Relationships with law enforcement

RECOMMENDED BEST PRACTICE POLICIES to develop and maintain collaborative relationships with law enforcement to help ensure consistent availability of harm reduction services:

- **Include law enforcement agents as one of the stakeholder groups to be engaged and informed when developing harm reduction programs**
- **Establish and sustain methods for ongoing communication between harm reduction programs and local law enforcement agencies**
- **Provide in-service training to law enforcement agents focusing on:**
  - **The purpose and goals of harm reduction programs**
  - **Evidence-based approaches to needle and syringe program (NSP) effectiveness, especially with regard to any impacts on community safety and public order**
  - **Needle-stick injury prevention and the basics of HIV, hepatitis C (HCV), and other pathogen transmission**
  - **The health and social concerns of people who use drugs**
  - **Evidence concerning the impacts of needle/syringe and other injecting equipment (e.g., cookers, filters) distribution for people who inject drugs**
  - **Evidence concerning the impacts of safer smoking equipment distribution for people who smoke crack cocaine**
- **Develop agreements with law enforcement to ensure that:**
  - **Clients can enter and exit from harm reduction program fixed sites or vehicles without police interference**
  - **Safer injection, safer smoking equipment, and overdose prevention kits (e.g., naloxone) distributed by programs are not destroyed or confiscated from clients by police**
  - **Fixed, mobile, and other sites (e.g., pharmacies) are not used for police surveillance purposes**
- **Establish a conflict resolution protocol to address concerns that may arise between harm reduction programs and law enforcement. Adverse client-police encounters should be documented and brought to the attention of law enforcement authorities.**

Key messages

Canadian and international studies show that enforcement activities that can negatively affect the health and safety of people who inject drugs include "crackdowns" and enhanced surveillance of drug-using areas, arrest, detention, and harassment, including confiscation of drug use equipment. For example, police crackdowns can shift local drug scenes and increase people's anxiety about getting caught by police, leading to effects like injecting in less safe spaces (e.g., alleys, parks), less contact with health and social services, improper disposal of used injection equipment, and rushed or unsafe injecting practices. Fewer studies have examined impacts on people who smoke crack cocaine, but some research has documented experiences with police encounters among this population.

Relationships between police and harm reduction programs can change and improve over time. Working collaboratively with police may improve their understanding of the public health benefits of harm reduction programs and reduce incorrect and/or negative perceptions held by law enforcement towards such programs. Studies about basic harm reduction training and education developed for police show mixed results; more formal, published evaluations of police training initiatives are needed.