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The role of UNODC in working law enforcement agencies to promote harm reduction

IHRC, Bangkok, 23 April 2009

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"Drug control has focused mostly on law enforcement…

Public health – which is the first principle of drug control – has been pushed to the background…

It is time to go back to the roots of drug control and put health at the centre stage…"

Antonio Costa,
Executive Director, UNODC
May 2008

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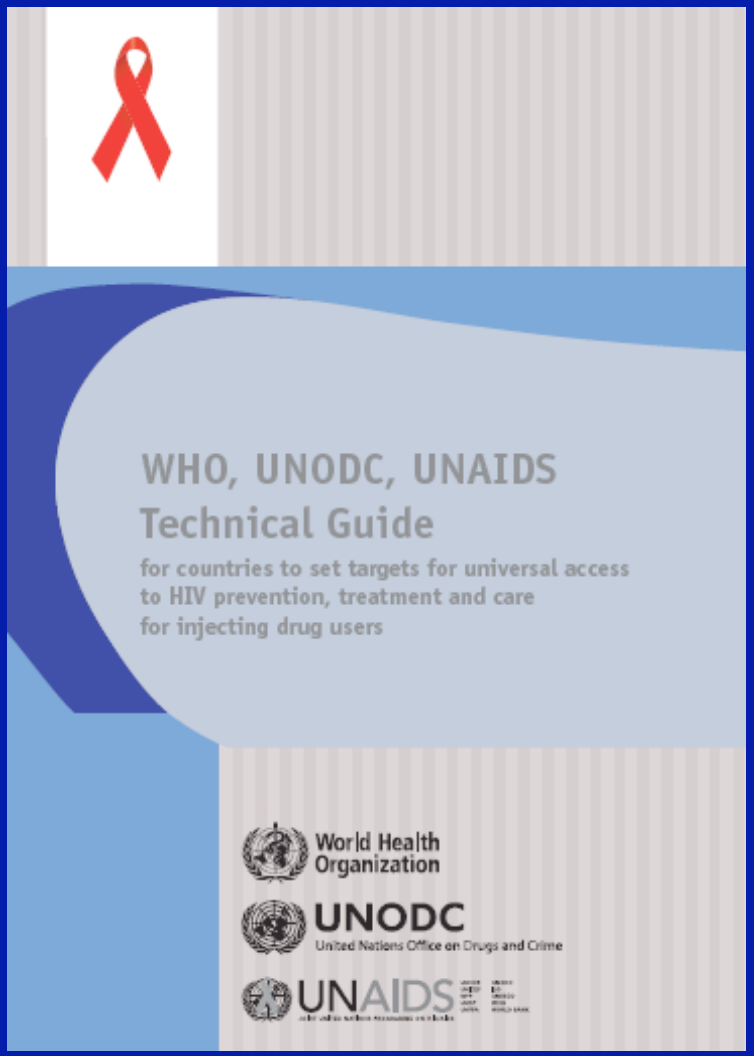
The comprehensive package of interventions



1. Needle and syringe programmes (**NSP**)
2. Opioid substitution therapy (**OST**) and other drug dependence treatment
3. Voluntary HIV testing and counselling
4. Anti-retroviral therapy (ART)
5. Prevention and treatment of sexually transmitted infections (STIs)
6. **Condom** programmes for IDU and their sexual partners
7. Targeted information, education and communication (IEC) for IDU and their sexual partners
8. Vaccination, diagnosis and treatment of viral hepatitis
9. Prevention, diagnosis and treatment of tuberculosis (TB).

APPROACH: outreach-based service delivery.

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UNAIDS "Division of Labour"

UNODC responsible for:

- IDU
- HIV in prison settings
- HIV as it relates to human trafficking

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The UNODC Programme priorities in East Asia and the Pacific

Our Rule of Law work

1. Illicit Trafficking – drugs, humans, forest products, migrant smuggling
2. Corruption – money laundering
3. Criminal Justice

4. Drug use
5. HIV and AIDS
6. Sustainable livelihoods

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Why are police well-placed to support public health policies?

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IN THEORY

1. FRONT LINE ADVANTAGE – Police are in the front-line and they are in day-to-day contact with people also at higher risk of HIV (including IDU, sex workers, MSM). In many countries the police see more people in these high-risk groups than State-run health agencies or NGOs.

2. IDENTIFY AND REFER – Police are well-placed to identify and refer IDU to drug treatment /HIV services.

3. DETECT NEW TRENDS – Police are often among the first to identify new trends: (a) drugs - heroin, crack, methamphetamine; (b) new methods of administration – e.g., smoking Temazepam; (c) changes in drug markets - foreign tourists/visitors.

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Police and harm reduction

FINDINGS

1. Arbitrary arrests
2. Physical abuse + torture, beatings, cigarette burns
3. Mental abuse + threats
4. Sexual abuse and harassment
5. Medical treatment denied
6. Police activity can hinder uptake of harm reduction services
7. 'War on Drugs' thinking – human rights abuses

Open Society Institute 2009

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BEST PRACTICE

1. More effective training (however, because police is training not enough…)

2. Effective mechanisms needed also:
   - Systems for police accountability
   - Independent and transparent civilian complaint mechanism

5. Sufficient police compensation – to reduce corruption

6. Police custody time period: max 48 hours

7. Police officers must internalize human rights concepts and apply them in their work

Open Society Institute, 2009

GOOD PRACTICE: Police and harm reduction in the UK

1. Needle and syringe vending machines in police stations
2. Not arresting IDU in possession of sterile needles and syringes in public places
3. Not prosecuting drug workers who provide drug paraphernalia (e.g., silver foil) to clients
4. Not seizing condoms from sex workers as evidence of sex work
5. Not submitting syringes containing residual traces of drugs to forensic laboratories for examination
6. Supporting the establishment of drop-in centres and community based services where drug users can be educated, receive health services etc.

Source: Geoffrey Monaghan, Regional Drug and HIV/AIDS Expert.
UNODC Regional Office for Russia and Belarus.

GOOD PRACTICE: Police and harm reduction in the UK

7. Referring arrestees from the police station to drug and HIV services
8. Diverting drug offenders from the criminal courts by means of warnings, reprimands, and cautions
9. In cases where users swallow drug in an attempt to avoid arrest, police are instructed to take the person directly to hospital
10. Performance indicators – number of persons referred to drug services

Source: Geoffrey Monaghan, Regional Drug and HIV/AIDS Expert.
UNODC Regional Office for Russia and Belarus.

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Police and harm reduction

EAST and SOUTH ASIA

- Cambodia: Supporting Ministry of the Interior in developing HIV Strategy and drug law to include explicit harm reduction components
- India: Conducted a review of legal and policy obstacles to the implementation of effective harm reduction approaches
- Lao PDR: National Task Force on HIV and Drug Use involving LCDC and MOH by decree
- Viet Nam: Supporting training of line officers in on harm reduction and other HIV prevention related issues (e.g. universal precautions)
- Regionally: Collaboration with AusAID (ARHP) in development of police training modules in Viet Nam expanded to region.

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Police and harm reduction

Halt and reverse the HIV epidemics

Outcomes

5.1 Coverage
Universal access goals achieved among people who inject drugs, in correctional settings and for other vulnerable groups

5.2 Strategic Knowledge
Information effectively developed and shared to inform the design and implementation of HIV and AIDS programmes

5.3 Mainstreaming
Governments, UN agencies and other stakeholders implement a comprehensive HIV programme including harm reduction

Outputs

5.1 COVERAGE

5.1.1 National legislation and policies related to drug control and HIV are consistent with the harm reduction approach

5.1.2 National strategies, scale up and resource mobilisation plans related to UNODC target populations developed and operational

5.1.3 Enhanced capacity to implement harm reduction amongst the justice sector, law enforcement, prisons and drug dependence treatment staff and parliamentarians

5.1.4 Affected communities and service providers have the capacity to contribute to national and regional responses

5.1.5 Regional coordination and collaboration enhanced

5.2 STRATEGIC KNOWLEDGE

5.2.1 Stakeholders have access to high quality strategic knowledge

5.2.2 Enhanced institutional and service provider capacity to conduct research and apply findings

5.3 MAINSTREAMING

5.3.1 Relevant Ministries have the capacity to implement programmes

5.3.2 HIV is mainstreamed across UNODC programmes

5.3.3 UNAIDS Co-Sponsors and other stakeholders address HIV and drug use issues within their own programmes

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Thank you

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