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CONFERENCE REPORT

Public Health, Research, and Law Enforcement: The Case of HIV/AIDS Prevention

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This conference report summarizes the major points of discussion and the recommendations that emerged from a conference that was held on November 5, 2003 at the Center for Interdisciplinary Research on AIDS (CIRA) at Yale University. The conference was supported by the National Institute of Mental Health (P30 MH 62294 to M. Merson), the Substance Abuse Policy Research Program (SAPRP) of the Robert Wood Johnson Foundation, and co-sponsored by the Center for the Law and the Public's Health at Georgetown University and Johns Hopkins University. Published by CIRA, the views and perspectives expressed in this report are those of the conference participants and do not necessarily represent those of the funders.

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INTRODUCTION

Public health researchers have accumulated a growing body of evidence indicating that law enforcement practices and policies can have considerable influence on the health of legally marginalized populations, especially injection drug users (IDUs). As such, they have come to consider policing a part of the context that determines the health risks of these populations, and subsequently to consider policing a reasonable site for public health interventions. Yet, little is known in the field of public health about the organization of law enforcement, the professional demands on police, the culture of policing, or the place of research in law enforcement. In contrast, in the field of criminology and sociology, researchers have documented much about the criminal justice system, the structure of police practice and culture, and their impact on a range of social outcomes. However, they have rarely included public health in their analyses.

On November 5, 2003, the Center for Interdisciplinary Research on AIDS (CIRA) at Yale University convened a one-day conference to bring together public health researchers, criminal justice experts, and police professionals. The National Institute of Mental Health (P30 MH 62294), the Substance Abuse Policy Research Program (SAPRP) of the Robert Wood Johnson Foundation, and the Center for Law and the Public's Health at Georgetown University and Johns Hopkins University, provided support for the conference. The purpose of the meeting was to strategize about ways to increase the amount and effectiveness of research and interventions aimed at understanding (and possibly modifying) how police and other law enforcers behave towards legally marginalized populations. In particular, the event focused on HIV related health and behaviors, and on groups particularly vulnerable to HIV (especially IDUs and sex workers).

This report, which was prepared by Amy Smoyer and Kim Blankenship, summarizes the major points of discussion and the recommendations that emerged from the event. Drafts of this report were shared with all of the participants and their feedback was incorporated into the final product. The report strives to capture the consensus views of the group; it does not necessarily reflect the individual opinions of any single participant. Questions or comments about the report can be directed to Amy Smoyer, Research Associate, CIRA, (203) 764-8454, amy.smoyer@yale.edu.

Impact of Policing on Public Health

The day began with a presentation by Alex Kral summarizing studies conducted in the San Francisco Bay Area that have found that police activities, and fear of police, are associated with negative health outcomes for IDUs. One study demonstrated how the success of a needle exchange program (NEP) in Oakland, CA, was compromised by the arrest of program volunteers. Another found that fear of arrest made people less likely to call 911 for medical assistance in the event of an overdose. And results from long-term qualitative studies that began in the late 1980s have demonstrated that fear of arrests increases needle sharing among IDUs. This work is consistent with a variety of other studies relating to the impact of law enforcement on IDU risk. These studies consistently demonstrate that IDUs are unwilling to carry syringes in the US for fear of being stopped by the police, that IDUs who share syringes report more arrests and legal difficulties than those who do not, and that laws limiting access to syringes are associated with high prices for syringes. They also show that high arrest and incarceration rates, as well as other police practices that influence injection partnering, may also contribute to the disruption of stable networks and lead to the development of new networks that expose their members to HIV positive users to whom they were not previously exposed. (This research is discussed in greater detail in: Burris S, Blankenship KM, Sherman S, Donoghue M, Bernick JS, Case P, Lazzarini Z, Koester S, "Addressing the "Risk Environment" for Injection Drug Users: The Mysterious Cass of the Missing Cop." Milbank Quarterly, In Press.)

The discussion that followed Kral's presentation acknowledged that legal victories have provided some protection to NEP volunteers; but IDUs that use these programs continue to face police harassment in many communities, even where NEPs are legal.

Policing Innovations

In a second set of presentations, innovations in policing, and some of their effect on communities, were described. Jeffrey Fagan discussed how major new approaches to police work, like “broken windows” and “zero tolerance,” have been adopted in response to public and police perceptions of crime waves and the failure of earlier policing strategies. These approaches vary in terms of both the type of police pressure that is applied to a community and the people who are involved in planning police actions. For example, in New York City, police used aggressive street level policing to control disorderly conduct. In Boston, police focused their surveillance on the most dangerous criminals, arresting them for even the most minor crimes. The level to which community members are involved in setting policing priorities also varies. Sensitivity to and involvement with “the community” have been important themes in new policing rhetoric, but have less often been achieved in practice. San Diego’s police department represents an under-appreciated success story in “democratizing” policing.

These examples demonstrate that there are a variety of different policing strategies being implemented throughout the country. It is likely that these will have different implications for the health of communities in general, and the HIV related risks of drug users in particular, although these implications have not been examined. While the group did not discuss how and why changes in policing strategies occur, many agreed that such changes have the potential to serve HIV prevention goals.

Constraints on Law Enforcement's Ability to Embrace Public Health Goals

A number of the conference presentations and subsequent discussions identified external and internal constraints on law enforcement that make it difficult for police to embrace public health goals and implement public health measures, even when they may be sympathetic to public health concerns.

External constraints

Federal and state drug laws and the political climates in which police work, shape their willingness and ability to cooperate with public health projects.

- *Laws*
  State and federal laws that criminalize the use of drugs and the possession of drug-related paraphernalia inhibit the police's ability to join harm reduction projects. From their perspective, it is the role of the police to enforce these laws. Public health projects that require them to overlook illegal activities can be viewed as conflicting with their mission of law enforcement.

- *Politics*
  Although in other countries, like Great Britain, police leaders are civil servants, in the United States these jobs are normally political positions. Mayors, who are elected officials, usually appoint police chiefs. Sheriffs, on the other hand, tend to be elected to office and work directly for the voters in their jurisdiction. Because of the political nature of these positions, police leadership may need "political cover" to participate in public health projects that are misunderstood and/or unpopular with the general public. Police leaders may be more likely to "stick their necks out" and participate in harm reduction projects when there is another person, like the public health commissioner, who is taking the lead and ready to absorb the political consequences. Also, projects that have a clearly documented cost benefit may have a better chance at gaining political support.

Internal constraints

Internal constraints that complicate attempts to foster public health initiatives with police include the organizational culture, the mission of police work, and the organizational structure of law enforcement agencies.

- *Organizational Culture*
  Law enforcement is an arrest-based culture that is "tough on crime." Flexibility in this defining characteristic may be perceived as an assault on the organization's culture. In addition, many police associate drugs with violence and consider them "evil." Although there is research that suggests that drugs may not have a causal relationship with violence, this sense of morality is deeply ingrained into the organizational culture of law enforcement. Attempts to change

the way police think about substance abuse and enlist their support for harm reduction initiatives may inevitably clash with these fundamental beliefs. This is particularly true when, at the highest level of the federal government, there is strong opposition to harm reduction approaches to drug use (e.g. the ban on federal funding of NEPs).

- *Mission*
  Police do not consider the promotion of public health to be a part of their law enforcement mission. If public health is considered unrelated to crime reduction, it is difficult for police to understand why they should be concerned with health issues. Researchers need to allow a long lead-time before beginning research to educate police about public health and convince them that it should be included in their mission.

- *Organizational Structure*
  A central goal of harm reduction training with police is to encourage officers to use their discretion when dealing with issues that have health implications. This kind of discretion may clash with law enforcement's organizational structure which relies heavily on a hierarchical decision making process.

Potential Strategies for Building Bridges Between Public Health & Law Enforcement

The bulk of the conference's presentations and discussions focused on how to build bridges between public health and law enforcement in order to promote research and collaborative initiatives that will create safer communities, from both a health and a crime perspective. There was greater consensus among the conference participants on some of these strategies than on others.

Promote mutual understanding.
From the onset, conference participants recognized that law enforcement officials and public health advocates, especially those working to promote needle exchanges and other harm reduction programs, may have little knowledge of the work of one another, or preconceived views of what this work consists of. Many recommendations were made about how to overcome this barrier to cooperation.

- **Education** to build awareness and dispel misconceptions about the other profession, in both police academies and public health schools, was cited as an intervention that could help to bridge this gap.

- Consistent and straightforward **communication** was deemed essential to building strong relationships over time. Efforts should be made to open communication and create trust and a common language before initiating any interventions. If their cooperation is needed for implementation, police need to be involved from the beginning, during the initial planning of a project. In fact, the collapse of a harm reduction project in Canada was attributed to a failure to involve police from the preliminary stages.

- An **expanded definition of public safety**, one that reflects the points of intersection between the concerns of public health advocates and those of law enforcement officials, would go a long way toward promoting collaboration between the two groups. If public health issues can be promoted as part of a public safety agenda, it would give law enforcement officials some "political cover."

- Consideration of the individual **personalities** of the central players, and creating personal contacts based on this understanding of individuals' styles, has proved successful. Peer-to-peer communication, between police chiefs who have supported public health initiatives and those who have not, has worked well for police, who are most responsive to people from within their own profession.

- The current dialogue that exists between public health officials and law enforcement about **bioterrorism** may be a foundation upon which further partnerships can be built.

Work with various levels of the police hierarchy.
There was considerable discussion about the need to work simultaneously with all levels of the police hierarchy. The importance of identifying and addressing the issues of both the leadership and the rank-and-file was recognized. It was suggested that police leadership needs to be approached first, as it is inappropriate to directly contact the police on the street without their supervisor's approval. At the same time, the importance of connecting immediately with key players close to the front lines was stressed. With all interactions, researchers were advised to leave their academic jargon behind, since police officers may feel alienated by this language. Research Units within law enforcement departments were also discussed. There was a sense that many police officers see these units as "outsiders" and caution was advised in focusing exclusively on building partnerships with these entities.

Address motivation: Why should police support public health measures?
An important communication tool for bridging the gap between law enforcement and public health is articulating the benefits of the proposed public health measure to police officers and the law enforcement system. The idea of simply helping drug addicts to live healthier lives may not provide sufficient motivation for police to contribute to public health efforts. What has worked is quantifying the reduction of health risks for police, and the community in general, that can be gained through harm reduction initiatives. Law enforcement has responded positively to data that show how deregulation of syringes reduces the risk of accidental needle sticks for police officers because IDUs are less likely to hide the syringes in their clothing. Further, programs that reduce the incidence of HIV in a community decrease the possibility that a needle that does accidentally stick an officer carries HIV. Studies that show how needle exchange programs reduce the number of syringes that are discarded in the community's streets and playgrounds have also resonated with law enforcement. Interest in needle exchange programs by California's police unions, who are dedicated to creating a safer workplace for their members, was sparked by the presentation of this type of risk reduction information.

Offering to do small research projects for the police is another strategy that can be used to motivate law enforcement cooperation in public health initiatives. While the research or program that the public health team seeks to undertake may not be of primary interest to the police, there may be the opportunity to collect some data in the process that would be considered helpful to the police's crime prevention mission.

Take advantage of opportunities presented by budget cuts.
The fiscal cuts being made to social service departments have major ramifications for law enforcement agencies. Individuals with mental illness and/or substance abuse problems who are no longer able to access services in the community, due to cuts in social services programs, end up in the criminal justice system when their behavior becomes disruptive. Given the challenges that they face in dealing with increasingly complicated populations, the police may be more open to input and ideas from people outside of law enforcement, about how to address the needs of their clientele. In addition, state budget shortfalls have made lawmakers and police more interested in alternatives to incarceration, which can include public health initiatives like harm reduction. In these ways, budget cuts create an opportunity for public health experts to develop inroads into law enforcement organizations.

Utilize existing educational structures.
Public health professionals can use the wide range of professional development structures, which already exist in law enforcement agencies, to educate police about public health issues. For one, training about public health issues can occur in the police academy. However, conference participants who had participated in such activities debated the degree to which trainees actually absorb and practice the public health lessons taught in the academy. Experts argue that most of the real socialization and training of police officers occurs during their field training with veteran officers. Two, although they require a large commitment of time and resources, in-service trainings are an effective venue for introducing a new concept to the entire police corps. Three, submitting public health research findings and articles to journals and newsletters that are read by law enforcement personnel is another way to bring new ideas to police professionals. And four, law enforcement conferences were cited as useful forums for presenting public health ideas to police.

Develop effective marketing of ideas.
The willingness of police to participate in a public health project may be related, in part, to the manner in which the project is presented. Strategies to market specific initiatives, and the harm reduction movement in general, were brought to the table as a topic worthy of further exploration. Participants stressed the need for packaging public health goals in a way that makes them acceptable to the police. It may be possible to alter existing projects or design new interventions so that they fit better with existing police practices. The book, *Diffusion of Innovation*, was also cited as useful resource for understanding how to promote and disseminate new ideas.

Understand police incentives to arrest.
When people are arrested by police, their lives are upset in ways that may compromise their health, especially if they are incarcerated. Given the health risks related to arrest, arrest patterns and the incentives that exist for police officers to make arrests were discussed.

Peter Moskos presented his research on arrest patterns among police officers in Baltimore. His studies have found that the number of arrests that police officers make can vary significantly from one officer to another, and from month to month. Moskos suggested that the primary reason why officers make discretionary low-level arrests is related to departmental incentives more than consideration for the suspects arrested. The bulk of discretionary drug arrests are make by a small minority of police officers. A primary motivation for making a large number of minor arrests is overtime pay linked to court appearances. Additionally, a police officer’s job performance is measured, in part, by the number of arrests an officer makes. Other variables in arrest decision include the time left in an officer’s shift and the culture of the law enforcement department and the specific officer’s squad. Comparatively, motivations related to public health or a drug suspect’s well-being are less significant. Many police officers believe, however, that removing offenders from the streets will reduce crime and/or help individuals enter rehabilitation. The efficiency and quality of the jurisdiction’s arrest process and jail may also affect arrest rates. If the booking process is cumbersome and chaotic, officers may be less inclined to make arrests because they want to avoid being detained at the jail for a long period of time. Even in an efficient environment, arrests entail a lot of paperwork and create more work for the officer than patrolling the streets.

Other conference participants warned that when studying police patterns of arrest, data must be analyzed with caution because it can be misleading. For example, public health researchers in Boston documented a high level of arrests for syringe possession. However, upon further investigation, it became clear that in some cases other, more serious offenses were involved in these arrests. The offense with which the perpetrator was ultimately charged, needle possession, reflected a plea-bargaining negotiation in which the charges were reduced to the most minor charge. In short, investigation into some drug paraphernalia arrests showed that people were not being arrested for that offense alone.

Creating alternative ways to measure police performance and offer overtime compensation may reduce the number of arrests for minor non-violent offenses. In Philadelphia, a project called "Operation Safe Streets" provides officers with overtime pay to stand on street corners that have high levels of drug activity. The program is designed to create a police presence that will deter illegal activity in these areas; the officers are specifically instructed to remain at the corners and not make arrests. Nevertheless, the intervention appears to have reduced attendance at the city's needle exchange program, particularly among African-Americans.[1]

Foster general acceptance for harm reduction in the larger society, especially among the federal government.

Police are a reflection of the larger society. If harm reduction is embraced by society, acceptance among police is likely to follow. The position of the federal government, that has banned federal funding of needle exchange programs, is a particularly daunting barrier to widespread acceptance of harm reduction strategies. As long as entities like the White House Office of National Drug Control Policy are opposed to needle exchange programs, law enforcement leadership will continue to be reluctant to become involved. Efforts to educate the general public about harm reduction and lift the funding ban may help to engage the police in these public health efforts.

Other bridge building ideas

Other suggestions that were discussed as methods to build bridges between police and public health included:

1. Work **locally** as many national groups are resistant to change.
2. **Expand the definition of law enforcement** to reach a larger group of professionals who may be responsive to public health initiatives. Allied professions include: paramedics, firemen, prosecutors, economists, medical professionals, STD clinic staff and child abuse/protective services workers.
3. Support **neighborhoods** that are affected by drug activity. Recognize the problems that they face and enlist their support for public health initiatives. Police want to be seen as pro-community, so bring the neighborhoods on board.
4. Maximize the **use of existing data** as it is difficult to extract new data from police departments.
5. Consider work that has been done **internationally** (outside of the United States) and how it may be relevant to policing in the US.

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[1] Davis, C. et al, "Effects of an Intensive Street-Level Police Intervention on Syringe Exchange Program Utilization: Philadelphia, Pennsylvania," (in press).

Future Directions

Two major suggestions for future work were discussed at considerable length. One idea was that a summit be held to promote a constructive dialogue between public health and law enforcement leaders. The other suggestion was to develop a research agenda for strengthening the foundation on which collaboration between public health and law enforcement can be built.

Summit

The group reacted favorably to the idea of organizing a summit to promote communication between public health and law enforcement leaders. Funding options were discussed, as was the need to convene the event in a neutral location. Differences of opinion existed about the appropriate goals for such a summit. Some felt that the purpose of the meeting should be simply for participants to make personal connections and discuss broadly shared goals. They feared that focusing on specific topics might discourage law enforcement participation. The goals of such an event would be to lay the groundwork for more specific collaborations in the future. Others felt that the goal of a summit should be to discuss harm reduction programs, in particular. That this subject matter would be more likely to attract progressive police leaders was not considered a disadvantage, but instead was seen as the best way to move forward with the conversation. Such a summit would lead to the creation of a document that could serve as a road map for jurisdictions that are interested in setting up harm reduction programs. This manifesto could describe best practices and case studies that examine both successful and unsuccessful initiatives. The purpose of such a document would be to provide the necessary back-up for chiefs and other leaders who are interested in supporting harm reduction approaches to drug use. The manifesto could also be used as a basis for research, for example, its recommendations could be implemented in several different cities and then the associated health outcomes evaluated.

Research

Several ideas for research to further explore the relationship between public health and police, and study how policing change occurs, were suggested. One recommendation was to expand cost-effectiveness studies that define how much money is actually saved when overdoses, HIV infection, and other negative health outcomes are averted. Another recommendation was to gather more qualitative data about policing that could clarify the motivations and incentives involved in policing and help in the development of research-based marketing approaches for public health initiatives. Interest was also expressed in understanding police perceptions of a wide range of public health issues. Other questions that were presented as possible topics for further research included:

1. How are **laws**, especially drug paraphernalia and syringe access laws, actually used? Does this use match the legislative intent? What laws are used to arrest? To prosecute?
2. What are the **effects of different policing strategies** on IDU risk?
3. What is the **effect of incarceration** on addiction? How accurate is the common perception among police is that incarceration interrupts an individual's drug use history, and when s/he returns to the community s/he is less likely to use drugs?

4. What are the best ways to frame harm reduction issues when **constructing trainings and educational programming** for police officers?
5. How can the **stigma** associated with drug use be minimized?

Because of the current political climate, large amounts of resources are being allocated to research and training around bio-terrorism and preparedness for first responders. It was suggested that some of this funding might be available for police/public health research.

CIRA's conference, "Public Health, Research and Law Enforcement: The Case of HIV/AIDS Prevention," prompted thoughtful and constructive conversation about the role of policing in promoting HIV risk in injection drug users, and the potential for addressing the relationship between public health and police in order to reduce HIV risk in this population. Various innovations in policing that have been made during the last forty years were also discussed. Participants brainstormed about the constraints, both external and internal, that inhibit law enforcement's ability to embrace public health measures. From this conversation, recommendations were made about how to overcome these barriers. Finally, a course of future action was proposed including a research agenda and summit.