



Yale Center for Interdisciplinary Research on AIDS

**ALIGNING CRIMINAL JUSTICE AND HIV PREVENTION:
FROM CONFLICT TO SYNERGY**

*Improving the Integration of Law Enforcement and
Public Health Efforts Targeting Drug Use*

February 27-28, 2009

SUMMIT REPORT

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Executive Summary

As the dual epidemics of drug abuse and HIV continue to afflict communities at home and abroad, public health and criminal justice actors working in the same neighborhoods remain separated by divergent professional philosophies, operational approaches, and institutional incentives. Especially when it comes to efforts targeting at-risk groups like injection drug users (IDU), these professionals view each other's work with suspicion and sometimes outright hostility. Data demonstrate, however, that the population-level impact of disease and drug control efforts in hardest-hit populations remains equally bleak. In this context, criminal justice and public health practitioners can no longer afford to work in conflict. Collaboration between the two sectors is essential to create safer communities, improve health outcomes, and free up capacity to pursue long-term prevention strategies, all of which can lead to other public benefits including cost-savings to the taxpayer. Given the present economic climate, overflowing prisons, and growing calls for system-wide reform, a shift towards integrating criminal justice and public health efforts targeting drug uses is quickly becoming an urgent necessity.

The 2009 summit *Aligning Criminal Justice and HIV Prevention: From Conflict to Synergy* was designed to convene practitioners from the criminal justice and public health sectors to share experiences and ideas with academic researchers and funders. The primary goals of this event were to explore a common understanding of the dual epidemic of drug abuse and HIV, to learn about ongoing innovative efforts to harmonize criminal justice with disease prevention, and to identify and operationalize steps for further research, evaluation, and programmatic action.

The proceedings highlighted the complex interplay of institutional, cultural, economic, and other factors that lead to the pervasive misalignment between policing with public health efforts targeting drug users. Different professional tools, outcome measures, incentive structures, and occupational philosophies fuel this dysfunction. In many ways, however, criminal justice and public health professionals share key core values and a detailed understanding of the complex structural problems that complicate their work. Focusing on these similarities and mutual strengths can help facilitate discussion and frame collaborative efforts that, in the end, benefit both sectors and the public at large. In the specific context of HIV prevention, panel discussions, case study presentations, and round-table sessions helped distil a number of principal themes, including:

- Much remains unknown about the numerous pathways and mechanisms by which criminal justice activities impact public health, and vice versa;
- Legal reforms designed to align criminal justice activities with public health efforts are sometimes necessary, but are never sufficient to fully shift street-level law enforcement practices; overcoming powerful cultural, political, and economic inertia necessitates additional education and other efforts;
- Both criminal justice and public health sectors possess expertise and infrastructure that can be used by the other sector to further their goals, while improving overall community health and safety;
- Cross-institutional projects, taskforces, and partnerships have helped institutionalize cooperation between public health and criminal justice practitioners;
- To improve cooperation with criminal justice practitioners, public health professionals should frame their goals and activities in terms that appeal to criminal justice professionals' self-interest and worldview.

Policy, politics, institutional inertia, and many other barriers limit efforts to harmonize criminal justice, HIV prevention, and other public health efforts targeting drug users. The primary outcome sought from this summit, however, was a set of practical ideas and recommendations about scientific priorities for advancing such harmonization. These included:

1. Research to quantify and characterize the interaction between criminal justice activities and HIV and other health outcomes, with special emphasis on the mechanisms and pathways by which racial and ethnic disparities in the criminal justice system translate into health disparities;
2. Research to help understand what shapes the discretionary thinking and behavior of police and other criminal justice professionals, especially as applied to practices that influence health outcomes;
3. Research to better monitor and address occupational safety problems and organizational inefficiencies in the criminal justice sector related to working with most at-risk populations;
4. Research to identify the key ingredients of effective criminal justice-public health collaboration, including systems that effectively integrate the unique advantages of the two sectors to produce operational synergy and cost-savings;
5. Programmatic activities that facilitate interdisciplinary scientific inquiry in these domains, including conferences, publications, and earmarked resources; and
6. Federal and international funding specially designated to support criminal justice-public health collaboration focused on cost-effective and evidence-based approaches to addressing drug abuse and drug-related harms.

The report concludes with a summary of next steps and instructions on how to stay abreast of information related to research and other activities directed at aligning policing and HIV prevention. Additional information, including slidesets, links, and useful resources are available from the summit website <http://cira.med.yale.edu/events/crimHIV/index.html>. The event's agenda and participant list appear in the appendix.

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Background and Significance

Recent revelations that the burden of new HIV infections in the US is significantly greater than previously believed have underscored the stubborn failure of efforts to curb the transmission of this disease.¹ The one area of HIV prevention that has demonstrated unequivocal success is in sharply reducing injection-attributable HIV incidence among drug users, their partners, and children.² Syringe exchange, syringe prescription, opioid maintenance, and other efforts that have been behind this epidemiological trend can also serve a critical link between hard-to-reach populations and public health services, including HIV testing and counseling, substance abuse treatment, housing assistance, and others.³

Despite the successes, recent data clearly demonstrate the disproportionate burden of new cases—including those attributable to drug injection—on ethnic minorities, women, and the poor.⁴ These disparities and other limitations of HIV prevention efforts targeting drug users are the result of a variety of factors, including the lack of coordination between criminal justice and public health efforts targeting drug users and others engaging in criminal behavior.⁵⁻⁷ Since criminal justice involvement and health outcomes are linked, HIV prevention science cannot tackle one of its top challenges—the racial disparities in new infections—without a deeper understanding of the mechanisms that drive criminal justice actors and policies.

In their work, public health and law enforcement professionals run up against many of the same structural issues including: poverty, poor education, unemployment, undertreated mental health problems, inadequate addiction treatment infrastructure, homelessness, and domestic violence. Despite these parallel and overlapping challenges, public health and criminal justice sectors generally take divergent strategic and programmatic approaches, shunning coordination or collaboration of effort. The two groups are driven by different professional philosophies, metrics of success, and incentives.⁸ On the one hand, the law enforcement community remains opposed to some key public health efforts to reduce risk behaviors because it sees them as enabling of criminal conduct and dangerous to front-line personnel.^{7, 9-11} On the other hand, the public health practitioners may resent law enforcement activities that disrupt prevention and intervention efforts, pushing high-risk activities further underground.¹² This mistrust and lack cooperation help perpetuate cycles of addiction, crime, disadvantage, and disease.¹³

Integrating criminal drug enforcement and public health prevention is a key step in breaking these cycles. Aside from the public health benefits, such integration is becoming a political and fiscal necessity. At the time as the criminal justice system is overwhelmed by unsolved crimes, recidivism, surging prison costs, and many other systemic problems, calls are being made for substantial reform.^{14, 15} Taking the singular vision of safe and healthy communities as a point of departure, public health and criminal justice groups are increasingly aligning activities, forging communication, and pooling expertise, leading to better results and more effective use of public funds.

This summit was designed to foster these efforts by building a common understanding of the issues facing the two sectors, reviewing case studies of collaboration, and sketching out a research agenda that can generate an evidence base around lessons learned from criminal justice-public health alignment activities.

Summary of Proceedings

Day 1

Introduction

The theme of this summit fits squarely with a long history of Yale's research and programmatic involvement with HIV prevention among criminalized populations, including injection drug users. During the early stages of the HIV epidemic in New Haven, scientists from Yale's Medical School and the School of Public Health collaborated with local activists in launching one of US's first syringe exchange programs (SEPs). This program became a leading prototype for such interventions as well as the subject of influential epidemiological and efficacy research on HIV prevention among injection drug users (IDUs).¹⁶

In 2003, the Yale Center for Interdisciplinary Research on AIDS (CIRA) convened a summit to explore the role of policing in the implementation of HIV prevention programs.¹⁷ One of the principal recommendations emerging from that event was to organize a summit that brought together members of the law enforcement community with public health practitioners and researchers in order to balance the conversation and move the agenda toward actual collaboration between public health and law enforcement efforts targeting drug users. An embodiment of that recommendation, the 2009 "Aligning Criminal Justice and HIV Prevention: From Conflict to Synergy" summit is especially timely because, today more than anytime in the recent past, the political and economic climate calls for serious re-thinking of the ways we deal with intractable societal problems, mandating that such analysis be oriented at designing smarter, more efficient systems. Finally, a conversation about how to align HIV prevention activities like SEPs and drug treatment programs with criminal justice efforts is especially apt at the time when the scope and number of such programs is likely to expand.

The focus of the event was on facilitating informal discussion. It is far too rare for criminal justice and public health practitioners to engage in an open dialogue, so organizers intended for this opportunity to lead to a better understanding of the viewpoints, challenges, and opportunities for collaboration between these two sectors working to address similarly complex social and community problems. In turn, the researchers in the room were charged with generating specific ideas for inclusion in the research agenda to be formulated on the second day of the summit. (The agenda for the event and the list of participants appear as appendixes to this report.)

Panel 1: Criminal Justice Practitioner Perspectives

This panel consisted of active policing professionals at different ranks, history of service, and geographic location. A number of themes dominated the discussion:

- Drug enforcement as now practiced does not accomplish its stated aims and is not sustainable because correctional institutions everywhere are stretched beyond their limits, overwhelmingly housing non-violent drug offenders. Upon release, life options for many inmates are extremely limited, which promotes poverty, disease, and recidivism.
- The "Tyranny of the Now" in police work does not allow for consideration or implementation of long-term solutions to complex problems. Immediate response to situation provides only criminal justice tools — always playing catch-up to new problems. Problems get externalized to other criminal justice actors and others.

"TYRANNY OF THE NOW" IN POLICE WORK DOES NOT ALLOW FOR IMPLEMENTATION OF LONG-TERM SOLUTIONS TO COMPLEX PROBLEMS.

- Criminal justice policies and practices are constrained by the formal laws, judges, prosecutors, and politicians. It is not reasonable to expect criminal justice professionals to act in ways that are drastically divergent from the legal mandate, especially when such alternative approaches come under political pressure. Progressive leadership by ranking police officials is beneficial, but not enough—it requires political support and a research base to lean on to promote major reform. There are also resource constraints on how much police can do (either formally or by using enforcement discretion) to mitigate the harms of drug use as they apply to HIV prevention. If a change in police behavior is desirable, these various levels of constraints have to be considered concurrently.
- Policies governing criminal justice activities are shaped by the mandate to minimize risk to officers and provide the flexibility necessary to respond adequately to a variety of threats. Thus, street-level personnel have significant discretion that can serve as a target of educational efforts.
- Even after receiving sensitivity training as cadets, new police and corrections officers are re-educated by their colleagues once they commence their service. This street acculturation is a big factor that impedes reform. Any effort to shift professional behavior in this realm faces major challenges in sustaining change.
- Criminalization of drug use shapes police attitudes and behavior especially because they are frequently in contact with the most visible, severely addicted, and least resourced segment of the drug using population. They only see the failures, not the successes of rehabilitative and treatment approaches.
- Front-line personnel face significant anxiety over occupational safety issues arising from interaction with IDUs and other at-risk populations, including needle sticks and other pathways of disease transmission. These occupational needs and concerns create an opportunity for public health actors to work with criminal justice professionals by working to reduce disease risk occupational stress.
- Reaching criminal justice professionals requires a marketing approach that accounts for their knowledge, attitudes, and the busy lives. Among police, patrol officers would much rather fight ‘real crimes’ than spend time engaging in routine and petty discussions with chronic drug users, the homeless.
- Creative incentive structures are the key to designing systems that reward the kinds of criminal justice practices that lead to better health outcomes and cost-savings. Hiring police officers to work with HIV prevention programs as overtime detail can improve relations and create incentives for improved relations. In programs’ experience, engaging officers for security needs has an additional benefit of providing officers with a different outlook onto the rationale for public health outreach towards at-risk populations.
- Better tools that integrate various sources of information can help police get better results; e.g. police mobile data terminals now only include criminal justice information, but may be used in telemedicine capacity by helping refer and triage drug users to treatment and other services.
- “What is in it for me?” attitudes generally discourage both criminal justice and public health professionals from being responsive to issues when framed in terms they do not see as in their self-interest, especially if the framing of the issues could impose new tasks and lead to fewer resources. Predictably, both sets of actors are responsive to issues that matter to them, especially if reform promises to make their jobs easier and safer. For criminal justice

POLICE MOBILE DATA TERMINALS NOW ONLY INCLUDE CRIMINAL JUSTICE INFORMATION, BUT THEY COULD BE USED IN TELEMEDICINE CAPACITY BY HELPING REFER AND TRIAGE PEOPLE TO SERVICES

PREDICTABLY, BOTH SETS OF ACTORS ARE ESPECIALLY RESPONSIVE TO ISSUES THAT MATTER TO THEM

them, especially if reform promises to make their jobs easier and safer. For criminal justice

professionals, this includes minimizing tasks that personnel dislike most—such as filling out paperwork—and increasing occupational safety. If public health actors can help address these issues or highlight how collaboration addresses these concerns, they will be more likely to receive support from the brass and from the rank-and-file.

Panel 2: Public Health Practitioner Perspectives

The participants of this panel represented an array of HIV prevention professionals, ranging from street-level program managers to top-level government administrators. The following themes emerged from this discussion:

- Early on, many SEP and other HIV prevention programs targeting IDUs face police opposition and interference. These are a result of poor communication, lack of understanding about each others' work, and negative attitudes about public health programs by police and visa versa. In many cases, problems subside as a result of improved communication, sense of familiarity, and law enforcement trainings by public health professionals. In other cases, conflicts with law enforcement may occur in cycles, reflecting changes in personnel, leadership, political climate, and other factors.
- Improved relationships often rely on a personal connections – something that can be formed as a result of special trainings for law enforcement by public health workers, joint participation on a panel or taskforce, or simply a result of being a part of the same community. Once a connection exists and trust is formed, champions on each side can move the collaborative process forward. Finding people on each side who can communicate with each other, bringing them together, and helping them collaborate are vital steps to aligning criminal justice and public health efforts targeting drug users.
- It is important to learn to speak each other's language: buzzwords or phrases used by one sector can be integrated into the rhetoric of the other to signal cultural competency. Similarly, peer education is an effective way to overcome professional and cultural distrust—engaging criminal justice actors to deliver novel or controversial information using framing that is culturally-appropriate has shown positive results.
- HIV prevention professionals working with drug users have to deal with clients who have long litanies of legal problems, including warrants, probation violations, etc. Police activity in responding to such individuals is just one factor that may influence how clients view the program. For instance, some clients may violate parole conditions by participating in a SEP. Reforming this system requires changes in laws, departmental policies, knowledge, and attitudes of criminal justice actors.
- The principal challenge is to integrate public health goals with criminal justice goals. How do the two systems begin to see each other's priorities as their own?
- In Asia and Eastern Europe, the problems seen in the US are further compounded by meager pay for criminal justice personnel and draconian approaches to drug enforcement. This leads to pervasive corruption and rampant human rights abuses in the name of drug enforcement. Sexual and other violence that exists in these contexts in turn fuels health risk.
- Domestically, even when corruption and abuse is not pervasive, there seem to always be “bad apples” on the force whose actions may have a disproportionately negative influence on HIV prevention activities. The task of minimizing the harmful health outcomes of these actions is two-pronged: addressing the actual behavior, and addressing the perceptions of risk among MAPs, including promoting rights-based and empowerment approaches.

FINDING PEOPLE ON EACH SIDE WHO CAN COMMUNICATE WITH EACH OTHER, BRINGING THEM TOGETHER, AND HELPING THEM COLLABORATE ARE VITAL STEPS

Discussion: Towards a Shared Understanding of Drug Use Issues

The pre-lunch discussion was dedicated to drawing out and expanding on the similarities, contrasts, and lessons from the morning's presentations. Specifically, this session focused on the question of where policing and public health understanding of drug use converged and how these interface points could be beneficial to better align policing and public health efforts targeting drug users.

- Decreasing public disorder and reducing collateral damage from drug abuse is something that criminal justice professionals, community members, and public health practitioners can agree on.

DECREASING PUBLIC DISORDER AND REDUCING COLLATERAL DAMAGE FROM DRUG ABUSE IS SOMETHING THAT CRIMINAL JUSTICE PROFESSIONALS, COMMUNITY MEMBERS, AND PUBLIC HEALTH PRACTITIONERS CAN AGREE ON

But it is important to understand each others' needs and viewpoints in order to "market" collaboration to top, mid-level, and rank-and-file professionals. All sides have to be at the table for change to occur.

- Police and corrections face risk of needle stick injuries (NSI) and often lack occupational safety training in dealing with at-risk populations. Public health agencies are best equipped to address these risks and concerns. There should be an exchange of resources and expertise between the sectors on these issues.
- Getting communities and politicians behind alternative approaches to drug enforcement is a big, difficult task. But some political change is needed to change police practices when it interferes with (rather than contributes to) public health, safety, and well-being. Such change is beginning to happen on local levels all across US, but it is slow. Better descriptions of the successes of these initiatives marketed towards the law enforcement audiences are pivotal in building momentum. What and who are the organizational and individual champions of these changes on the 'inside of the law enforcement' establishment?
- So much of petty crime is associated with the failures to respond meaningfully to addiction. Criminal justice professionals—especially the police—are skeptical of treatment and other incarceration alternatives because they see only the failures of these approaches, not the successes. Need for education on substance abuse, the nature of addiction, and the efficacy of evidence-based treatment among law enforcement professionals. They should have the knowledge and resources to contribute to overall response to drug abuse and disease risk.
- The discussion of reform must integrate people affected by policies and actions – drug users, their families, and crime victims. As things stand, stigmatization and removal from the political process often silences these groups.
- Humanizing drug abuse and incarceration requires support of champions with evocative stories. Law enforcement professionals often have personal experiences dealing with substance abuse issues in their families and their communities. Accounting for the human toll of current policies—both in the realm of substance abuse and

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disease transmission—can shift attitudes and promote behavior change.

- Police performance measurement should be divorced from numbers of non-violent drug arrests and incarceration; this link misplaces behavioral incentives for street-level enforcement.

Panel 3: Case Studies of On-going Collaborations and Interventions

Wilmington, DE

The final panel of the day presented a series of case studies of initiatives to align criminal justice with public health activities in the realm of injection drug use. Basha Silverman, who oversees the HIV prevention program for a local substance abuse organization, Brandywine Counseling, in Wilmington, DE, discussed the program her organization put in place prior to the approval and launch of the state's first SEP. Despite police leadership's opposition when the bill to create a program was under consideration, SEP staff began working on program planning with police and community groups soon after the legislative authorization. Over time, this work developed into a close cooperative relationship that produced new safety guidelines for police, standard operating procedures related to interacting with IDUs, and distribution of portable sharps containers and needle stick-resistant gloves to all squad cars. By training ground-level personnel and working with management to harmonize departmental policies with SEP operations, public health professionals helped police to interpret and adapt to the procedural and legal challenges.

THE STRATEGY FAVORS BUILDING FORMAL AND INFORMAL RELATIONSHIPS WITH POLICE MANAGEMENT AND PRESENTING INFORMATION ABOUT HIV PREVENTION FROM THE POINT OF VIEW OF A BONA FIDE SISTER GOVERNMENT AGENCY

To ensure the implementation of the new laws and policies, the SEP also conducted know-your-rights trainings and outreach with IDUs and created systematic questioning of the clients to assess the level of police interference or harassment at the point of service. These and other activities yielded positive results: very few incidents of police interference were documented. The relationship between SEP and police has only improved over time and has now reached the point where police leadership defend the program from NIMBY ("Not in my backyard") campaigns orchestrated by community groups.¹

New York State

Maxine Phillips and Mary Ellen Cala discussed their police outreach activities for the AIDS Institute in the New York State Department of Health using a "social marketing approach." As the liaison between the State HIV prevention operations and the various law enforcement departments, this office has amassed a cache of experience with police training, cooperation-building and conflict resolution. As it has evolved, the office's strategy has been to use the

THE CLEAR AND UNDISPUTABLE LEGALITY OF THE PROGRAM AND EARLY INVOLVEMENT OF POLICE LEADERSHIP HELPED ENSURE THE SUCCESSFUL COLLABORATION BETWEEN PUBLIC HEALTH AND POLICING

standing of the AIDS Institute as a sister government agency to build formal and informal relationships with police management. Conducted during roll-call with various precincts and police departments, the "social marketing" approach is designed to penetrate the default distrust and animosity of officers by framing harm reduction HIV prevention in forms that are more likely to be

acceptable by police. This includes the discussion of their needs and concerns, such as occupational safety issues and street-level problems the officers may experience with program staff or clientele. The curriculum also discusses the cost-effectiveness of HIV prevention versus

¹ The slideset for this case study is available at http://cira.med.yale.edu/events/crimhiv/slides/crimhiv_silverman.pdf.

For full description of the Wilmington program, including the all the training materials, printed materials, and other open-source tools see www.policingforhealth.org.

HIV treatment in an effort to clarify the rationale for SEPs from the standpoint of fiscal responsibility. Officers' reaction to these trainings has varied, however – some officers remain unconvinced. On the organizational level, some of the more rural departments refuse to accept the rationale for practicing a hands-off approach to SEP clients, arguing that they have to do whatever it takes to meet arrest targets. As long as the New York State law refuses to recognize an exception to drug paraphernalia prosecution for possession of syringes by SEP clients, such arguments are difficult to counter.²

Vancouver, BC

Scott Thompson from the Vancouver Police Department (VPD) discussed the process that accompanied the opening of North America's first safe injection site (SIS), Insite. Over the course of the last decade, VPD has realized the limitations of its enforcement efforts on effectively addressing the open air drug markets and public injection on Vancouver's Downtown East Side. When the provincial legislature was debating the opening of the site under a research exemption from a controlled substance regime, the VPD did not support or oppose the initiative. However, upon the

SPECIFIC FUNDING FOR CRIMINAL JUSTICE-PUBLIC HEALTH PARTNERSHIPS, WORKGROUPS, AND OTHER COLLABORATIVE STRUCTURES FOCUSED ON SOLVING SPECIFIC COMMUNITY PROBLEMS CAN HELP INSTITUTIONALIZE BRIDGES BETWEEN THE TWO SECTORS

program's approval, police leadership assured its place at the discussion table and worked closely with Insite staff and researchers to integrate the facility into the department's procedures. The resulting VPD SIS Operational Plan is guided by a balance between public health and law enforcement objectives; it establishes a general policy that, unless a user was engaged in disorderly behavior or wanted for an outstanding arrest warrant, officers should provide drug users with open and free access to the program. The officers were given discretion on how to implement this special policy. The discussion of procedures also required a thorough consideration of many possible situations and contingencies, including fresh pursuit of suspects inside the facility, emergency situations, as well as arrangements for crime scene investigation using Insite's surveillance camera footage.

Initial concerns about the impact of the program on levels of drug use and disorder have proved unfounded -- Insite has helped reduce public injection and general open-air drug activity without presenting police with any extraordinary challenges. Instead of interfering with the facility's operations by pursuing outstanding warrants or parolees, many officers used their discretion to actively refer numerous IDUs to the facility, thus removing a likely public nuisance, reducing the risk of overdose, and increasing the likelihood that the user will enter drug treatment. "Currently, the continuation of the program is a subject of intense debate within and outside the department, and the VPD is not taking an official political stance, but many officers informally support its work." Ultimately, the clear and undisputable legality of the program and early involvement of police leadership helped ensure the successful collaboration between public health and policing in implementation of Insite.^{18 3}

THE MANDATE TO ALIGN POLICE ACTIVITY WITH PUBLIC HEALTH GOALS GOES WAY BEYOND SEPs AND HIV PREVENTION

New Haven, CT

Dr. Frederick Altice of Yale Medical School concluded this panel by addressing a different but no less important aspect of the HIV prevention-criminal justice interface—the corrections system. In a setting that houses people who are disproportionately vulnerable to HIV and other infectious

² The slideset for this case study is available at http://cira.med.yale.edu/events/crimhiv/slides/crimhiv_phillipscale.pdf.

³ The slideset for this case study is available at http://cira.med.yale.edu/events/crimhiv/slides/crimhiv_thompson.pdf

disease, treatment and prevention is imperative. The cycle of recidivism creates a harmful pattern of disrupted medical care, sexual networks, and other contributors to risk of infectious disease. One study found that only 5% of HIV+ patients who had been receiving proper antiretroviral treatment while incarcerated filled their prescription within the mandated 10 days upon release, despite access to free medication.¹⁹ The financial and health costs posed by infectious disease, mental health, substance abuse, and other problems that are pervasive among incarcerated populations require cooperation between criminal justice and public health systems. Despite the extremely extended period it takes to translate evidence-based interventions into correctional settings, positive change is possible, especially when supported by data demonstrating cost-effectiveness. However, any significant shift in practices of criminal justice actors requires a “bulldog with velvet teeth” -- consistent, deliberate, and stubborn effort that “does not draw blood.” Dr. Altice described research that has led to a variety of substance abuse and HIV treatment innovations in the correctional system, both inside institutions as well as on the outside, to improve medication adherence and continuity of care for prisoners living with HIV.

Discussion: Needs and Priorities for Building Future Collaboration

Participants engaged in a lively discussion that synthesized the morning practitioner presentations with the descriptions of on-going interventions. The main themes of this discussion underscored the following themes:

- ❑ Building relationships is key to establishing functional collaboration between policing and public health. It is important to identify leaders and allies on both sides and to encourage their work.
- ❑ Specific funding for criminal justice-public health partnerships, workgroups, and other collaborative structures focused on solving specific community problems can help institutionalize bridges between the two sectors. Partnerships can be difficult to implement, however, and are often ineffective because of political, institutional, and other barriers to collaboration, so care must be taken to establish effective governance architecture and evaluation metrics to ensure maximum impact.
- ❑ Public health practitioners can incentivize collaboration from law enforcement actors by offering expertise and gloves, sharps containers, tongs for picking up syringes, and other tools that do not come under the traditional inventory of police departments.
- ❑ The mandate to align police activity with public health goals goes way beyond SEPs and HIV prevention. The work of p criminal justice actors results in complex cascades of public health and social consequences -- there needs to be a lot more research and

intervention directed at this link. Specifically, we must look for ways to establish the true human and financial costs of criminal justice activities, bringing these costs to bear on the incentives that drive the behavior of criminal justice actors.

PROJECTS SUCH AS INSITE ILLUSTRATE THE TRUE EXAMPLE OF SYNERGY BECAUSE, BY WORKING TOGETHER, POLICE AND PUBLIC HEALTH ACTORS WERE ABLE TO ADDRESS ISSUES THAT THEY HAVE NOT BEEN ABLE TO ADDRESS BY WORKING ALONE

- ❑ The drastic disparities in the rate of criminal justice involvement among the poor and people of color are connected to health outcomes in these populations through a number of complex mechanisms. This makes the health-criminal justice research and intervention agenda not only scientifically significant, but also an ethical, human rights, and social justice issue.
- ❑ It is important to identify incentives that can drive change in the interaction of policing and public health. Coalition-building is an important part of the equation, as is activism, and perhaps litigation. Litigation, however, is a tool of last resort because it is adversarial and antithetical to the collaborative agenda, but it has been effective in some situations, such

as pushing the correctional system towards improving health service conditions to prisoners.

- With the proper application of a systems approach, public health and criminal justice sectors can create a unified structure that offers a carrot-and-stick framework for promoting population health and safety. Projects such as Insite illustrate the true definition of synergy because, by working together, police and public health actors were able to address issues of public safety that neither had been able to address by working alone.
- The discussion about how to re-format and re-structure drug enforcement is a discussion about resources and cutting up the pie in a different way. In advocating for such reform, one has to be conscious of who stands to win and who stands to lose. The turf and financial interests of criminal justice actors—including unions, prosecutors, and elected officials—must be addressed if substantial reforms are to be realized. Strategic partnerships must be formed in ways that minimize the language or agendas that criminal justice groups find threatening.

Conclusions for Day 1

Both HIV prevention and criminal justice professionals prefer to claim priority over the domain of working with drug users. Clearly, neither sector's work exists in a vacuum; drawing on their specific expertise, each side can improve the outcomes of the other's efforts. From the point of view of public health professionals, it is a perennial challenge to induce police and other criminal justice practitioners to understand and support the priorities of HIV prevention activities. This summit re-affirms that there is promising experience in changing this status quo. Research is an important first step, but any meaningful change has to also include a significant shift in thinking in society and among decision-makers about how to approach drug use.

DISPARITIES IN THE RATES OF CRIMINAL JUSTICE INVOLVEMENT AMONG THE POOR AND PEOPLE OF COLOR ARE CONNECTED TO HEALTH OUTCOMES. RESEARCH EXAMINING THESE LINKS AND INTERVENTIONS ADDRESSING THEM SHOULD BE A SCIENTIFIC PRIORITY. IT IS ALSO AN ETHICAL, HUMAN RIGHTS, AND SOCIAL JUSTICE PRIORITY.

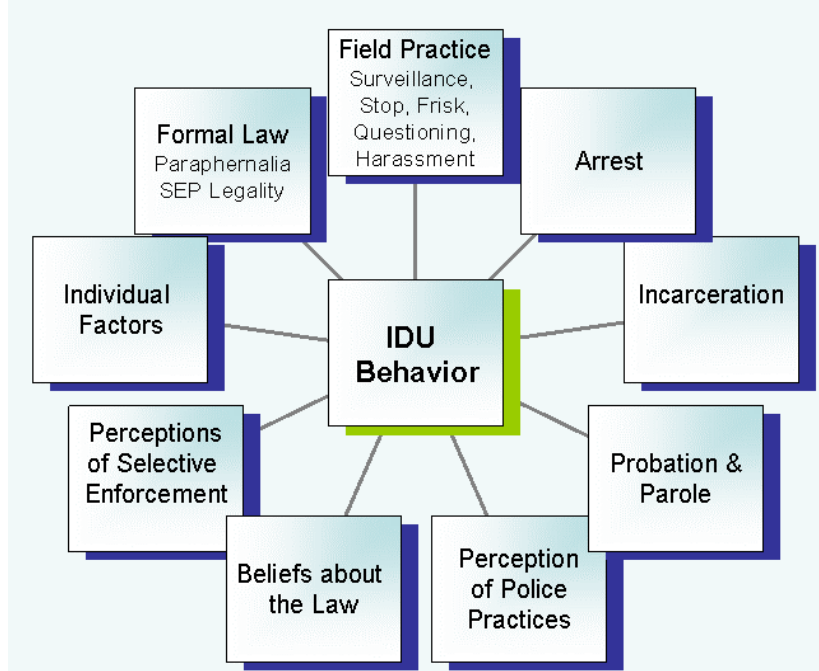
An evidence base on the interaction of the activities of these two sectors will help define an agenda for interventions to align their activities. Although not decisive, this research can also propel community and political change.

Day 2

Synthesizing Criminal Justice and Public Health—Much Yet to Learn

The agenda for the second day of the summit was to synthesize the information from the formative discussions and shape it into a concrete agenda for research and intervention. Two figures were presented to illustrate the general framework for the scope of work emerging from the first day's proceedings. Figure 1 represents the interaction of some of the major criminal justice system-related influences on drug user behavior.

Figure 1: Conceptual Model of Criminal Justice System Impact on Drug User Behavior

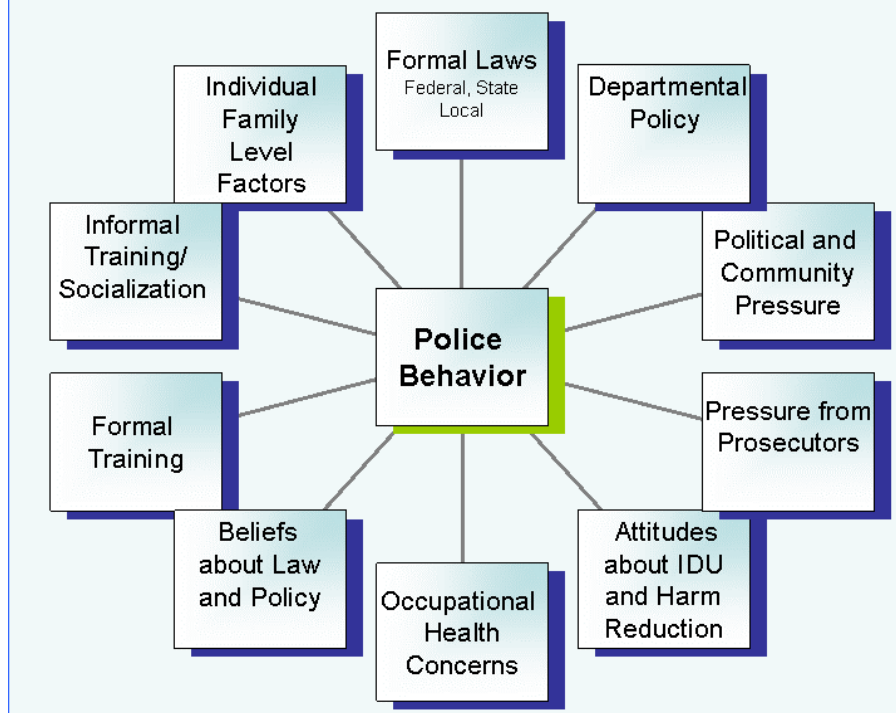


The factors included in this model include both the direct mechanisms by which police and criminal justice actors may influence drug users as well as the ways in which drug user perceptions of criminal justice activities may shape the environment of health risk. Each of these influences may represent a potential for public health interventions because they have direct or indirect implications for HIV and other health outcomes. The model also equally applies to any at-risk population engaged in criminal behavior -- such as commercial sex workers.

Turning the focus on police as an area of research and intervention, Figure 2 was used to illustrate some of the principal motivators and modifiers of police behavior. In efforts to change the direct or structural influence of the criminal justice system, each of the different factors listed could be used as a point of intervention. Many of these mechanisms are far beyond the traditional realm of public health intervention; however, they do fit into the broader framework of structural interventions that are becoming increasingly instrumental in efforts to improve population health.¹⁰

EACH OF THESE INFLUENCES MAY REPRESENT A POTENTIAL FOR PUBLIC HEALTH INTERVENTIONS BECAUSE HAVE DIRECT OR INDIRECT IMPLICATIONS FOR HIV AND OTHER HEALTH OUTCOMES

Figure 2: Conceptual Model of Drivers of Police Behavior Towards Drug Users



Group Discussion

In the context of these loose conceptual frameworks, the agenda shifted to specific questions that had been formulated by the organizers to guide the day's discussion. Each of the three topic areas had been loosely guided by three sub-items: What kind of research is needed? Who is interested in undertaking such research, and: How to frame such research to make it fundable? Who will fund this research?

1. Research characterizing and measuring the criminal justice system-driven HIV risk environment

Despite the existence of a sizable body of research on this topic, participants felt that much more work remains to be done on quantifying, characterizing, and understanding the influence of police and criminal justice actors on the health risk environment of IDUs. The link between criminal justice activities and IDU risk is modified by additional factors such as IDU culture, prior experience of violence, geography, race, class, and other factors. Therefore, before researchers can correctly hypothesize about interventions aimed at criminal justice actors, they need a better understanding of the ways in which the actions of these actors directly influences IDU behavior and where such influence is only indirect, so as to make other intervention modalities more effective.

Participants also stressed that the specific interaction of these factors was also closely related to the specifics of the local environment. This suggests that it is important not only to identify the critical key modifying influences, but also to characterize the different ways in which these factors can interact given the local government structure, leadership, demographics, history, funding streams, and other factors. This understanding is a necessary precursor to tailoring research questions and intervention design. Such research can also help identify the aspects of the risk environment that are universal to different contexts, which would make it possible to design and

disseminate tools to be used by public health professionals; client know-your-rights information cards or other simple instruments that can help improve HIV prevention efforts were highlighted

DEVELOPING RELIABLE METHODOLOGY FOR MEASURING THE ECOLOGICAL “RISK ENVIRONMENT” FOR HIV WOULD ADVANCE EVERY OTHER BRANCH OF THE OVERALL RESEARCH AGENDA

as examples of easily-disseminated tools. Several attendees agreed to pursue follow-up activities on this front. In view of a new focus on public health approaches to drug control on the Federal level, it may be possible to identify new collaborative NIH-NIJ funding streams for this kind of work.

In consideration of this research agenda, it important to include the full array of criminal justice influences (e.g. prosecutors, probation and parole, prisons and correctional officers). As Figure 1 illustrates, police are only one piece of a larger systemic structural environment that shapes health risk for at-risk populations, so researchers should focus both on the specific mechanisms of influence as well as on the ways that these influences map onto the larger systemic architecture. The role of pretrial detention was highlighted as a driver of health risk for many drug users and problems for correctional professionals, as withdrawal wreaks havoc in the holding cells and opioid replacement therapy is rarely available in US correctional settings. Upstream interventions that help avoid detention altogether can be an effective way to address the human, health, and financial costs of substance abuse.

There was also a discussion of the role of the human rights frameworks in monitoring and evaluating the impact of law enforcement behavior on health risk of IDUs and other most at-risk populations (MAPs). Although framing this research in human rights terms may alienate some criminal justice actors, such framing may become necessary in some circumstances when collaboration and partnership-oriented activities do not yield desired results. Additionally, non-governmental organizations and other actors have already pursued this research with private funding streams, so it is important to link to this body of evidence in informing the design and implementation of public health research and other programs.

More than anything else, developing reliable methods and quantification measures of the ecological “risk environment” for vulnerable populations would advance every other branch of the overall research agenda. Quantifying policy- and police-driven risk requires the triangulation of fragmented, conflicting data describing a complex set of social, psychological, and ecological factors. Taken in isolation, none of the datapoints such as arrest statistics, IDU attitudes, self-report of police behavior, or assessments of HIV prevention professionals can serve as an accurate, reliable measure of structural barriers to utilization of HIV prevention services. A firmer foundation for quantification must be developed before the field can advance.

UPSTREAM INTERVENTIONS THAT HELP AVOID DETENTION ALTOGETHER CAN BE AN EFFECTIVE WAY TO ADDRESS THE HUMAN, HEALTH, AND FINANCIAL COSTS OF SUBSTANCE ABUSE

2. Characterizing, measuring, and shifting motivational drivers of criminal justice behavior, especially behavior that contributes to increased HIV risk

Public health researchers must do more to understand the attitudes of criminal justice professionals and how these attitudinal dynamics shape health outcomes. Cultural, racial, and class differences may distinguish criminal justice professionals from other groups. Many of these professionals only see the worst parts of the community in which they work. Their perceptions about the community and the successes of drug treatment and other alternatives to incarceration are skewed by the sample of people with whom they come into contact. If the goal is to encourage criminal justice systems to shift their practices towards policies and procedures that

are consistent with public health goals, it is important to consider what could motivate such change.

Incentives

Today, true costs of criminal justice activities are not reflected in incentive structure. Instead, the expenditures on enforcement, incarceration, and post-release are diverted onto the individuals, communities, and the taxpayer. The cost-effectiveness of alternatives to incarceration, including

AN OFFICER WHO CAN, IN THEORY, IMPLEMENT AN UPSTREAM INTERVENTION OR TRIAGE DRUG USERS INTO SERVICES USUALLY LACKS THE INCENTIVES AND RESOURCES TO DO SO

drug treatment, has been firmly established. This should come to bear on activities of law enforcement and other criminal justice actors. In the present context, police – on all levels of command – receive skewed signals about how to manage and modify enforcement activities. These signals are substantially driven by sensational crime episodes, the self-interest of elected officials, and practical need for continued financial support. How can these

drivers and health outcomes of criminal justice activity be integrated into the decision-making of criminal justice practitioners? Criminology is increasingly engaged in the discourse about evidence-based policing, but what outcomes are considered? What metrics of success can be used?

Police officers often act in response to a crisis and must act quickly using the tools at their disposal. An officer who can, in theory, implement an upstream intervention or triage drug users into services often lacks the incentives and resources to do so. Referral may actually be impossible given the shortage of treatment beds and long waiting lists in many localities. Therefore, research of police motivators is necessary to explore the decision-making process given real-life scenarios, informed by the limitations of the social service and other sectors. Also, researchers must cast a wide net on possible ways to support police decision-making, including the utilization of information technology already at officers' disposal to help diagnose and triage offenders.

It is important to look at both pull and push factors in exploring criminal justice system reform. In response to resistance by government actors, impact litigation had been effective in promoting prison health systems. How can similar approaches, together with legal aid and education for MAPs effectively advance health goals, in parallel with collaborative strategies?

Police Culture and Training

The interaction of training and acculturation is a key issue in understanding the behavior of criminal justice professionals. Typically, the locales with the most difficult criminal justice and health problems have the highest turnover of police and corrections personnel and least resources for education and equipment of front-line officers. Traditionally, police culture has been averse to approaching law enforcement activities from a service-oriented, social work model. Shifting these cultural influences requires a series of educational interventions. Initially, academy-based training can provide the necessary information and create the right foundation for an officer's career. Booster field or roll-call trainings, supported by management and monitoring can help maintain behavior, relate evidence-based practice innovations, and counteract the influence of negative acculturation by older, more jaded officers. Training on substance abuse issues or other public health-related issues could be delivered through traditional methods as well as through new media channels, including on-line curricula.

THE RESEARCH AGENDA MUST BE FOCUSED ON DESIGNING EFFECTIVE TRAININGS, NOT ONLY IN TERMS OF FEASIBILITY AND AUDIENCE RECEPTIVITY, BUT ALSO IN TERMS OF REAL, SUSTAINABLE BEHAVIOR CHANGE

To supplement the training, there could be compensated certification programs designed to improve criminal justice interface with drug users. In addition, police academies may mandate internship programs that embed young officer in service provision role for a period of several months. There is also a need to address training and culture on the management level; integration of public health perspectives in this training could create cultural change from the top down. The research agenda must be centered on designing effective trainings, not only in terms of feasibility and audience receptivity, but also in terms of real, sustainable behavior change. Teams, or individual officers specially trained to respond to specific sets of issues may also improve overall system response to difficult cases.

RESEARCH THAT HAS DIRECT RELEVANCE TO CRIMINAL JUSTICE MANAGEMENT AND GROUND PERSONNEL IS BOTH IMPORTANT IN AND OF ITSELF AND CAN SERVE AS A STARTING POINT FOR COLLABORATION

Difficulty Accessing Criminal Justice Professionals for Research

Many of the researchers present have conducted extensive work with IDUs, sex workers, and other MAPs that are said to be “hard to reach.” However, participants shared their experiences, reporting that engaging police in research -- either as subjects or as partners -- is even more difficult. Research that has direct relevance to criminal justice management and ground personnel is both important for this agenda and can serve as a starting point for further research collaboration on other issues. In pursuing this agenda, it is important to partner with other organizations -- International Association of Chiefs of Police, Fraternal Order of Police, American Probation and Parole Association, and others. They are often looking for collaborators in interdisciplinary research.

3. Research evaluating interventions that seek to align police and public health activities

It is difficult to identify precise factors that can drive collaboration and management change. Falling outside of the realm of traditional public health research, it will require bringing in experts from the fields of criminology, organizational behavior, and systems research. Formative research should focus on identifying illustrative case studies where criminal justice-public health synergy has occurred and reached some metric of success. Qualitative findings can help draw out hypotheses about what contributed to changes in police behavior. Once these findings are confirmed through further, more quantitative research, promising programmatic aspects can be replicate through incentives, institutional reform, political pressure, and other channels.

There is already some literature on criminal justice-public health collaboration in the realm of mental health and child psychology. Successful case studies in these realms can inform research and programmatic efforts in HIV prevention targeting IDUs. In addition, literature on partnerships and partnership synergy can inform this research.

POLICE SWEEPS TARGETING THE “LOW-HANGING FRUIT” LIKE CHRONIC USERS, SMALL-TIME DEALERS, AND THE HOMELESS ARE EXTREMELY INEFFICIENT AND COUNTER-PRODUCTIVE ON THE SYSTEMS LEVEL

The public health community contends that benefits from the collaboration can flow to criminal justice system. The major task is to put these in concrete terms -- costs, manpower, paperwork -- and to make those aspects central to collaboration efforts. There is an opportunity to use existing institutional infrastructure

such as SEPs to act as integrated outpatient centers that combine order maintenance and health functions.

All in all, there is very little quality research on this topic. Rich, formative work is necessary to move this agenda forward. Several participants expressed interest in such research, but it is not clear who may fund this work because it lays far outside the traditional realm of public health and criminological research.

4. Funding Ideas

On the funding front, UNAIDS, WHO, UNODC, and the Global Fund are already sponsoring work on some of these issues. Although these organizations do not fund scientific research as such, they do fund evaluations, network development, and educational programs. This is already taking place internationally, especially in India and other Asian countries. In some of these localities, the interaction of HIV and uniformed personnel is a recognized priority because police and the army are at elevated risk of infection as a result of their forced and commercial contact with sex workers. Framing research in terms of human rights can help attract these and other funders focused on health and human rights issues.

HIGHLIGHTING THE DISPARITIES ASPECT OF THE RESEARCH CAN HELP GAIN THE SUPPORT OF THE NATIONAL INSTITUTES OF HEALTH AND JUSTICE

Domestically, considerable investment must be made to create new streams for this work. In the federal funding context, highlighting the disparities aspect of the research can help gain the support of the National Institutes of Health and Justice. Additionally, research addressing professional ethics questions for criminal justice and health actors may be an issue of interest. Supplements to existing grants are sometimes available to explore ethics-related questions. Private funding may also be leveraged to obtain larger awards later.

Summary and Next Steps

This summit was designed to provide a forum for criminal justice and public health practitioners to voice their concerns and challenges in working with drug using and other at-risk populations. In addition to building a mutual understanding of these viewpoints, the event's principal goal was to help social scientists develop an agenda for research and interventions that can promote cross-sectoral collaboration between criminal justice and public health practitioners.

Rooted in the presentations from street-level professionals, the interdisciplinary group engaged in two days of frank and energetic interchange. The primary topics discussed included:

- Complex interaction of cultural, institutional, economic, political, and other barriers stand in the way of aligning criminal justice efforts and HIV prevention, as well as other public health activities;
- Attention to criminal justice professionals' occupational safety issues, including incidence of needle stick injuries should be addressed by public health professionals, in turn improving cross-sectoral communication and collaboration;
- Health-oriented trainings for law enforcement and other initiatives can simultaneously improve community-level HIV prevention and occupational safety;
- A research agenda focused on criminal justice actors is required to understand the interface of efforts targeting drug users, as well as to build synergy between these sectors in working with difficult populations.

In follow-up to the summit, the organizers are planning to pursue the following agenda (A workgroup listserv has been created to facilitate follow-up.⁴):

1. Edited monograph of case studies of effective criminal justice-public health collaboration. This volume would integrate best practices from the realms of domestic violence, mental health, and drug enforcement, compiled from invited contributions from participants in this summit and content selected from proposals submitted by others. The overall goal will be to describe and contextualize key ingredients for collaborative synergy in this realm.
2. Establishment of an annual summit integrating organizational behavior, criminological, public health, sociological and other perspectives that bear on the agenda of fostering criminal justice-public health collaboration.
3. Identifying, and providing technical assistance to individual and organizational champions working to promote criminal justice-public health collaboration and public health-oriented approaches to policing.
4. Cross-disciplinary education efforts, including academy and in-service trainings for police and criminological training for public health professionals.
5. Promotion of a research agenda, including:
 - a. Describing and quantifying the impact of law enforcement practices (including community enforcement, pre-trial detention, incarceration, probation and parole) on health outcomes, with special focus on racial and ethnic disparities;
 - b. Assessing and addressing occupational safety and organizational gaps in working with most at-risk populations within the criminal justice sector,
 - c. Building an evidence base on knowledge, behavior, and practices of criminal justice actors that significantly shape health outcomes;
 - d. Defining and testing ways to promote the integration of public health aims and outcomes in the practices of criminal justice actors (individuals and institutions) and to promote criminal justice-public health collaboration.

⁴ To sign up for the listserv, visit <http://groups.google.com/group/aligning-criminal-justice-and-HIV-prevention-> and click on Join this Group

References

1. Hall HI, Song R, Rhodes P, *et al.* Estimation of HIV Incidence in the United States. *JAMA*. August 6, 2008 2008;300(5):520-529.
2. Hurley SF, Jolley DJ, Kaldor JM. Effectiveness of needle-exchange programmes for prevention of HIV infection. *Lancet*. 1997;349(9068):1797-1800.
3. Heimer R. Can syringe exchange serve as a conduit to substance abuse treatment? *Journal of Substance Abuse Treatment*. 1998;15(3):183-191.
4. Centers for Disease Control and P. Update to Racial/Ethnic Disparities in Diagnoses of HIV/AIDS—33 States, 2001–2005. *MMWR - Morbidity & Mortality Weekly Report*. 2007;56(09):189–193.
5. Bluthenthal RN. Impact of law enforcement on syringe exchange programs: a look at Oakland and San Francisco. *Medical Anthropology*. 1997;18(1):61-83.
6. Martinez AN, Bluthenthal RN, Lorvick J, Anderson R, Flynn N, Kral AH. The Impact of Legalizing Syringe Exchange Programs on Arrests Among Injection Drug Users in California. *J. Urban Health*. 2007;84:423-435.
7. Beletsky L, Macalino G, Burris S. Attitudes of Police Officers towards Syringe Access, Occupational Needle-Sticks, and Drug Use: A Qualitative Study of One City Police Department in the United States. *International Journal of Drug Policy*. 2005;16:267-274.
8. Burris S, Blankenship KM, Donoghoe M, *et al.* Addressing the "Risk Environment" for Injection Drug Users: The Mysterious Case of the Missing Cop. *Milbank Quarterly*. 2004;82:125-156.
9. Beyer L, Crofts N, Reid G. Drug offending and criminal justice responses: practitioners' perspectives. *International Journal of Drug Policy*. 2002;13:199-207.
10. Rhodes T, Platt L, Sarang A, Vlasov A, Mikhailova L, Monaghan G. Street policing, injecting drug use and harm reduction in a Russian city: a qualitative study of police perspectives. *Journal of Urban Health*. 2006;83(5):911-925.
11. Gellert GA, Maxwell RM, Higgins KV, Barnard R, Page B. AIDS knowledge, occupational precautions, and public education activities among law enforcement officers and first responders. *Journal of Public Health Policy*. 1994;15(4):460-469.
12. Small D. Two cultures passing in the night. *International Journal of Drug Policy*. 2005;16:221-222.
13. Iguchi MY, Bell J, Ramchand RN, Fain T. How Criminal System Racial Disparities May Translate into Health Disparities. *Journal of Health Care for the Poor and Underserved*. 2005;16.4 (Supplement B):48-56
14. Bonczar TP. *Prevalence Of Imprisonment In The U.S. Population, 1974-2001*. Washington, D.C.: U.S. Department of Justice, Bureau of Justice Statistics; 2003.
15. Bureau of Justice Statistics. Corrections Statistics -- Statistical Tables. *U.S. Department of Justice*. Available at: <http://www.ojp.usdoj.gov/bjs/correct.htm>. Accessed May 11, 2009.
16. Heimer R, Kaplan EH, Cadman EC. Prevalence of HIV-infected syringes during a syringe-exchange program. *New England Journal of Medicine*. 1992;327(26):1883-1884.
17. Blankenship K, Smoyer A, Ed. Yale University: Centre for Interdisciplinary Research on AIDS; 2004.
18. DeBeck K, Wood E, Zhang R, Tyndall M, Montaner J, Kerr T. Police and public health partnerships: Evidence from the evaluation of Vancouver's supervised injection facility. *Substance Abuse Treatment, Prevention, and Policy*. 2008;3(1):11.
19. Baillargeon J, Giordano TP, Rich JD, *et al.* Accessing Antiretroviral Therapy Following Release From Prison. *JAMA*. February 25, 2009 2009;301(8):848-857.

Appendix 1: Summit Agenda

Day 1: Friday, February 27, 2009

9:00 – 9:30	Continental Breakfast
9:30– 10:00	Opening Remarks and Introductions Robert Heimer
10:00 - 10:40	Panel 1: Police Practitioner Perspectives <i>Panelists:</i> Anthony Campbell, Sean Finerty, Shafiq Abdussabur <i>Moderator:</i> Scott Thompson
10:45 – 11:25	Panel 2: Public Health Practitioner Perspectives <i>Panelists:</i> Greg Rivera, Roseanne Scotti, Anya Sarang <i>Moderator:</i> Daliah Heller
11:25 – 12:05	Discussion: Towards a Shared Understanding of Drug Use Issues <i>Moderator:</i> Daniel Wolfe
12:10 – 1:10	LUNCH
1:15 – 2:15	Panel 3: Case Studies of On-going Collaborations and Interventions <i>Panelists:</i> Basha Silverman, Maxine Phillips, Scott Thompson, Rick Altice <i>Moderator:</i> Leo Beletsky
2:20 – 2:50	Discussion: Questions, Additional Case Studies, and Ideas <i>Moderator:</i> Susan Sherman
2:50 – 3:05	COFFEE BREAK
3:10 – 4:00	Discussion: Needs and Priorities for Building Future Collaboration <i>Moderator:</i> Ricky Bluthenthal
4:05 – 4:15	Closing Remarks Allan Clear
4:15 – 5:30	RECEPTION

Day 2: Saturday, February 28, 2009; 10:00 am – 2:00pm

10:00 – 10:30	Continental Breakfast
10:30 – 10:45	Overview of Day 1 and Agenda for Day 2 Leo Beletsky

10:50 – 12:20

Small Groups:

Researchers' role in improving the integration of law enforcement and public health efforts targeting drug use

Facilitators

Group #1: Zita Lazzarini

Group #2: Hannah Cooper

Group #3: Martin Iguchi

12:20 – 12:45

Report from small groups and overview

Moderator: Robert Heimer

12:50 – 1:00

Wrap Up

Leo Beletsky

1:00 – 2:00

Lunch

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