

Police, Harm Reduction, and HIV

Injecting drug users (IDUs) account for the largest share of HIV infections in China, Russia, Ukraine, Central Asia, and much of Southeast Asia. Harm reduction measures such as access to clean needles and drug treatment with methadone or buprenorphine have been proven to reduce HIV risk behaviors. Yet law enforcement officials in many countries harass drug users at drug treatment clinics and needle exchange points, confiscate their medications, or arrest them for possession of clean syringes. These police practices help fuel the HIV epidemic by driving drug users away from lifesaving care while doing little to stem drug use. Emerging partnerships between police and health providers prove that law enforcement and HIV prevention programs can work together to save lives while reducing crime.

Law enforcement practices block drug users' access to sterile syringes.

- In Russia and Ukraine, police often harass and arrest drug users who attempt to obtain health information and sterile syringes from pharmacies and legal syringe exchange sites.^{1, 2}
- In China, police have detained outreach workers at needle exchange sites and arrested drug users attempting to access clean syringes.³
- In the United States, studies document that some drug users are unwilling to carry safe injection or bleach kits due to fear of arrest; drug users who fear arrest are more than one-and-a-half times as likely to report sharing needles.⁴
- A California study found that drug users who fear being caught with syringes will hide them in bushes and abandoned buildings, flush them down toilets, or give them to others to hide. These behaviors create a hazardous environment for people who come in contact with the unsanitary injection paraphernalia.⁵

Targeting drug users for arrest increases unsafe injection behavior.

- People who fear arrest will inject drugs in a hurry, often failing to clean injection areas on the body, dress

wounds after injecting, or test drugs for strength to avoid overdose.⁶ They are also more likely to share injection equipment, putting them at risk of HIV.⁷

- During a police crackdown, researchers in Vancouver, Canada observed an HIV-positive drug user accidentally exchange syringes with an HIV-negative person while hiding injection equipment to avoid arrest.⁸
- Individuals who inject in a hurry are at risk for serious consequences of imprecise technique, including paralysis or death if they puncture an artery or a major nerve.⁹ In one study in Australia, an IDU stated that during an intensive police anti-drug operation she missed her vein because she was in a hurry.

Criminal laws deter drug users from health services and emergency healthcare.

- In Ukraine and other countries, police harassment of outreach workers and staff at syringe exchange programs has reduced program attendance and limited expansion of services, which may have increased the length of time that contaminated needles circulated on the street.^{2, 4}
- Harassment by law enforcement officials displaces drug user communities, making it difficult for outreach



workers to reach drug users who move to new locations.⁸

- In Russia and Ukraine, where suspected or proven drug users are placed on government registries, drug users avoid seeking lifesaving services due to fear that their names will be reported to police or their employers.^{2, 10}
- Several studies report that drug users are unwilling to seek medical assistance during or following an overdose, due to fear of arrest.⁸

Incarceration of drug users increases risk behavior and endangers health.

- Mass incarcerations of drug users make prisons key sites for the transmission of HIV, since unsafe injecting practices often continue in the absence of HIV prevention services.⁴
- In many countries, including Russia and Thailand, drug users frequently spend time in pre-trial detention or prisons where heroin is available and syringe sharing is common, but where drug treatment and HIV prevention programs are unavailable.^{11, 12}

The “war on drugs” has been associated with excessive force and inappropriate police behavior.

- Anti-drug campaigns in numerous countries, including China, Kazakhstan, Russia, and Ukraine, have been associated with police extortion and violence against suspected drug users.^{2, 7, 13}
- In Thailand, more than 2,800 people were killed by police as part of the government’s “war on drugs.” Many of the people arrested during the government’s campaign report that police planted drugs in their pockets, forced them to sign false confessions, or threatened to arrest them simply for not being enrolled in drug treatment programs.¹¹
- In a New York City study, 33 percent of IDUs and 12 percent of non-users reported that they had witnessed or experienced police-perpetuated sexual violence. Participants said that during drug searches, it is not uncommon for officers to search users’ undergarments in an inappropriate manner or to force individuals to disrobe in public spaces.¹⁴
- In New York City, a female injection drug user engaged in sex work reported that she was brought to a hotel room by an undercover police officer who gave her an ultimatum to have sex with him or go to jail.¹⁴

The following approaches can help bring law enforcement efforts in line with public health goals:

I. Foster partnerships between law enforcement and the public health sector,

focusing on the root causes of community problems and identifying the most effective actions to address these problems.⁴ In Great Britain and Australia, Drug Action Teams (DATs) work with local authorities, social services, and health providers to reduce drug-related crime and stem the supply of illegal drugs while increasing access to effective drug treatment. DATs provide health-focused trainings for police officers and give them health and social service referral cards to distribute to drug users.⁸

EVIDENCE A study conducted in Australia found that the cross-sectoral structure of the DATs proved to be an effective framework to incorporate harm reduction into drug policing. The collaborating agencies benefited from the partnership, because rather than each agency separately providing its mandated service, they contributed to an integrated problem-focused response. Furthermore, the DAT meetings provided an opportunity for all local agencies involved in the drug field to connect and collaborate with one another.¹⁵

EVIDENCE While strict law enforcement may reduce the visible aspects of street drug scenes, research shows that such initiatives push the drug trade to neighboring suburbs and generally have negative outcomes for public health. In order to serve the overall public interest, responses to illicit drug use require broad-based, multifaceted approaches, in which policing is not the only component.¹⁶

- ### **2. Encourage police to use discretion when confronting potential drug users.** Police can issue warnings and referrals to appropriate health and social services as alternatives to arresting drug users or confiscating injecting equipment.⁸

EVIDENCE In Australia, police distributed more than 2,000 referral cards during the course of their normal operational activities over a six-month study period. Police reported feeling positive about their experiences in distributing the cards, and a number of individuals attending counseling and support services indicated that they had received referrals from the police.¹⁵

EVIDENCE A 2006 study of 89 large U.S. cities showed a connection between punitive policies such as increased drug arrests and an increased proportion of IDUs infected with HIV. According to the study, the aggressive policing did not reduce the number of IDUs per capita.¹⁷

- 3. Provide harm reduction training for police officers and incorporate harm reduction into law enforcement strategies.** Australia and most Western European countries have successfully incorporated harm reduction and disease prevention into national drug strategies.⁴ In Australia the National Community Based Approach to Drug Law Enforcement (NCBADLE) model was formed to reduce the demand for drugs and bring a greater focus on harm reduction to drug policing. In the United Kingdom, law enforcement policy encourages the treatment of drug users at every stage of the criminal justice process, starting with diagnosis and referral at arrest and enhanced treatment options in prison.⁴

EVIDENCE In Australia, the NCBADLE initiative included harm reduction training as part of the ongoing training for police recruits. A study conducted after the initial training of 300 police officers found that police demonstrated an overall greater willingness to make decisions that reduce health risks for individual users, and a broader understanding of the value of harm reduction in the police context.¹⁵

- 4. Adopt drug laws that reduce risks to public health and safety.** Policies that have been shown to decrease the spread of HIV among IDUs include deregulating the possession of syringes and needles, legalizing methadone and other medications for addiction, and minimizing regulatory barriers to their use. In some Australian and American states, law enforcement policies discourage police from making arrests at drug overdose scenes, in order not to deter people from seeking medical help.⁴ In New York City, lawmakers passed legislation encouraging pharmacies to sell sterile syringes, and police agreed not to arrest people solely for syringe possession.⁴

EVIDENCE Public health and medical authorities agree that IDUs should use sterile syringes for every injection. In a letter to the Director of the U.S. Office of National Drug Policy, U.S. Congressman Henry Waxman wrote, “At least 17 major reviews and assessments of needle exchange programs have found that needle exchange programs help to reduce the spread of HIV and other dangerous infectious diseases without encouraging or increasing drug use. In addition, multiple studies have found that such programs can in fact provide valuable opportunities to reduce illegal drug use.”¹⁹

EVIDENCE More than 300 research studies document that prescription of methadone for opiate addiction is strongly associated with decreased risk of HIV infection, lower injection frequency, and less syringe sharing. Methadone and buprenorphine treatment decrease many of the other harms associated with injection drug use. For example, people using these medications are more likely to be gainfully employed and refrain from illegal activities compared with those who are not prescribed the medications.²⁰

EVIDENCE Reducing the risk of HIV infection by providing sterile injection equipment to IDUs appears to be cost-effective for society. According to the World Health Organization, the United Nations Office on Drugs and Crime, and UNAIDS, methadone and buprenorphine treatment is considerably less expensive than incarcerating drug users or treating medical conditions associated with unsafe drug use such as severe hypertension or HIV/AIDS.²¹

NOTES

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