



Engaging law enforcement in harm reduction programs for people who inject drugs

? Questions

- What are the best ways of engaging law enforcement agencies in harm reduction programs for people who inject drugs?

🔑 Key Take-Home Messages

- Injection drug use is a major contributor to the spread of HIV and Hepatitis C in Canada (1-4).
- Laws and policing practices that govern injection drug use influence the risk environment for people who inject drugs (5).
- Street-level policing activities can hinder injection drug users' access to sterile syringes (6-9), increase needle sharing (7;9-11), and increase rates of HIV and drug-related mortality (12-14).
- Certain groups of people who inject drugs may experience unequal targeting by police – these groups include youth, people of colour and Indigenous people (15-17).
- Engaging police and law enforcement in harm reduction programs provides an opportunity to reduce the harms associated with injecting (5;17).

! The Issue and Why It's Important

In Canada, injection drug use accounts for a large proportion of HIV and hepatitis C infections. In 2011, about 17% of new HIV diagnoses were in people who inject drugs (1). According to modelling estimates, injection drug use accounts for 54% to 70% of hepatitis C infections across Canada (2). In Ontario, it is estimated that approximately 5% of injection drug users in Ontario are living with HIV (3), and that 36% of hepatitis C cases may be attributed to injection drug use (4).

The laws and policing practices that govern injection drug use influence the risk environment for people who inject drugs. According to Strathdee and colleagues (5), the legal environment

Reference List

1. Public Health Agency of Canada. HIV/AIDS Epi Updates: National HIV Prevalence and Incidence Estimates for 2011. Centre for Communicable Diseases and Infection Control; 2014.
2. Public Health Agency of Canada. Hepatitis C in Canada: 2005-2010 Surveillance Report. Centre for Communicable Diseases and Infection Control, Infectious Disease Prevention and Control Branch; 2016.
3. Millson, P, Leonard, L, Remis, R, Strike, C, and Challacombe, L. Injecting Drug Use, HIV and HIV Infection in Ontario: The evidence 1992 to 2004. 2004.
4. Remis, RR and Liu, J. Epidemiology of Hepatitis C Infection in Ontario, 2010. Toronto, ON: Ontario HIV Epidemiologic Monitoring Unit, University of Toronto; 2011.
5. Strathdee SA, Beletsky L, Kerr T. HIV, drugs and the legal environment. International Journal of Drug Policy 2015 February;26:Suppl-32.

affecting people who inject drugs can be separated into macro-, meso- and micro-legal environments. At the macro-level, national laws and policies dictate whether possession and use of certain substances are punishable. At the meso- or community-level, laws and policies predominantly exist around the purchase, possession and exchange of needles, in addition to access to addictions treatment or substitute therapy programs. At the micro-level, policing practices such as arrest for drug and injecting equipment possession, confiscation of syringes, and proximity to harm reduction services, can directly influence behaviour, perceptions, and health outcomes in people who inject drugs (5) and have been shown to increase risk taking behaviours and negatively affect health outcomes (12;14;18;19)

While macro- and meso-level laws and policies are intended to guide policing responses to drug and injection equipment possession and use, they do not necessarily align with policing behaviour enforced on the streets. Engaging police in harm reduction strategies may provide an opportunity to reduce the injection drug-associated harms while also reducing crime. This review identifies the impacts of police and law enforcement activities on people who inject drugs, and summarizes ways to engage law enforcement in harm reduction approaches.

What We Found

The Impact of Law and Police Enforcement on People Who Inject Drugs

Street-level policing activities can hinder injection drug users' access to sterile syringes, increase needle sharing, and increase rates of HIV and drug-related mortality.

Policing practices can hinder injection drug users' access sterile syringes

Increased police presence and arrests in proximity to needle exchange programs can interfere with sterile syringe access for people who inject drugs. A 2012 study (8) exploring the spatial overlap of drug-related arrests and access to needle exchange programs over time in New York City health districts found that districts with better access to needle exchange programs had higher rates of arrest. An American study (6) that used geo-coordinate maps and surveyed 308 needle exchange program clients had similar findings: police encounters were clustered around existing needle exchange programs.

A 2003 ecological study (9) conducted in Vancouver found a 27% decline in the number of sterile syringes distributed four weeks

6. Beletsky L, Cochrane J, Sawyer AL, Serio-Chapman C, Smelyanskaya M, Han J et al. Police Encounters Among Needle Exchange Clients in Baltimore: Drug Law Enforcement as a Structural Determinant of Health. *American Journal of Public Health* 2015 September;105(9):1872-9.

7. Beletsky L, Heller D, Jenness SM, Neaigus A, Gelpi-Acosta C, Hagan H. Syringe access, syringe sharing, and police encounters among people who inject drugs in New York City: a community-level perspective. *International Journal of Drug Policy* 2014 January;25(1):105-11.

8. Cooper HL, Des Jarlais DC, Tempalski B, Bossak BH, Ross Z, Friedman SR. Drug-related arrest rates and spatial access to syringe exchange programs in New York City health districts: combined effects on the risk of injection-related infections among injectors. *Health & Place* 2012 March;18(2):218-28.

9. Wood E, Kerr T, Small W, Jones J, Schechter MT, Tyndall MW. The impact of a police presence on access to needle exchange programs. *Journal of Acquired Immune Deficiency Syndromes: JAIDS* 2003 September 1;34(1):116-8.

10. Wagner KD, Simon-Freeman R, Bluthenthal RN. The association between law enforcement encounters and syringe sharing among IDUs on skid row: a mixed methods analysis. *AIDS & Behavior* 2013 October;17(8):2637-43.

11. Werb D, Wood E, Small W, Strathdee S, Li K, Montaner J et al. Effects of police confiscation of illicit drugs and syringes among injection drug users in Vancouver. *International Journal of Drug Policy* 2008 August;19(4):332-8.

prior to and after the initiation of police strategies that emphasized a constant and highly visible police presence close to a needle exchange program, while another study (7) conducted in New York City found that people who inject drugs who reported being stopped by police were less likely to use needle exchange programs.

Police targeting of people who inject drugs can increase unsafe injecting behaviour

Law enforcement activities targeting possession of needles among people who use drugs is associated with risky injecting behaviour including syringe sharing.

- In a Vancouver-based study (11) with 465 active injection drug users, 28% reported being detained by police. Of those detained, 51% also reported having syringes confiscated. Among those who had syringes taken, 6% reported immediately borrowing syringes.
- A Los Angeles-based mixed methods study (10) with 187 quantitative surveys and 30 qualitative interviews among people who inject drugs accessing a needle exchange program found that perceiving being arrested as a “big concern” was independently associated with recent syringe sharing, substantiating the association between self-reported fear of encounters with law enforcement and syringe sharing.
- A New York City-based study (7) among 514 people who inject drugs found that over half (52%) reported being stopped by police, while 10% reported having syringes confiscated. Although not statistically significant, injection drug users who had syringes confiscated may be more likely to share syringes.

Other research has shown that policing practices, specifically related to confiscating drugs and injecting equipment, have the potential to exacerbate the drug market (11) and increase public disorder by increasing the numbers of syringes found on the street and reducing the number of syringes discarded in safe disposal boxes (9).

Police presence can impact health outcomes for people who inject drugs

Increased police presence and arrests are also associated with negative health outcomes and increased drug-related mortality.

An ecological study (13) conducted across several large US metropolitan areas found greater HIV prevalence rates among people who inject drugs and who have higher drug-related arrest rates. Reasons for this increase may be attributed to fear of arrest leading to people who inject drugs avoiding needle exchange

12. Bohnert AS, Nandi A, Tracy M, Cerda M, Tardiff KJ, Vlahov D et al. Policing and risk of overdose mortality in urban neighborhoods. *Drug & Alcohol Dependence* 2011 January 1;113(1):62-8.

13. Friedman SR, Cooper HL, Tempalski B, Keem M, Friedman R, Flom PL et al. Relationships of deterrence and law enforcement to drug-related harms among drug injectors in US metropolitan areas. *AIDS* 2006 January 2;20(1):93-9.

14. Nordt C, Stohler R. Combined effects of law enforcement and substitution treatment on heroin mortality. *Drug & Alcohol Review* 2010 September;29(5):540-5.

15. Cooper H, Moore L, Gruskin S, Krieger N. Characterizing perceived police violence: implications for public health. *American Journal of Public Health* 2004 July;94(7):1109-18.

16. Jardine M. Building partnerships between law enforcement and harm reduction programs. *International Journal of Drug Policy* 2013 September;24(5):377-8.

17. Pan SW, Christian CW, Pearce ME, Blair AH, Jongbloed K, Zhang H et al. The Cedar Project: impacts of policing among young Aboriginal people who use injection and non-injection drugs in British Columbia, Canada. *International Journal of Drug Policy* 2013 September;24(5):449-59.

18. International Harm Reduction Development Program. *Public Health Fact Sheet: Police, Harm Reduction, and HIV*. Open Society Institute - Public Health Program; 2016.

programs, injecting hastily or injecting in settings with multiple individuals (13).

A cross-sectional time series study conducted across 74 New York City precincts between 1990 and 1999 found that higher misdemeanor arrest rates per 1000 were associated with higher overdose mortality, after adjusting for gender, age, race, unemployment, socioeconomic status and level of drug use (12). A Swiss-based study (14) had similar findings: increased drug-related mortality rates during times of more intense street-level policing. The authors suggest the primary reason for increased mortality rates may be linked to increased police presence: people who witness an overdose are afraid of being arrested which may lead to a delayed emergency response (12).

Unequal targeting of members of minority groups who inject drugs

Certain groups of people who inject drugs are disproportionately targeted by unequal and unjust policing practices (16). Specifically, being male and being younger (6;15) are both associated with more frequent encounters with police. Studies conducted in the US have also shown that non-white people who inject drugs are unfairly targeted for accessing needle exchange programs (6;20).

In Canada, Indigenous youth who inject drugs are targets of law enforcement. In a mixed method study (17) with 372 young Indigenous people who inject drugs in Vancouver and Prince George, 73% of individuals were stopped by police and 28% experienced physical force by police. While 43% of study participants were interested in a positive relationship with police, 57% did not due to personal experience, practical concerns and historical relationships with police.

Approaches to Police Engagement in Harm Reduction

The grey literature yielded a number of recommendations/strategies to engage law enforcement in harm reduction practice:

1. Support collaboration between the law enforcement and public health sectors

Collaboration between law enforcement and the public health sector is central to police engagement in harm reduction. Collaboration ensures that police practices do not interfere with public health efforts and, instead, complement them. Collaborative efforts should include multiple stakeholders, including harm reduction programs, advocacy groups, people who inject drugs, and both high level management and local ranking officials in the police force (21;22). Through such efforts, collaborators can work together to develop strategies that mitigate the negative health and social impacts of injection drug use while also allowing police officers to enforce the

19. Non Prescription Needle Use Initiative. Working with people who use drugs: A harm reduction approach. Edmonton, AB; 2007.

20. (20) Beletsky L, Grau LE, White E, Bowman S, Heimer R. The roles of law, client race and program visibility in shaping police interference with the operation of US syringe exchange programs. *Addiction* 2011 February;106(2):357-65.

21. British Columbia Ministry of Health. Harm Reduction: A British Columbia Community Guide. 2005.

22. Cloud D and Davis C. First Do No Harm: Advancing Public Health Policing Practices. The Vera Institute of Justice; 2016.

23. Strike C, Watson TM, Gohil H, Miskovic M, Robinson S, Arkell C, Challacombe L, Amlani A, Buxton K, Demel G, Gutierrez N, Heywood D, Hopkins S, Lampkin H, Leonard L, Lockie L, Millson P, Nielsen D, Petersen D, Young S, and Zubra N. The Best Practice Recommendations for Canadian Harm Reduction Programs that Provide Service to People Who Use Drugs and are at Risk for HIV, HCV, and Other Harms: Part 2. Toronto, ON: Working Group on Best Practice for Harm Reduction Programs in Canada.; 2015.

24. Small W, Krusi A, Wood E, Montaner J, Kerr T. Street-level policing in the Downtown Eastside of Vancouver, Canada, during the 2010 Winter Olympics. *International Journal of Drug Policy* 2012 March;23(2):128-33.

25. Vancouver Police Department. Vancouver Police Department Drug Policy. 2006.

law (19;21;23). Challenges to collaborative processes may stem from differing values, perspectives and service philosophies between police and public health officials (21). One example of police-public health collaboration can be seen in the UK where Drug Action Teams were created using partnerships between police, social service and health agencies. Major outputs of the collaboration include the development of health-focused training for police and service referral cards handed out by police. Drug Action Teams are associated with increased awareness of health issues and harm reduction among police and greater collaboration among partners (21).

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2. Encourage police discretion with the law in encounters with people who inject drugs

Rather than arresting people who inject drugs or confiscating injection equipment, law enforcement officials are encouraged to use discretion and refer individuals to appropriate community resources (18). Encouraging people who use drugs to access clean needles, opioid substitute therapies, safe injection sites, and health and supportive social services, allows these individuals to meet their basic needs, reduce injection-related harm and support healthy decision-making (19;22). The use of police discretion in encounters with people who inject drugs can offset negative consequences through improved police-drug user relationships and decreased fear associated with police contact – rather than increasing the risk of needle sharing.

One example of police discretion is a four pillar approach that includes prevention, enforcement, harm reduction and treatment. The Vancouver Police Department established a comprehensive departmental drug policy that frames drug use as a public health issue and promotes police practices that encourage people who inject drugs to access harm reduction services. The departmental policy encourages discretionary practices in street-level drug possession and use, and supports police referrals to safe injection facilities (24;25). A 2012 Vancouver-based qualitative study (24) examining policing practices in Vancouver's Downtown Eastside during the Winter Olympic Games found that, while there was a higher police presence during this period, it did not reduce local drug users' access to health services or increase injection-related risk behavior. Other research has shown that police have helped address public order concerns by referring injection drug users

26. (26) DeBeck K, Wood E, Zhang R, Tyndall M, Montaner J, Kerr T. Police and public health partnerships: evidence from the evaluation of Vancouver's supervised injection facility. *Substance Abuse Treatment, Prevention, & Policy* 2008;3:11.

27. LEAD National Support Bureau. 2016. 7-6-2016.

28. Beletsky L, Agrawal A, Moreau B, Kumar P, Weiss-Laxer N, Heimer R. Police training to align law enforcement and HIV prevention: preliminary evidence from the field. *Am J Public Health* 2011 November;101(11):2012-5.

29. United Nations Office of Drug and Crime. Training manual for law enforcement officials on HIV service provision for people who inject drugs. 2016.

who were more likely to discard needles in public spaces (26) to appropriate community services.

Another example of police discretion is Law Enforcement Assisted Diversion (LEAD), a US-based harm reduction strategy originating in Seattle that focuses on redirecting low-level offenders in drugs or sex work to community-based harm reduction services (27). Rather than becoming involved in the criminal justice system, individuals are offered access to case managers and support services, such as housing, health care, employment training, mental health support and drug treatment, maximizing opportunities for behaviour change. After three years of operation, LEAD was found to reduce recidivism rates among individuals processed through the criminal justice system (27).

3. Provide comprehensive harm reduction training for police officers

High quality, sustainable and ongoing education and training for police can help end systemic stigma and discrimination associated with injection drug use. Training has been shown to improve police officers' knowledge about, and attitudes toward HIV, injection drug use, harm reduction and associated occupational health hazards (28).

The United Nations Office on Drugs and Crime has developed a training manual (29) to assist law enforcement officials in building their understanding of and collaboration with HIV prevention, treatment, care and support for people who inject drugs. The proposed training workshops, which consist of eight training modules designed to be delivered in 60 to 90 minutes each, can be delivered over five days. Training modules cover a variety of topics from the epidemiology, prevention, treatment and care of HIV, to actions law enforcement may take to support harm reduction for injection drug users (29).

4. Limit police presence surrounding harm reduction and health services used by people who inject drugs

Police presence near programs and services for people who inject drugs can interfere with them

accessing these services – out of fear of arrest. Police can reduce injection-associated harms by maintaining their distance from these programs (21;23). Through collaboration, coordination and open communication, law enforcement can ensure their activities align with public health and harm reduction approaches rather preventing access to services that mitigate harm and negative health outcomes.

5. Support laws and policies that encourage public health and safety associated with injection drug use

Given that laws and policies dictate whether possession and use of certain drugs are punishable, it is important to support and adopt laws and policies (at the macro level) that reduce harm and improve health outcomes for people who inject drugs. These laws and policies include deregulating needle and syringe possession and legalizing accessing needle exchange programs, opiate substitute therapies and safe injection sites (21).

Factors That May Impact Local Applicability

Factors that may impact local applicability vary from context to context and depend on national and community-level factors. National drug laws and policies determine what substances are legal and illegal to use and possess, which guides police responses and arrests. Police perceptions of injection drug use and harm reduction programming also vary between cities and communities. Such differences between Canada and the United States and between Canadian provinces and cities must be taken into consideration when interpreting this review.

What We Did

We searched Medline using a combination of [harm reduction or harm minimization or needle exchange or safe injection (text term) or Harm Reduction or Needle Exchange Programs or Substance Abuse, Intravenous (MeSH terms)] AND

[police or law enforce* or policing (text terms) or Police or Law Enforcement (MeSH terms)]. Search results were limited to English, and only studies conducted in high income countries and published between 1996 to April 2016 were included. Searches yielded 337 references, from which 27 studies and reports were included. Sample sizes of primary studies ranged from 15 to 514.

Grey literature searches were also conducted using Google and a combination of search terms related to police engagement and harm reduction for people who inject drugs.

Rapid Response: Evidence into Action

The OHTN Rapid Response Service offers quick access to research evidence to help inform decision making, service delivery and advocacy. In response to a question from the field, the Rapid Response Team reviews the scientific and grey literature, consults with experts, and prepares a brief fact sheet summarizing the current evidence and its implications for policy and practice.

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