **policies and practices when** law enforcement **recognise their role and value of the health approach to dealing with dependency on illicit drugs.**

Partnership Approach

Key Message: Law enforcement and health sector partnerships promote effective HIV prevention.

law enforcement cannot address all the problems associated with injecting drug use. The health and law enforcement sectors **should work in partnership to develop and support legislation, policy and practice that facilitates effective HIV prevention**.

Police Concerns

Key Message: Harm reduction programmes require the support of law enforcement to reach target populations.

Where law enforcement operations do not take into account the impact that they may have on harm reduction programmes, or law enforcement disregard or are ambivalent to this impact, these programme will fail or experience significant problems. Where law enforcement **show active support for harm reduction programmes**, demonstrate leadership and provide direction to the general community, **these approaches can work effectively and reach the**

target population with little hindrance.

The Existence of the Problem

Key Message: Providing law enforcement with comprehensive information about HIV allows them to understand its impact on the community.

While most law enforcement will be aware of the existence of HIV and understand its impact on the community, they may have preconceived ideas about the nature of the infection that will need addressing. **Key strategies to make** law enforcement **aware of the nature of the problem** particularly modes of HIV transmission **will include showing research, statistics, media reports and other evidence**.

The Significance of the Problem

Key Message: HIV affects the whole community.

Some law enforcement will deny that the problem is a *significant* one. It is important to remind law enforcement that HIV affects the **whole** community including law enforcement and their families.

The Solvability of the Problem

Key Message: Provide law enforcement with evidence of the positive impacts of harm reduction programmes.

Law enforcement may doubt that the problem can be solved. It is important to show evidence of the impact of harm reduction programmes and how they can prevent the spread of HIV.

Key Message: Share practical examples of effective law enforcement strategies in tackling HIV.

Even once convinced that there is a problem, that it is significant and that it is solvable, some law enforcement may not see a role for themselves in the solution. It is important to show practical examples of **what** law enforcement **have done to promote effective approaches to deal with the HIV problem** such as implementing policies and practices that support harm reduction.

Responses to illicit drugs

Key Message: Consider existing ideas and prior experiences when communicating about harm reduction with law enforcement.

When speaking to law enforcement at this level about harm reduction, remember that you are talking about providing services to a group of people that law enforcement frequently have difficulties with and have formed negative or cynical views about. You will need to be careful and selective about how you approach operational law enforcement.

Problem identification

Key Message: Identify the law enforcement activities and groups that impact your project and develop an advocacy response strategy.

Once it is apparent that law enforcement activities are impacting your project, **you will need to identify which** law enforcement **are involved and develop an advocacy strategy targeting that group of** law enforcement.

Law enforcement concerns about harm reduction

Key Message: Involve law enforcement in harm reduction activities,

Stress to law enforcement that **harm reduction services are not a "no go" area for police**. Recommend that where possible, law enforcement liaise with the management staff of the service before they take any action.

Law enforcement and health relationships

Key Message: Collaboration between law enforcement and health agencies creates an enabling environment for harm reduction interventions.

Key Message: Establish formal lines of communication between law enforcement and service providers to share key information.

Establish formal lines of communication to regularly discuss any issues or problems that either service may be experiencing. Information that may be useful for law enforcement and service providers to share can include ground rules (for example, individual confidentiality), specific information about the roles of the staff, service policies and procedures etc.

Community mobilisation

Key Message: Law enforcement are a strong ally in gaining community acceptance and support for harm reduction and HIV prevention programmes.

law enforcement have demonstrated strong leadership and guidance in the community in order to create a safer, healthier environment. **Once you have convinced** law enforcement **that something needs to be done and that they are in an ideal position to do something, they can be strong allies in gaining community acceptance and support for harm reduction and other HIV prevention programmes**.

Understanding the 'local' situation

Key Message: Connect with the community to People connected at the community level are more likely to collaborate and work well together.

People at the local level, particularly operational law enforcement and health workers, **are more likely to collaborate and work together** than those people who are remote or removed from the situation and have no connection to the everyday lives of the people they are working with.

Advocacy with Middle Management

Key Message: Middle management law enforcement are experienced officers familiar with a broad range of issues affecting the community.

Middle management will be more familiar with a broad range of issues affecting the community.

They will be experienced officers who have also served as operational law enforcement **and have also undertaken personal and professional development programmes to reach the middle management level**.

Initial approaches

Key Message: Middle management law enforcement frequently consult with government and NGO representatives, often noting the value of harm reduction.

law enforcement at the middle management level frequently consult with representatives from government, including health departments and centres for disease control and NGOs and other project workers. **They can generally see a lot of sense in harm reduction even if they may be a little reluctant to fully and openly embrace it.**

Ingredients for a successful collaborative partnership with law enforcement

Key Message: Partnership between law enforcement and other agencies across management levels is key to collaborating and addressing problem situations.

The partnership with law enforcement and other agencies will help ensure that suggestions and ideas are discussed and activities undertaken are relevant. **There also needs to be a mechanism to deal with problem situations.** If it is not working at the operational level, e.g. law enforcement harass drop in centre staff or outreach workers and clients, then **these issues may need to be resolved with more senior** law enforcement.

Key Message: Partners need to agree on actions plans to achieve changes that consider people and organisations affected.

The aims of partnerships often involve change and partners need to agree on action plans to help achieve change and to help people and organisations that are affected cope with the changes.

Key Message: Formal law enforcement partnerships are not the only mechanism for collaborative work and consideration should be given to choosing the most effective method of working with law enforcement for each situation. **By working collaboratively with health authorities the** law enforcement **workload can be reduced through sharing of responsibilities.**

Concerns of middle management law enforcement

Key Message: law enforcement at middle management level will want to know what impact their support for harm reduction will have at the operational level and if this support conflicts with law enforcement or government policy at the central level. You may or opposition in the form of language or actions that reflect their resistance to harm reduction. **If face resistance, you need to present evidence and argue your point.**

Key Message: **Middle management** law enforcement **can make recommendations to government and other more senior** law enforcement **that regulations can be amended**. It would be worthwhile linking this aspect of your advocacy work with law enforcement to

other advocacy efforts undertaken with government policy makers and legislators.

Future of the country

Key Message: In countries with stable or falling populations, AIDS will lead to great demographic changes as young people will die in far greater numbers than expected, **leading to population loss and many social problems**.

Economic/development effects

Key Message: A large AIDS epidemic can have a devastating effect on economies. Research on the cost benefits of harm reduction has clearly demonstrated that **there are significant savings to health care services when HIV and hepatitis transmission rates are reduced**.

Management support

Key Message: Success is increased if there is collaboration at the highest levels and harm reduction projects are given high priority by middle management law enforcement **Keep them informed**.

Focus on the benefits

Key Message: People working in the field **need to be reminded of the benefits and the greater goal**.

Public Image

Key Message: Cooperation will be enhanced if these **preventative activities are given appropriate publicity**.

Achieving small successes

Key Message: Motivation is continuously renewed **when** law enforcement **are involved in small-scale goals which are regularly achieved**.

Motivational feedback

Key Message: Giving **feedback to middle management** law enforcement **and front line operational police alike is important to maintain levels of motivation** and for designing/redesigning strategies and training.

Publicity

Key Message: Cooperative projects between law enforcement and health agencies **can provide an excellent subject for articles about community problems and to promote community awareness**.

Liaison with other groups

Key Message: **Maintain liaison with** law enforcement **and health workers** who are working on similar projects and to exchange information.

Importance of police training

Key Message: Training for middle management levels is likely to be more appropriate **if focused on strategic issues and the longer-term benefits of proactive** law enforcement, whilst gaining their support for the activities to be implemented at the operational levels.

Conclusion

Key Message: The advantages of advocacy with law enforcement at the middle management level is **that they can make decisions and take the necessary action to ensure your programme works at the operational level**.

Advocacy with Senior Management

Key Message: law enforcement at this level prefer to talk to people of their equivalent in terms of responsibility and rank. Enlist the support of **senior executives from your project or your donor organisation or enlist the services of supportive senior** law enforcement **from elsewhere** to work with you when you advocate at the senior law enforcement level.

Initial approaches

Key Message: Once you have conducted advocacy with senior law enforcement and won them over, **they can make wide ranging decisions which will have significant impact and will be adopted by the ranks below**. If it is government policy to implement harm reduction, **you will need to locate this document and provide senior** law enforcement **with an outline of what it states about HIV prevention interventions for people who inject drugs**.

Consultation with senior law enforcement

Key Message: Involve law enforcement at the earliest opportunity.

Key Message: The development of links with senior law enforcement should not be left until there is a problem identified. **Many problems can be averted by establishing communication and links early**.

Law enforcement may believe that supporting harm reduction conflicts with enforcing the law

Key Message: Law enforcement can support harm reduction while not compromising their role of enforcing the law. In many parts of the world legislation, policies and practices provide law enforcement with options in dealing with people who are using illicit drugs. **This will allow** law enforcement **flexibility but also enables them to be accountable to the law**.

Identify the constraints of politics and legislation

Key Message: The legal environment in which law enforcement operate can restrict the type of actions that they can take. However, in many countries **supportive senior** law enforcement **have become advocates for legislation change** to laws that impede harm reduction services.

Ensure involvement of relevant law enforcement

Key Message: It is important to make sure that law enforcement and others you deal with

are able to deliver on their commitments and promises. Having senior law enforcement onside will **give you the access to a level that has the authority and the influence to make meaningful change**.

Consult with a view of developing a strategic alliance

Key Message: You should communicate with law enforcement and each group and **develop and maintain links with each other**.

Seek law enforcement input in development of projects and plans

Key Message: Senior law enforcement should be invited to be **part of the solution to the spread of HIV and involved in the designing and planning stages of programmes**. Law enforcement are very resourceful and are trained to deal with most issues from a 'problem solving' approach. **Most can be of great assistance in foreseeing potential risks or problems that may develop**.

Law enforcement are restricted on what they comment on

Key Message: Where senior law enforcement are available to make public comment and speak openly about their support for harm reduction, they can be your strongest asset. In public forums in particular, the **community want to hear from law enforcement as they are often seen as 'experts in the drug debate'** and they will often consider more closely what law enforcement have say than other experts in the field.

Concerns of senior law enforcement

Key Message: Even when law enforcement agencies see the benefits of needle and syringe programmes, they cannot necessarily support them in practice. **Changing health policy will not prevent a HIV epidemic among users unless the** law enforcement **allow programmes to operate.**

Law enforcement use of discretion

Key Message: Law enforcement often apply their discretion to a particular offence after careful consideration of all of the circumstances of the case and may take action that does not necessarily involve prosecution or arrest. **It has been found that giving** law enforcement **a range of 'operational tools' to use and apply allows them to take alternative action but still remain accountable.**

Community safety

Key Message: Another point to highlight to senior law enforcement is **the issue of community safety and the promotion of public health for all**. It is because of this fact alone that we want the law enforcement to show support for harm reduction and view their role as one of leadership.

Strengthening ties between law enforcement and health

Key Message: A major component of advocacy strategy with senior law enforcement should be cooperation between health agencies and law enforcement and how this can benefit

the community. Suggest that various committees be established and schedule regular joint meetings of representatives from health and law enforcement agencies.

A 'culture' of reducing harm

Key Message: Examples demonstrate that law enforcement can adopt a multi-faceted approach to potential problems associated with alcohol use rather than simply trying to eliminate the drug itself. The same philosophy that has led law enforcement to adopt problem-solving approaches to the harms associated with legal drugs, such as alcohol, can be applied to illicit drugs. Law enforcement **in many places implement policies and practices that demonstrate acceptance and support for reducing the harms from illicit drug use**.

Conclusion

Key Message: Advocacy with senior law enforcement should be seen **in the context of broader advocacy work with government policy makers and legislators**. This is vital, because law enforcement **cannot do this on their own, despite how much support they will give you**.

Part 2. Risk Management measures

Organizational duty of care

Key Message: Given that both field workers and clients are often exposed to undue and unreasonable risks as a result of encounters with law enforcement **employers must adopt policies and practices to protect the safety and security of their workers and clients.**

Safety and security mechanisms

Key Message: Development and deployment of a **comprehensive safety and security plan** with supporting mechanisms can provide a first line of mitigation against the potential negative consequences of encounters with law enforcement.

Buddy system

Key Message: The buddy system should be included in the daily safety and security management plan as an institutional minimum standard mandating that **outreach be always conducted in pairs.**

Outreach tracking

Key Message: It is critical to have a tracking system in place to rapidly identify harmful encounters with law enforcement and provide the necessary support, especially if the worker has been targeted, detained or arrested by law enforcement during work hours, while on duty.

Regular safety and security meetings

Key Message: The issue of safety and security should be addressed in regular meetings as this reminds field workers to be careful and avoid unnecessary risks and also enables them to identify emerging risks early on. Documentation of the discussions can then be used as

evidence to support advocacy provide a clear basis for scaling up organizational duty of care options.

First aid

Key Message: First aid training will contribute to strengthening workers' confidence and allow them to respond in a timely manner in emergency situations where people's health and integrity may be at risk or compromised which is important as some encounters involve violence.

Crisis management

Key Message: A comprehensive set of crisis and emergency management tools should be developed and deployed including: establishing a crisis management team and a security focal point; establishing a crisis management policy and developing crisis response operational procedures and execution tools to ensure proper communication, decision making and actions in response to crisis.

Guidelines for encounters with law enforcement

Key Message: A guideline for encounters with law enforcement should outline simple advice on actions to be taken and avoided during encounters with law enforcement. It should describe the most important risks and threats that may arise from encounters with law enforcement as well as detail: organizational risk prevention measures; mitigation strategies; the support accessible to workers after an adverse encounter with law enforcement; and key local advocacy strategies and activities to improve the operational environment; as well as M&E forms to record both negative and positive encounters with law enforcement.

Internal counselling

Key Message: Organizations should have a clinical counsellor on-call or on-staff to provide low threshold emotional, psychological and professional support services to all workers.

Professional development and skills building

Key Message: Developing a better understanding of law enforcement culture, norms, practices, expectations and limitations among CSO staff can contribute to improved relations with law enforcement. Controlled encounters with friendly law enforcement representatives can expand the horizons of the workforce and soften their attitudes towards law enforcement. In parallel, developing the workforce's skills and capacity to understand the legal and policy context in which they operate as well as exercise their rights with confidence in a non-confrontational fashion will likely contribute to fewer negative encounters with law enforcement.

Relapse management and drug dependence treatment

Key Message: Since experience of events such as witnessing or being a victim of violence, including physical, psychological and sexual abuse, as well other stress-inducing situations that lead to overwhelming feelings of helplessness and terror are common triggers for relapse and are sometimes associated with encounters with law enforcement, organizations should have a fair and supportive policy toward relapse.

Partnerships and advocacy

Key Message: Mobilizing other stakeholders, such as retired law enforcement representatives, lawyers, and technical experts, UNODC, other CSOs guide and strengthen CSO approaches to risk mitigation.

Reaching out to local stakeholders

Key Message: **Partnership with local harm reduction champions strengthens CSO advocacy in changing local law enforcement practice.**

Reaching out to local stakeholders such as local health authorities, religious leaders, and other leaders and champions of harm reduction who may hold authority with law enforcement can strengthen the position of CSOs advocating for change.

Accessing technical assistance

Key Message: There are numerous agencies which can assist CSOs to mitigate the risk of encounters with law enforcement.

There are numerous agencies within countries, regions and globally which can provide CSOs with technical assistance in mitigating risks of encounters with law enforcement.

Engaging a law enforcement advisor

Key Message: Engage law enforcement officials to provide technical assistance to CSOs.

Law enforcement officials can be hired to provide technical assistance to CSOs and on call assistance during adverse encounters.

APPENDIX 4 – The CHAMPION IDU Project

In September 2009, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) awarded a USD 16.6 million grant under Round 8, specifically to reduce HIV transmission among people who inject drugs (PWID) in Thailand over the course of five years. The grant's principal recipient (PR) – Population Services International (PSI) – worked in partnership with a range of sub- and sub-sub-recipients (SRs and SSRs) – including Raks Thai Foundation (RTF), the Thai AIDS Treatment Action Group (TTAG), Alden House, Thai Red Cross (TRC), the Thai Drug Users' Network (TDN), the Foundation for AIDS Rights, AIDS Access Foundation, and 12D – to meet the needs of over 13,000 PWID. Thai government agencies like the Department of Disease Control (DDC) and the Bureau of AIDS, Tuberculosis & STI (BATS) under the Ministry of Health (MOH), as well as the Office of Narcotics Control Board (ONCB), the Department of Corrections (DoC) and Queen Mother Institute for Treatment of Drug Abuse (formerly known as Thanyarak) also received funding from GFATM to reduce HIV transmission among PWID under Round 8.

The *Comprehensive HIV Prevention Among Most-At-Risk Populations by Promoting Integrated Outreach and Networking* (CHAMPION) IDU project was designed to deliver and strengthen a range of essential health services for PWID by addressing policy and program gaps in Thailand's response to HIV. For example, through the network of drop-in centres (DIC) and outreach-based services spanning 19 provinces, project partners distributed sterile injecting equipment, a service still inaccessible through government-operated outlets and previously available on a very small scale through CSO.

In addition, the CHAMPION-IDU project workers provided condoms, behaviour change communication and education to reduce injecting frequency and other risk behaviours, as well as referrals to STI diagnosis and treatment, voluntary HIV counselling and testing, methadone and antiretroviral treatment. In 2013, an overdose prevention project with naloxone was integrated under CHAMPION-IDU. All services offered by the CHAMPION-IDU project are endorsed by WHO, UNAIDS and UNODC as components of a "comprehensive package of interventions for the prevention, treatment and care of HIV among people who inject drugs."[33]

Project reports indicate that field workers have faced considerable obstacles in achieving project objectives in large part because of interference from law enforcement. Indeed, CHAMPION-IDU project reports underline systematic physical abuse including beatings, torture and even extrajudicial killings, psychological abuse and harassment, sexual violence and rape, indiscriminate urine testing, confiscation of health commodities and their use in legal proceedings, extortion of bribes and entrapment, blacklisting and registration of PWUD as well as arrests, compulsory detention in the name of treatment and incarceration with limited access to due process. Most of these negative impacts have also been confirmed in the scientific literature.

In 2011, PSI Thailand, as PR for the CHAMPION-IDU project, was first able obtain approvals to reprogram underspent funds and savings from the existing budget and initiate risk

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33 UNAIDS, UNODC, WHO. 2012. Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users.

mitigation activities to address needs verbalized by field workers in regards to challenges with law enforcement at community and national levels. Internal and external discussions identified the need for targeted and practical guidance from project management to support CHAMPION-IDU workers in dealing with frequent and inevitable law enforcement encounters. PSI Thailand recognized its duty of care towards CHAMPION-IDU workers who were regularly involved in situations that could lead to significant harm, including loss of freedom and mobilized external technical support to develop comprehensive responses to those safety and security concerns.