

Policing harm

For as long as street drugs remain illegal, the police will always have a massive impact on drug-related harm. **Jamie Bridge** takes a global look at the good, the bad and the ugly of the sensitive realm of harm reduction policing

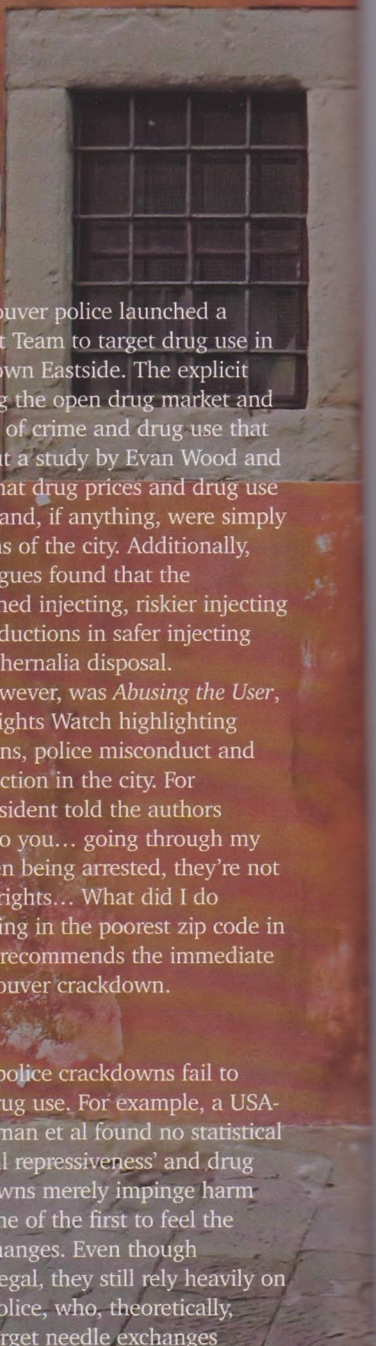
Police are front-line workers in the drugs world, both as a result of drug-related crime and the criminalisation of drug use itself. They often have contact with drug users when they are at their most vulnerable and, as such, have a key role to play in harm reduction around the world.

Over time, many cities have been the subject of targeted 'crackdowns' – localised zero-tolerance strategies which are often undertaken amidst political rhetoric about the evils of drugs. In many cases, however, these periods of intensified prohibition can do more harm than good.

CRACKDOWNS

In New York, for example, Tactical Narcotic Teams delivered crackdowns in specific precincts across the city in the late 1990s. Despite widely acclaimed reductions in crime over this period, dubbed the 'New York Miracle', researcher Hannah Cooper and colleagues found that there were serious side-effects. Due to increases in police searches, drug users were less likely to carry sterile injecting equipment and homeless injectors were often rushed or distracted by increased surveillance of public spaces. The authors concluded that the crackdown was "imperilling injectors' health".

In a separate paper, David Dixon and Lisa Maher discuss how this crackdown is "held out as an exemplar of crime control" and directly effects worldwide policing strategies, including those in the UK. However, the fall in crime could have been due to a range of confounding factors, such as socioeconomic and schooling improvements, and was achieved at significant health, social and economic costs.



In 2003, the Vancouver police launched a Citywide Enforcement Team to target drug use in the notorious Downtown Eastside. The explicit goals were "disrupting the open drug market and interrupting the cycle of crime and drug use that marks the streets". But a study by Evan Wood and colleagues reported that drug prices and drug use remained untouched and, if anything, were simply displaced to new areas of the city. Additionally, Will Small and colleagues found that the crackdown led to rushed injecting, riskier injecting environments, and reductions in safer injecting techniques and paraphernalia disposal.

Most damning, however, was *Abusing the User*, a report by Human Rights Watch highlighting human rights violations, police misconduct and barriers to harm reduction in the city. For example, one local resident told the authors "they come right up to you... going through my pockets... I'm not even being arrested, they're not even reading me my rights... What did I do wrong, other than living in the poorest zip code in Canada?" The report recommends the immediate cessation of the Vancouver crackdown.

SUPPORT

In countless studies, police crackdowns fail to reduce injecting or drug use. For example, a USA-wide survey by Friedman et al found no statistical pattern between 'legal repressiveness' and drug use. Instead, crackdowns merely impinge harm reduction services. One of the first to feel the pinch are needle exchanges. Even though exchanges are often legal, they still rely heavily on the co-operation of police, who, theoretically, could permanently target needle exchanges arresting everybody on suspicion of drug use.

In 1997, Ricky Bluthenthal and colleagues compared two US needle exchange schemes – one with police support and one without, even though both were technically illegal at the time. The researchers concluded that without police engagement, a needle exchange faces fewer clients, reluctant staff and reduced coverage, and the authors concluded that such pressure is a barrier that must be removed "if preventing HIV infections is truly a priority". Elsewhere, Corey Davis and colleagues analysed the use of needle exchange schemes before and after crackdowns, and found that service utilisation fell across the board, especially for male and black drug users, once the police raised the stakes.

To confound the problem, even once legal barriers have been removed, the attitudes of police personnel are crucial for needle exchanges. In the USA, Leo Beletsky and colleagues found that officers were generally poorly trained and unaware of the changing legal status of needle exchanges. As a result, the "law on the streets" remained unchanged – with drug users viewed

very unsympathetically because of their “poor life choices”. In Russia, Tim Rhodes and colleagues described an “uneasy” relationship between the police and needle exchanges due to on-going surveillance and the criminalisation of syringe possession itself.

The tensions that can exist between harm reduction and law enforcement agencies are probably best illustrated by a legal challenge documented by the American Civil Liberties Union. Faced with continued police harassment, a needle exchange in Connecticut won a federal test case in which the court ruled that the police may not interfere with the harm reduction service – underlying the scientific, public health and judicial support for harm reduction – even in one of the most ideologically hostile nations.

GOOD PRACTICE

Although the majority of research seems to emphasise the worst practice, it is not all bad news. There are several examples of best practice in this field to demonstrate how harm reduction and law enforcement can co-exist, co-operate and benefit one another. Across the UK, for example, arrest referral schemes allow drug service staff to work in custody suites, courts and police cells to provide people with harm reduction advice and support at a vulnerable time. The system also provides a constructive, and cost-effective, alternative to incarceration. An extensive review of the scheme in 2002 concluded that “the economic and social benefits of the arrest referral initiative are around £4.4 billion over an eight year period” – an estimated saving of £7 for every £1 spent.

Again, arrest referral schemes rely on the co-operation and support from police at every level. Overall, they have been well accepted by police on the ground and have helped to bridge a considerable gap between law enforcement and harm reduction in terms of communication, shared goals and mutual understandings. Inevitably, it can sometimes be tricky for arrest referral workers, especially when facing the old school attitudes of ‘lock ‘em up and throw away the key’. However, against a national backdrop of over-populated prisons and reports calling for cuts in incarceration rates, these schemes represent an excellent example of how the police can fulfil their potential as a unique and potent harm reduction force.

It is important to educate, train and sensitise law enforcers about drug-related issues and the benefits of harm reduction approaches. In the USA, an online resource from The Centre for Innovative Public Policies explicitly attempts to do just this, and asks “What’s in it for the police?” – such as a reduced risk of infection from needle-stick injuries or publicly discarded paraphernalia.

Perhaps the best example, however, comes

from Vietnam and China, where the Asia Regional HIV/AIDS Project held two-day seminars for senior police officers. These well-attended meetings outlined the rationale and evidence for harm reduction, the potential interventions and the support that these require from law enforcers. In the seminar evaluations, the vast majority of attendees reported that the meetings had increased “the possibilities of... implementing harm reduction approaches with [their] law enforcement agency”.

The International Harm Reduction Association (IHRA) has identified the 50 best examples of documents studying police involvement in harm reduction. All of the reports and studies mentioned in this article are featured in the collection. The entire IHRA series of “50 Best Collections” on a variety of subjects can be viewed at www.ihra.net. •

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