

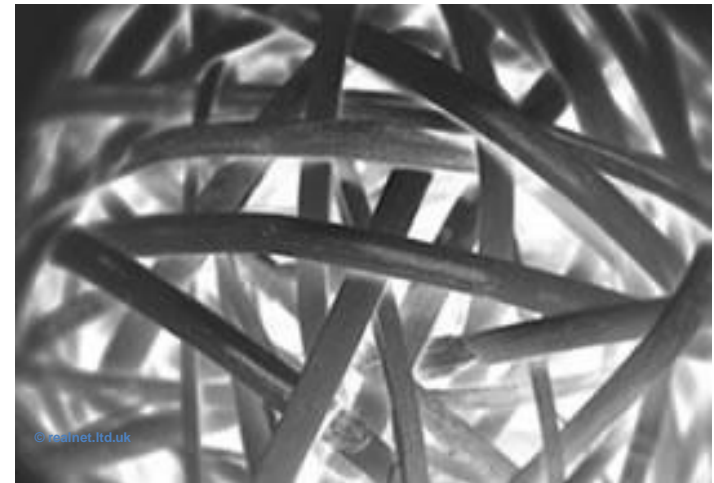


# *Harm reduction for local drug policies*

Multi-Stakeholder Partnerships  
Common Goals – New Partners –  
New Roles

# An Integrated Approach to drug policy requires ...

- A common understanding
- Community support
- A clear policy
- Operation across professional and departmental boundaries
- New partnerships
- Avoiding duplication and “reinventing the wheel”
- Effective service co-ordination
- An infrastructure to support its operation



# Re-defining the Roles – why should we do it?

**While you perform your own tasks this must not impede the performance of your cooperation partners**



- An integrated approach requires a conceptual framework that extends beyond the routine experience of any single organisation
- All actors involved can put their knowledge to use at the right time and place
- Competing interests may be resolved
- Priorities can be balanced to achieve equitable distribution of resources and delivery

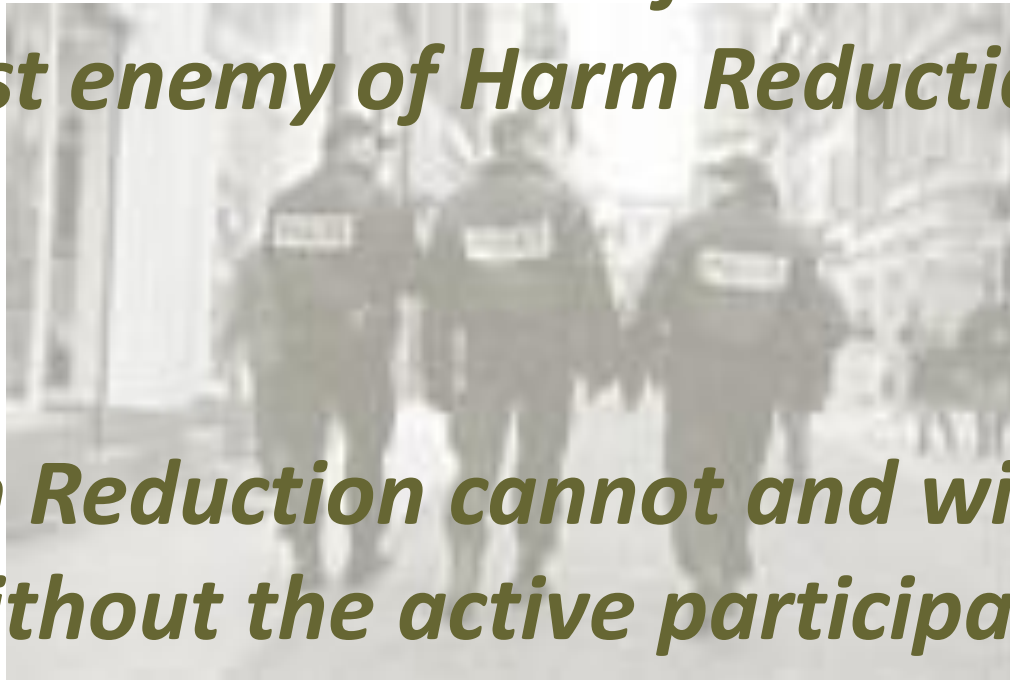
# Example 1: The Police Perspective

- In Harm Reduction, the perception of police as ‘the enemy’ is often justified
- The ‘war on drugs’ mentality, fostered by political processes, creates belief among many police that it is drug users who are the enemy
- From the perspective of police, it is the health authorities who are ‘sleeping with the enemy’
- Police are the front line of these responses. They confront drug users, arrest, extort, beat and send them to ‘Compulsory Treatment Centres’ or other administrative detention
- **But** many countries have seen the effectiveness of the police and Harm Reduction partnership, at the senior policy level and at the local, community partnerships level.

Adapted from: **Sleeping with the enemy? Engaging with law enforcement in prevention of HIV among and from injecting drug users in Asia,**

LEHRN 2010

***„Police can be the best friend and the worst enemy of Harm Reduction“***



***„Harm Reduction cannot and will not work without the active participation of the police“***

Source: Law Enforcement and HIV Network LEAHN

# Example 1: Tasks of the Police

- Limiting the number of crime problems associated with drug use
- Limiting or reducing drug related problems of public disorder
- Maintaining public security without impeding assistance to drug users
- Encouraging entry to drug treatment programs
- Using discretion in policing near service facilities
- Encouraging safer use practices
- Supporting community drug education
- Managing drug effected (intoxicated) people



# Lessons Learned from cooperation with the police

- Police and the justice system are acutely aware of the situation
- They see the depressing numbers of people who relapse
- They know about the situation in overcrowded prisons.
- Operative police forms the frontline in the public response to illicit drug use
- Police can have an enormous influence – both positive and negative on a drug policy approach.
- Police want to do something to solve the problem
- But often they do not know what to do

# Lessons learned from cooperation with the police

**Law enforcement agencies are often not the last but the first authorities to support an integrated local response!**



**Support from the police an justice system increases**

- Credibility
- Community support
- Political endorsement



# Example 2:

## Tasks of drug services

- Cooperate closely with non-specialist agencies (e.g. ambulance services, police, prisons) to establish contact with drug users who are not in structured drug treatment
- Develop confidential enquiry processes and rapid communication of acute risks with non-specialist workers and other service providers
- Provide immediate, low-threshold services to support clients' eventual engagement in more structured treatment
- Provide accurate information competently and sensitively
- Match the skills and qualifications of staff appropriately to the service's task
- Ensure that structures are in place to obtain advice and/or make referrals to specialist services that will better meet the needs of clients

# Lessons Learned from cooperation among services

## Challenges:

- Adapting to new roles and tasks diverted staff time and attention
- Fears of possible cuts in funding lead to resistance
- Some agencies felt forced to perform tasks that do not lie within their overall philosophy, their capacities and expertise
- Services were afraid of losing their “reputation” with drug users if they had to cooperate and communicate with the police or other services

# Lessons Learned from cooperation among services

## Benefits:



- New alliances were formed beyond core issues
- Overlapping fields could be addressed
- Users and carers linked up to add to the assessment of risk behaviour
- Strengths and weaknesses in service provision were identified
- Service provision diversified
- Service delivery expanded
- A comprehensive drug treatment system was established
- Referral systems between services were established

# Checklist for Monitoring Multi-Stakeholder Partnerships I

- ? Do the agencies involved benefit from the joint work
- ? Does the work facilitate service provision
- ? Is there a clear vision and mission
- ? Do the stakeholders all agree on a common strategy and Action Plan
- ? Do the agencies involved know about their tasks and are they able to fulfil them
- ? Is the work needs and evidence based
- ? Is there an atmosphere of equity and transparency

# Checklist for Monitoring Multi-Stakeholder Partnerships II

- ? Is there facilitation and organisational support
- ? Is the group flexible enough to cope effectively with new developments
- ? Is there room to also address underlying/affiliated issues
- ? Is there support from the community
- ? Are all concerned groups involved (if only temporarily)
- ? Is the round table consulted in the allocation of the drug-related budget and other resources