Learning Objectives

At the completion of Module 1, participants should have an:

- Increased knowledge and understanding of the global HIV epidemic and the political and programmatic contexts of the global efforts;
- Up to date knowledge of the epidemiology and policy and programmatic response to HIV and AIDS in the country in which they work;
- Improved understanding of what HIV and AIDS is and how HIV is transmitted, prevented, and treated and a basic understanding of transmission and prevention of viral Hepatitis B and Hepatitis C;
- An understanding of current best practice in preventing, treating, caring and supporting people vulnerable to or people living with HIV and AIDS;
- An understanding of their own professional and personal risks.
What is HIV and What is AIDS?

Human Immunodeficiency Virus (HIV) is a virus that leads to Acquired Immunodeficiency Syndrome (AIDS). The virus infects specific cells that are important to the human immune system and ultimately leads to a progressive failure of the immune system characterized by increased susceptibility to opportunistic infections and cancers. It is spread by blood, semen, vaginal fluid and breast milk.
Adults and children estimated to be living with HIV | 2012

Total: 35.3 million [32.2 million – 38.8 million]
HIV Transmission

• Unprotected penetrative sex (vaginal or anal) with someone who is infected

• Injection or transfusion of contaminated blood or blood products, transfer of contaminated bodily fluids through a break in the skin; donations of semen, skin grafts or organ transplants.

• From infected mother to baby, during pregnancy, at birth, through breastfeeding.

• Sharing contaminated injection equipment.
HIV Prevention

• Sexual transmission of HIV can be prevented through the consistent use of condoms

• HIV can be prevented by the use of new and sterile needles and syringes for the injection of prescribed or non-prescribed drugs

• HIV transmission from an infected mother to her child can be prevented through the use of anti-retroviral medicines by the mother before and during pregnancy as well as while the mother is breastfeeding
Common Myths About HIV

There are many misunderstandings about HIV Transmission. It is important to understand the facts.

You CANNOT get HIV from
- Kissing or hugging someone who is HIV infected
- Shaking hands with someone who has HIV
- Sharing eating utensils or toilet seats
- From mosquito bites
HIV Treatment

• HIV can be treated with the use of medicine called antiretroviral medicines (ARVs), also known as antiretroviral therapy (ART). At this stage however it can not be cured.

• ARVs work to reduce the viral load of HIV in the body and, if initiated early, can help reduce viral load to undetectable levels

• ARVs can significantly delay progression to AIDS for many years and thus prolong life expectancy
Post Exposure Prophylaxis (PEP)

• PEP reduces the chance of seroconversion to HIV and is given to people who report potential occupational or non occupational exposure to HIV within 72 hours
• PEP is a combination of ART and is prescribed according to specific criteria
• PEP must be prescribed within 72 hours of exposure to prevent seroconversion to HIV
• Types of exposure where PEP is considered: unsafe injecting, unprotected sexual intercourse (including rape) or needle-stick injury
People who are more vulnerable to HIV or are living with HIV require access to a range of services that can help prevent HIV transmission and/or delay the progression of symptoms.

“Universal Access” refers to maximal coverage of HIV prevention, treatment, care, and support services for those who require them.
HIV and the Global Response

• HIV has significant implications for individual and public health and can seriously undermine socioeconomic development due to its implications for individual and public health outcomes and the resourcing requirements of health budget expenditure

• 2011 UN General Assembly Political Declaration on AIDS: Commitment of UN member states to scale up HIV prevention, treatment and care services
UN Political Declarations

Based on this Declaration, UNAIDS developed 10 specific targets for 2015:

1. Reduce sexual transmission by 50%.
2. Reduce HIV transmission among people who inject drugs by 50%.
3. Eliminate new infections among children and substantially reduce the number of mothers dying from AIDS-related causes.
4. Provide antiretroviral therapy to 15 million people.
5. Reduce the number of people living with HIV who die from tuberculosis by 50%.

7. Eliminate gender inequalities and gender-based abuse and violence and increase the capacity of women and girls to protect themselves from HIV.

8. Eliminate stigma and discrimination against people living with and affected by HIV by promoting laws and policies that ensure the full realization of all human rights and fundamental freedoms.

9. Eliminate restrictions for people living with HIV on entry, stay and residence.

10. Eliminate parallel systems for HIV-related services to strengthen the integration of the AIDS response in global health and development efforts.
Key Populations

- Despite significant reductions in HIV incidence in many countries, there remains persistent or growing epidemics of HIV among certain Key Populations.

These populations include:
- People who inject drugs
- Sex workers
- Men who have sex with men
- Transgender people
- Prisoners
HIV Prevalence among PWID

The UNODC World Drug Report of 2014 estimates that:

• 12.7 million (range 8.9 million – 22.4 million) people around the world currently inject drugs

• 1.7 million PWID (13.1 %) are living with HIV

• The prevalence rates vary greatly from country to country but in countries where no HIV prevention interventions are available have much higher rates of HIV and Hepatitis C among PWID
Why are PWID at greater risk of contracting HIV?

In the absence of sterile needles and syringes, PWID are at greater risk of contracting HIV because:

• HIV can be contained in tiny amounts of blood that remain in needles/syringes after they are used by someone who has HIV already

• Injecting drugs (with a contaminated needle) directly into the vein is MUCH more efficient way of transmitting HIV than through unprotected sexual intercourse

• Without access to sterile needles/syringes, drug users sometimes will not only share used needles but also share a supply of drugs in one syringe (this is called frontloading or back loading)
Why are these groups considered to be more vulnerable to HIV?

Key Populations are more vulnerable to HIV infection because they are often stigmatized and their behaviours are, in many countries, criminalized or illegal which means that HIV-related services that could prevent HIV, are either more difficult for key populations to access or in fact non-existent.

- How do specific laws or police practices hinder access to services?
- How could drug policies and police practices change to improve access to services?
What about Hepatitis C?

- Hepatitis C (HCV) is a viral disease of the liver resulting in inflammation of the liver
- It is more virulent than HIV (it spreads more easily)
- HCV is often highly prevalent in populations of PWID
- HCV is treatable but the treatment regimes are often costly

HCV is spread by:
- Needles/syringes, tattooing and body piercing using equipment that have not been properly sterilized;
- Sharing toothbrushes, razor blades or other similar personal items that could have small amounts of blood on them;
- One person's blood coming into contact with open cuts on another person;
- Needlestick injuries in the health care setting or through exposure.
HIV and the national response in this Country

Insert Nationally Relevant Slides

• Basic epidemiology of HIV in this country and region
• Epidemiology of HIV among key populations across national and local areas of interest
HIV Legal and Programmatic Environment

• Insert slides on the current legal and programmatic response to HIV in this country including barriers to access and efforts to reduce those barriers

• Outline the current programme and the key stakeholders and lines of responsibility

• Outline international and national funding for the HIV response
Group Discussions and Activities

Why is this pandemic of such concern? What is the epidemic like in your region and country and how does this differ from other parts of the world? Why do you think epidemics can differ so much?

Quiz and Group Discussion on HIV Transmission
What is the current challenges for HIV prevention, treatment and care in this country? What are the current programmes working in this area and what do they do? What is the potential role of police?
Review of module

- What can you do at work and in personal life to prevent HIV transmission and prevent viral hepatitis transmission?

- Any questions or concerns? Has your understanding of HIV and AIDS changed?

- What would you like to know more about?
Training Manual for Law Enforcement Officials on HIV Service Provision for People Who Inject Drugs

Module 2

Occupational Health and Safety: HIV and Hepatitis
Learning Objectives

Increased knowledge and understanding:

- Of infection control procedures;
- Of HIV, hepatitis, and tuberculosis as occupational hazards for LE services;
- That all LE officials can make well informed decisions to protect themselves from HIV;
- That if infected or affected by HIV, LE officials know how to access prevention, treatment, care and support services;
- Of the necessary skills and techniques for searching and safely handling and disposing of needles and syringes and other injecting equipment.
Protecting yourself from HIV

• Understand how HIV is transmitted

• Be aware of risks of each mode of transmission

• Items to use for protection
HIV modes of transmission

• By direct blood contact through contaminated needles (primarily for illicit drug injection or in healthcare settings without proper sterilization procedures)

• Unprotected sexual contact with an infected person

• During birth or breastfeeding (for infants born to HIV-infected mothers)

• Through transfusions of infected blood
Risk of HIV transmission

- HIV risk from sharing HIV infected needle is between 0.63% and 2.4% per act

- HIV risk from needle stick injury is 0.3%
  – OR 1 in 333 chance

- HIV risk from mucous-membrane exposure is 0.09%
Risk of HIV transmission

- Male-to-female transmission
  - Low income countries 0.30% per act
  - High income countries 0.08% per act

- Female-to-male transmission
  - Low income countries 0.38% per act
  - High income countries 0.04% per act

- Transmission from anal intercourse is especially high, estimated as 1.4–1.7% per act between heterosexual as well as homosexual contacts
Risk of HIV transmission

• HIV can be transmitted during oral sex
  – Infection rates are difficult to estimate due to commonly practising oral sex with other vaginal or anal sexual contacts

• Receiving a blood transfusion of HIV infected blood results in 93% chance of infection
What are some other examples of workplace risk for HIV?

Aside from needle-stick injury what are examples of other workplace risks for HIV, HBV and HCV?

- Responding to road trauma or other accidents when blood is present
- Unprotected sex is an occupational as well as a personal risk, especially when LE officers are posted on assignment away from their families
Hepatitis B (HBV)

- Hepatitis B is a viral infection that attacks the liver and can cause both acute and chronic disease.
- The virus is transmitted through contact with the blood or other body fluids of an infected person.
- More than 780,000 people die every year due to the consequences of hepatitis B.
- Hepatitis B is an important occupational hazard for health workers as it can be transmitted through needle-stick injuries.
- Hepatitis B is preventable with the currently available safe and effective vaccine.
Post Exposure Prophylaxis (PEP)

If you are exposed to HIV though occupational or personal exposure you need to be assessed by medical professionals and when required prescribed PEP.

• PEP works to prevent seroconversion to HIV after exposure but only up to 72 hours – you need to act fast
• There needs to be a standard operating protocol for being assessed for an accessing PEP if you think you have been exposed
• If you are unsure if you have been exposed, assume that you have – this is called Universal Precaution
Items to use for protection from HIV, HBV and HCV

• Wear gloves
  – At crime scenes and search warrants in case you touch injecting equipment
  – When searching a person to avoid contact with blood
  – Some gloves are strong enough to protect from needle stick injury

• Protective glasses (to avoid blood or mucus in eyes)
  – When dealing with people with unpredictable behaviour e.g. In police cells
Items to use for protection from HIV

• Condoms
  – With sexual partners, especially with people at higher risk of HIV e.g. Sex workers and PWID
  – The availability and use of condoms is imperative. LE officers engage in sexual risk behaviour like anyone but often when posted away from family

• Use clean injecting equipment
  – NSPs are for police too
Safe searching techniques

Searching a person is when police are most likely to be at risk of needle stick injury

- Remember that needles/syringes are often legally carried by PWIDs
- LE officers need to remind people they are searching that they will not be prosecuted for having injecting equipment. This will assist creating an environment when PWIDs are not trying to conceal their injecting equipment – making it safer for everyone including law enforcement
Safe searching techniques?

• What is wrong with this search technique?
Safe searching techniques?
Safe searching techniques?
Steps for safe searching of a person

• Universal precautions
  – Presume blood and bodily fluids of all persons could potentially be a source of infection
• Be respectful
• Consider privacy
• Safe positioning e.g. Against a wall, kneeling, legs wide
• Ask the person if they are carrying anything dangerous
• Wear gloves
• Use ‘roller technique’
• Discard of used needles and syringes safely

Refer to handout
Steps for safe disposal of NS

- Ask local NSP to collect

  OR

- Wear gloves
- Place a suitable disposal container near the needle and syringe
- Do not touch the needle end, pick up from the barrel
- Do not attempt to re-cap the needle
- Place into disposal container needle first

Refer to handout
Suitable disposal containers

• Examples of containers

• What makes a container safe?
Assessment task

Demonstrate safe searching technique and safe disposal of a needle and syringe
Occupational Health and Safety

To support HIV prevention, treatment, care and support of law enforcement officials, every law enforcement institution requires:

• A National Law Enforcement Policy that articulates the occupational health and safety requirements for officers in the context of HIV including SOPs for reducing risk in and out of the workplace

• Access to condoms and availability of Post-Exposer Prophylaxis (PEP), voluntary counselling and testing, ARTs if the case of professional or personal risk exposure to HIV

• Ongoing access to treatment, care and support for LE officers affected by HIV/HCV
Training Manual for Law Enforcement Officials on HIV Service Provision for People Who Inject Drugs

Module 3
Overview of the role of police in public health and the importance of working with key populations
Learning Objectives

At the end of this module you should:

• Have a heightened sense of the historical role of LE officials in supporting public health policies and practices

• In particular, the role of LE officials in public health extends to key populations, especially people who inject drugs and prisoners

• A growing understanding of how exactly the role of LE officials impacts the HIV prevention, treatment, care and support
Police are critical components of public health

• Law enforcement, especially through the activities of police forces, has a crucial but largely unacknowledged role in the protection and promotion of the public health.

• While police are key partners in many specific public health programmes, their identity as an important part of the public health endeavour is rarely recognised.
Public Health Policing Examples

Police are critically involved in many public health issues and are often the first people at the scene, for example:

- Policing road traffic and responding to road accidents and trauma
- Responding to Domestic Violence or Other Violence
- Responding to man made or natural disasters
- Responding to Infectious Disease Outbreaks (Including HIV)
- Investigating fraudulent medicines availability and trafficking
- Responding to people with Mental Health concerns
- Policing the use of Alcohol and Illicit Drugs
Why does it matter?

• The total number of LE personnel (police forces, military services, internal security forces) are somewhere between 10 and 10000 times larger than the public health sector

• We need you as members of our police force to be aware of your critical role as frontline public health responders

• Being aware of our role means we can significantly contribute to community safety, community security and community health
Creating public health orientated police?
POLICE BRUTALITY
Because we can.
Public Health Policing with Key Populations

• Responding to HIV among key populations is one of the most important tasks we can do for our community.

• What can we do as police to work more effectively with people who use drugs and other key pops so they can help protect themselves from and others from HIV and other infectious diseases?
Our important challenge

- We know how to prevent and treat HIV among key populations BUT often face barriers when implementing and scaling up prevention activities

- SOLUTION?

- Police training so they can protect themselves AND contribute significantly to the national HIV response

- Creating effective partnerships between the police and key pop and the people who work with key pop is of highest importance in the prevention, treatment and care of HIV
To do this we need to resource and train the police

Enhancing the role of police in working with people who inject drugs and other key pops on HIV prevention requires the following:

1) The police to be aware and understand their role

2) Adequate training and support for police to protect themselves and the community

3) Building of partnerships in the community
Group Discussion

How can police services become better and more involved in supporting public health in their own communities and in communities at higher risk of HIV, including people who inject drugs and prisoners
Module 4
Risk and Vulnerability: Policing Key Populations and Protecting Human Rights
Learning Objectives for the Module 4

At the end of this module, participants should be able to:

• Increase their knowledge and understanding of concept of risk and vulnerability for HIV infection
• Increase their knowledge and understanding of people most at risk for, and/or vulnerable to, HIV infection
• Understand the fundamental concepts of human rights based policing models
• Articulate approaches to their work that can help law enforcement officers reduce the risk and vulnerability of certain key populations
• Understand the need for early identification and engagement of key populations in HIV programmes
What is the definition of HIV Risk?

Risk is the probability that a person may acquire HIV infection; certain behaviours create, enhance and perpetuate risk (UNAIDS, 2007). Examples of such behaviour include unprotected sex with a partner whose HIV status is unknown, multiple unprotected sexual partnerships, and injecting drug use with contaminated needles and syringes.
What are the drivers of HIV risk?

- The term “driver” relates to structural and social factors, such as poverty, gender inequality and human rights violations, that are not easily measured and which increase people’s vulnerability to HIV infection.

- What else could drive HIV risk?
  - Lack of access to essential services
  - Criminalisation and stigmatisation
Vulnerability to HIV results from a range of factors that reduce the ability of individuals and communities to avoid HIV infection. These include personal factors such as the lack of knowledge and skills required to protect oneself and others, factors pertaining to the availability, quality and coverage of services, and societal factors such as social and cultural norms, practices, beliefs and laws that stigmatize and disempower certain populations, and act as barriers to HIV prevention, treatment, care and support services.
Key Populations and HIV Risk and Vulnerability

Why are PWIDs, sex workers, men who have sex with men at greater risk of HIV?

How is their risk and vulnerability increased?

How can police contribute to reducing this risk and vulnerability?
Women who inject drugs and increased HIV Risk

Structural “risk environments” that drive the HIV epidemic among women who inject drugs:

• Partner abuse/violence

• Gender norms and gender imbalances in the drug culture

• Unemployment, homelessness, poverty

• Policies (e.g., registration of drug users, police harassment, incarceration)

• Lack of woman-specific services
What is the HIV Risk Environment?

• The space where policing intersects with key populations; often where social networks of key populations are engaged in activities that challenges the boundaries of how police are meant to respond.
How can police help turn an HIV Risk Environment into an “Enabling Environment”?

Police have a powerful role in shaping the risk environment;

- The role of the police in shaping the risk environment can be negative or positive depending on how we conduct ourselves
- What are some of the negative actions of police that impact on drug users and other key groups?
- What are positive actions we can take to help people who use drugs or other key pops?
Negative policing of key populations include:

- Unnecessary or arbitrary arrest
- Obstructing people who are seeking health services
- The use of bribery and/or falsely accusing someone of crime
- Physical or verbal intimidation and harassment
- Arresting people for carrying injecting equipment or condoms
Positive Policing Actions

- Referring people who use drugs to CSOs and public health services who work with key populations

- Ensuring that health and social programmes that work with people who use drugs and other key pops are NOT interfered by police BUT SUPPORTED instead

- Carrying condoms and providing them to people who need them
Key Strategies for Enhancing Positive Policing Actions

• Knowing your community and knowing how to assist people who use drugs and other key populations

• Forming partnerships with CSOs and other government service providers

• Having good and regular communication between the police and the community
Supporting the police to have a positive effect on the HIV risk environment

Police can have very positive impacts on enhancing access to services for key populations but it requires various components:

- Requires police to have well developed understanding of HIV risk and vulnerability through an approved training programme and supportive police institution and leadership;
- Requires police have alternatives to criminal sanctions, the use of diversion and discretion;
- Requires police to have partnerships with communities (including with key populations) and partnerships with public health services.
Human Rights Standards for Police

- Dignity
- Respect
- Serving the community
- Protecting the community
- High standards professionalism and ethical conduct
- Free from corruption
- Free from discrimination
What is ‘cultural diversity’?

- Different individual life practices relating to ethnicity, religion, gender, age, physical ability or disability and sexual orientation

- Discrimination can mean any distinction, exclusion, restriction or preference based on these different practices
Community policing principles

- High visibility policing
- Engagement with the community
- Focus on ‘at risk’ populations & recognizing special needs
- Embrace diversity
- Problem-solving
- Active involvement of community members
Putting ‘community policing’ into practice

• Get to know your local community
• Where are the crime ‘hot spots’?
• Who are the community? How diverse is it?
• What are their attitudes toward police?
• If there is mistrust, why does that exist?
• How might you start to build trust and respect between the community and the police?
Group discussion: how diverse is your community?
How do people experience their encounters with police?

As a:

• Victim of crime (e.g. gender based violence, human trafficking)
• Perpetrator of crime (e.g. drug use, sex work)
• Witness to a crime
• Person in need of assistance
• BUT - is the person targeted because of their behaviour? Appearance? Social, religious status?
• Others?
Encounters with police (cont)

Evidence tells us that marginalised groups are over-represented in the criminal justice system:

• This means some groups are more likely to come into contact with police more often than the general public
• Why do you think this is the case?
• What does this mean for you as police?
In groups, discuss the following:

• What biases and attitudes do we as a community have toward some groups of people? (e.g. people who inject drugs, ex-prisoners, migrants, sex workers)

• List possible influences

• What impact can these biases have on your ability to do your job well?
Stigma and discrimination

Influences:
– Parents
– Society
– Religious leaders
– Gender
– Media
– Politics
– Police culture

• Marginalised populations - why do they feel discriminated by police?
Positive interactions between police & marginalised groups can:

✓ Increase trust, community confidence
✓ Lead to shared understanding, increased tolerance
✓ Increase in reporting of crime
✓ Strengthen community partnerships & shared problem solving
✓ Prevent & solve crimes through proactive policing: police are closer to the community
✓ Develop strong leadership
✓ Lead to evidence-based and sustainable solutions to complex social issues
✓ Increase support from media, international community
Challenges & barriers:

- Criminalisation of key pops, for example, people who inject drugs, sex workers
- ‘Zero tolerance’ philosophy (discourages use of police discretion and decision-making)
- Lack of policies, SOPs, MoUs with key agencies (Dept of Health)
- Poor leadership
- Lack of knowledge and evidence-based practice
- Health and safety risks (e.g. HIV)
Case Study Scenario

- You have been assigned duties at a busy provincial police station in a low socio-economic area. Your supervisor tells you he/she is trying to improve public perception of the police and you are to spend your first shift conducting foot patrol duties.

- During your shift, you notice a large group of young people milling around the local market. Your colleague tells you that some of the group are known drug users. They are not known to be violent, but they are very mistrustful of police. What action might you take in relation to the young people? What biases and attitudes might shape your interaction with them? Why might they have a mistrust of police?
Case study teachings:

Key ingredients for effective community engagement:

– Proactive policing vs reactive
– Open communication style
– Empathy and understanding
– Role modelling
– Leadership
Module 5
Introduction to drugs, policing and harm reduction
Learning Objectives

At the end of this module participants should have:

Increased understanding and awareness

- of different types of drugs and their effects and patterns of use
- of what drugs are being used in their country of work and how those drugs are being used
- that responding to drug use requires a balanced approach including the need to understand and support harm reduction approaches
What is a drug?

• Any substance, with the exception of food and water, which, when taken into the body, alters its function physically, and/or psychologically
  • World Health Organization, 1981
## Categories of drugs

<table>
<thead>
<tr>
<th>Stimulants</th>
<th>Depressants</th>
<th>Hallucinogens</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caffeine Ecstasy</td>
<td>Alcohol Opiates Opioids Non-opiate analgesics</td>
<td>LSD DMT</td>
</tr>
<tr>
<td>Cocaine Nicotine</td>
<td>Benzodiazepines Barbiturates Cannabis GHB (Gammahydroxybutrate)</td>
<td>Mescaline PCP (phencyclidine-angel dust)</td>
</tr>
<tr>
<td>Amphetamines Ephedrine and pseudo ephedrine</td>
<td>Antihistamines Some solvents and inhalents</td>
<td>Psilocybin</td>
</tr>
</tbody>
</table>
What are the most commonly reported drugs used in this country?

**Group Work**

- What drugs are most commonly used in this country or province or city?
  - How are the drugs used?
- What are some of the policing issues associated with these drugs?
- What are the main health and social issues associated with these drugs?
Why do people use drugs?

Group work

How many reasons can you come up with regarding why people use drugs?
Why do people use drugs?

- Confidence building
- Imitating adults
- Commiserating
- Social rebellion
- Ignorance
- Dependence
- Role models do
- Cultural & societal norms
- Social isolation
- Risk taking
- Enjoyment
- Fun
- Relaxation
- Ill mental health

- Curiosity
- Celebration
- Peer pressure
- Boredom
- Rite of passage
- Loneliness
- Media influence
- Socializing
- Medical purpose
- Accessibility
- To improve performance
- Self-soothe in response to neglect, abuse, violence
Different drugs and different risks and implications for health and policing

Opiates/Heroin

• Risk of sharing injecting equipment
• Fear of arrest means people who use drugs are reluctant to carry needles (new or used)
• Painful withdrawal symptoms means people want to inject heroin as soon as they buy it. If no sterile NS, they might resort to sharing used NS
• Unsafe injecting drug use places people at higher risk of HIV. Sex without a condom can place them and their partner at risk of HIV
Different drugs and different risks and implications for health and policing

Alcohol

• Heavy and harmful drinking patterns have been correlated with an increased likelihood of sexual risk-taking behaviours, including engaging in unprotected sex

• Alcohol can play a role in violent behaviour or affect mental health
Different drugs and different risks and implications for health and policing

AMPHETAMINES

- Can make people more aroused (increased libido)
- Often associated with rougher sex and longer sessions of sex
- Lack of clear thoughts and decision making on condom use
- There are also increasing reports of people injecting crystal methamphetamine
- Can lead to violent behaviour and affect mental health
Activity

When is drug use a risk factor for health, particularly HIV?
Positive approaches to addressing drug use

**Treatment for Dependency**
Offering individuals access to treatment to help them lead healthier lives

**Enforcement**
Targeting organized crime; Improving cooperation between health services and other agencies

**Prevention**
Strengthening protective factors among young people
- Promoting healthy families and communities
- Preventing or delaying substance use and associated harm
- Improve overall health

**Harm Reduction**
Reducing the spread of disease; Preventing other health problems; Reducing crime and social harms

**Complementary interventions**
Strengthening support mechanisms to address vulnerability
- Diversion programmes
- Vocational Training
- Links to other services
What is harm reduction?

Definition: “Harm reduction” refers to policies, programmes and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive and narcotic drugs, without necessarily reducing drug consumption.
Harm Reduction – An Expanding Approach

• Harm reduction approaches to drug use are increasingly common around the world and are associated with reducing and preventing HIV epidemics among and from PWIDs

• Harm reduction approaches are supported by an increasingly number of law enforcement institutions around the world
Activity – Risk Assessment

Examine different types of drugs, the patterns of use, the context of use and the potential risks
Training Manual for Law Enforcement Officials on HIV Service Provision for People Who Inject Drugs

Module 6a
Comprehensive Package for the Prevention of HIV, Hepatitis and TB among People who Inject Drugs
Learning Objectives

At the end of this module, participants should have:

• Increased knowledge and understanding of a comprehensive approach to the prevention and treatment of HIV, Hepatitis and TB through increasing familiarity with components of the Comprehensive Package;

• Understood the relationship between components of the Comprehensive Package and HIV prevention, treatment and care policies;

• Examined the role of LE officials for each intervention in the Comprehensive Package;

• Understood the benefits of the Comprehensive Package for policing, people who inject drugs and their sexual partners as well as the wider community.
Comprehensive package for HIV prevention, treatment and care among people who inject drugs – 9 interventions

1. Needle and syringe programmes (NSPs)
2. Opioid substitution therapy (OST) and other evidence-based drug dependence treatment
3. HIV testing and counselling (HTC)
4. Antiretroviral therapy (ART)

These first 4 components are considered the most important
Comprehensive package for HIV prevention, treatment and care among people who inject drugs – 9 interventions

5. Prevention and treatment of sexually transmitted infections (STIs)
6. Condom programmes for people who inject drugs and their sexual partners
7. Targeted information, education and communication (IEC) for people who inject drugs and their sexual partners
8. Prevention, vaccination, diagnosis and treatment for viral hepatitis

RECOMMENDED BY WHO, UNODC and UNAIDS, 2012
What are needle and syringe programmes?

The provision of free (or cheap) sterile needles and syringes for people who inject drugs:

➢ To reduce needle sharing to prevent HIV and Hep C
➢ To reduce injury from re-use of damaged needles and syringes
Benefit of needle and syringe programmes

• Research shows that NSPs significantly reduce the spread of HIV among PWID without exacerbating injecting drug use at either the individual or societal level.

• Studies consistently show that NSPs result in marked decreases in HIV transmission, by as much as 33-42%.
Benefit of needle and syringe programmes for people who use drugs

• Use of a sterile needle-syringe for EVERY injection reduces health risks
• Provides a safe location for PWID to dispose of used NS
• Provides pathways to health care including drug dependence treatment
• Provides non-judgemental information about risks and reducing risks associated with unsafe injecting drug use
Benefit of NSPs for police and community

- NSPs collect discarded needles and syringes
- Legality of NSPs mean there is no requirement for police to seize used NS for testing of drug residue, thus, less risk of needle stick injury
- No requirement to seize needles or syringes
- Increased use of sterile NS reduces HIV risk among PWID, thus, police have less contact with people living with HIV (PLWH)
Considerations

• PWID are often reluctant to go to NSPs for fear of being identified as a drug user and arrested or incarcerated.

• When PWID are scared away from NSPs,
  – Rates of needle sharing increase
  – Used syringes and needles are abandoned in public areas
Role of police is to support needle and syringe programmes

• Police activity is often the strongest determinant as to whether PWID will access NSPs
  – Police should not patrol nearby NSPs (unless attending a specific incident)
  – Police should not use NSPs as a place to conduct surveillance to identify PWID
  – Police should not seize new or used syringes
• Community needs to be consulted and educated (by police) about the NSP so that it can operate without interference
• Police could encourage PWIDs to access NSP programmes
Opioid Substitution Therapy

Involves people dependent on opioids taking a daily medically supervised oral dose of (usually) methadone or buprenorphine to prevent/reduce opioid injection and withdrawal symptoms.

International studies show that methadone can

- Significantly decrease use of opioid injection
- Reduce crime, especially property theft decreased by 52%
- Decrease drug dealing
- Increase socialisation
Benefits of OST for the people who use opioids

• No longer needs to purchase illicit drugs
• Reduces injecting drugs, thus less risk of sharing needles and risking HIV, HBV and HCV
• Reduced opioid overdose deaths
• Repair relationships with family and friends previously impacted by drug use
• Greater employment opportunities through medical management of drug dependence
Benefits for the police and the community

• Reduced acquisitive crime through reduced need for PWID to get money for drugs
• Reduced illicit drug use
• Reduced drug dealing by user/dealer to support addiction
• Fewer people carrying NS
• Greater family cohesion due to reduced disputes over money, drugs or crime
• Greater participation by PWID in community life
• Cost-effective: Every dollar spent on OST saves four dollars
Considerations of OST

• Not everyone is eligible for or can benefit from OST
  – Only for dependant users
  – Young people and experimental users are generally excluded
  – People who do not use opiates but use other drugs such as injecting amphetamines get no benefit from OST
Considerations for police

• People on OST may still occasionally inject heroin. This does not mean they have failed or that they should have their access to OST terminated nor should they be incarcerated for their drug dependence.

• It is a long term treatment
What is peer outreach?

• ‘Peers’ from the local community, who are familiar with or belong to the drug use (and/or sex) sub-cultures, provide injecting equipment, condoms and information to initiate behaviour change among people who are at-risk of HIV
Benefits of peer outreach for people who use drugs

- ‘Hard to reach’ PWID can access sterile NS and condoms without going to NSP
- Can receive information regarding health risks from a peer or sympathetic person
- Can provide feedback to services about their needs through outreach worker
Benefits of peer outreach for the police and public health community

• Less visible form of NSP, thus, reduces concern about perception of condoning drug use

• Can monitor local trends in drug use and/or sexual activity and alert other programme staff to practices which may influence the HIV epidemic
Considerations for police to best support peer outreach

• Outreach workers must be available (as far as possible) when and where they are needed otherwise PWID may resort to sharing

• Police must not restrict the hours worked or locations visited by outreach workers

• Police must not follow outreach workers to find out who is using drugs
Considerations continued

• PWID need to trust outreach workers and be reassured that outreach workers are not being coerced to give information to police

• Outreach workers should be seen as providing equipment and information to promote safer drug use rather than simply helping drug users use drugs

• Outreach workers are not a source of information for police about drug use and users
Challenges police need to work through with harm reduction programmes principles

- Lack of knowledge about HIV transmission and prevention
- Negative attitudes towards people who use drugs
- Perceptions regarding link between drugs and crime
- Police crackdowns on drug users due to pressure from residents, businesses and/or government
- Depending on legislation, partnering with programmes requires police using discretion
- Limited number of programmes operating
- Police performance measurement often based on arrests rather than referrals to drug services
- Discussion on the role of police in supporting the Comprehensive Package
What is the role of law enforcement officers in a drug overdose situation?
Learning Objectives

• Understand that it is important to seek medical attention as soon as someone appears to be having a drug overdose.
• Identify organizational policies regarding the management of:
  – Intoxicated people
  – Intoxicated people in custody
• Develop awareness of the role of LE officials to not attend non-fatal overdoses unless circumstances require LE officials’ presence.
• Understand that fatal drug overdoses should be investigated by LE officials to detect the exact cause of death.
Intoxicated people in police custody

• Research has shown that a significant proportion of people detained in police stations tend to be intoxicated or affected by drugs.

• People who are intoxicated in public areas can be at increased risk of engaging in various other offences, harming others, being a victim of crime, or suffering self-inflicted injury (deliberately or accidental).

• Police have a duty of care to people in their custody, either in a public place or when held at a police station.
Activity 1

• Divide the participants into 5-7 groups

• Nominate a person to make notes and a person to report responses back to the group

• What policies, procedures, and guidelines, does your organisation have in place to ensure the safety of people who are:
  – Intoxicated
  – In custody
  – Intoxicated and in custody
Overdose in police custody

• Preservation of life is a law enforcement priority.

• A drug overdose can be fatal

• Drug overdose is primarily a problem managed by ambulance and medical services

• Police should call for medical assistance as soon as possible
Police role in non-fatal overdose

• Many drug users are reluctant to call for help in the event that they or their friend have overdosed for fear of prosecution
• To encourage people to seek medical help, police are advised to not attend non-fatal overdose situations
• If police do attend an overdose, their primary role is to ensure the safety of:
  – Ambulance officers
  – The person who has overdosed
  – Anyone else present
Naloxone and law enforcement

• Naloxone is a medicine that reverses the symptoms of drug overdose
• It is easily administered through sub cutaneous, intramuscular or intravenous injection
• It saves lives and is increasingly seen by law enforcement officials as an important component of responding to drug overdose
• In addition to ambulance officers who are often qualified to use naloxone, many law enforcement institutions and other first responders are increasingly being trained to provide Naloxone as part of their role in overdose prevention
Police role in fatal overdose

- At a fatal drug overdose or where death is imminent from a drug overdose, police should investigate the matter as for any other sudden or suspicious death.
- Police should seize any drugs, articles or other exhibits which might help their investigation.
- Police must be mindful to treat friends or associates of the overdosed person with respect as they may be potential witnesses to any investigation.
- Witnesses must feel safe to contact medical help in the future without fear of police prosecution
Learning Objectives

At the end of this module law enforcement officials should:

• Have an increased understanding of discretion and when it could be used and how it can support diversion
• Have an increased understanding of the use of diversion and how it can be used to support community based access to drug treatment and harm reduction services
• Understand the benefits of discretion and diversion for law enforcement and individuals from the community
• Have an understanding of an ethical dilemma and how the principles of promoting and protecting individual and public health should be prioritised as the first response to any issue
What is discretion?

“A public officer has **discretion** whenever the **effective limits on his power** leave him **free to make a choice** among possible courses of **action or inaction**.”
What is an ethical dilemma?

• An ‘ethical dilemma’ is when a law enforcement officer is in a situation and he/she:
  – Does not know the right course of action
  – Has difficulty doing what they consider to be right
  – Find the wrong choice very tempting
Discretion and ethical dilemmas

• Using discretion to make a choice about what action to take in specific situations is an ethical issue for police.

• Ethics training often focuses on more serious but less frequent examples of police behaviour, for example:
  – Corruption
  – Bribery
  – Use of deception
  – Sex on duty
  – Deadly force, brutality
  – Whistle-blowing
Ethical frameworks

• **Religious ethics**
  – Philosophies based on absolute concepts of good, evil, right and wrong according to a deity/deities

• **Natural law**
  – People’s basic, natural inclinations compared with motivations. Presumes what is natural is good.

• **Ethical formalism**
  – Based on pure, unblemished motives regardless of the consequences

• **Utilitarianism**
  – The greatest good for the greatest number, acceptance there will be some consequences

• **Ethics of care**
  – Meeting individual needs while not hurting others e.g. Problem solving rather than rigid law enforcement
You are on duty. A local businessman calls you to his shop and says he suspects a male youth of selling drugs in the street outside his shop. You attend the shop and search the male youth. You find 2 caps/hits of heroin in his pockets.

1. What crime has been committed?
2. What action are you going to take?
3. Report back to the group as if you were reporting your actions to your supervisor in the police station.
Scenario – Stage 2

At the police station, you find out the male youth is 13 years old. He says the heroin is for his personal use and that he is addicted to heroin and injects twice per day. One of your colleagues identifies the youth as coming from local family who are very poor. Both his parents are unemployed. He can not afford to go to school and his prospects of work are limited.

1. What concerns might you have about the youth’s behaviour and future study/work prospects?

2. What potential pathways could you recommend for the youth to reduce harm related to drug use and enhance his employment status.

3. Report back to the group as if you were reporting your actions to your supervisor in the police station.
**Role play**

One person will be the police officer who investigated the scenario. The officer has to explain his/her action to his/her supervisor using evidence of best practice in the current work environment.

The supervisor must question the officer and be satisfied with the reasons given for his/her actions.
Diversion from criminal prosecution

Diversion away from traditional criminal justice system to community-based treatment/education/harm reduction or appropriate health or social service where required

Country examples

- Cannabis Cautioning
- Drug Diversion (other drugs)
- Bail from court (must attend drug counselling programme)
- Drug Court – Australia/other jurisdictions
Diversion from criminal prosecution

• **Cannabis Caution**
  - A police officer may give someone a caution and offer them the opportunity to attend a cannabis education programme if they are caught with no more than 50 grams of cannabis. Like New South Wales (Australia), only two cautions are allowed to be given to the one person.

• **Drug Diversion**
  - Applies to offenders in possession of an illicit substance (other than cannabis) for personal use only who is 10-years-old or over, not involved in another offence at the time of arrest, and who has not already had two diversions.

• **Drug Court**
  – Australia/other jurisdictions
Drug diversion: The evidence

• Critical opportunities to break cycles of destructive behaviour

• Reduction in drug use and high-risk drug-taking behaviour

• Improvements in social functioning

• Less involvement in crime related to drug use

• Decrease in the burden on the criminal justice system and the impact of crime on the community
  – Majority of people referred from police custody have never spoken to a treatment worker or doctor before
  – Over half of people in prison have been in jail before
Training Manual for Law Enforcement Officials on HIV Service Provision for People Who Inject Drugs

Module 8
Creating multi-sector partnerships to more effectively work with vulnerable populations to enhance the National HIV Response
Learning Objectives
At the end of this module participants should be able to:
• Identify and recall the six main components of partnership formation
• Understand the specific role of LE officials in the partnership
• Understand the need for a supportive environment within a law enforcement institution to enable partnership formation
• Be aware of who the other partners in the community should be and how they can work collaboratively with those partners
Overarching Principles for Police involvement with diverse populations

• Respect for the needs of affected groups of population

• Prioritization of immediate harms, basing policy and practice on evidence

• KNOWING YOUR COMMUNITY
Creating Multi-Stakeholder Partnerships

• Police understanding professional responsibility for **protecting themselves** (workplace safety) and their role to protect the rights of diverse and vulnerable people, especially their right to access HIV prevention services (by creating an **ENABLING ENVIRONMENT**)

Police policy and principles, resources and training **institutionalised** across police academies and police stations
Case Studies – The Win Win Principles

• Partnerships should result in benefits for police and the community

• The WIN WIN principle
Community-based policing models in Bangladesh

3000 police officers trained on the role of police in HIV prevention at community level

Police create “tolerance zones” where police, drug users and NGOs understand that HIV prevention is the first priority.

Result: NGOs report that HIV risk behaviour of injecting drug users decreased significantly, police report less community disturbance
NEPAL

• Royal Nepal Police design HIV Policy and Strategy in 2005, also started the Human Rights Unit of the Nepal Police.

• Results: Services for HIV prevention among Key affected populations increases from 20% coverage to almost 80% coverage (MSM and IDU). Police divert drug users out of custody and spend less police resources on drug related arrests
Australia

Whole of Government approach to HIV prevention among Injecting Drug Users
Scale up of Needle Syringe Programmes
Police become key partner of the programmes

• Result: HIV among drug users remains under 1% since 1987. Police able to use discretion powers and save time and resources
Vietnam

- Scale up of community based methadone across several provinces in Vietnam with police helping refer drug users to community based treatment

- Results: Police report a significant drop in crime and a drop in the size of the drug market.
What are the key ingredients to partnerships with the community?

Group discussion

What are the key ingredients to help police form better partnerships and engage more effectively with the community, including with people who use drugs?
1. LEADERSHIP

The Importance of LEADERSHIP

• Leadership from both police and civil society
• We need people who can meet regularly and represent the views of their organisations.
• Respectful and collaborative leadership
2. Working with and respecting NGOs and Civil Society

Importance of coordinating mechanisms between police and NGOs and government health sector

- Case examples highlight that building collaboration with NGOs can result in very positive outcomes for police
- Joint trainings between police and NGOs
- NGOs can be your best friends and biggest helpers
3. POLICE REFORM

The importance of police operational, educational and cultural reform

- Development of harm reduction and HIV prevention curriculum (role of police)
- Without police reform progress difficult
- Police need to feel supported in their reform efforts
4. COMMUNICATION

The Importance of formal and informal communication channels between police and civil society and HIV programmes

- Provincial and local task forces
- Key actors from both sectors knowing each other
5. ADDRESSING STRUCTURAL DRIVERS

Addressing Structural Drivers

- Violence, intimidation, biases and corruption
- Policy and practices, MOUs, SOPs
- Scaled up programmes
- Working with NGOs and Government to make sure programme design specifically prioritises a Law Enforcement Advocacy and Partnership plan
6. Ongoing monitoring and evaluation

The need for monitoring and evaluation of the enabling environment

- What are the variables of interest?
- Decrease incidence of police harassment
- Better community engagement
- Better understanding of the needs of vulnerable groups
- Increase in public health service uptake
- Crime reduction
Other considerations

• Shared vision, mission and objectives stated in writing endorsed by all groups

• Terms of Reference for how people work together

• Regular meetings and communication between police, diverse populations, service providers and the community
Practical Session

Group Activity

What are we now going to do in this province/district?

• Using all the information you have from the last few days lets discuss the next steps
Annex 1
Creating a Law Enforcement Institutional Environment that will Support an Enhanced Role of Law Enforcement Officials in the National HIV Response
Objectives of this session

At the end of this one-day advocacy and training session, senior LE officials should be able to:

• Acknowledge the important role that LE officials play as collaborative leaders in public health;

• Understand the international context and political framework that supports the role of LE officials as key partners in HIV prevention among key populations;

• Understand the impact of current law enforcement institutional indicators on law enforcement practice and HIV prevention efforts among key populations.
Objectives of this session continued...

- Understand the critical components required to support an enhanced role of LE officials in engaging with key populations including reform of LE policy and practice, design and implementation of standard operating protocols and the need for institutionalised LE officials training;

- Understand the essential ingredients in forming and sustaining multi-sectoral partnerships;

- Endorse the implementation of the Training Manual to enhance the role of LE officials in the national HIV response and have initial implementation discussions;

- Begin to plan discussions with other key stakeholders in provincial and national government around collaborative approaches to working with key populations including people who inject drugs.
Background and rationale for the Training Manual

- HIV is a global pandemic that has affected millions of people around the globe (including law enforcement officers).
- In many countries HIV is slowing down but it is not slowing down among certain key populations such as people who inject drugs, sex workers, men who have sex with men and prisoners.
- This is due in many cases to criminalisation of these key populations which results in a decreased access to services that help support HIV prevention, treatment and care.
- Even when they are not criminalised, they often face unwarranted attention from law enforcement officials.
The Training Manual

• The Training Manual has been designed to improve law enforcement officials understanding and support for HIV prevention, treatment, care and support services among key populations, with a specific focus on people who inject drugs.

• Without senior law enforcement official’s support and indeed law enforcement institutional support for the role of law enforcement officials in the national HIV response, progress towards ‘zero new HIV infections’ will remain severely compromised.

• Law enforcement institutions have an obligation to provide Universal Access and Universal Precautions to their officials. This will both protect their officials and enhance their role in the national HIV response
Law enforcement and public health

- Law enforcement has always played a significant role in a range of public health issues including road trauma, man made or natural disasters, responding to people with mental health issues, responding to violence and domestic violence, etc.

- Responding to HIV is just another example where the role of law enforcement can significantly improve access to HIV prevention, treatment, care and support services for people at greater risk and therefore contribute to the national HIV response.
Addressing negative law enforcement practices

- Many law enforcement practices can actually increase HIV risk behaviour and need to be examined by law enforcement leaders to see how they can be addressed.
- Law enforcement institutions should support public health efforts.
- Specifically, it is important for law enforcement institutions to examine
  - The use of the possession of needles and condoms as evidence for arrest.
  - Harassing and intimidating people from accessing services that seek to support HIV prevention.
  - The impact of “arrest quotas” on HIV risk among PWIDs.
Political frameworks that support LE in the HIV response

- The UN Political Declarations, MDGs, UN ECOSOC, CND, UNAIDS PCB resolutions
- There is an acknowledged call for scaled up partnerships between law enforcement, criminal justice, health and community to respond to HIV.
- Many countries adopting whole of government responses to HIV that articulate how law enforcement can support HIV prevention, treatment, care and support.
Senior law enforcement officials and law enforcement institutions

- Senior officials need to lead by example in their support for HIV prevention, treatment, care and support
- Senior officials have significant influence on operational law enforcement practice and culture
- Law enforcement institutions need to ensure that they have developed a National HIV Policy for Law Enforcement Officials that both addresses occupational health and safety of their staff and promotes “universal access” for law enforcement officials AND the community at large
- Senior officials need to also ensure that the role of law enforcement officials is articulated in the national HIV response
Creating an law enforcement institutional environment in the context of HIV

In creating a law enforcement institutional environment for a scaled up effort of law enforcement in HIV the following components are considered important:

• Education about HIV/AIDS and overcoming denial, stigma and discrimination;
• Adopting equal opportunity and human-rights based principles of employment;
• Addressing operational exposure to HIV, including education, safety precautions and post exposure prophylaxis;
• Provision of VCT, access to means of prevention such as condoms and access to treatment;
• Provision of Hepatitis A and B vaccinations and education on Hepatitis C and TB to minimise risk of co-infections;
• Provision of flexible working conditions to help sustain the health and wellbeing of officials and/or their family members who might be living with HIV.
• Designing and implementing Standard Operating Protocols to direct LE officials’ activities that support HIV prevention, treatment, care and support;
• Recognising the LE officials’ role and professional responsibility in protecting and promoting public health and public safety;
• Providing guidance for the exercise of discretion especially as it relates to the provision of a full range of responses options in terms of viable alternatives to arrest and prosecution for named offences;
• The accommodation of both health and security considerations;
• Respect of human rights and fundamental freedoms;
• Respect for the needs of key populations;
• Prioritization of immediate harms;
• Basing policy and practice on evidence, cost effectiveness and transparency;
• Public access to information about impact assessment and independent evaluation;
• Support for interventions for HIV prevention among people who inject drugs, sex workers, men who have sex with men and prisoners.
Continued...

- Support for all services oriented at reducing the harms associated with illicit drug use (e.g. prevention of drug overdose deaths);

- Support for a health based approach to sex work, and all services oriented at reducing the harms experienced by sex workers such as violence and the transmission of sexually transmitted infections;

- Support for the appropriate use of administrative or criminal laws in ways that do not undermine HIV prevention programmes among key populations.
The Win-Win Principle

• Case studies from Module 8 highlight that when law enforcement institutions partner with HIV programmes that there are benefits for both law enforcement institutions and for individual and public health

• This is called the Win-Win effect and is a significant reason for law enforcement to support HIV programmes
Key Ingredients to Enhance Partnership

- Leadership
- Support for CSO/CBO and other service providers
- Law Enforcement Institutional reform where required
- Communication between law enforcement and HIV services
- Addressing structural barriers
- Monitoring and evaluation

These components are described in Module 8
**Discretion**

- The use of discretion is rarely discussed formally in law enforcement institutions yet it remains a significant part of the role of law enforcement officials.
- Discretion when used for good (like to promote better individual and public health outcomes) can play a significant role in HIV prevention.
- The use of discretion in the context of HIV can result in increased access to essential services for people requiring access and at the same time result in benefits for law enforcement institutions in terms of time and resources, and public trust in law enforcement.
It is important to examine aspects of law enforcement performance indicators that might be negatively impacting on HIV prevention.

Arrest quotas are often a significant reason why PWIDs and other key populations are targeted for arrest.

How possible would it be to provide incentives for law enforcement to refer PWIDs to community-based harm reduction services instead of arrest?

What other performance indicators can impact on HIV prevention?
Practical Next Steps

• Examine how this law enforcement institution can support universal access for its own members and the public
• Make the necessary policy reforms, SOPs and instructions and ensure the role of law enforcement is articulated in the national HIV response
• Support the implementation of the Training Manual
• Examine how this institute can partner with other key stakeholders
• Establish a mechanism for implementation scale up and evaluation as outlined in Annex 2
Training Manual for Law Enforcement Officials on HIV Service Provision for People Who Inject Drugs

Annex 2
Implementation and Evaluation Plan
Develop National HIV Policy for Law Enforcement Officials

Standard Operating Protocol for Law Enforcement Officials interacting with Key Populations

Occupational health and safety for Law Enforcement Officials (Universal Precautions)

Articulation of the role of Law Enforcement Officials in the National HIV response

Integrated operational framework for how Law Enforcement Officials collaboration with multi-sector stake holders including Public Health, Non-Government Organizations (NGOs)
**IMPLEMENTATION**

**PHASE I**
Adapt & Prepare the Training Manual for specific country context

**PHASE II**
Training of trainers from Law Enforcement Training Institute and Field Offices

**PHASE III**
Implement training at Law Enforcement Training Academy and selected strategic sites/field offices ahead of national scale up
**Pre Implementation Preparedness Checklist**

**Pre Implementation Baseline Survey on Knowledge/ Attitudes/ Behaviors and Practices of Law Enforcement Officials around HIV and AIDS**

**IMPLEMENTATION PROCESS**

- **Layer 3 Part A**
  - External Evaluation; Key Information interviews with other stakeholders from Health Service Sector, Communities and NGOs working with key populations to assess impact of Law Enforcement Officials in enhancing services provision for PWIDS and other key populations

- **Layer 3 Part B**
  - Post Implementation Baseline Survey on Knowledge/ Attitudes/ Behaviors and Practices of Law Enforcement Officials around HIV and AIDS

**POST 12 MONTHS**

- Evaluation of Law Enforcement specific variables of interest including: a) perceptions of community safety b) crime rates c) use of police time and resources