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CENTRE FOR LAW ENFORCEMENT & PUBLIC HEALTH

Better Integrating Police and Public Health:
The case of illicit drugs

Part I: An examination of the role that law enforcement can play in the advancement of public health

Part II: How LEA can play an important and effective role in harm reduction and drug policy reform

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Part I:

An examination of the role that law enforcement can play in the advancement of public health

The Public Health Imperative

- The task of Public Health is to decrease risk to health at the *population* level …
- "Health" is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO 1948).
- The determinants of health include:
  - the social and economic environment,
  - the physical environment, and
  - personal characteristics and behaviours (also from WHO)

All interact in most complex ways …

… involving every sector of society

Long history of enforcement in public health

- **Law Enforcement Agencies** have always played a role in protecting the public health of their communities …
  - Health and sanitation --- safe drinking water, vaccinations, infectious disease control, etc.)
  - Alcohol control, tobacco control
  - Access to services (people with disabilities, patients with HIV/AIDS, …)
  - Violence, including family violence, gender-based violence, the Unsafe City and other violence prevention
  - Motor vehicle/road traffic safety
  - Etc.

The Public Health Team

- Public health is multisectoral:
- … therefore the practice of public health involves multidisciplinary teams:
- One typical listing:

(from the Public Health Agency of Canada, 2005).

The Case of the Missing Cop*:

It will be noted that **police** are not mentioned as key members of the public health team.

* Scott Burris et al, 2004

- Specialist public health physicians
- Epidemiologists and Biostatisticians
- Public Health nurses
- Medical microbiologists
- Environmental Health Officers
- Dental hygienists
- Dietitians and Nutritionists
- Health inspectors
- Veterinarians
- Public health engineers
- Public health lawyers
- Sociologists
- Community development workers
- Communications officers

The Police View

- Police are one of the few **24-hour services** that anyone can access
- The community has **high expectations** of policing responses
- The **Police Mission** promises a broad range of responses:
  - Preserve the peace
  - Protect life and property
  - Prevent offences
  - Detect and apprehend offenders
  - Help those in need of assistance
- **Conclusion:**
  - **police interact with many people who have health issues**

Issues for Police

- Health issues can present in **any** police job
  - *e.g. victim, suspect, person in need of assistance*
- Police encounter the **range** of health issues
  - *e.g. medical conditions, mental health, substance misuse*
- Police focus on **behaviour** and the **situation,** rather than diagnosis
  - *e.g. prevention, intervention, harm minimisation, investigation, crisis intervention*
- Police have to balance **health, safety** and **law enforcement** issues
- Health issues can contribute to **repeat offending** and **repeat victimisation**

Observations from the field and the literature

- **Police (or courts)**
  - sometimes the only pathway for intervention and
  - act as a trigger for the provision of health services
  - are often the first port of call for mental-health related incidents
  - are those 'who pick up kids on the street'
  - are those who monitor bail conditions given to VP

So:

- Police as service brokers
- Police as public health interventionists (+/-)
- Pragmatic stance of (local) police

Why is Law Enforcement Needed in Public Health?

- ***Personal behaviours*** involve or mediate many and major risks to health; *therefore …*
  - much public health action involves behavior change and regulation; *therefore …*
  - much behavior is to this end legislated and regulated, and must be enforced.
- ***Other issues:***
  - **Structural :**regulations to control access to elements that pose a risk to health, around environments, etc.

Why is Law Enforcement Needed in Public Health?

- An evidence base for public health is developed by research, especially within the discipline of epidemiology.
- From this evidence, goals for health and loci of intervention are derived
- These goals and their achievement and maintenance are often mandated by law and/or regulation
- ***'Law on the books'*** is then translated into ***'law on the ground'*** or ***'law in the streets'***
- – and the 'street level bureaucrats' with the mandate in this regulation are often **police.**

Why is Law Enforcement Needed in Public Health?

- Enforcement of such regulations and legislation is carried out in many ways
  - by public health practitioners including environmental health officers and occupational health authorities
  - but also by police and other traditional law enforcement agencies …
- **Conclusion:**
  - **policing and public health are intimately related in the everyday**
- However …

The Mysterious Case of the Missing Cop

- Regulatory role of public health authorities well recognized and studied
- BUT - the police role in public health is under-recognized
  - as a result, under-studied and often undervalued

Politicians capitalise on this misunderstanding of the police role:

e.g. British Home Secretary Theresa May, 2011:

"… the test of the effectiveness of police, the *sole objective* against which they will be judged … is their *success in cutting crime*"

What Works in Public Health Enforcement

- Principles for enforcement in public health:
  - Educate/communicate appropriately
    - Know your audience and how they communicate, what are credible sources to them
    - Start where they are at and lead them forward
  - Support don't only punish
    - Don't blame
    - Provide alternatives - rehabilitation
  - Fix structural factors – people won't change if they can't

How to work with police

- Policing is foremost, above all else, a **culture**
  - If you do not approach it as such, you fail
  - Task is Culture Change
- And it's generally a ***Closed*** Culture:
  - Therefore Peer education and support is a major approach
- But – good (and bad) news – it is hierarchical
  - Good: obey orders
  - Bad: information/learning flows in only one direction

Challenges for Police in the Partnership

- Police need **effective collaboration** with health services for:
  - ✓ Expert advice
  - ✓ Treatment
  - ✓ Support
  - ✓ Service improvement
- The **challenges** Police face in these collaborations are:
  - × Range of service providers
  - × Different service criteria / catchments
  - × Limits on service capacity / availability
  - × Information exchange

Collaborations and partnerships

- Targeted at the right level of action
  - *e.g. frontline, regional, corporate*
- Tailored to specific service needs
  - *e.g. timely advice, onsite support*
- Purposeful in their formation and operation
  - *e.g. clear and documented aims, commitments, outcomes*
- Appropriate for respective roles and responsibilities
  - *e.g. core functions, risk management*
- Results in better outcomes collectively than acting alone
  - *e.g. remove duplication, fill gaps, share info/knowledge/skills*

The need for information sharing

Major problem for collaboration:

- Information is not systematically shared between problem-solving courts/diversion list databases and police

Problematic on several levels:

- Possible negative impact of police intervention when not fully informed
- Recent budget cuts are making agencies fall back on their own siloed approach to their core-businesses, in a reactive manner
- Good modes of governance are waved aside, as individual core businesses are becoming more pressing

Public Health *and* Crime prevention: the *necessary* role of police?

The role of police in public health

- Available 24/7, everywhere
- A first port of call
- A necessary partner of Health departments in managing crisis
- A 'checking' mechanism not always in check in relation to public health

The role of police in crime prevention

- Always asked to do more with less (compounded by recent severe budget cuts)

  → crime prevention makes sense (aspirational goal of fewer crimes to address)
- Police = a necessary partner in early intervention, as early deterrents, as information providers (schools, community centres, etc)

Public Health *as* Crime prevention: the *necessary* role of police?

- ***Further good public health*** will impact positively on the rates of *ill-health related crime*↓
  - Primary prevention
  - Access to services, primary or diverted
- Logical to focus efforts on how to *improve public health* in order to positively impact on potential ***ill-health related crime***
- Efforts on Public Health = form of Crime Prevention
- Effective Partnerships: common goals
  - Information sharing becomes a core-business of all

The Health Department view

- **Policing,** and law enforcement more broadly, **is critical to public health and safety.**
- A comprehensive approach to the promotion and protection of health in the community **cannot avoid the need for law and regulation, and its *enforcement***
- To highlight the **breadth and strength of the relationship required between health and law enforcement authorities**:
  - road safety
  - tobacco control
  - alcohol and other drugs
  - infectious disease control
  - emergency management
  - mental illness

Road Safety

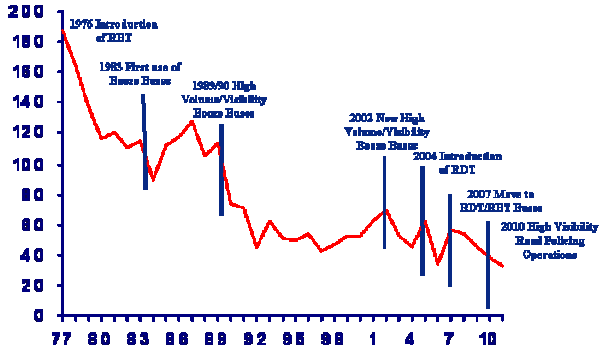
Victoria

- enforcement of **the world's first seatbelt-use legislation in 1970**
- focus on the policing of **speeding, drink driving, and driver distraction** (through mobile phone use, for example),
- **extension of the police role in health on the roads**, with the **prohibition on smoking in cars when children are present**.

→ a gradual and **significant reduction in the road toll** over the past few decades.

- Through a concerted and long term partnership effort, Victoria's road users are now amongst the safest in the world.
- Reduced burden of road accidents on the community, and on the health system
- Example of the continual development of the strong relationship between health and police in public health and safety

Inspector Martin Boorman, VicPol



Alcohol law and regulation

Police role in alcohol law enforcement

- Extensive, includes:
  - policing drink driving
  - involvement in liquor accords and working with licensees
  - a formal role in assessing and objecting to some liquor licenses
  - responding to and preventing family and public violence
  - involvement in some early intervention and education programs for teenage drinkers and young offenders
  - the sharing of data with health authorities
- All of this law enforcement work, **planned and enacted in most cases in partnership with health authorities,** helps to prevent the significant harm that comes from alcohol use
- Much motivated and driven by police

Alcohol harm reduction

Key to the success of the partnership: continued focus on main areas:

1. ***Violence, anti-social behaviour and drink-driving***

- Police very much at the front line – 40%+ of police time and resources
  - Alcohol-related violence very quickly becomes a health issue, and health has an enduring interest in preventing violence not just in pubs and on the streets, but also in the home
  - In 2011-12 police took Victorians into custody over 14 000 times for drunkenness and issued over 12 000 on the spot fines.

2. ***Effective liquor regulation***

- Health has a strong interest in an effective system of liquor regulation
- … which encourages responsible behaviour by both licensees and consumers
- Police and local government already have well-defined roles

3. ***Changing drinking culture***

- needs to feed into a change in cultural attitudes to drinking
- discussions need to focus not just on violence but on health and well-being
- tapping into people's existing motivations to make health-related behavioural changes

Alcohol and culture

"… in terms of one of our biggest cultural and health issues, alcohol, the view from Health is to **continue to develop a partnership with law enforcement authorities that can effect cultural and behaviour change, just as Victoria has managed** with road safety."

Mental illness

The police response to those with mental illness in the community

- where there may be perceptions of harm to others, or self-harm

- Estimates (mostly anecdotal): 10-40% of police time and resources
- E.g.
  - In Victoria, police conduct a mental health transfer every 2 hours
  - 94% of persons transferred had an existing diagnosed mental illness
- The criminalization hypothesis:
  - that deinstitutionalization coupled with inadequate police training and resources (esp referral)
  - led to the increased arrest of people with mental illness and
  - therefore their involvement in the criminal justice system

Innovations in LEPH partnerships for mental illness

- A range of innovative trials in Australia, U.K., Netherlands and even the U.S. are exploring new ways for police and mental health services to work together:
  - Houston, USA: the social worker in the patrol car:

  - Amsterdam: the Psycholance, specialized transport for psychiatric patients

- The lessons learned from these trials are informing broader work to support mental health services to work with police and people experiencing a mental health crisis.

Challenges in the real world

- Public health issue in SE Asia: **Alcohol-fuelled domestic violence causing mental health problems among women**
  - 80% of women attending primary health care in SE Asian countries had diagnosable mental health condition
  - Vast majority associated with domestic violence
- No police response against domestic violence
  - "Describes police culture" – alcohol, violence against women
- Police respond to mental health crises
  - Option – diversion to treatment (gives advocacy base)
  - No mental health system – therefore incarceration

Needs for better integration

- Recognition of roles
- Identity (including self-identity)
- Reciprocal respect for roles
- Professionalisation: training and continuing education – both sectors
- Common language
- Common goals
- Forums for collaboration
- Information sharing

Part II:

How LEA can play an important and effective role in harm reduction and drug policy reform

Prohibition creates corruption

- A ***necessary*** corollary of prohibition is corruption
  - just good business sense, protecting one's business
  - enough profit to corrupt almost any system – including police
- Organised crime and illicit economic activities generate high levels of criminality and violence
- Zero-tolerance approaches of prohibition consist of aggressive responses to all crimes, including minor criminal activities (e.g. in the USA and Latin America)
- Lead to highly unequal outcomes on the suppression of organised crime, as well as severe negative consequences
  - overcrowding of prisons and the criminal justice system
  - human rights violations and police abusiveness

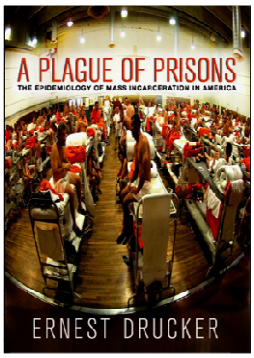
A Plague of Prisons

- Prof Ernie Drucker:
- Rockefeller drug laws NY 1973

➢ U.S. incarceration highest in the world

➢ Intensely racially biased

➢ onward impact of imprisonment
  - on families, communities and the future
  - Police shootings of unarmed black people



Drug law enforcement

- Policing of drug markets is a law enforcement matter
  - people who use/deal drugs are breaking the law
  - the role of the police is to reduce such law breaking
- Traditionally focused on reducing the illicit drug market
  - eradicate or stifle drug production, distribution and retail supply
- Demand is related to many social structural factors
  - outside control of law enforcement
- Where demand is high, LE strategies have failed to reduce the illicit supply of drugs in consumer markets
  - **but have often caused increased harms ...**

Police legitimacy

Police legitimacy relies on three pillars:

- procedural fairness - impartiality, being treated with respect and dignity;
- lawfulness - police themselves abide by the law; and
- effectiveness - people feel safer thanks to police.

- "for law enforcement interventions to impact positively on drug market-related harms, the police need to work in cooperation with the communities they serve in order to collect information, and to achieve compliance with the law without needed to punish members of the community"

An alternative paradigm

The mission of police:

– ensure the safety of the community by reducing harms to ***all*** citizens:

1. Identifying and catching criminals
2. Prevention of crime
3. Partnership with the community in addressing complex social issues

- **The new challenge:**

– to manage drug markets to minimise harms to communities:

  – how LE can ***beneficially*** shape drug markets

- **Harm reduction** as the principle of the health policy response to drug use: aims at reducing harms
  - Infection, criminal activities, public disorder, violence, property or acquisitive crime, corruption, etc.

'Harm reduction'

- 'Harm reduction' is a normal human approach to complex problems for which there is no immediate solution
  - " we can't make it go away, but we can decrease the harm caused"
- As a term, originally applied to long term alcohol-dependent people:
  - at any one time, perhaps 5% can become and stay abstinent
  - what do we do about the other 95%?

Answer:

- Make sure the 95% stay as healthy as possible until they are ready to join the 5% and become abstinent
  - e.g. addition of thiamine (vitaming B1) to the diet
    - to prevent Wernicke's encephalopathy

Examples of harm reduction in other settings

- Tobacco:
  - no smoking zones
  - substitution therapies: e-cigarettes, snus etc
- Sex:
  - Condom and dental dam use to prevent harm:
    - Pregnancy
    - STIs
- Road trauma harm reduction:
  - Compulsory seat belts and helmets
  - Designated drivers etc
  - Structural interventions e.g:
    - Road design
    - Separation of elements
      - E.g. Netherlands' experience

Principles of harm reduction

Universality and interdependence of rights:

- harm reduction based on a strong commitment to public health and human rights.

- Targeted at risks and harms:
  - what are the risks and harms associated with particular behaviours?
  - what can be done to decrease them?
- Evidence based and cost effective:
  - never sufficient resources:
  - benefit is maximised with low-cost/high-impact interventions
- Hierarchical:
  - more important to reduce immediate harms than eventual harms
  - more important to reduce major harms than minor harms
  - e.g. clean needles → reduced use → substitution → abstinence

Principles of harm reduction

- Incremental: any positive change is significant
  - harm reduction interventions are facilitative rather than coercive
  - meet people's needs where they currently are in their lives
  - small gains for many >> heroic gains for a select few
  - multiple tiny steps much more likely than one huge step
- Dignity and compassion:
  - accept people as they are and avoid being judgemental
  - oppose the deliberate stigmatisation and victim-blaming
  - terminology and language should always convey respect and tolerance.
- Challenging policies and practices that maximise harm
- Transparency, accountability and participation

Harm reduction and HIV

- 1982: recognition of HIV epidemics among IDUs, need for action:
  - no quick fix: drug treatment works for 5% at any one time
  - no cure for HIV
- Therefore:
  - do what is needed to stop people becoming infected with HIV,
  - so when they stop drug use they are HIV-free

Definition :

- 'Harm Reduction' refers to policies, programmes and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption. (Harm Reduction International)

Harm reduction as HIV prevention

UN Comprehensive package:

- consists of nine activities with a wealth of scientific evidence supporting their efficacy and cost-effectiveness in preventing the spread of HIV and other harms:
  1. Needle and syringe programmes
  2. Opioid substitution therapy and other drug dependence treatment
  3. HIV testing and counselling
  4. Antiretroviral therapy
  5. Prevention and treatment of sexually transmitted infections
  6. Condom distribution programmes for people who inject drugs and their sexual partners
  7. Targeted information, education and communication for people who inject drugs and their sexual partners
  8. Vaccination, diagnosis and treatment of viral hepatitis
  9. Prevention, diagnosis and treatment of tuberculosis.

  "No single activity will prevent or reverse HIV epidemics. The greatest impact will be achieved if the nine interventions are implemented as a package"

Police and harm reduction

Global evidence has shown that harm reduction interventions:

- are cost-effective
- impact positively on public health
- reduce drug-related criminal activity
- increase police legitimacy in communities

- Police can enhance or hinder harm reduction and drug treatment programs
- In many countries the police are supportive of a range of harm reduction interventions: **=>**

Police and harm reduction

- NSPs – police can use syringe possession to arrest, or can provide N&S
- Opiate Substitution Therapy:
  - China's experience
  - Methadone in Viet Nam
- Condoms – Chief Superintendent Jones Blantari, Ghana Police
- Australia: PCCCs - Police-community Consultative committees

LEAHN

The Law Enforcement and HIV Network

- Networking and supporting supportive police globally
- Country Focal Points:
  - Provide education and advocacy to their agency and colleagues
  - Build relationships with vulnerable communities

CFPs:

Ghana, Uganda, Tanzania, Zambia, Zimbabwe, Kenya
Viet Nam, Thailand, Cambodia, India, Nepal, Bangladesh, Indonesia
Ukraine, Moldova, Kyrgyzstan
Brazil

Police Statement of Support for Harm Reduction

The Law Enforcement and HIV Network

Key principles of support:

1. Support for interventions for HIV prevention among and from people who use drugs, sex workers, men who have sex with men and other key populations.
2. Support for all services oriented at reducing the harms associated with illicit drug use (e.g. prevention of drug overdose deaths).
3. Support for a health and rights-based approach to sex work, and all services oriented at reducing the harms experienced by sex workers (e.g. violence and the transmission of sexually transmitted infections).
4. Support for the appropriate use of administrative or criminal laws in ways which do not undermine HIV prevention programs among key populations.

Police Statement of Support for Harm Reduction

5. Facilitate access to HIV/drug/sexually transmitted infection prevention, treatment and care services, including by adult and juvenile referral mechanisms.
6. Identification and application of alternatives to arrest and prosecution in appropriate cases, reducing costs to their own and other criminal justice agencies, reducing incarceration rates and divert vulnerable individuals from other unintended harmful consequences of the criminal justice system.
7. Support for comprehensive law enforcement training and education strategies, policy development and realistic performance indicators to ensure all individuals have access to essential HIV services

Principles

"The more I look at drugs, the more I see people"

- Law enforcement focus on reducing violence and the capacity of criminal groups to corrupt state institutions
- Policies that further alienate marginalised populations from the state and strengthen their dependence on illicit economics should be avoided
- Law enforcement activities should be combined with socio-economic development policies to reduce crime and populations' dependence on illicit economies
  - Individual level: e.g. Vietnamese kid in Footscray
  - National level: Drugs and Development

What's it look like?

- where methadone maintenance programmes are seen as more effective than 'stop and searches' or street-level 'crackdowns' in terms of bringing about significant reductions in rates of acquisitive crime and illicit opiate use;
- where police officers are able to rattle off the definition of harm reduction in much the same way as they do the legal definitions of theft and burglary or the words of the caution or the 'Miranda warning';
- where police services regard the number of cocaine, heroin and methamphetamine users they have referred to local drug and HIV prevention, treatment and care services as important as the number of arrests and seizures;

What's it look like?

- where in-service stigma and discrimination is minimized to the extent that drug misusers, sex workers, homosexuals and people living with HIV/AIDS (PLWHA) are represented in the police/community consultative groups and police service authorities and boards;
- where drug use related offences (especially possession with no intent to supply and low scale trafficking to finance the dependence, but possibly also acquisitive crimes where the underlying cause is dependence) are dealt with chiefly by way of social and medical interventions rather than criminal or administrative sanctions;
- where drug policy is routinely assessed against human rights and fundamental freedoms;
- where drug policy and policing undergo regular impact assessment and independent evaluation and the results are freely available for public.

Operationalising the principles

- Leadership, multisectoral collaboration: how do we do it?
- Strengthening civil society; how do we do that?
- Police reform: What are the things we really want to target and how?
- Addressing the laws, policies and practices of both law enforcement and HIV preventions efforts……in each differing context
- Evidence, monitoring, evaluation, making the case: Principles to case studies to scale up……

Australian policy for Illicit drug use

- In Australia, now a **long standing cooperation in** responses to illegal drug-use: from First National Drug Strategy (NCADA, 1985)
- Consistent with the broad **harm minimisation philosophy** pursued by successive governments under the National Drug Strategy
- Expressed in diverse ways, including:
  - approaches to policing drug-use and possession charges,
    - » including diverting small personal-use and first time offenders to education and/or treatment, and
  - building understanding on how to best manage needle and syringe programs, overdose response in the community
    - » Sydney: MSIF

Acknowledgments

- Geoff Monaghan, Semeion Institute
- IDPC: Modernising Drug Law Enforcement series 2013
  http://idpc.net/policy-advocacy/special-projects/modernising-drug-law-enforcement
- Leanne McKay. Toward a Rule of Law Culture: Exploring Effective Responses to Justice and Security Challenges. US Institute of Peace 2015

Thank you

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