

## Improving collaboration between police and civil society organizations

### Context and importance of the problem

#### **The legal environment and policing practices can hinder access to effective treatment and prevention**

Legal and policy environments that criminalize either the behavior or any person engaging in the behavior are shown to act as significant barriers to efforts aimed at reducing drug use and the harmful consequences associated with it [4]. Police practices can have a negative impact on both risk behavior and the access to and uptake of services for key populations. Studies among key populations continue to show that the fear of arrest [5], physical intimidation and violence at the hands of the police [10], and the frequency and threat of police raids and police bribery [6] are associated with the sharing of needles [7], decreased access to methadone maintenance treatment [8], decreased condom use, and decreased access to (or the cessation of) antiretroviral therapy [9]. Law enforcement often finds itself in a dilemma, caught between its “duty” and community expectations to uphold drug laws and create “drug-free” communities while simultaneously allowing unhindered access to harm reduction programs such as needle and syringe programs. It is within this context that the role of law enforcement has been identified as either a facilitator of or a barrier to the effective treatment of problems related to substance use and harm reduction interventions.

#### **Police may have concerns about harm reduction services**

Ideology, stereotypes, a lack of knowledge about the specifics of substance use, and a lack of awareness regarding effective public health approaches can contribute to a negative approach to and prejudice against harm reduction programs among law enforcement personnel. Such objections and arguments may include:

- harm reduction may be seen as conflicting with law enforcement goals;
- harm reduction services attract users and raise concerns and opposition among local communities;
- harm reduction services may be viewed by the police as promoting drug use, surrendering, and sending the wrong message;
- harm reduction may compromise efforts to prevent drug use and promote abstinence-based treatment; and
- support for harm reduction may cause a loss of “credibility” with their police peers.

#### **Law enforcement practice affects users’ behavior and the operation of harm reduction programs**

Law enforcement activities have the potential to significantly affect drug users’ behavior. Available evidence suggests that drug users will develop strategies and approaches to avoid detection by the police. These include:

- due to fear of being arrested, users inject quickly and unsafely, and dispose of injecting equipment quickly and unsafely after use;
- sharing of injecting equipment and continuous reuse of unsterile injecting equipment increase;
- to avoid law enforcement, users move “underground” to remote areas away from health services (displacement effect); and
- users avoid potential “high-risk” locations such as needle and syringe programs and drop-in centers, and contact with outreach workers and peer educators.

In addition, there is a risk of arrest for outreach workers and peer educators. Where police interventions do not take into account the impact they may have on harm reduction

programs, or law enforcement disregards this impact, these programs will experience significant problems.

## Effective policy options

### **Harm reduction is effective in serving public health and public safety goals**

Extensive research globally has shown that harm reduction interventions are extremely effective in reducing morbidity, mortality, criminal behavior, and other social and economic problems for individuals and broader communities. There is an overwhelming volume of evidence showing that harm reduction:

- effectively reduces the transmission of HIV and hepatitis B and C (including reducing the risks to police officers) among people who inject drugs and the general community [10-16];
- assists in reducing the number of needles found in a community [17, 18];
- acts as an effective bridge to treatment and helps people reduce or stop drug use [19];
- reduces long-term health costs (needle and syringe and opioid substitution therapy (OST) programs are cost-effective) [20-24];
- reduces drug-related and overall criminal behavior [18, 25, 26];
- does not increase drug use or increase the frequency of drug injecting [25, 27]; and
- does not recruit new users or lower the age of first injecting.

### **Police can make a critical contribution to the public health goals**

There is increasing global recognition of the important role that law enforcement can play in protecting and promoting individual and public health, especially the health of diverse and vulnerable communities. In the context of substance use and HIV prevention, treatment, care and support, law enforcement has a significant role and the responsibility to ensure uninterrupted access to critical (often life-saving) health and social services for vulnerable populations, including people who inject drugs. By supporting programs that work for key populations, the police can make a significant contribution to public health and public safety and ensure that the fundamental right to health of all citizens is protected. In many countries the government supports the provision of a comprehensive range of harm reduction services for people who inject drugs. This results in an environment where the risk of HIV infection and other negative consequences related to drug use are dramatically lowered. The ultimate success of programs targeting substance use and HIV-related problems is dependent on the strength of multisectoral partnerships and collaboration between all relevant agencies, but especially between law enforcement, the health sector, social services, and non-governmental organizations. The benefits of these partnerships include not only the reduction in HIV risk behavior and increased access to services but also improvements in indicators of interest to the police, such as crime, perceptions of safety, and community trust in policing.

### **Examples of successful programs**

Below we provide a brief description of successful programs that have been implemented through collaborative partnerships between law enforcement and health and social services.

- The Law Enforcement Assisted Diversion (LEAD) program in Washington state (USA) was established in 2011 as a means of diverting those suspected of low-level criminal activity involving drugs and prostitution to case management and other supportive services instead of jail and prosecution. The primary aim of the LEAD program is to reduce criminal recidivism. Across nearly all outcomes, researchers

observed statistically significant reductions for the LEAD group compared to the control group in average yearly use of the criminal justice and legal system and the associated costs.

- Jail bookings: Compared to the control group, LEAD program participants had 1.4 fewer jail bookings on average per year after entering the program.
- Jail days: Compared to the control group, the LEAD group spent 39 fewer days in jail per year.
- Prison incarceration: Compared to the control group, the LEAD group had an 87% lower likelihood of at least one prison incarceration.
- Costs associated with the criminal justice and legal system: From before to after their participation in the program, LEAD participants showed substantial cost reductions (-US\$2100), whereas control participants showed cost increases (+US\$5961) [28].
- Compared to the control group, the LEAD group had a 60% lower likelihood of arrest during the six months after entering the program.
- Compared to the control group, the LEAD group had a 58% lower likelihood of at least one arrest after entering the program.
- The proportion of LEAD participants charged with at least one felony decreased by 52%, whereas the proportion of control group participants receiving felony charges decreased by 18% [29].

LEAD was the result of unprecedented collaboration between law enforcement agencies, civil society organizations, community groups, and service delivery facilities. All these stakeholders worked together to explore new options to solve problems for individuals who frequently cycle in and out of the criminal justice system under the traditional approach that relies on arrest and incarceration. Despite persistent tensions between law enforcement and community members and civil rights advocates, LEAD has led to strong alliances among traditional opponents, and built a strong positive relationship between police officers and people on the street who are often a focus of police attention. The program could not succeed without the dedicated efforts of all parties involved. Importantly, in addition to law enforcement, service providers, and community groups, the involvement of individuals with relevant lived experience (e.g. drug use) as a meaningful partner was critical.

- An evaluation of the effectiveness of the Drug Treatment Alternative to Prison (DTAP) by Columbia University suggests that the program has successfully decreased crime recidivism rates and the use of psychoactive substances. It also increased employment opportunities, and saved costs related to placing offenders in prison (incarceration). The cost of the program for each client, including residential treatment, professional training, and support services, totaled US\$32,974 — half the average cost of incarceration that the state would pay for the 25-month jail sentence (US\$64,338).
- California's Substance Abuse and Crime Prevention Act (SACPA) offers non-violent offenders eligible for participation in the program the option to be released on probation and attend a treatment course instead of probation only or incarceration. Over 12,000 probationers joined the program during its first year. Their services cost US\$4500 per year per participant, whereas the annual average cost of incarceration per inmate is US\$27,000.

- In Texas, since 2003, possession of 1 gram or less of illegal substances has resulted in a course of treatment, not prison. The new regulation allowed Texas to save US\$115 million over five years.
- In Hawaii, since 2002, non-violent offenders convicted of drug use or possession have joined the probation system and a treatment program. The Smart Project — Project Hope: Hawaii’s Opportunity Probation with Enforcement — has positively contributed to a decrease in substance abuse and recidivism rates. Since 2004 the program has been using testing and swift, specific sanctions to discourage criminal behavior and drug use by probationers under the supervision of a single judge. Researchers compared Project Hope probationers with a control group and found that:
  - program participants are 55% less likely to be arrested for a repeat offense;
  - they are 61% less likely to miss their probation appointments;
  - they are 71% less likely to use psychoactive substances; and
  - they are 52% less likely to have their probation revoked.
- An alternative to Project Hope is Smart Probation. The 24/7 Sobriety Project, which started in South Dakota in 2005, was designed to reduce the reoffending rates of repeat offenders for driving under the influence of alcohol or drugs (DUI). The project requires participants to maintain full sobriety from alcohol and other psychoactive substances if they want to keep their driving license and avoid jail. Those who participated in the program for at least 30 consecutive days are nearly 50% less likely to repeat the DUI offense, while the results are sustained longer than those of more traditional interventions (e.g. ignition interlock devices).
- The Drug Treatment Alternative to Prison (DTAP) program has been available in Brooklyn, New York, since 1990. Program participants were 33% less likely to be detained and 65% less likely to be incarcerated than a control group of non-participants.

### Policy recommendations

Given the issues discussed above and the variety of socio-cultural environments within which police services, civil society organizations, service providers, and community groups operate, a number of specific recommendations can be made:

- Support reform of national drug laws so that measures that provide alternatives to criminal sanctions and imprisonment for drug users and non-violent drug offenders are implemented.
- Develop and implement policies and practices that allow harm reduction interventions (needle and syringe programs, voluntary counseling and testing, opiate substitution treatment, overdose prevention programs, and others) to operate freely without fear of unwarranted interference by law enforcement.
- Explore the feasibility of developing and implementing drug referral schemes with a view to increasing the number of people who use drugs who access relevant prevention, treatment, and care services. Given 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.

- Consider using peer outreach workers to enhance program effectiveness. Peer-based interventions are a highly successful way to intervene with marginalized and stigmatized populations. These peer outreach workers stay connected to participants, provide important insight into the ongoing case management process, and serve as community guides, coaches, and/or advocates, while also providing credible role models of success.
- Involve community leaders to ensure that the program meets their expectations for a safer and healthier community. Community/neighborhood leaders and members should be able to suggest areas of focus for outreach and referral. They should also receive regular information about the program, its successes, and obstacles to effective implementation.
- Develop national or local-level agreements that detail roles and responsibilities for health services, civil society organizations, and law enforcement agencies. Among other issues, these agreements would ensure that the police agrees not to conduct unwarranted patrols or person checks in the vicinity of harm reduction and other service facilities, does not press criminal charges at non-fatal overdose situations, and manages and cares for intoxicated people whether or not they are in custody.
- Develop protocols that allow arrestees who are OST patients to receive supplies of the drug they are prescribed while in police detention.

Develop regular and systematized police training that, at a minimum, would serve the following objectives:

- Improve knowledge about the relationship between injecting drug use, HIV and hepatitis C, and risks of transmission to the rest of the population.
- Improve knowledge about effective harm reduction strategies to engage drug users, reduce the transmission of HIV and hepatitis C among and from people who inject drugs, facilitate the uptake of substance use treatment, and contribute to reducing drug-related and overall crime.
- Improve knowledge among law enforcement officers about safe searching techniques to reduce the potential risks of and harms from needle stick injuries.
- Improve knowledge among law enforcement officers regarding the assistance they can provide to drug users to help decrease risks to users from intoxication, withdrawal, and overdose (for example, training programs which will enable police officers to administer naloxone to an overdose victim).

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