NDLERF

The role of police in preventing and minimising illicit drug use and its harms

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The role of police in preventing and minimising illicit drug use and its harms

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Acknowledgements

Introduction to this report

There has been substantial documentation and evaluation of the range of illicit drug-related initiatives conducted by the health sector in Australia.[1] However, there has been much less documentation and evaluation of initiatives conducted by police, especially on illicit drug harm reduction and demand reduction. Such information is necessary for enhancing the efficacy of police practice. In 2000, in response to this lack of documentation and evaluation, the Board of the National Drug Law Enforcement Research Fund (NDLERF) commissioned a number of research projects on drug law enforcement, one of which is the subject of this report.

The objective of this research project, as specified by NDLERF, was to increase the understanding of Australian police, at the policy, planning and operational levels, of ways in which they can contribute to the outcomes sought by the National Drug Strategy in the following areas:

- Preventing and minimising the impact of drug overdoses

- Encouraging safer illicit drug-use practices

- Encouraging entry into drug-treatment programs

- Reducing the demand for illicit drugs (including those strategies aimed at reducing the uptake of illicit drugs).

The requirements of the research project were that it included the following components:

1. Literature search.

   Requirement: A national and international literature search to identify best policing practice in the key areas of:

   - Preventing and minimising the impact of drug overdoses

   - Encouraging entry into drug-treatment programs

   - Encouraging safer illicit drug-use practices and

   - Reducing the demand for illicit drugs (including those strategies aimed at reducing the uptake of illicit drugs).

2. Consultations with police agencies and other relevant organisations.

   Requirement: To contact police agencies and other relevant organisations nationally and internationally to identify strategies and programs that may be in place but that are not documented in research literature.

3. Documentation and review of strategies and programs.

   Requirement: To review and document the strategies and programs (Requirement 2) including, where possible, evaluation of results and methodologies.

4. Consultations with representatives from the health sector and illicit drug-user groups.

   Requirement: To consult with and to document the views of representatives from the health sector and from illicit drug-user groups about the ways in which police can achieve the desired outcomes.

5. Synthesis of information for police at policy and operational levels.

   Requirement: To draw together the results of this investigation (Requirements 1–4) in a form that is useful for police agencies at the policy level and the operational level.

6. Development of a strategic-level document that advises police policy makers on the directions and appropriate policy settings for police organisations to achieve the desired outcomes.

    Requirement: To document the information gained in the form of a strategic-level document that informs drug law enforcement policy makers. This involves distilling the key strategic issues that arise during the course of the project.

7. Development of a manual that provides local-level police officers with guidelines for successful strategies and provides exemplars of good practice in preventing drug use and minimising its harms.

    Requirement: To develop a manual for use by local-level police officers. The manual is to be a highly practically focused document and contain a series of exemplars of (where possible evidence-based) good practice in these areas and information on lessons that were learnt in implementing these strategies in other areas. The process of developing the strategic-level document and the manual is to be guided by close consultation with the police sector to determine the most appropriate formats and contents for the resource.

8. Production of a project report on the process of conducting the project that contains the rationale for the conclusions drawn, a summary of current police efforts in these areas nationally and internationally, and a detailed summary of the literature.

    Requirement: To prepare a report that contains a detailed summary of the literature search and that reports on the process of conducting the project.

9. Project management committee to guide the project.

    Requirement: To establish a project management committee (PMC), the membership of which is to be approved by the NDLERF Board of Management. The project team will be guided by the PMC to ensure that appropriate levels of consultation occur with representatives from Australian police to ensure the resources developed meet the needs of police.

The outcomes of the research project were to be three documents:

1. A strategic-level document
2. An operationally focused manual
3. A project report.

The project began in mid-2001, draft reports were submitted for comment in December 2002, and the final report was submitted in September 2003. During the project some modifications were made to the project plan. These modifications were considered improvements to the project plan in the light of consultations and experiences throughout the project. Specific changes were:

1. The national consultations with police followed the same format as the national consultations with health, drug-user groups, and others. This amendment was made so that comparisons could be made between the views of police and the views of others about police activity and achievements in harm reduction and demand reduction. The approach of obtaining critiques on police strategies and programs was considered more useful to the project objective of identifying ways in which police can contribute to the outcomes sought by the National Drug Strategy than documenting and reviewing a series of examples of current police strategies and programs.

2.   Four specific areas for investigation were identified by NDLERF:

- Preventing and minimising the impact of drug overdoses

- Encouraging safer illicit drug-use practices

- Encouraging entry into drug-treatment programs

- Reducing the demand for illicit drugs (including those strategies aimed at reducing the uptake of illicit drugs).

The first point is a specific example of harm reduction, while the second encompasses a broad range of harm-reduction strategies and risk factors for harm. The third is a specific example of demand reduction, while the fourth encompasses the whole strategic area of demand reduction. Upon consultation with the NDLERF Secretariat, it was clear that the intention of the funding body was to investigate the police role in the strategic areas of harm reduction and demand reduction, not supply reduction. The rationale for this focus was that the police role in supply reduction was well-established, but the police role in harm reduction and in demand reduction was less well-developed.

3.   During the consultations, it was clear that supply-reduction strategies needed to be considered, at least for their effects upon the other two strategic areas of demand and harm. Consequently, supply-reduction strategies were investigated, but only as they affect drug demand and drug harms.

4.   NDLERF had not identified the specific target audience for the manual for police. Initially, a brief, 4- to10-page manual was envisaged by the project team as this would be quick and easy for frontline police to read. Feedback from consultations was mixed as to whether the manual should be for junior-level police or area commanders. Whoever the target, all agreed that a short manual would have very little effect upon practice without accompanying training. Consequently, it was decided that the manual be directed towards trainers, community liaison officers, policy makers and others who could use it in their role of disseminating or using harm-minimisation information. Given jurisdictional differences in training systems, guidelines, and so on, it was decided that the manual would be a resource for each jurisdiction to amend and to use for their own information and training needs. This resource was produced and was disseminated to each jurisdiction and is not reproduced in this report.

In summary, the amendments made to the original project plan were seen as project improvements. The project, as implemented, is depicted in Figure 1.

This report is the 'Project Report': one of the three outputs presented in Figure 1. The synthesis is based on information collected by the literature review and the national consultations. The synthesis includes recommendations for policy and practice that are based on that information. However, it is important to note that this report is not a strategic plan. It is a resource to assist police in each jurisdiction to enhance their role in preventing illicit drug use and its harms. The report is a starting point in this process, not the end point. The report's value is that it includes a wide range of relevant information that is not available elsewhere. However, the limitations of the report must be remembered. It is limited to the information that could be obtained during the timeframe of the project. The broad scope of the report also means that a wide range of issues are covered, but none in great depth. For this reason the report includes an extensive reference list, to enable readers to further investigate areas of interest.

Figure 1: Components of the project

Data collection

Review of research literature

National consultations with police, health, injecting drug users, criminologists

Outputs

Project report with:
1. Synthesis of findings
2. Review of research literature
3. Report on national consultations

Strategic document for drug law enforcement policy makers

Resource for police
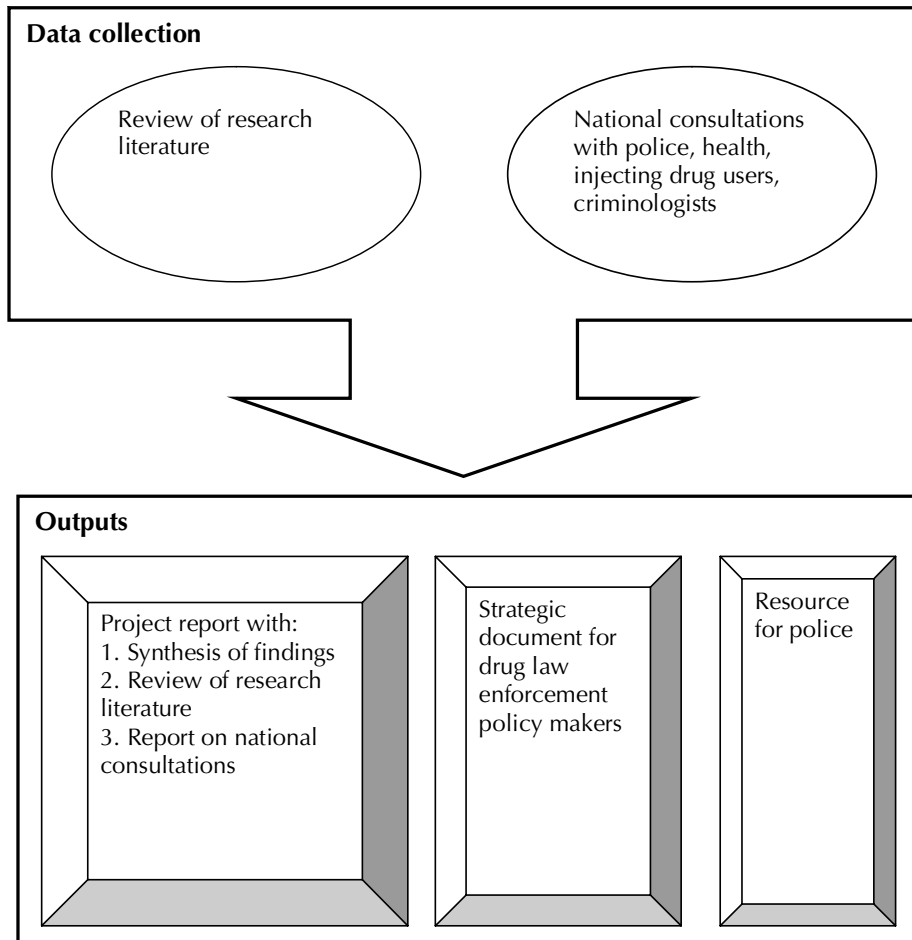
Part 1: Synthesis

Introduction

Police are signatories to, and key players in, the National Drug Strategy (NDS) which incorporates a harm-minimisation policy.[2] While police have made significant efforts to incorporate harm minimisation into their daily work, the need for a review of police activity and effectiveness in this area has been recognised. In evaluating the NDS 1993 to 97, Single and Rohl noted the need to enhance the involvement and effectiveness of law enforcement in the NDS.[3] In their evaluation report on Australian drug law enforcement, Sutton and James expressed concern that there has been an overemphasis on supply-reduction strategies with inadequate consideration for the effects of these strategies on drug harms and demand.[4]

The Board of the National Drug Law Enforcement Research Fund (NDLERF) commissioned a research project to increase the understanding of Australian police, at the policy, planning and operational levels of ways in which they can contribute to the outcomes sought by the NDS in the strategic areas of harm reduction and demand reduction. Supply-reduction strategies were also investigated for their effect upon drug demand and harms.

The project included a review of research literature and national consultations with police, the health sector, user representatives, criminologists and other key informants. The literature review and national consultations are presented in later sections of this report. This section is a summary and synthesis of the main points from the literature review and the national consultations with recommendations for policy and practice. It is written as a stand-alone document. Consequently, there is some repetition between this synthesis and the other sections of this report.

Background

Illicit drug use and its problems

Apart from cannabis use, illicit drug use is rare among the general adult population. The National Drug Strategy (NDS) national household survey in 2001 identified that one in five adults had used cannabis in the previous year; other illicit drugs had each been used by fewer than 4 per cent of the adult population.[5] Other illicit drugs included heroin, amphetamines, cocaine, hallucinogens, designer drugs and tranquillisers. While population rates of use are low, the number of illicit drug users is still substantial and a core group has significant contact with police. The Drug Use Monitoring Australia (DUMA) surveys of police detainees found that approximately three-quarters of the sample tested positive to at least one illicit drug.[6]

Police encounter a wide range of illicit drug-related harms and problems. Health problems include fatal and non-fatal overdoses.[7] Crime problems include drug trafficking, property and violent crime,[8] domestic violence,[9][10] drug driving,[11][12] child abuse and neglect,[13][14] and drug-facilitated sexual assault.[15][16] Each of these crimes can have associated health problems, including injury (resulting, for example, from violence, drug driving, or child abuse) and mental health problems (resulting, for example, from child neglect or sexual assault). Problems around or in public amenities include public intoxication, loitering to buy or sell drugs, and discarding drug-use equipment in public places.[8] Police can be exposed to problems relating to illicit drugs, including corruption,[17] and injuries from booby-trapped plantations and laboratories,[18] violence[8]

and needle-stick injuries, placing police at risk of contracting a blood-borne virus. Illicit drugs are not just an issue for police because of drug legislation prohibiting their possession, use and sale. They contribute to multiple community problems and to the workload of police.

Different drugs are associated with different problems, so patterns of use influence the nature of problems police encounter. For example, high levels of heroin use can be associated with drug overdoses and property crime; high levels of amphetamine or cocaine use have been associated with psychosis and aggression.[19][20]

The harm-minimisation framework

The principle of harm minimisation has formed the basis of Australia's Drug Strategy since 1985.[2] The *National Drug Strategic Framework 1998-99 to 2002-03* (which has been extended to 2004) describes harm minimisation as follows:

Harm minimisation refers to policies and programs aimed at reducing drug-related harm. Harm minimisation aims to improve health, social and economic outcomes for both the community and the individual and encompasses a wide range of integrated approaches, including

- **supply-reduction strategies** designed to disrupt the production and supply of illicit drugs;
- **demand-reduction strategies** designed to prevent the uptake of harmful drug use, including abstinence-oriented strategies to reduce drug use;
- a range of targeted **harm-reduction strategies** designed to reduce drug-related harm for particular individuals and communities. (p. 15)[2]

Figure 2 shows the relationship between the aim and the three integrated approaches of harm minimisation. The overlapping strategic areas of supply reduction, demand reduction, and harm reduction denote that some strategies can affect two or three of the strategic areas (supply, demand and/or harm).

Figure 2. The aim, objective and three strategic approaches of harm minimisation
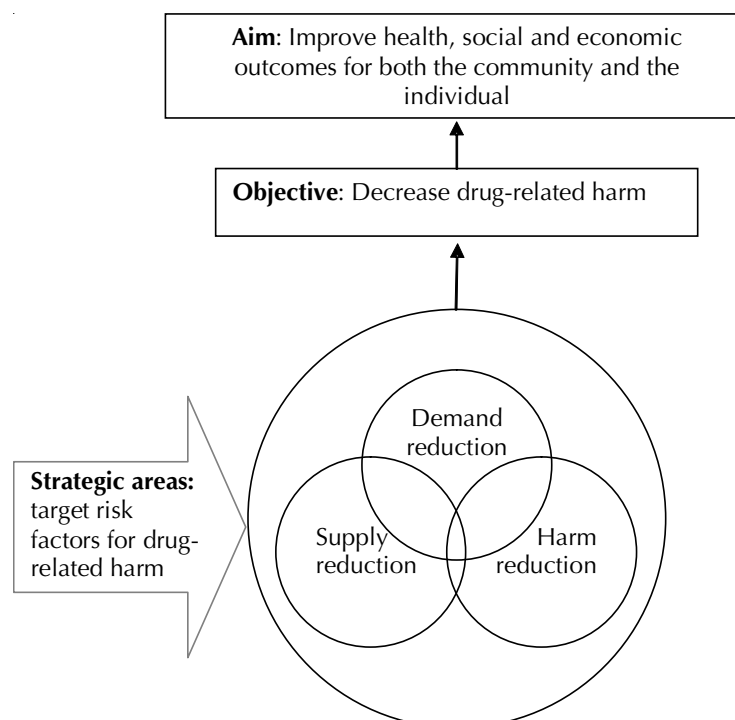
The concept of 'net' harm

Strategies can have multiple effects on harm, demand and/or supply. In fact, strategies that have a positive effect in one area (for example, demand) might have a negative effect on another area (for example, harm). It is important to consider the total effect of a strategy on *net* harm.[21] In assessing net harm, the different dimensions of harm need to be considered.[22-24] These include:

- Categories of harm: health (physical and psychological), social, economic, safety and public order, crime

- Recipients of harm: drug users, families and friends of drug users, local community, and society

- Sources of harm: direct (from use) and induced (from our efforts to control, regulate or reduce the use of a drug)

- Timeframes for harm: short term and long term.

Harm-reduction, demand-reduction, and supply-reduction strategies can have multiple effects, and can decrease some harms but increase others. Harm minimisation only truly occurs when 'net' harm is minimised and this is not easily measured.[21]

Police commitment to harm minimisation

At the most senior level, all Australian police organisations have formally endorsed a commitment to harm minimisation, including harm reduction. The *National Drug Strategic Framework 1998-99 to 2002-03* was prepared by a joint steering committee of the Intergovernmental Committee on Drugs (IGCD)[a] and the Australian National Council on Drugs (ANCD)[b] and endorsed by the Ministerial Council on Drug Strategy (MCDS).[c][2] Thus, police are signatories to, and key players in, the National Drug Strategy (NDS). The Australasian Police Ministers' Council has since emphasised the commitment of police to harm minimisation in their last strategic plan. This commitment included the focus on reducing 'net' or 'aggregate' harm and a focus on strategies other than arrest and incarceration.[25]

Police strategies for preventing illicit drug use and minimising its harms

Below is an overview of police illicit drug harm-minimisation strategies. As the focus of this project was the strategic areas of harm reduction and demand reduction, supply reduction was only investigated for its effects on drug harms and demand. The division of strategies into the three strategic areas of harm, demand or supply reduction was problematic because, as noted above, strategies can simultaneously affect drug-related harms, demand and/or supply. The categorisation was simply a means of illustrating the main strategies used in each strategic area of harm minimisation. This overview is not an exhaustive inventory of all police activities. Rather, it includes the main areas of activity as identified by the literature review and consultations. The overview is concluded with a discussion of collaborative partnerships, an approach that is equally relevant across all harm-minimisation approaches.

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[a] The IGCD comprises senior officers from health, law enforcement, education and other relevant departments from each Australian jurisdiction. It provides policy advice to government ministers on drug issues and is responsible for implementing policies and programs as directed by MCDS. See www.health.gov.au/pubhlth/nds/igcd/index.htm

[b] The ANCD provides independent strategic advice to government ministers on drug-related issues. See www.ancd.org.au

[c] The MCDS is the peak ministerial policy and decision-making body on licit and illicit drugs and includes Commonwealth, State and Territory ministers responsible for health and law enforcement. See www.nationaldrugstrategy.gov.au/mcds/

Harm reduction

The use of discretion in attending drug overdoses and policing near harm-reduction services

Fear of prosecution for minor drug use and possession offences has been identified as contributing to the reluctance of some people present at drug overdoses to call an ambulance[26] or use harm-reduction services.[27] Accordingly, police in each jurisdiction of Australia have guidelines encouraging the use of discretion in attending overdoses and policing around harm-reduction services, such as needle syringe programs and supervised injecting centres. While overdoses and harm-reduction services are not, and cannot be, a 'no-go' area for police, exercising discretion can reduce the fear of prosecution and can encourage people to call ambulances or to use harm-reduction services. National consultations suggested that police generally adhere to these guidelines and that people have, as a result, been willing to call ambulances in overdose situations and to use harm-reduction services. However, there were reports that occasionally police did not know about, or adhere to, the guidelines and that this raised disproportionate fear among drug users. Discretion does not mean non-attendance. Police must attend overdoses when a death is involved or when ambulance officers call for police because they feel the need for protection or when the overdose is a suicide attempt. Police cannot completely avoid harm-reduction services if, for example, drug dealing is known to occur on or near the premises or there is a violent incident. In these situations, however, discretion can still be used to attend to matters other than simple drug possession so that users know that it is still safe to call for ambulances or attend harm-reduction services, even if police are present. Workers in user services with good rapport with police noted that problems could be quickly fixed if they thought that inappropriate police action had occurred. Others stated that complaints about inappropriate police action were not adequately dealt with.

Apart from the use of discretion, it was noted during the consultations that police contribute to preventing and minimising the effect of overdoses in a number of ways. For example, police reported that they disseminated information about drug purity via the media, health services, or user organisations. Additional suggestions that were not favoured by police included carrying oxygen or Narcan (this was seen as impractical) or supporting drug-testing kits (these were considered unreliable).

It is recommended that police:

a) Establish mechanisms to ensure guidelines on the use of discretion to achieve harm-minimisation outcomes are properly implemented.

b) Establish a position in each local area with a dedicated liaison role with health services and drug-user organisations to facilitate communication, development of local protocols, implementation of guidelines and policies, education and training, and incident management.

Encouraging safer illicit drug-use practices

Research about the effect of the police role in encouraging safer illicit drug-use practices was not found. During the consultations, the notion of encouraging safer drug-use practices did not sit easily with many police as it could imply condoning illegal activities. However, the consultants were able to identify a number of ways in which police encourage safer drug use. These included the provision of support for harm-reduction services such as needle and syringe programs (for example, attending community meetings to support harm-reduction services) and involvement in information and education for drug users (for example, circulating information on dangerous batches of drugs).

It was noted that encouraging safer drug use did not just pertain to the safety of drug users, but also pertained to the safety of the community, including the families of users. For example, dispersement strategies were seen as a means of increasing community safety by reducing the number of discarded needles in high risk locations and by reducing fear within the community.

Factors that influence the police role in encouraging safer drug use that were identified in the consultations included the amount of consultation with health and drug-user agencies, community support for harm reduction, and local police priorities. Consultation with health and drug-user agencies could be enhanced by a) actively seeking contributions from health services towards police training, to support local harm reduction and/or b) the designation of a health service liaison role to an officer in each local area to improve the quantity, consistency and quality of police liaison with health services.

It is recommended that:

a) Jurisdictions encourage local area or district commands to establish and value communication channels with health services to increase mutual understanding of roles.

b) Police continue to support programs that encourage safer drug-use practices.

Community drug education

Police involvement in community drug education can range from one-off talks to community groups to the initiation and management of multimedia campaigns. Media advocacy has been found to be more effective in raising public awareness of public or social policy issues than paid advertising, thereby raising support for community drug-prevention programs.[28] While guidelines for evidence-based practice in community education exist,[29] the adherence of police to evidence-based practice in community education is not known. Examples of community drug education that were raised during the consultations had a harm reduction, rather than a demand focus. For example, in response to concern about an increase in drug-facilitated sexual assaults in the Australian Capital Territory, the AFP developed and ran a campaign to raise awareness about drug-facilitated sexual assault, and consulted with licensees to encourage people to carry their drinks onto the dance floor so their drinks were less likely to be spiked. Monitoring and evaluation were not being conducted at the time of the consultations. A second example of community education entailed the police advocating for harm minimisation. During the consultations, police reported that they had spoken to media and presented at community consultations to counter community concerns about the existence of harm-reduction services in their area. Such activities are likely to be important, but are not well-documented or evaluated.

It is recommended that police review and disseminate existing guidelines for police on their role in community drug education.

Managing drug-affected people

Drug intoxication can increase a person's risk of engaging in various other offences (for example, vandalism, trespass, theft), harming others by violent or careless behaviour, being a victim of crime, or suffering self-inflicted injury. In most jurisdictions there is legislation giving police the power to detain an intoxicated person in such circumstances. During the national consultations, police noted a number of difficulties with managing intoxicated people, including duty of care issues, police resources required to manage and to supervise an intoxicated person (for example, intoxicated persons require more intensive supervision and care than people who are not intoxicated, police cells tend not to be appropriate for intoxicated people), and the lack of places to take intoxicated people for their own (and others') safety. Further, testimonies taken from people who are under the influence of illegal drugs can be rejected by the court.[30] While management of intoxicated people can be a daily occurrence for some police, resources do not

appear to be adequate. In particular, there is a lack of facilities that can supervise intoxicated people. It is further noted that people affected by depressant drugs, such as heroin, can require different management strategies and facilities from people affected by stimulants such as amphetamines. While some guidelines exist on the management of intoxicated people, consultations suggested that effective management of intoxicated people was still problematic for police.

It is recommended that police review policies and procedures for managing intoxicated people.

Demand reduction

Encouraging entry to drug-treatment programs

Opportunistic advice and referrals

Consultations identified that police encourage entry into drug-treatment programs in a number of ways, including the following:

- Providing referral information or advice to the general community, for example, at special events, at a police station, and public seminars.

- Providing referral information or advice to people suspected of using illicit drugs, their family and friends. This could occur when someone is apprehended for an alleged offence or when a police officer gets to know suspected drug users through their usual role in the community.

- Arresting alleged offenders. This can lead to the offender obtaining treatment during the criminal justice process in the context of diversion programs (discussed below) or prison-based treatment if incarceration occurs.

Supply-reduction strategies were also seen as a means of encouraging entry to treatment programs. These are discussed below.

Consultations suggested that police were more likely to engage with drug users and to provide information and helpful advice when they a) were more experienced, b) had better rapport with drug users, c) had personal knowledge of local services, d) thought that treatment could be effective, e) understood the reasons for problematic drug use, f) did not blame drug users for their drug-use behaviour, and, very importantly, g) had accessible and appropriate services to which they could refer people.

Suggestions provided in the consultations for improving the police role in encouraging entry to drug-treatment programs included educating police about drug treatment, adding number of treatment referrals to police performance indicators and increasing police contact with health and user agencies. User participation in police training was reportedly helpful in encouraging greater understanding of police of the reasons for drug use (hence less blaming and negative attitude towards drug users), thereby facilitating rapport with users and opportunistic advice and referral.

It is recommended that:

a) Police evaluate input from drug-user organisations and/or drug-treatment agencies in police training where it is currently practised and disseminate the findings to other jurisdictions.

b) A health services liaison position be considered for area commands, whose role would include facilitating the education of police about drug-user issues including referral to treatment and liaison with health/drug services.

c) Police continue to be actively engaged in the opportunistic provision of advice and referral to drug-treatment services.

Diversion schemes

Drug-diversion programs divert drug offenders from the criminal justice system. The rationale for diversion programs is different for first offenders compared to recidivist offenders with a drug-use problem. For first offenders diversion interventions aim to prevent people who are unlikely to reoffend from entering the criminal justice system. Outcomes, such as a criminal record and detention, can have negative effects on individuals and their families that go beyond the intended consequences. For recidivist offenders with a drug-use problem, diversion programs aim to reduce recidivism by dealing with a significant risk factor for offending: drug abuse and dependence.[31]

The effectiveness of diversion strategies can depend upon the design and implementation of specific programs. Issues such as net widening and the ethics and effectiveness of coercion to treatment need to be considered when planning diversion programs. Net widening refers to the situation where a diversion intervention increases the number of people involved in the criminal justice system or the consequences of offending for offenders. This can occur, for example, when diversion is easier to administer than the usual criminal justice process or when innocent people falsely admit guilt to avoid court and then fail to meet the conditions of the diversion program. From the review of the literature, it was concluded that coercion might not improve treatment outcomes, but it does appear to have benefits for treatment entry and retention. Coercion to treatment is considered ethical if appropriate treatment is offered and if the offender has the right to exercise some choice as to a) treatment versus the usual criminal justice process, and b) the type of treatment they receive.

Police are most involved in pre-arrest (warnings, cautions and on-the-spot fines) and pre-trial diversion programs (for example, conferencing, treatment as a condition of bail), although they can have a role in other forms of diversion. Since 1999 there has been a rapid expansion of police diversion programs as a result of the COAG Initiatives on Illicit Drugs.[32] It will be some years before they are fully implemented and evaluated.[33]

While there is variation in the police diversion programs within Australia, other models also exist that warrant consideration. In the United Kingdom, for example, arrest referral schemes (ARS) have been in operation since the 1980s.[34] ARS involve partnership initiatives between the police, local drug services and Drug Action Teams (DATs)/Drug and Alcohol Action Teams (DAATs) to engage with problem drug-using offenders, and help them access treatment.[35] Initial evaluation has suggested success in getting problematic drug users to treatment, many of whom had never sought treatment, reduced drug use and recidivism, and cost-effectiveness.[35] The ratio of economic and social benefits to cost was estimated to be approximately 7:1 and was expected to increase over time as treatment is sustained.

It is recommended that:

a.   Rigorous monitoring and evaluation of diversion programs be continued or be enhanced, where necessary.

b.   Development of diversion schemes continue on the basis of Australian and international research. In particular, a rational system of diversion is recommended whereby the objectives of diversion for first offenders are distinct from diversion schemes for recidivist, drug-dependent offenders.

Community-based activities and programs

Police participate in a range of community activities, which can affect drug demand and drug harms. These can vary from one-off talks to long-term programs designed and implemented with other agencies, such as local councils and youth groups. Community drug education was presented above as a harm-reduction strategy because the main examples provided in the national consultations were on harm reduction, rather than on demand reduction. Other community activities are presented below.

Community-building activities

Police are involved in a range of community activities, including local committees (for example, crime-prevention committees and Drug Action Teams) and local sport and recreation programs. Such activities can facilitate positive relations with all members of the community thereby laying the foundation for a positive reception to police work. Cameron and MacDougall reviewed sport and physical activity as a crime-reduction strategy and concluded that a) 'sport and physical activity can combine with other interventions to reduce crime in particular groups and communities'; and b) 'sport and physical activity can reduce crime by providing accessible, appropriate activities in a supportive social context. In other words, sport and physical activity must be connected positively within the social fabric of groups and communities.' (p. 1)[36] Given the cost-effectiveness of community building for a range of outcomes, including drug- and alcohol-dependence, homelessness, crime, mental health (including suicide), physical health, and child protection,[37] it is likely that such community activities, even if not specifically targeting drug problems, can have a positive effect on drug-use problems in the local community.

It is recommended that the active involvement of police in community-building activities be supported by the development of guidelines for planning and for participating in community activities.

Youth development programs

During the consultations, police involvement in projects with at-risk youth was mentioned, such as in Police Citizens Youth Clubs and taking at-risk youth camping. Documentary evidence and evaluation of such activity in Australia was not found. Research conducted since 1998 has provided good evidence that youth development programs have been successful in reducing specific negative outcomes, such as substance abuse, violence, and mental disorders. While the type of activities involved in the program can vary (for example, sport, vocational activity), to be effective, program goals and atmosphere are important. They must 'seek to enhance not only adolescents' skills, but also their confidence in themselves and their future, their character, and their connections to other people and institutions by creating environments, both at and away from the program, where youth can feel supported and empowered.' (p. 180)[38] Police are well placed to work with other community groups and services, or to initiate their own programs for youth in general or at-risk youth. Such activities are likely to have benefits that are broader than drug demand reduction.

It is recommended that:

a. The involvement of police in evidence-based programs with youth be supported by the development of practice guidelines and training.

b. The evaluation of programs with youth be conducted and disseminated.

Managing youth in public spaces

Young people are more likely than older people to come to the attention of police because they are less likely to have a private space to socialise. They are also more likely to be illicit drug users. Young people who 'hang out' in public and commercial spaces (for example, shopping centres) can appear threatening to older people and a nuisance to business owners. Police can be called upon to move young people away from public spaces. However, there is a concern that such strategies can alienate youth, expose them to dangerous situations and drug markets in less visible zones thereby increasing drug use by young people.[39][40] It also reduces opportunities for young people to learn appropriate behaviour through modelling of pro-social community members.[41] Design and policing of public spaces in a manner that involves young people can be an important crime-prevention strategy.[39][42] Police can play an important role with other key stakeholders (for example, councils, youth organisations, youth) to identify needs and appropriate designs and responses about young people and public space.

During consultations, it was noted that many jurisdictions have youth liaison officers who have a specific role to deal with youth issues. Many police noted the benefits of developing rapport with youth, rather than just moving them on. However, allegations of police harassment of young people reported in the literature suggested that this could be an area for improvement in both preventing and in responding to public nuisance.

It is recommended that research be conducted on how to effectively deal with youth in public spaces in reactive and proactive ways that are consistent with a community-policing model.

School-based drug education

Police are often asked by schools to conduct drug-education sessions with students. Such requests might be made, for example, because police are seen as credible and influential sources of information on drugs, the police uniform might convey the seriousness of the message being delivered, the novelty of a police visit could make the lesson more memorable, and/or police are a free resource for schools that reduces lesson preparation time for teachers. Police being involved in school-based drug education (SBDE) has been criticised for a number of reasons. Criticisms included ineffective teaching methods (for example, didactic methods; fear-based scare tactics) used by police who are not trained in SBDE; the opportunity cost of having police preparing and presenting lessons, rather than undertaking routine police practice; the inappropriateness of police talking outside their area of expertise (for example, talking about health effects of drugs, rather than the legal issues); and the inappropriate use of police by schools for one-off lessons, rather than as part of a planned and ongoing drug-education program.

Research on the cost-effectiveness of police in SBDE is lacking. However, the following points are relevant.

- Evaluations of 'best-practice' SBDE have demonstrated that SBDE has minimal effect upon drug-use behaviours and that these effects tend to fade with time.[43] Factors such as early childhood experience and environmental factors tend to have much more effect on drug-use behaviours than SBDE.[44] Consequently, expectations need to be realistic.

- While guidelines for best practice in SBDE exist,[45][46] schools reportedly often fail to implement best-practice drug education.[47] Consequently, there is reason to question the value of police being involved in programs that are poorly planned and coordinated by the schools themselves.

- While police training in delivering SBDE exists and some jurisdictions have a policy that only police who have received that training can deliver SBDE, some areas (for example, rural areas) do not have police trained in SBDE, so untrained police do deliver SBDE. This

might explain why there were some reports from the national consultations of police engaging in practices that are contrary to guidelines for best practice in SBDE, such as the use of scare tactics.

- Evaluations of police involvement in SBDE have tended to pertain to the DARE program in the United States of America and to demonstrate a lack of effectiveness.[48] However, this DARE program is a zero-tolerance program and has not been implemented in Australia. The DARE program developed in the Northern Territory is a different program that incorporates harm reduction and evidence-based practices, such as skills training and a broader police involvement with schools.

- Research suggests that program characteristics such as content and delivery style appear to be more important than who presents.[49] In particular, interactive programs that focus on the development of social skills have been found to be more effective than didactic lectures that focus on knowledge about drugs or affective development (for example, values, self-esteem).[50]

- There is some evidence that police interaction with students outside the classroom can enhance their drug-prevention efforts.[51]

- Research suggests that drug education should include family, community, media and special population components to provide a supportive base for SBDE.[46] Police can value-add to SBDE, providing community reinforcement for school lessons.

It is recommended that:

a. The role of police in SBDE be defined and, if there is support for police being involved in SBDE, it should be appropriately resourced.

b. Only police trained in providing SBDE be involved in SBDE.

c. Research on the effectiveness of SBDE approaches be disseminated to local-level and senior police.

Supply reduction

Supply-reduction strategies were only considered by this research project as they affect drug demand reduction and drug harm reduction. Supply-reduction strategies include higher-level strategies (for example, border control, dismantling clandestine laboratories) and lower-level strategies (for example, street-level crackdowns, policing local hot spots). Both aim to reduce supply, hence availability of the drug. These strategies also aim to disrupt the illicit drug market which can increase drug prices and decrease drug purity. Lower-level strategies can not only reduce supply, but can also increase the time it takes to buy illegal drugs, displace or disperse drug markets, and provide a general deterrent to drug use.

Possible positive effects of supply-reduction strategies include demand reduction as new users are prevented from entering the market, current users cut down, and dependent users enter treatment. Supply reduction can also reduce harm by improving public amenity (for example, dispersed drug market).[8] There can also be a subtler demand-reduction effect as enforcement of drug laws can have a 'declarative effect': reinforcing social norms against drug use.[48]

Possible negative effects include users switching to more harmful drugs when their drug of choice is not available, increased unsafe use behaviours (for example, vein damage due to hasty injecting), increased property crime (to compensate for higher prices resulting from reduced supply), increased drug market-related violence, an increase in opportunities for police corruption, and the spread of drug-use problems to other areas.[52] Other possible negative effects of supply-reduction strategies raised during the consultations included strengthening of the criminal sector (survival of the most intelligent, ruthless and violent drug suppliers) and negative

repercussions for families when the 'breadwinner' is imprisoned. The opposite to the declarative effect noted above can occur, particularly among already alienated groups such that enforcement of drug laws can make drugs seem more attractive: 'forbidden fruit'.[48] A further potential issue is the negative effects of arrest, such as problems with employment and overseas travel because of a police record, and criminalisation of otherwise law abiding people.[53 90]

Most research focused on either positive or negative effects of supply reduction, but not the 'net' benefit. As noted by Weatherburn,[53] costs need to be weighed against the benefits on the basis of careful monitoring and evaluation.

Canty, Sutton and James have recommended that drug law enforcement adopt the 'market regulation model' which they argue is the most likely to facilitate harm reduction.[54] The model essentially entails targeting drug law enforcement on activities and groups that are causing the most harm. Methods employed under this model were described by Canty, Sutton and James as follows:

> *Police focus their enforcement resources on activities and groups assessed as causing harm to others (for example, producers and traffickers using intimidation and violence or actively recruiting new users; users who are committing property or violent crime). Police use their discretionary powers to refer some drug offenders to welfare services. Police monitor impacts of their own work upon drug markets to ensure that they are not inadvertently moving users from less harmful substances, modes of consumption, or means of obtaining funds to ones which are more harmful. Police also work cooperatively with other agencies to reshape markets and try to move users and dealers towards less harmful practices. Within this approach, police utilise problem identification and analysis as a means for decision making (for example, they may decide not to break up a small network of established users who are trading in marijuana but give priority instead to disrupting a network which uses violence and intimidation to increase market dominance). (pp. 17–18)[54]*

It is recommended that:

a. Supply-reduction strategies be more strategic and focused towards harm minimisation.

b. Police consult with those who are potentially affected by supply-reduction strategies ('stakeholders') to identify how to best minimise harm from supply-reduction strategies.

c. Police evaluate the effects and net outcomes of supply-reduction strategies and disseminate the results of these evaluations.

Collaborative partnerships

Working collaboratively with stakeholders has been identified as a valuable strategy for the NDS[2] and for police in all areas of crime prevention.[25 55] Research on the effective management of collaborative partnerships was identified by the literature review.[56] Guidelines included, for example, having a clear vision and mission, developing and supporting leadership, documenting and disseminating progress, and obtaining resources, technical assistance and support. Particular barriers to collaborative partnerships identified in the consultations were the high turnover of police staff and shift-work rosters. These meant that police were unavailable during the usual 9am to 5pm meeting times and not around long enough to see a project through to completion.

An example of a type of collaborative partnership is DATs. Canty and colleagues conducted an evaluation of a 16-month trial of DATs and Drug Reference Groups (DRGs) in New South Wales, Victoria and Western Australia.[57] DATs consisted of personnel from local service providers in fields such as law enforcement, health, human services, welfare, education, and local

government. DRGs comprised more senior agency representatives whose task was to provide DATs with strategic direction and support. The evaluation concluded that, while some 'useful' projects were implemented, the DAT/DRG model needed some improvements, such as fewer and more clearly defined objectives and better management of conflict resulting from the different agendas of partners. It was noted that the weaknesses of the DAT program had already been identified by research in the United Kingdom, suggesting that the lessons from existing research were not being heeded.

It is recommended that:

a. Education, training and guidance on participating in partnerships be provided to police involved in collaborative projects (including DATs).

b. Mechanisms for reducing the negative effects of staff turnover on partnerships be established when appropriate.

Influences on the police in preventing illicit drug use and minimising its harms

This section includes an overview of factors that can influence police practice on harm minimisation. These factors include:

•   Frameworks within which police work: trends in policing practice.

•   Factors within the police sector: the police workforce and workforce development.

•   External factors: community and political influences.

It is argued that dealing with only a single source of influence, such as training or policy, is unlikely to be enough to change police practice.

Trends in policing practice

The activities and strategies of individual police are influenced by the policing models and strategies generally supported and practised in their jurisdiction. Police practice has varied over time, and varies within and between jurisdictions. Traditional policing tends to be reactive, non-collaborative, and reliant upon coercive strategies. The community-policing model however, places a high degree of reliance on the development of good police — community relations, and places a low level of reliance on coercive strategies. Problem-oriented policing has been focused on identifying and solving problems, using both the partnership approach and information to identify and to deal with problems. The New York model (sometimes incorrectly equated with 'zero-tolerance' policing) focuses on outcomes, using information and coercive strategies to achieve this end. Collaborative approaches are not a high priority with this model.[58] Zero-tolerance policing entails strict enforcement of minor criminal conduct to portray the message that the community cares about crime.[59] Recently, there has been interest in the notions of policing, using restorative justice principles and emotionally intelligent strategies for dealing with offenders.[60] Australian police have incorporated elements of each of these models in an inconsistent fashion.

Sherman's review of policing methods in the United States of America identified the most effective form of policing as proactive, intelligence-based policing, focused on specific risk factors, objectives, tasks, places, times, and people.[61] Reactive responses and arrests and unfocused random patrol were not found to prevent serious crime. Further, it was noted that police style is also important in crime prevention. Research consistently identified that the less

respectful police were towards people, including suspects and others in the community, the less people would comply with the law. Sherman concluded that making what police do, and the way that they do it, more 'legitimate' in the eyes of the public, particularly high-risk youth, might be one of the most effective, long-term police strategies for crime prevention.[61]

It is recommended that support be given to encourage police practice about harm minimisation to be consistent with evidence-based policing methods in general. This requires that strategies be proactive, intelligence-based, focused on specific risk factors, objectives, tasks, places, times and people; and that police be respectful of all people in the community, including drug users. Support can be in the form of:

- Documentation of research and dissemination of guidelines on effective policing methods to local-level police.
- Training and management support for evidence-based policing.
- Employment or increased use of researchers (for example, criminologists, social scientists) as a resource to encourage and to facilitate evidence-based policing.

The police workforce

Attitudes towards, and communication with, the health sector and drug users

Police are exposed to the most negative aspects of illicit drug use, such as intoxicated behaviour, which can be obnoxious or violent, and negative effects on family members and the public. Consultations suggested that many police have a negative stereotype of drug users and feel like they are on the 'opposite side of the fence' to health workers. However, communication and collaboration with users and health workers is necessary to: increase mutual understanding; identify problems; implement effective strategies for the minimisation of net harm; and deal quickly and effectively with problems as they arise.

It is recommended that strategies for increasing communication with drug users and health agencies, outside crisis situations, be investigated and trialled. One possibility is establishing a health service liaison officer in each local area who could provide a stable point of contact for drug-user and health agencies, and advocate user and agency issues with the police team.

Police attitudes towards harm reduction

While senior police have been advocates for harm-minimisation policy, ambivalence towards harm reduction was evident during the consultations. Some police (and health professionals) have viewed harm reduction as being primarily about health harms for drug users and as the realm of the health sector.[62] Some thought that harm reduction is not a priority for police: 'It is not core business'.

It is recommended that:

a. Police support the health sector in reducing risk factors for health harms.

b. The health of the community be regarded as an issue of concern for police.

c. Strategies to increase police commitment towards harm reduction at the local level be identified and implemented. This could include public statements by senior police, training, publicity of the benefits of harm reduction to the community and to police, and dissemination of examples of good practice in harm reduction.

The police system

Planning methods and strategic approaches

Police have a range of planning tools and strategic approaches that are not specific to harm minimisation, but are useful for achieving harm-minimisation objectives. Proactive, or intelligence-led, policing requires the use of planning methods and strategic approaches. One of the more popular techniques used in problem-oriented policing involves a process developed by Newport News Police Department and others: Scanning, Analysis, Response and Assessment (SARA), outlined below:[63]

- Scanning: identifying problems

- Analysis: learning the problem's causes, scope, and effects

- Response: acting to alleviate the problem

- Assessment: determining whether the response worked.

This model is similar to other models that are used in the design, development, implementation, evaluation, and maintenance of interventions to deal with identified needs in such disciplines as education, crime prevention, and health promotion.

Crime prevention approaches are part of the repertoire of proactive approaches police can use to prevent and minimise illicit drug use and its harms. Approaches to crime prevention have been divided into four groups: criminal justice, situational, community (or social), and developmental approaches.[55][64] These tools for planning harm-minimisation strategies are not unique to drug issues, but well-developed and used in the broader context of the police role in crime prevention.

Methods and research from outside crime prevention/policing can also be useful. Crime-prevention programs can use the experience of the health promotion field (and vice versa).[65] For example, the NDS and the Australasian Police Ministers' Council have placed significant emphasis on the need for collaborative partnerships, an approach that has been developed and evaluated by health researchers.[56]

Consultations suggested that, while planning methods such as SARA were used for planning specific operations, strategic planning was not the norm. Some excellent examples of crime prevention were described, but evaluation was rare and the strategies were limited.

It is recommended that:

a. Identification of drug problems at the local level be facilitated by:

- Transferring existing research and information on drug problems into appropriate forms for police and disseminating that information to the local level.

- Enhancing systems and strategies for the identification of drug-related problems at the local level.

b. Analysis, response and assessment be facilitated by:

- The provision of education, training and management support in planning and evaluation methods to police at the local level.

- The development of user-friendly guidelines for local police on evidence-based proactive policing strategies, using research from a range of disciplines.

Performance indicators

Police activity is or can be influenced by performance indicators set by a central office. Weatherburn has discussed the problems with performance indicators for drug law enforcement (DLE).[66] For example, the detection of drug offences is more about the level of police activity than actual drug-use rates. So the number of arrests for drug offences is not a good or sufficient indicator of police success in reducing illegal drug use. Further, the number of arrests for drug offences does not distinguish levels of harm, hence, drug arrests are not helpful in assessing the police contribution to minimising net harm. Weatherburn identified three areas in which performance indicators are needed:

1. Inputs: Program resources, for example, number of police officers, police training

2. Outputs: Goods or services produced by the program

3. Outcomes: Changes in the external environment resulting from the program, for example, reduced crime rates, and reduced drug use.

He noted that the media and others often (erroneously) focus on outputs as if they are an indication of success, rather than focusing on outcomes. Weatherburn outlined the principal objectives of DLE as:

1. To limit or reduce crime problems associated with drug use.

2. To assist in limiting or reducing drug-related public health problems.

3. To limit or reduce drug-related problems of public disorder and amenity.

Weatherburn discussed the unavoidable tension between these objectives. The single-minded pursuit of some of them will place at risk the achievement of others. What matters, then, in judging the overall performance of DLE is not the level of success in achieving any one objective, but the level of success in achieving all three.[66] Weatherburn concluded that an ideal set of outcome indicators for supply-side DLE is not readily identified. Consequently he recommended that a range of indicators be used in combination to describe the effectiveness of DLE.

It is recommended that:

a. Clear intended outcomes be defined for police about harm minimisation.

b. A range of performance indicators that are reliable, valid, regularly collected at the local level, and informative for inputs, outputs and outcomes of police work about drug harm minimisation be developed and be used.

c. These performance indicators be collected and be reported on a regular basis.

Evaluation

Reviews of evaluation of drug-related policing strategies in the United States of America,[48] the United Kingdom,[67] and Australia[68] have concluded that there is very little research to inform policy and expenditure decisions. Weatherburn has suggested that police need to evaluate their activities objectively for harm reduction to improve practice, and to improve the reputation of police in this area.[66] Consultations identified a lack of resources for monitoring and evaluation.

It is recommended that resources be dedicated to evaluating harm-minimisation strategies to improve planning and practice in harm minimisation.

Education and training

Fowler, Allsop and colleagues identified that police in Australia tend to lack an understanding of harm minimisation and do not always accept it as a legitimate police role.[62] Fowler, Allsop and colleagues identified the following specific needs:

- To operationalise harm minimisation for police
- For training to be rank and role appropriate
- For training to make the job easier.

While the increase in professionalism and academic qualifications of police was noted during the consultations, it was also noted that many police receive minimal training. It was noted that many of the strategies used in harm reduction and demand reduction (for example, collaborative partnerships, media strategies, SBDE, programs for at-risk youth) require significant training, skills, and experience. That is, expectations placed on frontline police officers need to be realistic, and if police are expected to be involved in such strategies, training and supervisory support are essential.

It is recommended that:

a. Recognition be given to the training and skills required for many of the tasks required for effective proactive policing and harm minimisation strategies, such as SBDE and collaborative partnerships and that this training be provided.

b. Implementation of recommendations from existing reviews of training for police be reviewed and, a plan for workforce development in each jurisdiction be developed, funded and implemented. [d][62]

Use of discretion

Discretion is essential to police work, and particularly so for the success of harm-reduction strategies. Morrison and Burdon identified a number of legislative, organisational and situational barriers to the effective use of discretion.[69] For example, they identified:

- Police concerns about what to do with the drugs that are found.
- Police concerns about being exposed to an internal inquiry or investigation for the use of discretion. In some jurisdictions, corruption by a minority of police officers has contributed to a loss of public confidence in police. It has also made honest officers reluctant to use discretion for fear that they may be later accused of acting unlawfully or selectively.[17][70]
- A standard response (arrest) is easier than making decisions about appropriate alternative responses (discretion).
- Police can feel disinclined to use discretion when offenders are aggressive or rude.

While it was noted during the consultations that there are guidelines for the use of discretion these are not sufficient to ensure confident and effective use of discretion.

It is recommended that mechanisms to ensure accountability, training and support in the use of discretion for drug law enforcement be reviewed on a regular basis to ensure discretion is used as effectively as possible.[69][71]

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[d] It was noted that another NDLERF-funded project is directed towards dealing with the training needs of police in harm minimisation.

Police infrastructure for local problem-solving

Goldstein emphasised that there was a need for a more systematic process for inquiring into the problems that police were expected to deal with.[72][73] His vision of problem-oriented policing involved defining problems with more specificity and pinpointing problems. Goldstein also envisaged that the process would involve researching the problem and exploring options.[72] Such local-level problem-solving requires flexibility with appropriate systems of accountability and supervision.[54] However, consultations and research on police culture,[74] suggest that a barrier to flexible, problem-oriented approaches to harm minimisation is the tendency for police to be punished for mistakes, rather than rewarded for innovative and effective decision making.

It is recommended that systems for encouraging flexible, but accountable, problem-oriented approaches to harm reduction at the local level be investigated and trialled, with appropriate safeguards against the potential for corruption or perceptions of police corruption.

Community and political influences

Police policy and practice is subject to intense public scrutiny, criticism and pressure. During the consultations, some police described the difficulty of being caught between the conflicting demands of harm-minimisation policy and community demands. The research literature has described the nature of these community demands. Hogg and Brown argued that public debate is influenced by a set of popular assumptions about crime and punishment (called law and order 'commonsense') in which: 'crime is depicted as a problem of ever-increasing gravity set to overwhelm society unless urgent, typically punitive measures are taken to control and suppress it'. (p. 4)[75] Sutton has noted that the general increase in punitiveness in Western countries such as Australia has resulted in demonising drug use.[76] The public and media overestimate the value of punishment and the power of the criminal justice system to deal with drug problems, and underestimate the value of drug treatment. There is a need for more balanced debate on drug issues. Bammer has argued that, 'in order for evidence-based policy to be implemented, we need to better understand how the views of the public are informed and how accurate information can be communicated in a way that is interesting and has impact'. (p. 660)[77]

It is recommended that strategies for promoting well-informed public debate in the area of drug harm minimisation be investigated and be pursued. In particular, the limitations of punitive approaches and the intended outcomes of a harm-minimisation approach need to be advocated.

Discussion

In summary, police plan, coordinate and implement a range of activities that fall within the scope of harm minimisation. This paper includes an indicative, rather than exhaustive, overview of police activity in this area. However, there is a lack of documentation of the range of police activities and evaluation of the cost-effectiveness of activities and strategies. Further, there are multiple influences on police activity — suggesting the need for a multifaceted approach including a number of workforce development measures, such as policy, protocols, resources, training, monitoring, and management support. There is also a lack of research on the elements that contribute to the *net* benefit of police activities and strategies, for users, the community and other stakeholders. This study was not able to deal with the specific harm-minimisation needs and issues of, and police approaches with, high-risk population groups such as Aboriginal and Torres Strait Islander Peoples, Indo-Chinese and other people from non-English speaking backgrounds, youth, drug users with a dual diagnosis, and rural communities.

Given the large investment of public funds in law enforcement, documentation, research and evaluation is necessary for describing exactly what police do, what influences what they do, and what they need to do differently. Current practice appears to be too variable, so there are likely to be some cost-ineffective practices and possibly some practices that increase net harms. The amount and variety of research needed requires significant additional funding, which should be dedicated funding. Such research is not likely to be feasible within operational budgets. Some recommendations that are relevant across the different activities, strategies and influences discussed above are presented below. Some of these recommendations have already been proposed above for specific topics.

It is recommended that:

a. Audits of current activity be conducted, with comparison with research evidence on what works, to identify strengths and areas of need.

b. Evaluations of promising approaches (those that can demonstrate program logic, based upon research evidence) be conducted and disseminated.

c. Police participate as co-investigators to increase the likelihood of research and evaluation activity being relevant to, and accepted by, police.

d. Dedicated funding be made available for monitoring, research, evaluation and dissemination of police practice on harm minimisation.

e. Future harm-minimisation projects be required to include strategies for ongoing evaluation throughout the project life to be considered for funding approval.

f. Research be conducted into how police can better deal with the needs of high-risk population groups such as Aboriginal Peoples and Torres Strait Islanders, youth, users with a dual diagnosis, and rural communities.

g. Dedicated funding be available to plan and to implement a five-year multifaceted workforce-development plan to develop and to implement the recommendations of this project.

Part 2: Review of the literature on the role of police in preventing illicit drug use and minimising its harms

Method for literature review

Parameters

The aim of the literature review was to identify research on police strategies on illicit drug harm minimisation, particularly on harm reduction and demand reduction. It is noted that police work within a legislative and policy context. Drug policy and legislation differs between countries. For example, the United States of America tends to have a 'zero-tolerance' approach[48] while others such as The Netherlands[78-80] New Zealand,[81] and the United Kingdom[82] have an approach with greater emphasis on harm minimisation. Drug policy and legislation on drug-related harm has been a subject of considerable debate and examination, for example, by Wodak,[83] MacCoun and Reuter,[22 84] Drummond,[85] Hall,[86] Weatherburn,[87] Lenton,[88-91] the Police Foundation in the United Kingdom,[92] and others.[93-95] These debates will not be repeated here as it is beyond the terms of reference of the project. Australian harm-minimisation policy is taken as given, not critiqued." "

Information sources

Research literature was obtained from:

- searches of relevant databases such as CINCH and Web of Science
- searches of relevant websites such as the Australian Institute of Criminology, New South Wales Bureau of Crime Statistics and Research, Australasian Centre for Policing Research, and the United Kingdom Home Office
- people with known expertise in the area
- secondary searches, from reference lists of papers and reports.

Given the broad scope of the literature review and the limited time for its production, the review was not able to be comprehensive. Priority was given to literature that clearly related to the project objectives, included reviews of the relevant literature, was relevant to Australian police, and was recent or significant.

Limitations

It was noted that there was very little rigorous research relating to the role of police in illicit drug demand reduction and harm reduction. Much of the literature was descriptive. For this reason, the conclusions from this review of research tend to be speculative, and suggest the need for further research.

The time allocated to the literature review was 20 days, including obtaining and responding to feedback from people with expertise in the area. Even though more than the allocated time was given to this task, time limitations meant that relevant research might not have been found, and not all research that was found could be incorporated in the time available. Further, the breadth of the review meant that each topic could only be overviewed. As much as possible, references for further reading have been provided for those interested in particular topics covered in this review.

Layout of the literature review

The literature review is divided into four parts:

Part 1   Background

This section provides background information that is relevant to a consideration of the police role in the National Drug Strategy (NDS), in particular, to illicit drug harm reduction and demand reduction. It includes an overview of the National Drug Strategy and harm-minimisation policy, with particular discussion of harm reduction. It then provides a description of illicit drug-use patterns and trends and illicit drug problems, particularly those that are relevant to police.

Part 2   Police strategies for preventing illicit drug use and minimising its harms

This section includes an overview of the literature on the police role in harm reduction and demand reduction. Particular attention is given to the four outcome areas stipulated by NDLERF: preventing and minimising the effect of drug overdoses, encouraging entry into drug-treatment programs, encouraging safer illicit drug-use practices, and reducing the demand for illicit drugs. The section is divided into the three strategic areas of the National Drug Strategy: harm reduction, demand reduction and supply reduction, noting that all three strategic areas can affect drug harm and drug-demand outcomes. Collaborative partnerships are discussed in a fourth strategic area, as this strategic approach is applicable across harm reduction, demand reduction and supply reduction.

Part 3   Influences on the role of police in preventing illicit drug use and minimising its harms

This section focuses on factors that influence the nature and amount of police activity on illicit drug harm minimisation.

Part 4   Discussion

This includes a brief summary of the findings of the literature review with implications for police policy, practice, and research.

Background

The National Drug Strategy (NDS)

The NDS and harm-minimisation policy

The principle of harm minimisation has formed the basis of Australia's Drug Strategy since 1985.[2] The *National Drug Strategic Framework 1998-99 to 2002-03* (which has now been extended to 2004) describes harm minimisation as follows:

Harm minimisation refers to policies and programs aimed at reducing drug-related harm. Harm minimisation aims to improve health, social and economic outcomes for both the community and the individual and encompasses a wide range of integrated approaches, including

- **supply-reduction strategies** designed to disrupt the production and supply of illicit drugs;
- **demand-reduction strategies** designed to prevent the uptake of harmful drug use, including abstinence-oriented strategies to reduce drug use;
- a range of targeted **harm-reduction strategies** designed to reduce drug-related harm for particular individuals and communities. (p. 15)[2]

Strategies generally aim to achieve the harm-minimisation outcome of reducing drug-related harms by influencing risk factors for those harms. Some examples of intended effects of each of the three strategic areas are presented below.

Supply reduction:

↑ Drug prices
↓ Drug availability
↓ Drug purity
↓ Number of drug traffickers

Demand reduction:

↑ Age of initiation of illicit drug use
↓ Number of new users
↓ Frequency of drug use among users
↓ Quantity of drug use per day among users
↑ Number of dependent users entering treatment

Harm reduction:

↓ Discarding drug paraphernalia in public places
↓ Sharing of drug injecting equipment
↑ Percentage of witnesses to overdoses who call an ambulance
↑ Public support for needle syringe programs in their area
↓ Violence by intoxicated people
↓ Amenability of public spaces for drug dealing

Figure 3 shows the relationship between the aim and the three integrated approaches of harm minimisation. Strategies used to achieve the aims of harm-minimisation policy do not always sit readily within just one approach. The achievements of any one approach can affect outcomes in another. However, the main principle is that the end result of strategies is a reduction in drug-related harm.

Figure 3. The aim, objective and three strategic approaches of harm minimisation
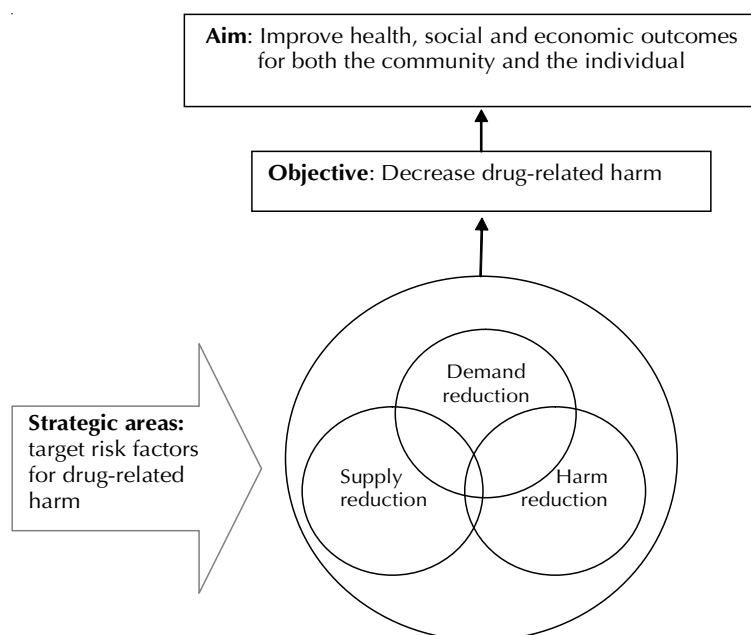
Harm reduction

Harm reduction is the most contentious of the three strategic approaches. Problems relate to the definition of harm reduction, the concept of harm, concerns about focusing on harms, rather than use, and a failure to consider the 'net' harm of strategies. Each of these issues is discussed below.

Definition

There has been a lack of an agreed definition of harm reduction.[23 96] Inciardi and Harrison have suggested that the lack of an agreed definition and common principles, combined with extremists who denigrate those who disagree with their position, can limit the scope for harm reduction to be broadly accepted.[97] Most definitions embody the notion that the outcome of concern is the reduction of drug-related harm, irrespective of the level of use. A definition with some international acceptance is that developed by Heather, Wodak, Nadelmann, and O'Hare:

> *an attempt to ameliorate the adverse health, social or economic consequences of mood-altering substances without necessarily requiring a reduction in the consumption of these substances.[98]*

Heather and colleagues' definition noted that harms are not restricted to health harms, but also include social and economic harms, thus encompassing crime and public amenity. A subsequent definition by Lenton and Single noted that harm reduction can include abstinence. In addition, they used the term 'net reduction' to encompass the ability of a policy, program or intervention to result in a range of outcomes — increasing or decreasing various harms for various people:

> *The definition we offer here has three necessary conditions. We regard a policy, programme or intervention as being one of harm reduction if, and only if: (1) the primary goal is the reduction of drug related harm rather than drug use per se; (2) where abstinence-orientated strategies are included, strategies are also included to reduce the harm for those who continue to use drugs; and (3) strategies are included which aim to demonstrate that, on the balance of probabilities, it is likely to result in a net reduction in drug-related harm.[21]*

Oft-cited successes of harm reduction are Australia's low rate of HIV among injecting drug users[99-101] due to both education programs and needle and syringe programs,[102] and the success of random breath testing (RBT) in reducing alcohol-related road injuries and fatalities.[103] RBT can be considered a harm-reduction strategy because it attempts to reduce the combination of alcohol intake and driving without necessarily aiming to reduce alcohol intake itself.

Dimensions of harm

One of the more contentious issues is the meaning of 'harm'. In particular, some have thought of 'harm' as referring only to health harms for users. However, harm minimisation and harm-reduction strategies are broader than this. Of the target, the National Drug Strategic Framework explicitly states that harm reduction is about the effects on communities and users:

> *Harm-reduction strategies are designed to reduce the impacts of drug-related harm on individuals and communities. (p. 46)[2]*

Of types of harm, the National Drug Strategic Framework defines the following areas of drug-related harm:

- illness and disease
- injury

- economic costs and workplace concerns
- violence and crime
- families and relationships. (p.8)[2]

Thus, the aim of the harm-minimisation framework and the objectives of harm-reduction strategies, as encompassed by Australia's NDS, are not simply about health harms to users. Others have presented multidimensional frameworks for harm and for measuring harm reduction that clearly extend beyond health harms to users. A selection of such frameworks is described below.

Riley and O'Hare have suggested a framework for harm reduction that includes three dimensions of harm:[23]

- three types of consequences: health (physical and psychological), social, and economic
- three levels of consequences: individual, community (family, friends, colleagues etc), and societal (the structures and functions of society)
- two timeframes: short term and long term.

Weatherburn and Lind distinguished between two categories of harm associated with drug use: direct harm and induced harm:[24]

- *Direct harms* are those that result from the effect of the drug on the user and those directly affected by the user's behaviour. These include:
  - physical harms from the drug experienced by the user
  - harms to others, or society, by people under the influence of drugs.

- *Induced harms* are those caused by efforts to control, regulate or reduce the use of a drug. For example:
  - the additional harm generated by drug-dependent people who commit crime at a higher rate than usual because of the need to obtain funds to pay for drugs
  - increases in unsafe injecting practices to avoid being detected or apprehended by police
  - harm generated by police who are corrupted in the course of efforts to suppress the illegal heroin market
  - organised crime that results from the illegal drug market
  - harm generated by medical or administrative corruption associated with efforts to treat drug-dependent people (for example, the development of a black market for methadone).

MacCoun and Reuter have presented a multidimensional 'taxonomy of harm'[22] which included four categories of harm (health, social and economic functioning, safety and public order, criminal justice); six groups that bear the harms/risks (users, dealers, intimates (family, partners, friends), employers, neighbourhood, and society); three sources of harm (use, illegal status, and enforcement). Harms, based upon this typology, are presented in Table 1. MacCoun and Reuter discussed how these harms vary with the type of drug policy and drug type.

Table 1. MacCoun and Reuter's taxonomy of drug-related harms

Category	Harm	Users	Dealers	Intimates	Employers	Neighbourhood	Society	Primary Source of Harm
								Who bears the harm/risk
Health								
	Public health care costs (drug treatment, other)				x		x	Use
	Private health care costs (drug treatment, other)	x		x	x		x	Use
	Suffering due to physical illness (acute, chronic)	x		x				Use
	Suffering due to mental illness (acute, chronic)	x		x				Use
	Addiction	x		x				Use
	Effects of maternal use on infants	x		x			x	Use
	HIV/other disease transmission	x		x			x	Use, Illegal Status
	Prevention of quality control	x						Illegal Status
	Inhibition of voluntary pursuit of treatment	x		x				Enforcement
	Restriction on medicinal uses of drug						x	Illegal Status
Social and economic functioning								
	Reduced performance, school	x		x	x		x	Use
	Reduced performance, workplace	x		x	x		x	Use
	Poor parenting, child abuse			x		x	x	Use
	Influence on others using			x	x	x	x	Use
	Harm to self-esteem associated with use	x						Use, Illegal Status
	Harm to reputation associated with use	x						Use, Illegal Status
	Harm to employability associated with use	x		x			x	Use, Illegal Status
	Accruing criminal experience	x	x					Illegal Status
	Acquaintance with criminal networks	x		x		x	x	Illegal Status
	Elevated dollar price of substance	x		x			x	Enforcement
	Infringement on personal liberty	x	x		x	x	x	Enforcement
	Prevention/restriction of benefits of use						x	Illegal Status

Table 1. Continued

Category	Harm	Who bears the harm/risk						Primary Source of Harm
		Users	Dealers	Intimates	Employers	Neighbourhood	Society	
Safety and public order								
	Accident victimization (work, road etc)	x		x	x	x	x	Use
	Property/acquisitive crime victimization			x	x	x	x	Use, Enforcement
	Violence, psychopharmacological	x	x	x		x	x	Use
	Violence, economic compulsive	x	x	x		x	x	Enforcement
	Violence, systemic (associated with markets)	x	x	x		x	x	Enforcement, Illegal Status
	Fear, restricted mobility			x		x	x	Use, Enforcement
	Sense of public disorder and disarray				x	x	x	Use, Enforcement
	Reduced property values near markets				x	x		Enforcement
	Observably widespread violation of law						x	Illegal Status
Criminal justice								
	Increased police costs						x	Enforcement
	Increased court costs						x	Enforcement
	Increased incarceration costs						x	Enforcement
	Pre-empting of scarce jail/prison space						x	Enforcement
	Court congestion and delay						x	Enforcement
	Police invasion of personal privacy	x	x	x		x		Enforcement
	Corruption of legal authorities						x	Enforcement
	Demoralization of legal authorities						x	Enforcement
	Violation of the law	x	x				x	Illegal Status
	Devaluation of arrest as moral sanction						x	Enforcement
	Interference in source countries						x	Enforcement
	Strained international relations						x	Enforcement
	Fines	x	x	x				Enforcement
	Time and income lost (in court, in prison)	x	x	x	x			Enforcement
	Legal expenses	x	x	x			x	Enforcement
	Stigma of criminal record, prison record	x	x	x				Enforcement
	Fear of apprehension	x	x	x				Enforcement

Source: MacCoun RJ, Reuter P. *Drug War Heresies*. Cambridge: Cambridge University Press, 2001.

In summary, there are multiple types, recipients and sources of harm that can be influenced by harm-minimisation strategies in the short and long term.

Concerns about harm reduction

The concept of harm reduction has been subject to considerable debate. Much of this debate encompasses issues about morality and human rights.[104] Harm reduction requires an acceptance that, despite all efforts to reduce supply and reduce demand, drugs will be available and people will use them, so effort needs to be directed towards reducing the harms for both the user and the community associated with use. Such a view has raised concerns that accepting that illicit drug use will occur will encourage use by undermining the social signal of prohibition.[105] It is possible that some harm-reduction measures might encourage some people to use illicit drugs or use them more frequently, but failing to implement those measures could produce even worse outcomes (for example, more blood-borne disease). Concerns have also been raised about harm reduction being a Trojan horse for the drug legalisation movement.[106] Others contend that the best way to reduce drug harms is to eliminate drug use. However, as argued by MacCoun:

> It may seem only logical that reducing use is the best way to reduce harm. But this logic holds only if the elimination of drug use is nearly complete, and if efforts to reduce use do not themselves cause harm. Unfortunately, many prevalence-reduction policies often fail on both counts. (p. 1200)[106]

Harm-reduction strategies can place police in a dilemma between their mandate to enforce drug laws and their commitment to harm minimisation. Harm-reduction strategies are problematic for some, but to others they represent a realistic response to a complex problem.

Net change in harm outcomes

Harm-minimisation strategies can have multiple effects along the multiple dimensions of harm described above. In assessing the outcomes of harm-minimisation strategies, the change in net (or aggregate) harm needs to be assessed. MacCoun and Reuter provide a model that assists in assessing the contribution of harm-minimisation strategies on the total harm related to drug use:[22]

Total harm = Prevalence x Intensity x Harmfulness

where:

Prevalence = Number of users

Intensity = Average number of doses per user

Harmfulness = Amount of harm per dose.

Using this equation, an intervention that reduces the prevalence of users, but increases the harmfulness per dose, could increase total harm. This model is not restricted to consideration of health harms to users (for example, overdose), but also encompasses harms for friends and families of users and sellers (for example, child neglect), the general community (for example, property crime, disorder in public spaces), and sellers (for example, incarceration). Thus, it is important to consider each of the components of total harm when assessing the outcome of an intervention. This is one way of operationalising the concept of 'net harm', as described by Lenton and Single.[21] However, as discussed by MacCoun and Reuter,[22] assessing the consequences of any intervention is not easy. Many of the harms are difficult or impossible to quantify, the advantages and disadvantages of any intervention will be differentially distributed across segments of society, and the weighting of the different effects of an intervention is subjective.

Summary and conclusions about harm reduction

Harm-reduction strategies and the harm-minimisation framework are not specific to health harms for users. Harm is a multidimensional concept including health, social and other types of harm to users, the community and others in the short and long term. It relates to a range of harms for a range of groups that are relevant to law enforcement. Identification and measurement of the multiple harms to determine whether a policy or strategy has achieved 'net harm' is not currently possible. As concluded by MacCoun and Reuter, such assessments can only be done qualitatively.[22] While the legitimacy of harm-reduction strategies has been questioned, they constitute a significant component of the government's goal of harm minimisation.

Police as a partner in the NDS

Since the launch of the National Campaign Against Drug Abuse in 1985, there has been increased collaboration between the police and the health sector in dealing with drug and alcohol problems in Australia.[107 108] At the most senior level, all Australian police organisations have formally endorsed a commitment to harm minimisation, including harm reduction. The *National Drug Strategic Framework 1998–99 to 2002–03* was prepared by a joint steering committee of the Intergovernmental Committee on Drugs (IGCD)[e] and the Australian National Council on Drugs (ANCD)[f] and endorsed by the Ministerial Council on Drug Strategy (MCDS).[g 2] Thus, police are signatories to, and key players in, the NDS. The Australasian Police Ministers' Council has since emphasised the commitment of police to harm minimisation in their strategic plans.[25 109 110] This commitment included the focus on reducing 'net' or 'aggregate' harm and on strategies other than arrest and incarceration:

> *As well as the key historical police role of reducing the availability of drugs, police are increasingly required to support a continuing government focus on education and demand-reduction strategies aimed at reducing the aggregate harm to the community resulting from the misuse of illicit drugs. Police will continue to access a variety of alternative responses to arrest, including diversionary programs. The police response may also need to embrace non-traditional criminal justice, legal, medical and community options and alternative drug-treatment programs. (p. 4)[25]*

However, despite such commitments, after evaluating the NDS 1993 to 1997, Single and Rohl noted the need to enhance the involvement and effectiveness of law enforcement.[3]

Summary and conclusions about harm minimisation and police

In summary, harm minimisation is about a range of different types of harm (health, societal, and so on), recipients of harm (users, the community, police, and so on) and timeframes (short term and long term). Interventions can decrease some harms, but increase others. Harm minimisation only occurs when 'net' harm is reduced. Police are signatories to the NDS and have officially adopted the harm-minimisation policy. However, there has been some concern about the level and quality of police activity in the areas of harm reduction and demand reduction. It is this concern that this project aims to deal with.

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[e] The IGCD comprises senior health and law enforcement officers from each Australian jurisdiction. It provides policy advice to ministers on drug issues and is responsible for implementing policies and programs as directed by MCDS.

[f] The ANCD provides independent strategic advice to ministers on drug-related issues.

[g] The MCDS is the peak ministerial policy and decision-making body on licit and illicit drugs and includes Commonwealth, State and Territory ministers responsible for health and law enforcement.

Illicit drug use in Australia

Introduction

This report is about all illicit drugs, including cannabis, amphetamines, cocaine, heroin and other proscribed psychoactive substances. Research is presented that describes which illicit drugs are used in Australia, how often, by whom, and how illicit drug-use patterns have changed over time. The aim of this section is to illustrate how the term 'illicit drugs' refers to a broad range of drugs (not just heroin), and how use patterns can vary between populations and among populations over time. Accordingly, illicit drug-related problems can vary with the population with whom police are working, and across time.

Prevalence of use

Use among the general adult population

The report on the NDS national household survey in 2001 provides prevalence rates of drug use among the adult population (14 years and older) of Australia.[5] The prevalence rates of 'recent' drug use (in the past twelve months) are presented in Figure 4. The licit drugs, alcohol and tobacco, were the most widely used drugs in Australia with more than 80 per cent of adult Australians having drunk alcohol in the previous twelve months. Among the illicit drugs, cannabis was the most widely used, with one in five adults having used cannabis in the previous year. The rates of use of other illicit drugs were much lower. For example, each other illicit drug had been used in the previous twelve months by less than 4 per cent of the adult population.

Figure 4. Illicit drug use in the past twelve months, per cent of general population sample, 2001
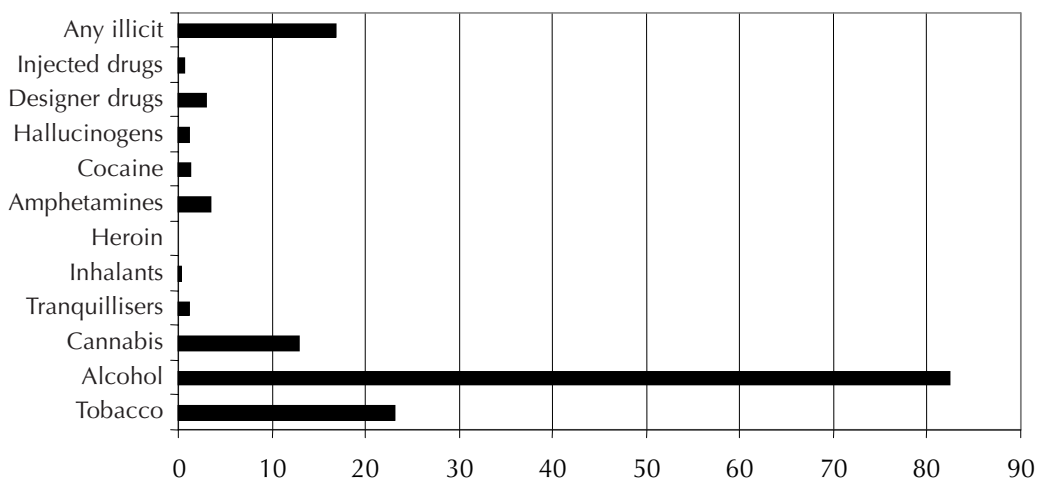
Source: Australian Institute of Health and Welfare. 2001 *National Drug Strategy Household Survey. First Results* (AIHW Cat. No. PHE 35) (Drug Statistics Series No. 9). Canberra: Author, 2002.

Illicit drug-related harms are more likely to occur for injecting drug use than other modes of drug use, and for dependent use, rather than non-dependent use.[111] It is likely that injecting drug users and dependent users are underrepresented in household surveys as such surveys do not include homeless people and people in institutions, such as prisons and residential health and welfare facilities. Further, illicit drug users might be unlikely to report an illegal activity, such as injecting drug use. Estimates of the number of injecting drug users and dependent users illustrate that while population percentage estimates are low the numbers are significant. On the basis of the results of the 1998 National Drug Strategy household survey, McAllister and Makkai estimated that the number of people who had injected drugs in the previous year was 108,750.[112] Hall and colleagues estimated that the number of dependent heroin users in Australia in 1997 and 1998 was between 67,000 and 92,000.[113]

In summary, general population surveys identify low rates of use of illicit drugs, other than cannabis. However, these surveys are likely to underestimate the prevalence of problematic illicit drug use in the community, and even small rates can translate into significant numbers.

Use among population groups

Drug-use patterns vary with a number of demographic and social factors, including:

- socio-economic status (at the individual or community level)[114][115]
- age[116]
- rural/urban location[117][118]
- sexual preference[119-123]
- social group, for example, involvement in the dance party scene[124-127]
- cultural or linguistic community[128-133]
- jurisdiction[134]
- criminal involvement.[135][136]

Not all illicit drug users are involved in crime and not all (whether involved in crime or not) have contact with police.[136-139] However, the people who police arrest are more likely than the general population to have used illicit drugs. Following research in the United States of America, monitoring of drug use among police detainees has been conducted on a quarterly basis in three Australian States since 1999. The first four study sites were Bankstown and Parramatta police stations (New South Wales), East Perth Lockup (Western Australia), and Southport Watchhouse (Queensland).[140][141] Three new sites were added to the study in 2002: Brisbane City Watchhouse (Queensland), Elizabeth Police Station cells (South Australia) and Adelaide City Watchhouse (South Australia).[6] The study includes a self-report survey and collection of a urine sample for testing for six classes of drug: amphetamines, benzodiazepines, cannabis, cocaine, methadone, and opiates. The results of urine tests are presented in Table 2. Drug use rates increased with involvement with the criminal justice system. Among detainees who had a previous arrest in the previous twelve months, 49 per cent tested positive for opiates, amphetamines or cocaine. Among detainees who had been in prison in the previous twelve months, 60 per cent tested positive for opiates, amphetamines or cocaine.

Table 2. Prevalence of positive drug-test results among people detained in police stations, 2002

Drug type	Females	Males
Amphetamines	39	28
Benzodiazepines	33	21
Cannabis	55	59
Opiates	27	17
Cocaine	Rarely detected outside Bankstown, where 9% tested positive for cocaine	

Source: Makkai T, McGregor K. *Drug Use Monitoring in Australia: 2002 Annual Report on Drug Use Among Police Detainees* (Research and Public Policy Series No. 47). Canberra: Australian Institute of Criminology, 2003.

Trends

Trends among the general population

Illicit drug use in Australia increased from 1993 to 1998, but the 2001 national household survey suggested that that there might have been some decreases in use.[5] Changes in the methodology introduced in the 2001 survey, plus the small percentage of illicit drug users captured by the survey, mean that caution is required. Given these caveats, comparison of the four NDS national household surveys from 1993 to 2001 suggested a decrease in use of most illicit drugs, largely due to a decrease in cannabis use and a decrease in heroin use. Trends in recent use of a selection of illicit drugs, and of any illicit drug, are presented in Figure 5.

Figure 5. Trends in recent illicit drug use, 1993-2001, per cent of general population samples
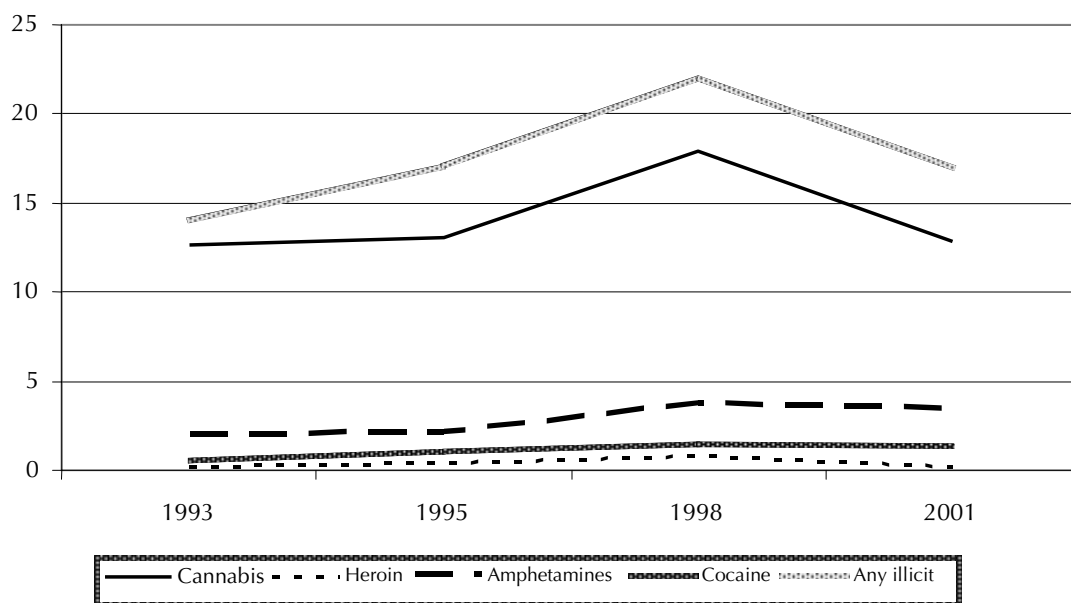
Source: Australian Institute of Health and Welfare. 2001 *National Drug Strategy Household Survey. First Results* (AIHW Cat. No. PHE 35) (Drug Statistics Series No. 9). Canberra: Author, 2002.

Trends among illicit drug users

Given the small percentage of illicit drug users sampled by the national household survey, and the need for more regular (annual) information on drug-use trends, the Illicit Drug Reporting System (IDRS) started as a trial in 1996.[h] In 2000 the IDRS began to be implemented in every Australian jurisdiction. The IDRS monitors the price, purity, availability and patterns of use of the four main illicit drug classes: heroin, methamphetamine, cocaine and cannabis in each jurisdiction of Australia. The IDRS acts as an early warning system for emerging trends in illicit drug markets, through a triangulation of three data sources:

1. A quantitative survey of injecting drug users who act as a sentinel group for the detection of emerging trends in illicit drug use

2. A qualitative survey of key informants, or experts who work in the field of illicit drugs

3. A synthesis of extant indicator data sources such as Customs' data, seizure purity data, arrest data and so on.[142] [143]

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[h] From   http://ndarc.med.unsw.au/ndarc.nsf/website/IDRS

A selection of findings from the 2002 study are summarised below:

- Following a heroin shortage that became apparent in late 2000 and early 2001, heroin availability increased again in all jurisdictions in 2002. Heroin was rated as easy to obtain in all jurisdictions except Northern Territory and Tasmania. Trends in heroin use since the heroin shortage varied by jurisdiction. The proportion of injecting drug users reporting recent heroin use increased in Queensland, Western Australia and the Australian Capital Territory; decreased in South Australia; and remained stable in New South Wales and Victoria.

- Heroin use remained uncommon in Northern Territory and Tasmania. However, more than half of injecting drug users in these jurisdictions reported morphine use and the injection of methadone syrup was most prevalent in Tasmania (76 per cent of the sample of injecting drug users).

- Injection of benzodiazepines varied between jurisdictions, and was most prevalent among injecting drug users in Tasmania (38 per cent).

- Methamphetamine remained easy to obtain and its use by injecting drug users remained stable or decreased in 2002.

- Cannabis remained easy to obtain, with some jurisdictions reporting declines in prices.

- Cocaine was rated as easy to obtain in New South Wales and Queensland, but difficult to obtain in other jurisdictions. Cocaine use among injecting drug users in all jurisdictions except New South Wales was sporadic. In New South Wales, use by injecting drug users decreased from 2001 to 2002.

Another study of trends in illicit drug use is the study of party-drug trends in New South Wales.[127] Trends have been observed using data from the 2002 study, a feasibility trial conducted in 2000 and 2001, and data from a comparable study conducted in 1997. This study identified reductions during this period in the use of some drugs (LSD and inhalants such as amyl nitrite and nitrous oxide) and increases in the prevalence of use of other drugs, including ketamine, GHB, and 'ice'.

Trends in rural areas

On the basis of an analysis of drug-related offences data, Donnermeyer, Barclay and Jobes concluded that while illicit drug use used to be focused in urban centres, it is now widespread and expected to increase in rural Australia.[144]

New illicit drugs in Australia

The types of illicit drugs used has changed over time.[145] Drugs that increasingly appeared in the Australian drug market since the late 1990s have included crystalline methamphetamine ('ice'/ 'shabu'/'crystal meth'),[20][146] ketamine ('Special K'),[147][148] and gammahydroxybutyrate (GHB). Each of these drugs have specific problem profiles. For example, key informant interviews conducted during the 2001 IDRS study identified substantial concern with increased methamphetamine-related side effects among illicit drug users, including psychotic symptoms, such as severe paranoia, hallucinations, and delusions of persecution; anxiety, such as paranoia, anxiety, and agitation; affective symptoms such as depression and significant mood swings; and increased aggression and violence as a consequence of heightened paranoia, hostility and agitation which was particularly likely to be evident in domestic violence.[20] An increase in violent criminal activity among methamphetamine users, related to the same psychological symptoms, was also reported.

Summary and conclusions on illicit drug-use patterns

This section has illustrated how the term 'illicit drugs' encompasses a broad range of drugs (including heroin, cocaine, amphetamines, and cannabis) and that use patterns vary between populations and among populations over time. Other key points from this section included:

- Apart from cannabis use, illicit drug use is rare among the general adult population. However, through the course of their work, police tend to come into contact with illicit drug users.

- Recent trends have included a heroin shortage in early 2001, an increase in the availability and use of methamphetamine, increased use of a range of new drugs such as ketamine, and increased illicit drug use in rural areas.

Accordingly, illicit drug-related problems can vary with the population with whom police are working, and across time. The next section describes some of those problems.

Illicit drug harms

Introduction

Illicit drug use has been associated with multiple health and social problems for both adolescent [149] and adult users.[150-154] There has been substantial interest in mental health issues among illicit drug users,[155] including cannabis users.[156-158] Other problems of interest include the economic effect for the community resulting from the crime-, health- and productivity-related costs of illicit drug use.[159-161]

The extent and nature of problems can vary with subgroups. Studies of illicit drug use and related problems have been conducted with, for example, adolescents in treatment,[162] Aboriginal and Torres Strait Islander Peoples,[153 163] women,[164] and Indo-Chinese youth in Cabramatta[165 166] and Melbourne.[130 133 167-170]

Problems can vary with the type of illicit drug, as demonstrated, for example, by studies with heroin users,[171] cannabis users,[156-158 172-175] cocaine users,[176 177] ecstasy users,[178-181] steroid users,[182] and ketamine users.[183] Problems can also vary with mode of use. Injecting drug use tends to be associated with more harm than other modes of drug administration.[112 176 184]

Different drug-use patterns result in different patterns of harm.[185] This factor is of particular current interest as it may be affected by supply. For example, the heroin shortage in 2001 resulted in some users reducing their drug use, while others 'topped up' with cocaine, cannabis, benzodiazepines and/or amphetamines.[186 187] This different pattern of drug use resulted in different harms for drug users and the community. The injection of benzodiazepines was associated with an increase in gangrene and amputations.[188 189] Increased use of stimulants was associated with an increase in aggression and violence.[19 190]

This section includes a review of illicit drug-related harms. The presentation has been structured on the basis of Weatherburn's[66] categories of harm:

1. Public health problems.

2. Crime and social problems.

3. Public order and amenity problems.

There are many types of harm that can be listed under each of these categories. It is beyond the scope of this literature review to look at all of the harms/problems associated with the use of all illicit drugs among all populations. The discussion below focuses on the problems of most relevance to police, and is restricted to:

- Public health problems:

  - Overdose

  - Blood-borne diseases

  - Decreasing age of initiation.

- Crime and social problems:
  - Harms associated with the illegality of illicit drug use
  - Property crime
  - Violence
  - Drug driving
  - Child abuse and neglect
  - Diversion of prescription drugs
  - Drug-assisted sexual assault

- Public order and amenity problems

The section concludes by noting particular problems for police.

Public health problems

Overdose

Warner-Smith, Darke, and Day reported that opioid overdose was responsible for 737 deaths in Australia in 1998. The death rate from opioid overdose more than doubled from 38.3 to 87.1 per 1 million adults between 1989 and 1998 they reported, and it has been estimated that there are between 12,000 and 21,000 non-fatal overdoses in Australia annually.[191] More recent figures have identified a decrease in the rate of overdoses, probably at least partly due to the heroin shortage of 2001.[192] Trend data on drug-induced deaths rates in Australia from 1991 to 2001 are presented in Figure 6.

Figure 6. Drug-induced death rates, Australia, 1991–2001

(a) Rate per 100,000 persons, directly standardised to 2001 Australian population.

Source: Australian Bureau of Statistics. *Drug Induced Deaths* (Report 3321.0.55.001). Canberra: Author, 2003.

Jurisdictional differences in overdose rates have been identified.[193] Lynskey and colleagues analysed Australian Bureau of Statistics (ABS) data and identified that the highest rate of fatal overdose occurred in New South Wales, followed by Victoria. The rates in other jurisdictions were highly variable.

There are multiple costs and consequences from drug overdoses. Fatal and non-fatal drug overdoses not only represent a high personal cost for drug users, they also have negative effects on the families of drug users, and represent a cost to the general public, such as the costs of police

and ambulance officers attending overdoses and the costs of medical care, if required. Although drug overdoses accounted for a relatively small percentage of drug-related deaths, they constitute a much larger number of life years lost per death than tobacco or alcohol, reflecting the younger age at which illicit drug users die (average of 30 years).[194] While much attention has been given to overdose fatalities, the majority of overdoses are non-fatal. Non-fatal overdoses can have serious consequences, such as injuries that can occur when falling, assault while unconscious, and harms, such as peripheral neuropathy, temporary paralysis of limbs, chest infections, and seizure.[191]

While there is some evidence that the occurrence of overdose fatalities is associated with both average heroin purity and the range of heroin purity,[195] research has identified that drug overdoses are rarely simply heroin overdoses:

> *Fatalities involving only heroin appear to form a minority of overdose occasions, the presence of other drugs (primarily central nervous system depressants such as alcohol and benzodiazepines) being commonly detected at autopsy. Furthermore, deaths attributed to overdose are likely to have morphine levels no higher than those who survive, or heroin users who die from other causes.[196]*

Warner-Smith and colleagues examined the risk factors for overdose from a biomedical perspective. They hypothesised that pulmonary and hepatic dysfunction resulting from systemic disease may increase susceptibility to both fatal and non-fatal overdose.[197]

Blood-borne diseases

Blood-borne viruses (BBV), including Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV), are a major harm associated with the injection of heroin and other drugs. While Australia has averted an epidemic of HIV infection,[198][199] concern has been raised that complacency could contribute to an increase in the rate of HIV infections.[101] HCV is now the most common form of BBV[200] and has been prevalent among injecting drug users for more than 25 years.[201] A report by the Australian National Council on AIDS Hepatitis C and Related Diseases Hepatitis C Sub-Committee included the following findings:

- In Australia to the end of 2000, over 160,000 diagnoses of HCV were reported to State and Territory surveillance systems.

- Studies of HCV risk factors in Australia indicate around 80 per cent of prevalent HCV infections were through injecting drug use.

- HCV prevalence among injecting drugs users has ranged from 50 to 70 per cent since the early 1970s. HCV incidence (new cases) among injecting drug users in the 1980s and early 1990s has been estimated to be around 15 per cent per year, with some evidence of a decline in HCV incidence in the late 1980s, but stable during the mid- to late-1990s.

- Among people who develop HCV antibodies following exposure to HCV, around 75 per cent develop chronic infection, remaining infectious and at risk of long-term sequelae of their infection. Around 7 per cent develop cirrhosis after 20 years of infection.

- A mathematical model of the HCV epidemic in Australia estimated that there were around 210,000 people living with HCV antibodies in Australia in 2001 (this could range from 157,000 to 252,000). HCV incidence in 2001 was estimated to be 16,000 new infections (with a plausible range from 11,000 to 19,000), 91 per cent of whom were exposed through injecting drugs.[202]

Each case of HCV has been estimated to cost society from $6,000 to $19,000, depending upon whether production losses are included.[200] As concluded by Crofts some time ago, the control of HCV infection in Australia will depend upon effectiveness of measures to control HCV spread among injecting drug users.[203]

Decreasing age of initiation

Research conducted by the National Drug and Alcohol Research Centre has indicated that the age of initiation of alcohol and other drug use has decreased among people born in successive decades ('birth cohorts') in Australia.[204][205] For example, a study using data from the 1998 NDS household survey examined the prevalence of lifetime use, and use by age 15 years, of a range of licit and illicit drugs, in nine five-year cohorts among persons born between 1940 and 1984.[204]

The lifetime prevalence of alcohol and tobacco use was similar in all birth cohorts, with the majority of people reporting that they had used these drugs. By contrast, the prevalence of illicit drug use (cannabis, amphetamines, LSD and heroin) increased with each successive birth cohort. For example, while only 14 per cent of those in the 1940 to 1944 birth cohort reported ever having used cannabis, about two-thirds (63 per cent) of those born between 1975 and 1979 reported having done so.

Younger age of initiation of illicit drug use has been associated with a variety of adverse consequences. These include an increased likelihood of problem drug use,[206-208] and the development of problems in other areas of life related to drug use, including sexual activity, criminal activity, and reduced educational attainment.[205][209] Consequently, delay of the uptake of illicit drug use among youth is an important goal.

Crime and social problems

Harms associated with the illegality of illicit drug use

While there are jurisdictional differences in legislation, the use, possession and sale of illicit drugs are (by definition) illegal. The Australian Institute of Criminology provides statistics on the number and type of drug arrests.[i] In 2000/2001, 78,006 arrests for drug offences were recorded, about double the number recorded in 1989 (39,641), but fewer than the peak in 1995/1996 of 98,794. Two-thirds (68 per cent) of offences were cannabis offences.[j]

There are some problems associated with illicit drug use which emanate from its illegal status. These harms are discussed in detail by MacCoun and Reuter.[22] While drug laws and their enforcement in the United States of America differ from those in Australia, a selection of relevant harms discussed by MacCoun and Reuter are outlined below.

- Divisiveness: Those arrested for drug offences are disproportionately minorities. Further, drug rhetoric that exaggerates the dangers of illegal drugs stigmatises drug users.

- The costs for law enforcement activities. These include the costs associated with staff and resources as well as the cost to society of these resources not being allocated to other areas of need.

- The costs for criminal justice activities. These include the time and costs associated with the legal system for processing and defending charges as well as the costs associated with incarceration.

- The cost to the individual who is charged with an offence whether this charge is proven or not. The costs include those associated with legal costs and loss of income. They also include the costs associated with the stigma for offenders and their families as well as lost job opportunities for those who have charges proven.

- Corruption of police.

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[i] http://www.aic.gov.au/research/drugs/crime/arrests/arrests.html cited 4 November 2002.

[j] The cannabis arrest figures include Australian Capital Territory's Simple Cannabis Offence Notice (SCON) and South Australia's Cannabis Expiation Notice (CEN) figures.

- Organised crime. Because of the nature of illicit drug use, there is a cost to society in terms of the criminal involvement in drug use.

- Social stigma. The cost to society of people who have a drug problem waiting until they are in deep trouble before getting treatment because of the stigma or treatment not being readily sought because of the fear of negative attitudes by some treatment services.

- Crime and violence to obtain money to buy drugs.

- Illegal nature of drug manufacture and use makes it an occupational health and safety issue for police.

Property crime

Illicit drug use, particularly heroin use, has been associated with criminal activity, particularly property crime.[8][31][210] Research has identified that many heroin users, and most dependent heroin users, commit property crimes to generate income.[211-213] Only a small proportion of adults ever become dependent on heroin, but the frequency with which they engage in crime and the range of their criminal activity has a disproportionate effect on the communities within which they live.[117]

While not all illicit drug users are involved in other illegal behaviour,[136] crime and drug abuse have common antecedents,[214][215] and the frequency of criminal acts increases with the frequency of heroin use.[117][216] Reviews of the research have identified that most drug users who commit crime were involved in crime before their drug use became problematic.[136][217] Hawkins and colleagues have noted that there is no simple causal relationship between drug use and crime:

> *personality factors, situational factors, sociocultural factors, and the nature of the specific drug itself mediate the relationships among drug use, crime, and aggression. (p. 352)* [217]

Makkai reported on an Australian study of property offenders' self-reported criminal behaviour that provided data that was consistent with the above discussion about the links between drug use and property crime.[218] The study identified that:

- Most of the offenders had used illicit drugs.

- Most of the offenders began minor offending prior to illicit drug use.

- For regular serious offenders:

  - regular minor offending commenced before regular illicit drug use.

  - regular illicit drug use began before engagement in serious offending.

- For regular minor offenders, those who used illicit drugs had the highest median rates of offending per month and their median spending on drugs was higher than those who did not use illicit drugs.

Few studies have attempted to quantify the costs of crime associated with illicit drug use. Marks calculated that property crime losses as a result of illicit drug use were $466 million in Australia in 1988[219][220] and that property crime accounted for 32 per cent of the total costs of law enforcement. The scale of the property crime committed by dependent heroin users affects not only those whose homes are robbed, but also those whose household insurance premiums are increased to meet the claims of others who have been victims of property crime. It also affects those who have to pay higher prices for goods bought in stores with high rates of shoplifting. High rates of property crimes also reduce the quality of community life by increasing fear of crime, by increasing the costs of home security, and by reducing the amenity of community living.

Violence

While Australia does not have the problem of drug-related firearms fatalities that can be found in the United States of America,[221] violence has been associated with the misuse of anabolic steroids,[222 223] cocaine,[224 225] amphetamines[226] and, in some cases, Rohypnol[227] and cannabis.[228] Mears and colleagues' study identified that earlier drug use was a risk factor for repeat victimisation in domestic violence.[229] While drug use is a risk factor for violence, drug users are also at risk of being victims of violence.[230 231] Violence, intimidation and corruption are also associated with the illicit drug market.[8 232] To illustrate the link between illicit drugs and violence, the results of three Australian studies on drug-related violence are briefly outlined below. Kevin conducted a survey of inmates imprisoned for violent offences and obtained the following results:[233]

- 71 per cent perceived a link between their crime and alcohol or drug use. The most common links identified by the sample (multiple choice allowed) were:

  - Alcohol intoxication   56%
  - Illicit drug intoxication   10%
  - Drug withdrawal   5%
  - Money to buy drugs   4%

- Rates of self-reported intoxication at the time of the violent offence:

  - Alcohol   49%
  - Illicit drugs   8%
  - Both   23%
  - Neither   20%

Hando and Hall interviewed 231 amphetamine users in Sydney.[234] The sample self-reported the following symptoms:

- mood swings   80%
- paranoia   71%
- aggressive episodes   43%
- violence   16%

These symptoms were related to the typical frequency and quantity of amphetamine use. Further, 28 per cent of the sample reported that they had committed violent offences (for example assault or armed robbery), and this was related to drug-use history and criminal history prior to amphetamine use.

Loxley and Bevan surveyed juveniles and adults under suspicion of having committed an offence by the Western Australia police (n=90: the 'community sample') and adults remanded in custody in Perth prisons (n=76: the 'remand sample').[235] Multivariate logistic regression identified that amphetamine use was predictive of violent offending.

In summary, illicit drug use is associated with violence: for users, their families, and the community.

Drug driving

There has been less research on illicit drug driving than alcohol-related driving because:

- The use of some illicit drugs, and the associated problems, are a much more recent phenomenon than those of alcohol

- Alcohol is the drug most involved in traffic accidents
- It is complicated with the large number of illicit drugs, often used in combination, with variable pharmacokinetics
- There is an absence of inexpensive and reliable detection procedures
- There is a lack of information about the impacts of drug levels on driving performance.[236]

Numerous studies have reported the prevalence of drug use by impaired drivers, injured drivers, and fatally injured drivers. There are various estimates of the contribution of illicit drugs to traffic accidents.[236] For example, as reviewed by Lapham and colleagues, drug driving in the United States of America was identified in:

- 17 per cent of fatally injured drivers in a sample of seven States
- 12 per cent of drivers (33 per cent of drivers aged under 21 years) injured in crashes or cited for traffic violations in Rochester, New York
- 14–50 per cent of people arrested for impaired driving and whose blood alcohol level was below the legal limit.
- 20–40 per cent of hospitalised motorists
- 38 per cent of car trauma patients admitted to a Maryland hospital (17 per cent drugs, no alcohol; 16 per cent drugs and alcohol).

Thus, the estimate of the effect of drugs on traffic infringements and accidents depends upon the sampling method used. Lapham and colleagues identified that it also depends upon the data collection method: self-report being significantly affected by underreporting.[236] A selection of Australian studies of prevalence of drug driving are presented below.

Adhikari and Summerill analysed the drug driving behaviour of people in the Australian community who identified that they had used an illicit drug in the previous twelve months in the 1998 National Drug Strategy household survey. They identified that 6 per cent of this group had driven a vehicle while under the influence of an illicit drug. This figure increased to 15 per cent among 20 to 29-year-old illicit drug users.[237]

Drummer and colleagues reported the incidence of drugs in 3,398 fatally injured drivers in three Australian States: Victoria, New South Wales and Western Australia during the period of 1990 to 1999. Psychotropic drugs were identified in 24 per cent of drivers. These comprised cannabis (14 per cent), opioids (5 per cent), stimulants (4 per cent), benzodiazepines (4 per cent) and other psychotropic drugs (3 per cent). It was reported that the prevalence of drugs in driving fatalities increased over the decade, particularly cannabis and opioids, while alcohol decreased.[11]

A survey of 200 injecting drug users conducted by Darke and colleagues found that 90 per cent of injecting drug users had injected in a car.[238] Following this study, Darke conducted a small pilot study of 30 heroin users (unpublished, personal communication) and found:

- 60 per cent had driven immediately after using heroin
- 15 per cent had been in an accident when driving under the influence of heroin
- Many had driven under the influence of other illicit drugs:
    - Cannabis   77%
    - Amphetamines   57%
    - Cocaine   37%
    - Hallucinogens   30%

Drink driving by 561 traffic detainees in police watchhouses was investigated in Queensland. These detainees were also part of the DUMA project discussed above. Traffic detainees included any detainee who was being charged with a driving-related traffic charge. The study included urinalysis drug detection testing for six major drug classes, including amphetamines, benzodiazepines, cannabis, cocaine, methadone, and opiates. Among this group: 71 per cent tested positive to at least one of the six drug classes: the most frequently detected drug was cannabis (55 per cent), 47 per cent tested positive to drugs other than cannabis.[239]

Qualitative research by Davey in Queensland has suggested that drug driving was not a concern for illicit drug users. In some instances interviewees saw their drug use as enhancing their driving skills and frequently the motor vehicle was viewed as a safe place to use. Of even more concern was that almost all interviewees thought the likelihood of being caught for drug driving by police was minimal. This perception was reinforced by past experience.[240]

In summary, the above studies illustrate that drug driving is a significant problem in Australia.

Child abuse and neglect

Children of parents with substance abuse or dependence disorders are at increased risk of a number of physical and psychological problems including physical, psychological and emotional abuse[13][241-245] and mortality.[14] In 1994–1995 Angus and Hall reported that approximately 22 per cent of emotional abuse cases in New South Wales were the result of a parent's substance abuse.[246]

Diversion of prescription drugs

The illicit use of prescribed medications has been identified as a significant problem.[247][248] There are multiple forms of diversion, including the diversion of medication for attention deficit disorder by school students,[249] diversion of methadone and other prescription drugs by drug-treatment clients,[250-252] and diversion of prescribed benzodiazepines.[253][254]

Drug-facilitated sexual assault

While mostly unreported, drug-facilitated sexual assault is an issue of increasing concern.[15][255-258] Australian Federal Police (Australian Capital Territory region) reported an increase in drug-facilitated sexual assault in the 2000 to 2001 reporting year.[145] Drugs that have allegedly been associated with drug-facilitated sexual assault include flunitrazepam (Rohypnol), gammahydroxybutyrate (GHB)[259] and ketamine. Forensic evidence on the involvement of such drugs has not supported the notion of a 'date rape' drug.[16][260] Rather, following urinalysis of drug use in cases of sexual assault, Hindmarch and colleagues have suggested that 'the alleged sexual assaults may often take place against a background of licit or recreational alcohol or drug use, where alcohol and other drugs are frequently taken together'. (p. 197)[16]

While concern has tended to focus on 'innocent' victims drinking 'spiked' drinks in nightclubs, there are other forms of drug-facilitated sexual assault. One type is drug-assisted paedophilia.[261] Another is experienced by drug-dependent women who are highly likely to have experienced rape,[164] or coerced sex and violence from a partner in association with drug use.[262] For example, a study of women in a residential drug-treatment program found that 73 per cent had been raped and 45 per cent had been raped more than once.[164] About one-third of the rapes were perpetrated by friends with whom the women were using drugs. Only 20 per cent of the rapes were reported to the police.

Public order and amenity problems

Illicit drug-related activity can have negative effects upon local amenity, particularly in known dealing areas. As discussed by Weatherburn:

> *although offences such as public intoxication by drugs, loitering to obtain drugs, or the discarding of drug use paraphernalia may not be serious in themselves, they are often viewed by local residents with a great deal of concern.[263] For this reason they are often the focus of a great deal of law enforcement effort. (p. 8)[8]*

Bland and Read noted there is no clear definition of 'disorder' or 'anti-social behaviour' and that behaviour regarded by one group as acceptable can be unacceptable to another.[264] Consequently, police have difficulty in prioritising their responses. Bland and Read recommended that community consultation be used to identify and to prioritise the issues of concern.

Particular problems for police

The problems described above are largely problems for drug users, their families, and/or the general community. Problems specifically experienced by police about illicit drugs include:

- Exposure to corruption.[17 70 71 265]

- Risks associated with drug-manufacture laboratories: booby traps, chemical explosions, and toxic chemicals.[18 266-268]

- Effects upon the perceived legitimacy of police when they enforce laws that are not supported by many in the community. For example, the NDS household survey found that 29 per cent of the community supported legalisation of cannabis for personal use. This figure increased to 44 per cent among 20 to 29-year-olds.[237] While most of the general population support cannabis laws, many do not, particularly young people. This could undermine the legitimacy of cannabis law enforcement in some sections of the community.

- Direct exposure to violence by intoxicated users or violent people associated with the drug market.[8]

- Risk of needle-stick injury.

Summary and conclusions about illicit drug harms

Police encounter a wide range of illicit drug-related problems. Weatherburn has advocated categorising these problems as health, crime, and public amenity problems. Public health problems include fatal and non-fatal overdoses, blood-borne virus transmission, and a reduction in the age of initiation of illicit drugs. Crime problems include drug offences, property and violent crime, drug driving, child abuse and neglect, diversion of prescribed drugs, and drug-facilitated sexual assault. Each of these crimes can have associated health problems, including injury (resulting, for example, from violence, drug driving, or child abuse) and mental health problems (resulting, for example, from child neglect or sexual assault). Public amenity problems include public intoxication, loitering to buy or sell drugs, and unsafely discarded drug-use equipment. Police can suffer problems with illicit drugs, including injuries from booby-trapped plantations and laboratories, violence, needle-stick injuries and corruption. Illicit drugs are not just an issue for police because of drug legislation prohibiting their possession, use and sale. Illicit drug-related problems can contribute to the workload of police.

Police strategies for preventing illicit drug use and minimising its harms

Introduction

This section includes a review of the research literature on strategies used by police in preventing illicit drug use and minimising its harms, focusing on those strategies that relate to the four outcomes stipulated by NDLERF:

- Preventing and minimising the impact of drug overdoses
- Encouraging safer illicit drug-use practices
- Encouraging entry into drug-treatment programs
- Reducing the demand for illicit drugs (including those strategies aimed at reducing the uptake of illicit drugs).

The first is a specific example of harm reduction, while the second encompasses a broad range of harm-reduction strategies and risk factors for harm. The third is a specific example of demand reduction, while the fourth encompasses the whole strategic area of demand reduction. Consequently, this review investigated the police role in the strategic areas of harm reduction and demand reduction. Supply-reduction strategies are also reviewed, but only as they affect harm and demand.

As discussed, strategies can have multiple effects, so they do not usually fit neatly under demand reduction, harm reduction, or supply reduction. For example:

- Diversion programs can reduce harms due to contact with the criminal justice system and can reduce demand when they encourage entry of dependent drug users to treatment programs.
- Supply-reduction strategies can affect demand and harm.
- School-based drug education can affect demand and harm.

Further, methods can be used for multiple strategies. For example, the use of police discretion is applicable for policing around harm-reduction services for drug users, attending overdoses and police diversion schemes. Collaborative partnerships are useful for harm-reduction, demand-reduction and supply-reduction strategies. Thus, categorising strategies is artificial, but is used to illustrate the role of police in all three strategic approaches of harm minimisation. This discussion includes a review of literature on the following topics:

- Harm-reduction strategies
  - Preventing and minimising the impact of drug overdoses
  - Managing drug-affected people
  - Encouraging safer illicit drug-use practices
- Demand-reduction strategies
  - Encouraging entry into drug-treatment programs
  - Community-based activities and programs
  - School-based drug education
- Supply-reduction strategies
  - Description of different types of supply reduction
  - Effects of supply reduction on drug markets, harms and demand
- All strategies
  - Collaborative approaches.

Harm-reduction strategies

Introduction

It is common for health initiatives such as needle and syringe exchange programs and methadone maintenance programs to be cited as examples of successful harm-reduction approaches. These are worthy public heath initiatives that have benefits for the whole community, but police harm-reduction initiatives have not been so well-documented or evaluated. There are a number of areas where police can fulfil an important role in harm reduction. These include:

- Implementing harm-reduction strategies specific to their role. Examples are a) the use of discretion in attending overdoses; and b) dealing with the needs of those in custody who are under the influence of drugs.

- Supporting other agencies that implement harm-reduction strategies. This could include general support for strategies such as needle and syringe programs and for methadone maintenance programs.

- Initiating and implementing harm-reduction strategies such as media campaigns.

- Working with other agencies to plan and implement harm-reduction strategies. This can be done formally or informally. Drug Action Teams (DATs) is a formal mechanism for such collaborative work.

- Crime-prevention initiatives, such as those aimed at 'increasing personal safety to avoid being assaulted and robbed' and 'increasing home security' can also be considered a form of harm reduction, although the harms are not exclusively drug-related. These strategies do not involve attempting to decrease actual drug use but do attempt to decrease the harms that have been found to be associated with drug dependence.

Literature relevant to police involvement in drug harm-reduction strategies is reviewed below. In the interest of maintaining a focus on drug-specific interventions, the broader crime-prevention initiatives noted above are not reviewed.

Preventing and minimising the impact of drug overdoses

Up to 60 per cent of heroin users report having experienced at least one overdose while up to 70 per cent have witnessed an overdose[269][270] It is important that people present at an overdose call an ambulance as quickly as possible. However, fear of prosecution for minor drug-use and possession offences has been identified as contributing to the reluctance of some people present at drug overdoses to call an ambulance.[26][269] Loxley and Davidson found that young users in Western Australia were concerned that their parents or welfare would be informed if they were taken to hospital.[270]

Police must attend fatal overdoses and are sometimes called to attend non-fatal overdoses (for example, if the ambulance driver requests a police presence). For example, Dietze reported that police attended 12 per cent of non-fatal overdoses attended by ambulances in Melbourne.[271] Consequently, as recommended in the National Heroin Overdose Strategy, a strategy that is available to police to reduce the risk of overdose mortality is to use discretion and overlook self-administration or simple possession offences when attending overdoses.[272] This could remove the fear of prosecution and so encourage individuals present at the scene of an overdose to immediately call an ambulance. Most jurisdictions now have formal police policies for overdose situations. These guidelines usually involve some recommendation that police do not routinely attend non-fatal overdoses and some reminder that they may use their discretion to not charge people at the scene who have committed an offence.

Williams and Urbas have congratulated police for not routinely attending overdoses, but note that injecting drug users still fear police involvement.[273] While published evaluation of police activity in relation to drug overdoses was not found, Gostin has described the situation in Australia as better than in the United States of America.[274] This lack of evaluation is likely to have been the basis for the National Heroin Overdose Strategy recommendation for evaluation of the effect of police protocols, and other policing strategies on the attitudes and behaviours of users, including the potential to deter users from contacting emergency services in an overdose situation.

Managing drug-affected people

Police encounter intoxicated people in public places, and a significant proportion of people detained in police stations tend to be intoxicated.[6] People who are intoxicated in public can be at increased risk of engaging in various other offences (for example, vandalism, trespass, theft), harming others by violent or careless behaviour, being a victim of crime, or suffering self-inflicted injury. For the safety of the public and of the intoxicated person, police might need to manage an intoxicated person in public. Police also need to manage intoxicated people in domestic situations, where there might be risks of further problems, such as domestic violence, injury to the officer, and overdose. In the case of intoxicated detainees, police have a duty of care to prevent harm to self and others. Further, statements obtained when a person is intoxicated or is in withdrawal are likely to be compromised and rejected by the magistrate.[30]

The management of intoxicated people takes time, resources, and training.[275] In some cases, specific facilities (in police stations) or services (in the community) for intoxicated people might be required. Different drugs, and combinations of drugs, will cause different conditions. For example, high levels of use of depressant drugs, such as benzodiazepines and heroin, are likely to cause drowsiness and respiratory depression, while high levels of use of stimulants such as amphetamines and cocaine are more likely to cause psychosis, confusion, paranoia, aggression and violence.[276] Consequently, the appropriate management of intoxicated people will depend upon the drugs used and the presenting symptoms. Further, people who appear to be intoxicated might be experiencing conditions due to other causes, such as head injury, acute psychotic state, or diabetes and might need medical attention.[277] Very little research on the management of intoxicated people by police was found.

Encouraging safer illicit drug-use practices

No literature was found about police strategies to *encourage* safe drug use. At best, the literature included discussion of the need for police to not deter users from using harm-reduction services such as needle and syringe programs (NSPs). For example, Arachne reported that police presence near an NSP affected the use of the service and the return rate of used syringes.[278] An increase in police presence near an NSP was associated with a 58 per cent decline in people attending the service, and a 70 per cent drop in the return rate of syringes. Martin described how police in Queensland instigated changes in Queensland to support the use of NSPs:

> Approximately ten years ago in Queensland, police and others, sat down to develop strategies aimed at reducing the HIV/AIDS 'epidemic'. At this time it was decided to take an approach which would encourage intravenous drug users to use clean needles and syringes and to discard syringes in an appropriate manner, having regard for public and personal safety.
>
> In order for this to happen there were legislative constraints to this occurring. In those times the offence of possessing syringes for use, was an offence together with self-administration of a dangerous drug. Although there existed at the time the political will to encourage IV drug users to use clean needles, but there needed to be a revision of the

Drugs Misuse Act (Qld) 1986 for this to become a reality. Consequently the offences were repealed. The repealing of these offences and the creation of supporting policy, sent a resounding message of support to these community health programs. (p. 3)[279]

Policing around health facilities is not further reviewed in this report as it was being investigated by another project funded by NDLERF.[280]

Another area of concern to health and user agencies has been the influence of police on the safe disposal of injecting equipment. A study by The Centre for Harm Reduction (CHR) and VIVAIDS, the Victorian State users' group investigated influences on the disposal of used injecting equipment.[281] The project included the collection of information via a literature review, a State-by-State legislative review, an overview of existing services, face-to-face interviews with users in Victoria about factors that influenced their method of disposal, and focus groups with local drug users and interviews with key stakeholders in all major States and Territories across Australia. Key stakeholders comprised staff from a variety of relevant community-based agencies and local organisations including State User Groups, local government, NSP and AIDS councils. The study report presented the following findings.

From face-to-face interviews:

One of the dominant themes to emerge in relation to leaving needles/syringes at the (public) place of injection and on the street was the concern respondents expressed about 'the police'. Clearly, respondents' fear of police intervention often explained their extreme reluctance to carry injecting equipment, new or used, and their desire to discard needles/syringes as soon as they had served their purpose…many had experienced the gap between official police policy and practice. It is disturbing to report that a quarter of the sample had had new needles and syringes confiscated by the police. (pp. 9–10)

From the focus groups:

Almost a quarter (24%) had had new fits confiscated and a third (34%) had had used fits taken by the police. These figures are remarkably similar to the experience in Victoria, which suggests that these practices are systemic…Reasons for disposing inappropriately included, in order of frequency, fear of the police (23%), 'no alternative' (17%), issues of 'disclosure' (15%), 'effects of drug' (11%), 'apathy' (7%) and 'didn't want it on me' (7%)… (pp. 10–11)

From the stakeholder consultations:

Several barriers to disposal were cited by key stakeholders, which were largely consistent with the barriers identified by users. They were: 'access to services', 'apathy', 'disclosure issues', 'police concerns', 'public image of users' and 'negative stereotypes' and 'stigma'. (pp. 11–12)

Thus, anecdotal studies suggest that police sometimes *discourage* safe disposal. Research into police activity in this area from a police perspective was not found.

The lack of literature about the police role in encouraging safe drug use could stem from the perceived conflict between encouraging an illegal behaviour and the police role in law enforcement. Further, it is likely that police activities to encourage safe use are not documented, let alone evaluated. For example, in police consultations conducted for the evaluation of the Medically Supervised Injecting Centre in Kings Cross (Sydney, New South Wales), police reported that they encourage users to use the centre, rather than inject in less safe environments, such as public toilets.[282]

Summary and conclusions on harm reduction and police

There is not a rich literature on the role of police in illicit drug harm reduction. This is not because police are not involved in harm-reduction strategies or outcomes, but because there has been a lack of documentation, evaluation and publication of police activity in this area. Police are key players in areas such as overdose prevention, management of intoxicated people, encouraging safe use and disposal. Harm reduction can be achieved on a day-to-day basis (for example, encouraging a drug user to use a harm-reduction facility) or in a more proactive manner (for example, overdose guidelines). However, there is some evidence of a need to improve practice (for instance, when a person is found with injecting equipment) and resources (such as, for managing intoxicated people).

Demand-reduction strategies

Introduction

Demand-reduction strategies include preventing the initiation of illicit drug use and reducing use by existing users. Strategies include education programs (school-based or community-based), treatment programs, media campaigns, and structural interventions such as changes to policies, legislation, and environments.

On preventing the uptake of illicit drugs, research has demonstrated that drug abuse and crime have common risk and protective factors, so interventions that reduce crime can have an effect on drug abuse, and vice versa.[215] Consequently, there is wide support for collaborative approaches to increase the efficiency and effectiveness of drug-prevention and crime-prevention programs.[44 283]

In the context of the review of the United Kingdom Police Anti-drugs Strategy, Newburn and Elliott reported that the police were broadening their approach by increasing the emphasis on non-enforcement aspects of drug work.[67] Participation in the DAT structures and providing drug education in schools were identified by most of the police they surveyed as 'the greatest strengths of their drugs strategies.' (p. vi)[67] Another area in which Newburn and Elliott described the most progress had been made was in arrest referral schemes. However, despite the optimism, there was little empirical data on success.

In the United States of America, the Committee on Data and Research for Policy on Illegal Drugs, in a review on drug prevention, concluded that few drug-prevention programs (with or without police) had demonstrated effectiveness:

> *Prevention encompasses an array of non-coercive activities intended to prevent, reduce, or delay illegal drug use. The committee reviewed the research literature on the effectiveness of a wide range of prevention activities and found mixed results. Some prevention activities appear to be effective at delaying the initiation or reducing the frequency of marijuana use…However, because most evaluations are of school-based approaches, the success of many other approaches is unknown. Popular programs, such as 'zero tolerance' strategies, have not been evaluated at all, or as in the case of project D.A.R.E., have been found to have little impact on illegal drug use. Large amounts of public funds are therefore being allocated to programs whose effectiveness is unknown or known to be limited. (p. 6)[48]*

In short, international experience suggests that there is a lot of activity but little evidence of the effectiveness of demand-reduction programs, and what evidence does exist is inconsistent. However, the limitations of interventions that aim to change the behaviour of individuals need to be recognised. As discussed by Spooner, Hall and Lynskey, drug use and criminal behaviours are shaped by environmental factors that are beyond the control of local programs that aim to change individual behaviour.[44 215 283] In this context, police demand-reduction strategies are discussed below.

Encouraging entry into drug-treatment programs

Introduction

Police can encourage entry into drug-treatment programs in a number of ways, including the following:

- Providing referral information or advice to the general community. This could include having information available at special events, such as fetes and fairs, at a police station, or during education programs. It could be provided at the instigation of the police or in response to a request for information.

- Providing referral information or advice to people suspected of using illicit drugs, their family and friends, and health workers. This could occur when someone is apprehended for an alleged offence, but not a drug specific offence, or when a police officer gets to know suspected drug users through their usual role in the community or from working in particular roles, such as specialising in the area of dealing with domestic violence, or in the context of working with youth clubs or schools.

- Providing referral information or advice to an alleged drug offender:

  - Without coercion to attend an education/treatment intervention. This occurs, for example, with some 'cannabis cautioning' type schemes where an offender is given a caution (not necessarily in a police station) with some accompanying information, which might include special access, if wanted, to a 'counsellor'.

  - With coercion to attend an education/treatment intervention. This occurs, for example, with some schemes that offer an offender a choice of an intervention or the normal criminal justice process. The intervention could be, for example, an education session, or an assessment and a defined amount of time in a drug-treatment program.

- Making drug use a 'hassle' for the user. Attempts to obtain drugs and use them can be interrupted by police activity.

- Facilitating entry to treatment, in cooperation with health service providers. One strategy for this method is arrest referral schemes, as currently practised in the United Kingdom, in which police do not directly refer users to treatment, but provide an opportunity for health workers to do so.

No literature was found for the first two methods above. Research on police diversion and arrest referral schemes is presented below. Increasing the hassle associated with buying, selling, and using, illicit drugs is discussed later in this report about the effect of supply-reduction strategies on demand.

Police diversion programs

Diversion can occur for drug-related offences (such as property offences) and drug offences, so it is a far broader category than drug offences per se.[31] After an offence has been detected by police, multiple opportunities for diversion occur throughout the criminal justice process:

Pre-arrest:	when an offence is first detected, before a charge being laid. This includes fines, warnings, and cautions, sometimes with educational information or referral to assessment and treatment.
Pre-trial:	when a charge is made, but before the matter is heard in court. Examples are treatment as a condition of bail, conferencing, and prosecutor discretion.
Pre-sentence:	a delay of sentence while assessment and treatment are sought.
Post-sentence:	as part of sentencing, for example, suspended sentences, drug courts, non-custodial sentences, and circle sentencing.
Pre-release:	before release from a sentence, on parole.

Spooner and colleagues developed a framework for diversion, which suggests increasingly treatment-focused and coercive diversion strategies be used as offenders' criminal careers and drug problems increase (Figure 7).[284] For first offenders, diversion interventions have a harm-reduction focus as they aim to prevent people who are unlikely to reoffend from entering the criminal justice system. Outcomes, such as a criminal record and detention, can have negative effects on individuals and their families that go beyond the intended consequences. For recidivist offenders with a drug-use problem, diversion programs have a demand-reduction focus, as they aim to encourage drug offenders to enter a treatment program to deal with their drug dependence. Police are most involved in pre-arrest and pre-trial diversion, although they can have a role in other forms of diversion. Pre-arrest diversion (warnings, cautions and on-the-spot fines) and pre-trial diversion in which police play a significant role (conferencing, treatment as a condition of bail) are described below.

Figure 7. Model of diversion options
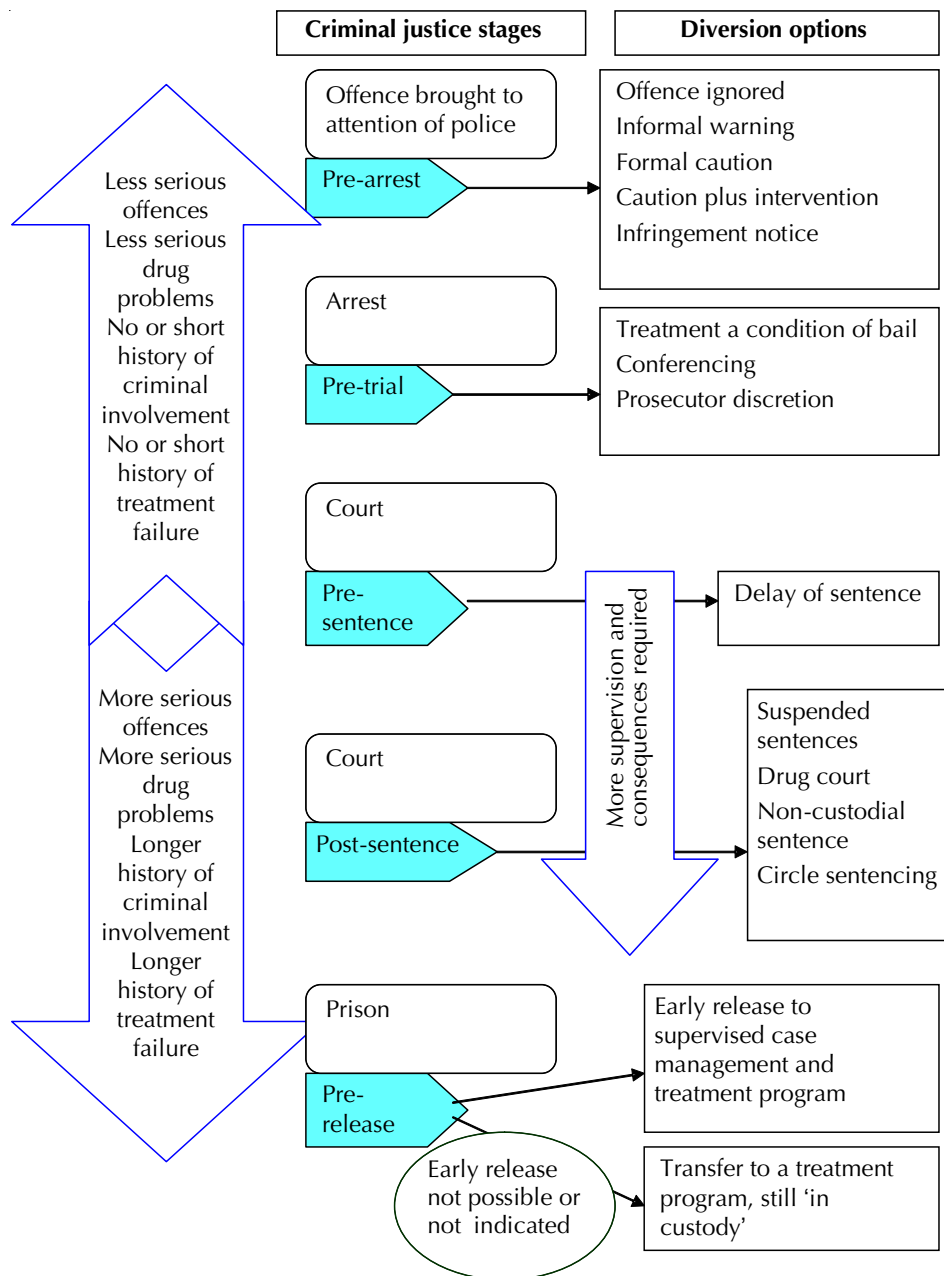
Pre-arrest diversion

Pre-arrest diversion generally entails police administration of warnings, cautions or fines. Warnings are informal, cautions are formal. They may be used for disorderly offences associated with intoxication, use or possession of illicit drugs, and offences against public order.[285] Warnings take place 'on-the-spot' with no legal repercussions for the individual involved (for example, a verbal warning, escorting a person home, or moving them along).[285] Cautions can be formal, in that there are usually set procedures to be followed and a record is usually kept of the incident. Cautioning programs can include referral to assessment, education and/or treatment, such as police cautions for cannabis offences with referral to treatment.[286] Such programs have been referred to as 'caution plus' programs.[69] Formal procedures for police diversion aim to deal with problems with accountability and consistency.

Since 1999, each State and Territory has expanded their police diversion initiatives in response to a national initiative to deal with illicit drug use.[32][33] The COAG Illicit Drug Diversion Model is presented in Figure 8. States and Territories have adapted the model in different ways to suit their jurisdiction.

Figure 8. COAG Illicit Drug Diversion Model
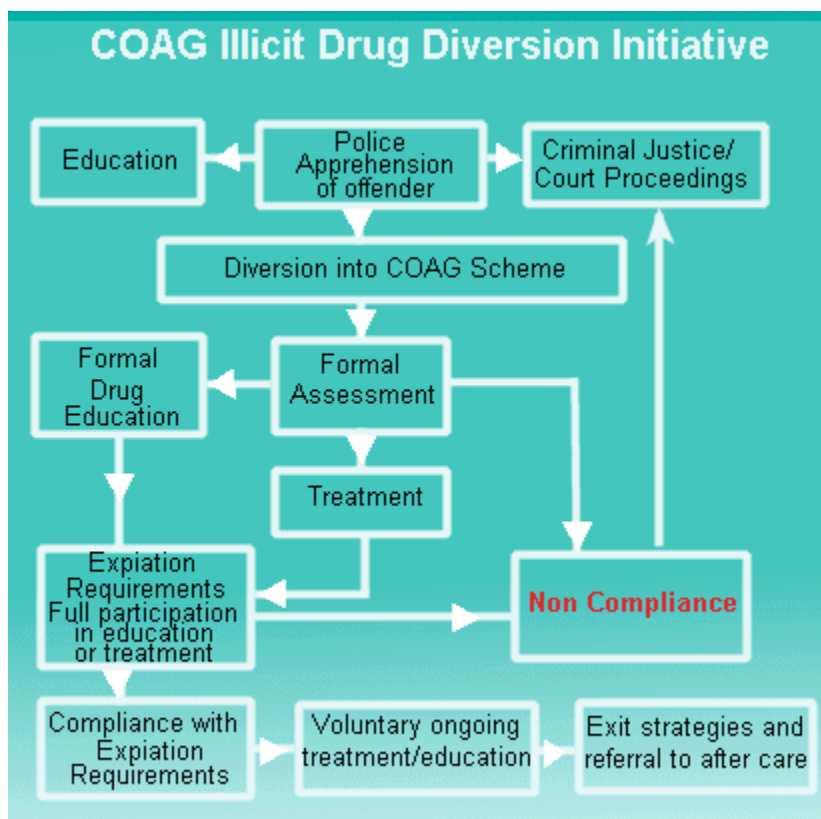
Source: http://www.nationaldrugstrategy.gov.au/nids/diversion/flwcht.htm (cited 6 Nov 2002)

Infringement notices include fines, such as those in South Australia, the Australian Capital Territory and the Northern Territory where fines are given for possession of small amounts of cannabis. Net widening could result if people cannot afford to pay the fine, and are then incarcerated for a crime that would not have previously resulted in detention. An evaluation of the Cannabis Expiation Notice (CEN) scheme in South Australia identified an increase in the number of minor cannabis offences for which CENs were issued from 6,231 expiable offences in the 1987/88 financial year to a peak of 17,425 offences in 1993/94. The increase appeared unrelated to the prevalence of cannabis use. It did, however, appear to be related to changes in police procedures as more operational police were available for this work, and the work involved in issuing a CEN was much less onerous than that required under a prohibition model.[287] About half of the CENs were not expiated and most of the unpaid CENs resulted in a court conviction. On the positive side, Lenton and colleagues reported that, relative to the usual criminal justice process for cannabis offences, CENs were associated with less negative consequences for employment, further problems with the law, relationships, accommodation, and overseas travel.[88 90]

Pre-trial diversion

There are a number of systems for diverting offenders before prosecution which generally require earlier admission of guilt. This could encourage people to admit guilt to avoid trial and/or sanctions, when they might have been found not guilty. Participants could face the 'double jeopardy' of falsely admitting guilt to avoid trial, and then receiving criminal sanctions if the mandated treatment is not successfully completed. Two examples of pre-trial diversion are described below: conferencing and treatment as a condition of bail.

Conferencing

Conferencing describes schemes in which victims of crime and other members of the community, including experts and family members, become involved in dealing with offenders beyond the normal confines of the criminal justice system.[288] It can occur in place of a trial as a diversion scheme. The aims of conferencing can be a) to divert offenders from the criminal justice system and to reintegrate them into the community, and b) to involve victims in the resolution of cases as a means of empowering them and acknowledging their need for recognition. The New South Wales Law Reform Commission has argued that the most successful conferencing schemes rely upon maintaining a balance between these two aims.[288]

The New South Wales Law Reform Commission has described a number of advantages and disadvantages of conferencing.[288] Advantages of conferencing are that it can empower victims and reduce victim anger and trauma, facilitate rehabilitation and reconciliation, promote community involvement in local crime prevention, and divert offenders from the court system.

Disadvantages include the possibility of net widening if offenders are charged, rather than cautioned to make them eligible for conferencing. In addition, the results of conferencing can be more restrictive than might otherwise result through the normal judicial system. This is of particular concern if agreements are coerced, rather than negotiated. Depending upon how conferencing is set up, there can be problems with predictability, equity and procedural justice. The commission also questioned the appropriateness of police running such schemes when a welfare role is required. Finally, a limitation of conferencing is that it can only operate where there is a 'community' and that community is willing to participate.

Following her review of conferencing programs in Australia, Strang noted a number of issues that need to be dealt with.[289] Of police, Strang wrote:

Because the police, and to a lesser extent the courts, are likely to remain the gatekeepers for entry into any restorative program… there must be high levels of consultation between the program administrators and the police at every level. Support only from above will not suffice: top-down direction by senior officers may not affect the rate of referral on the ground. Support only from below will not suffice either: a few enthusiastic junior officers are not likely to be able to influence referral beyond their immediate environs.

Police and magistrates need information and training on a continuing basis about restorative alternatives so that they can make informed decisions about which offenders should be referred. (p. 39)

Treatment as a condition of bail

Diversion programs that include treatment as a condition of bail in Australia are the Court Referral and Evaluation for Drug Intervention and Treatment (CREDIT) program in Victoria,[290] and the Magistrate Early Referral into Treatment (MERIT) program in New South Wales,[291] based upon the CREDIT program.

Police can offer the CREDIT program to people arrested for a non-violent offence with drug-abuse issues as part of bail proceedings. People with an immediately presenting drug problem are referred by police for assessment by a drug clinician based at the court and, where appropriate, the alleged offender is diverted into a recommended treatment regime by the magistrate as a condition of bail. This option is only available at magistrates courts where there is a court-appointed drug clinician.

Only a small-scale process evaluation of CREDIT has been published.[292] The evaluation included the use of data supplied by police, discussions with key informants (magistrates, clinicians, treatment staff, police, and government representatives) and interviews with clients who had completed treatment. The client sample was not representative, so Heale and Lang did not report the results of those interviews. About half of the CREDIT participants completed their treatment conditions and 25 per cent reoffended while on bail. This rate of reoffending was comparable with offenders who did not participate in CREDIT. Benefits of CREDIT identified by the key informants included:

• better understanding and improved relationships between organisations (health, police, justice)

• earlier access to treatment for CREDIT participants — one-third had no previous treatment history

• reduced burden on courts and prisons

• magistrate access to professional advice about defendants.

Slow take-up rate of CREDIT, which appeared to be due to the need for improved training of police and others involved in implementing the program, was identified as a factor contributing to the success or failure of the program. Improved training was recommended. Finally, Heale and Lang noted that improved data monitoring and evaluation systems were needed to assess the program's worth for re-offending rates.

In summary, the initial evaluation of CREDIT indicated that it was possible to engage a number of illicit drug-dependent persons in long-term drug treatment. However, there was no substantial effect on the level of reoffending while on bail. Nevertheless, the scheme has since been expanded in Victoria and trialled in New South Wales.[293] The police role in programs, such as CREDIT and MERIT is pivotal. Without police support and involvement in referral of eligible offenders to the program, the program would not be viable.

Issues for diversion programs

Police discretion in diversion programs

Morrison and Burdon conducted a study of police diversion in Australia and wrote a summary of the pros and cons of police discretion and of formalising that discretion.[69] The arguments generally posed *in defence* of the use of police discretion are that it reduces the high workloads of police; releases court time for more serious cases; reduces the potential harms caused by police arrest and prosecution of offenders; and avoids a potential mismatch between sanction and crime when criminal justice processes and sanctions are perceived to be disproportionate responses to minor offences.

Many of Morrison and Burdon's arguments *against* the use of police discretion are to do with the lack of consistency and accountability inherent in the use of discretion. Inconsistent use of discretionary powers between police districts can lead to a form of 'justice by geography'. Discrimination by individual police officers against certain classes of people, for example, young people, racial minorities, or low socioeconomic classes, can also occur. There is no visible accountability mechanism to deal with discrimination. Police discretion does have the potential to be misused as a means of 'leaning on' offenders or potential informants. It might lead to police corruption in the form of monetary rewards in return for leniency. Discretion can also be unsupported by the community, as it is seen as 'going soft' on crime. Finally, by using their discretion not to proceed, the offenders could be denied access to treatment or other services that could be available through diversion at a later stage in the criminal justice system.

Net widening

Net widening refers to the situation where a diversion intervention increases the number of people involved in the criminal justice system or the consequences of offending for offenders.[284] For example, people could be offered diversion when previously they would not have been arrested or convicted if:

- The diversion program is thought to be less burdensome than the usual criminal justice sanction
- The person is diverted when there is insufficient evidence to prosecute
- Innocent individuals admit guilt to obtain formal diversion in preference to facing court
- People are arrested, who would otherwise have not been arrested, to assist them to obtain drug treatment.

In such cases diversion has increased, rather than reduced, the number of offenders exposed to criminal justice sanctions. Net widening can also occur when offenders receive a more severe sentence if they begin and then fail in a diversion program than they would have if they had accepted the usual criminal justice process in the first place. Evidence of net widening has been identified with police diversion of juveniles in Canada[294] due to reduced use of discretion,[295] and Cannabis Expiation Notices in South Australia, particularly among young people who could not afford to pay their fine.[296]

Coerced treatment

The discussion below focuses on the value and ethics of coercion by the criminal justice system to participate in a drug-treatment program, acknowledging that the exact nature of the coercion and the type of drug-treatment programs involved vary between studies. This discussion builds upon Hall's analysis of the arguments for and against treatment under coercion.[297] First, the drug dependence of some offenders contributes significantly to their offending behaviour and treatment under coercion is an effective way of treating that dependence, and thereby reducing the risk of

reoffending.[298-302] Coercion into treatment has been associated with increased entry to treatment[303] and retention in treatment[304 305] relative to voluntary treatment.

Second, there is evidence that heroin-dependent offenders tend to relapse to drug use upon release from prison hence to reoffend and return to prison. As treatment reduces relapse to heroin use and criminal recidivism, coerced treatment provides an alternative to prison that can reduce recidivism.[306 307] Third, the advent of HIV/AIDS has provided an additional argument for treating, rather than imprisoning, offenders, as prisoners are at risk of contracting HIV while in prison.[308] Fourth, it costs less to treat drug-dependent offenders in the community than it does to incarcerate them.[306]

The World Health Organization consensus view on the ethics of treatment under coercion is that compulsory treatment is legally and ethically justified only if the rights of the individuals are protected by 'due process', and if effective and humane treatment is provided.[309] To this end it has been argued that offenders be allowed at least two types of 'constrained choice'.[310] That is, a) a choice between treatment and the usual criminal justice process, and b) a choice as to the type of treatment they receive.

While the above research has been positive about coercion to treatment, others have urged caution in its use.[311] Wild has raised concerns about its compatibility with harm-reduction principles. First, Wild argued that diversion programs often lack the administrative, fiscal, and evaluative support to effectively divert offenders to treatment. Second, concerns remain about infringement of civil liberties. Finally, close scrutiny of the research evidence on mandated versus voluntary clients in drug treatment reveals numerous conceptual and methodological problems. A review of the literature on coercion to treatment by Wild and colleagues identified that, while there is evidence that coercion does improve treatment entry and retention, the evidence does not support the view that coercion has positive impacts on treatment outcomes: drug use and recidivism.[312] In fact, these authors suggested that coercion might 'undermine client involvement in the process of behaviour change'. (p. 90)[312] Thus, there is some reason to suggest the use of due caution in the use of coercion.

In summary, it appears that coercion might not improve treatment outcomes, but it does appear to have benefits for treatment entry and retention. Coercion to treatment can be considered ethical if appropriate treatment is offered and the offender has the right to exercise some choice as to the a) treatment and the usual criminal justice process, and b) type of treatment they receive.

Equity and appropriateness

Concerns have been raised about the ability of diversion programs to benefit all eligible offenders. In particular, problems have been identified about access and appropriateness of diversion programs for young Aboriginal and Torres Strait Islander Peoples.[313] Following a national study of this issue, Siggins Miller Consultants and Catherine Spooner Consulting noted that police carry a large responsibility for juvenile diversion initiatives, particularly early interventions.[313] Increased rates of diversion depend in part upon good police understanding of their options when a young Indigenous drug offender presents. Police training, police–Indigenous youth relations, police comprehension of Indigenous young people's experience, and police commitment to juvenile diversion were seen as important determinants of levels of diversion of this group. These were found to be inconsistent across Australia.

Arrest referral schemes

In the United Kingdom arrest referral schemes (ARS) have been in operation since the 1980s, and are currently being operated by all 43 police forces in England and Wales. ARS have been defined as follows:

Arrest referral schemes are partnership initiatives between the police, local drug services and Drug Action Teams (DAT)/Drug and Alcohol Action Teams (DAAT) that use the point of arrest within custody suites as an opportunity for drug workers, independent of the police, to engage with problem drug-using offenders, and help them to access treatment. (p. 1)[35]

Initial evaluations of ARS identified three models of ARS: the information model; the proactive model; and the incentive model.[34]

Information model. This approach involves the provision of basic information (such as leaflets) about local drug treatment services that can be delivered by police custody staff. Problem drug-using offenders will be expected to contact treatment services through their own volition.

Proactive model. In this model, a dedicated and independent drug worker based in the custody suite or on-call, assesses problem drug-using offenders and refers them to an appropriate treatment service.

Incentive or coercive model. This model can provide incentives to seek help. 'Caution Plus' schemes involve cautioning a problem drug-using offender arrested for possession of illicit drugs with the specific requirement to seek advice from a drugs worker. 'Deferred Caution' schemes delay the decision to issue a caution following attendance at a drug service within, for example, 30 days. If a positive report is recorded, no further action will be taken. (p. 7)[35]

Early schemes exemplified the information model. However, take-up rates were found to be low.[34] ARS now involve partnership initiatives between the police, local drug services and Drug Action Teams (DATs)/Drug and Alcohol Action Teams (DAATs) to engage with problem drug-using offenders, and to help them access treatment. The majority of ARS rely upon the voluntary involvement of problem drug-using offenders, however, some do have a coercive element. These are referred to as 'caution plus' schemes.[35] Thus, the British police referral programs tend to be post-arrest and to not enable diversion from the criminal justice system. However, they are a means of encouraging entry to treatment, without the use of coercion.

The national evaluation of ARS by the Home Office started in 2000 and was expected to be completed in 2003.[35] The research program included three components: 1) *surveillance* methods to assess the number and type of problem drug-using offenders who were screened, were referred to treatment, and had started treatment; 2) *process evaluations* to examine the implementation of the schemes, including qualitative methods and interviews, and a national survey of arrest referral workers; 3) o*utcome evaluations* to measure changes in criminal activity and drug use, including biological testing, examination of police arrest rates, and self-report data.[35] Main results are summarised below.

Reach: Arrest referral schemes were seen as effective in targeting prolific problem drug-using offenders, more than half of whom had never had a previous treatment episode. More than half of those screened were voluntarily referred to a drug-treatment service. Of those referred, one-quarter made a demand for treatment. However, offenders referred by an arrest referral scheme were significantly more likely to drop out of treatment once engaged compared with self- or GP-referred drug users.

Outcomes: Reductions in offending and drug use were found. Significant improvements were also reported in secondary indicators, such as physical and psychological health.

Economic analysis: Preliminary analyses suggested that the ratio of economic and social benefits to cost is in the region of 7:1 and will increase over time as treatment is sustained.

Non-engagement: Four key groups of problem drug-using offenders were identified that did not engage with specialist drug-treatment services following referral: problem drug-using offenders from ethnic minority groups, older (aged 31 years and above) heroin and crack users with extensive prison and treatment histories, young, male crack-using street property offenders, and female crack-using sex workers.

Operational issues: Among other issues was the need for ongoing training of police.

In summary, arrest referral schemes appear to be an effective means by which police can work with drug service providers to encourage entry to drug treatment.

Community activities and programs

Police are involved in a range of community activities and programs that vary on a number of dimensions. Some key dimensions are listed below.

- Target group, for example, youth in general, at-risk youth, the general community, drug-using community, Aboriginal and Torres Strait Islander Peoples

- Duration, from a short, one-off activity, such as a talk to a community group to an intervention that is sustained over a period of years such as involvement in a youth development program.

- Reactive or proactive

- Single focus (for example, drug education, sport) or multiple-component programs

- Involving only police or involving police working with others

- Initiated by police or by others.

Literature on a selection of community activities and programs in which police are, or could be, involved, is presented below.

Early childhood interventions

In the last few years increasing attention has been given to the significant role of prenatal and early childhood experiences for later involvement in problem behaviours such as crime[55] and drug abuse.[215] This is one area of prevention in which some evidence of long-term effectiveness has been demonstrated.[314][315] As argued in a report from the Australasian Centre for Policing Research, police can play a role in promoting or facilitating early childhood approaches:

> *In particular, research has shown that early childhood intervention approaches to crime prevention require involvement from all sectors of the community, including police, other government agencies, and community groups. Police can play an important role in terms of providing facilitation between the various government and community organisations. Police are also in a position to be strong advocates for early childhood intervention approaches. (p. 13)*[316]

Given the increased risk of experience of abuse and neglect among children of drug-dependent parents,[244][245] one role police might be well-placed to play is that of encouraging drug-dependent people to receive support in their parenting role. Australian researchers are currently investigating the efficacy of providing support to drug-dependent parents as this appears to be a promising strategy for reducing short- and long-term problems for their children.[317]

Youth development programs

Police and others have been involved in a range of programs that engage young people in activities such as sport, outdoor activities, and social-recreational activities (for example, drug-free discos). Such programs have theoretical appeal as they can deal with risk factors for problem behaviours such as alienation, association with antisocial peers, lack of supports and positive mentors, boredom, and poor personal and social skills.[214] Societal changes suggest that such programs might be increasingly needed. These changes include an increase in parents working and working longer hours, thus reducing their ability to supervise older children who are too old for out-of-school care.[318] With increasing gaps between rich and poor in Australia,[319] there are more socioeconomically disadvantaged families and communities that need support in providing youth with their developmental needs of 'access to safe places, challenging experiences, and caring people on a daily basis' (p. 171).[38] Until recently there has been a dearth of rigorous evaluation research to demonstrate the effectiveness of such programs and the elements of program effectiveness.

Roth and Brooks-Gunn reviewed youth programs and noted that, since 1998 'a number of reports have been released that employed rigorous standards of evidence to identify programs successful in reducing specific negative outcomes, such as substance abuse, violence, and mental disorders, or promoting positive development' (p. 172). Regardless of the specific problem behaviour/s the program aimed to deal with, or the specific program activities, the programs tended to be effective to the degree that their goals, atmosphere and activities were consistent with the following requirements:

- Hold broad developmental goals, striving to promote their adolescent participants' competence, confidence, connections, character and caring;

- Last for at least a school year to create a supportive, empowering atmosphere in which youth are expected to behave in prosocial ways and are recognized for their contributions; and

- Consist of activities that afford youth the opportunity to build their skills, engage in authentic activities, and broaden their worlds. (p. 177)[38]

Youth *development* programs were differentiated from youth programs in that the latter do not meet the above criteria. However, it was noted that few youth development programs meet all criteria and many youth programs also had positive outcomes. Thus, a variety of approaches can be beneficial for youth development and the prevention of problem behaviours such as illicit drug use by young people. This does not suggest 'anything goes'. Roth and Brooks-Gunn emphasised that, at a minimum, program goals and atmosphere are important. They must 'seek to enhance not only adolescents' skills, but also their confidence in themselves and their future, their character, and their connections to other people and institutions by creating environments, both at and away from the program, where youth can feel supported and empowered.' (p. 180)[38]

Police are well-placed to work with other community groups and services to develop and implement youth development programs. Such activities are likely to have benefits that are broader than drug demand reduction and include crime prevention and other positive outcomes. However, consideration needs to be given to ensuring that the program goals, atmosphere and activities are consistent with research about youth development programs.

Managing youth in public spaces

Young people who 'hang out' in public and commercial spaces (for example, shopping centres) can appear threatening to older people and a nuisance to business owners. Police can be called upon to move young people away from public spaces. However, there is a concern that such strategies can alienate youth and expose them to danger.[39] Malone described how a variety of

regulatory policies and policing activities, such as surveillance, curfews, move-on and anti-congregation laws, have been introduced in cities around Australia with the specific aim of restricting young people's access to public space. Policing of the streets and the current climate of a 'fear of crime' has resulted in many people congregating in less visible areas of the urban environment. This retreat to marginal spaces of the street can increase the likelihood of young people being exposed to, and identifying with, individuals involved in street-based drug markets who also operate in these less visible zones.[40] According to Malone:

> These policing regimes serve to restrict opportunities for youth to develop appropriate spatial behaviours through modelling and integration and reinforce disconnection and isolation from the community. (p. 7)[41]

This was supported by a study by White on the relationship between young people and their involvement in criminal economies around the drug market. He concluded that '… local community circumstances are a vital factor in any exploration of the relationship between drugs and young people' (p. 99)[320] Similarly, Bushay and Reuter recommended legislation for better practice in design of public spaces as a crime-prevention strategy.[42]

Community drug education

Community education could be reactive or proactive. Reactive community education could be, for example, a response to a request to present a one-off talk for a community organisation or a request from an individual for information. Proactive community education could include a planned education strategy using media. The National Police Drug Education Committee was established in Australia in the mid-1990s to provide a focus for the development of police drug-education policy and strategies to reduce drug-related harm in the community.[321 322] However, a search of the literature failed to provide information that could provide insights into the nature and success of police involvement in community drug education in Australia.

Community building

Police are often involved in a range of community-based activities and programs. Gauntlett and colleagues conducted a meta-analysis of community-building programs and concluded that programs that seek to develop stronger communities and measurable positive social outcomes are a cost-effective means of preventing problems such as crime and drug problems.[37] Many of the programs surveyed were developed in response to particular social problems, such as juvenile crime, poor educational achievement, homelessness, or drug problems. Gauntlett and colleagues' analysis indicated that that there is increasing recognition of the importance of community participation and the role that community groups play in developing community wellbeing (the physical, mental and social wellbeing of people). Keys to building healthier and stronger communities identified by Gauntlett and colleagues concluded that:

> There is overwhelming evidence that for many community-based programs directed at the early prevention of social disadvantage through unemployment or homelessness and/or antisocial behaviours in young people, economic and social benefits are delivered way in excess of the costs of the programs. Key factors which contribute to effective programs are that:
> - it is important that programs address the 'whole-of-community'—society-wide social and economic forces which impact upon young people and make it difficult for some of them to avoid the risk factors which lead to unemployment or homelessness or to destructive or anti-social behaviours; and
> - whole-of-person and whole-of-community approaches which coordinate appropriate service delivery are more likely to address these society-wide factors through building resilience and protective barriers…

In the area of crime prevention, early intervention is crucial:

- *in minimising future involvement as an offender in the criminal justice system—the more that young people become involved in the criminal justice system, the more likely it is that they will continue to offend; and*

- *in reducing the costs of crime—both prosecution of crime and incarceration are expensive and far in excess of the cost of effective prevention and early intervention programs. (pp. ix–x)[37]*

The study indicated that when professionals such as the police are involved in community-building projects, they are more effective if they respond to local context, work in multidisciplinary ways and adopt facilitative approaches as much as possible.

A case study of a community-building project in which police were involved reported by Gauntlett and colleagues was the Croydon Good Neighbourhood Program in Victoria. The Croydon Neighbourhood Committee of 20 people included academics, professionals, retired people, youth workers, police and students. Multiple initiatives were implemented, including:

- a shuttle bus for the area—youth workers used the council bus and the local church provided a bus and a driver to transport young people home after events;

- a practice facility for garage bands with funding from various sources;

- an outward bound type adventure course with all equipment donated;

- a 'safe train'—trains with police patrols and entertainment to provide safe transport at night.

Each component of the project enabled cooperation between groups. For example, the police, unions, ministers and the broader community cooperated in supporting the safe train. While the evaluation of the initiative described the increased networks and partnerships that were formed as a result of involvement in the program, no quantitative evaluation was reported.

There is interest in Australia and overseas in implementing large-scale community programs that prevent illicit drug use and other problems, such as delinquency and criminal behaviour. For example, Hawkins, Catalano and colleagues have developed the Communities That Care (CTC) prevention program which provides tools to assist communities to use local data on risk and protective factors and then develop effective preventive interventions to reduce the risks and enhance the protective factors.[323] Toumbourou is conducting a randomised controlled trial of the CTC model in Victoria,[324] and Homel and his team in Queensland are trialling a community project 'emphasising investment in child-friendly institutions, communities and social policies and the manipulation of multiple risk and protective factors at different levels of the social ecology and at crucial transition points, such as around birth, the commencement of school, or graduation from primary to high school.' (p. 272)[325]

Community-building programs show promise. However, as argued by Hawkins and colleagues, it is important that the interventions used are evidence-based.

School-based drug education (SBDE)

Introduction

Police in Australia and overseas are repeatedly asked to conduct drug-education sessions in schools. Possible benefits are outlined below:

- Police might have specific expertise in the area (for example, on laws and legal processes and on having witnessed, firsthand, some of the negative effects of drug use on the user, friends/ family and the wider community), so they provide accurate information and are credible to students.

- Police might be seen as credible by students.
- Police might offer novelty, making the lessons more memorable.
- Police might influence behaviour by providing realistic (albeit perhaps graphic or scary) information.
- Police involvement might help build relations with youth in the community.

Possible problems with police delivering SBDE are as follows:

- Police time spent preparing and delivering SBDE is a cost to police.
- Police might lack training in teaching methodology.
- Police might not be seen as credible.
- Teachers might want police to be the total school response to drug education.
- Police might be expected to, or want to, be the expert on all aspects of drugs.

The role of police in SBDE is considered in the light of the above possible reasons for police involvement and the possible problems.

Efficacy of school-based drug education

In considering the role of police in SBDE, the limited role of SBDE per se needs to be considered. Evaluations of even 'best practice' programs have been found to have little sustained effect upon student drug use.[326-328] A recent meta-analysis of school- or college-based drug-education programs by White and Pitts identified that the best researched programs were only able to delay or to stop the use of drugs in 3.7 per cent of young people who would otherwise have used drugs. Even this small effect dissipated over time. There is an argument that SBDE cannot have major effects on student drug use when one considers the multiple other influences on student drug use.[44 283] As stated by Hawthorne: 'The predictors of adolescent drug use are social and personal; schools can have little effect on these.'[47] The value of police involvement in SBDE needs to be seen in the context of the limited effectiveness of SBDE per se.

School-based drug education and harm reduction

Following a review of SBDE literature, Midford and colleagues noted that incorporation of harm-reduction principles in alcohol education has worked well as it can build upon the student's experience and can provide practical support in preventing likely problems. However, teachers experience difficulty in providing illicit drug education with a harm-reduction focus in schools. Family and community concerns can make unrealistic demands on teachers to 'drug-proof' their children.[329] Furthermore, decision makers tend to fund drug-education programs that have unrealistic objectives. Midford and colleagues noted the need to support drug educators to implement evidence-based programs with realistic objectives.

Factors contributing to effective school-based drug education

Midford, Lenton and Hancock reviewed the research literature about cannabis education in schools.[330] They identified the following critical components in drug education.

- Drug education is best taught in the context of broader social skills training and comprehensive health education
- Drug education messages across the school environment should be coherent and consistent
- Drug education should be research-based and theory driven
- Drug education should be evaluated

- Drug education should occur before behavioural patterns are established
- Drug education should be immediately relevant, developmentally appropriate, have sequence, progression and continuity
- Drug education strategies should relate to objectives
- Drug education objectives should have an overall goal of harm reduction
- Drug education strategies should include:
  - Social resistance skills training
  - Normative education
  - Interactive teaching approaches
  - The addressing of values, attitudes and behaviours of individuals and the community
  - The identification of the interrelationship between individual, social context and drug
  - A focus on prevalent and harmful drug use
  - Credible peer leadership
- Drug education should include family, community, media and special population components to provide a supportive base for SBDE.
- Drug education should be culturally sensitive
- Teachers should be trained and supported to conduct drug education
- Drug education resources (including external presenters and programs) should be selected to complement the teacher
- Drug education should have adequate coverage and continued follow-up. Stand alone, one-off programs are unlikely to be effective
- Fidelity of implementation of drug education should be monitored.

It is beyond the scope of this report to discuss these components in detail. However, a selection of components with particular relevance to police are discussed below.

Factors contributing to effective school-based drug education (SBDE): implications for police

Components that specifically relate to the use of police in SBDE are teaching approaches, the use of police as resources, and the need for adequate coverage and follow-up. These are discussed below.

Teaching approaches. Programs that have demonstrated effectiveness in outcome studies have tended to be those that used interactive, group-based teaching methods. Tobler coded research studies of education about tobacco, alcohol, cannabis, and/or 'hard drugs' (cocaine, heroin, stimulants, inhalants, and tranquillisers), based on the degree to which adolescents interact with each other and with the group leader.[331] She found the more intensive participatory programs were significantly more effective than traditional didactic or teacher-led provision of information or skills. Tobler defined DARE programs[k] (as run in the United States of America), developed and conducted by police officers, as 'non-interactive'. A subsequent meta-analysis of cannabis education programs substantiated the findings that interactive teaching methods were significantly more effective than non-interactive methods.[50]

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[k] The US police drug-education program called DARE is different from the police school-based program in the Northern Territory called DARE, so conclusions from evaluations of the US DARE program should not be generalised to the Northern Territory DARE program.

Drug-education outcomes are influenced by the degree and the type of persuasion used to change behaviour. Research on health-promotion media campaigns has noted that messages must present open opportunities for individuals to make informed decisions.[332-334] Job noted that scare tactics require certain conditions to be effective. For example, the event upon which fear is based should seem likely to happen; a behaviour that will alleviate the fear should be offered; and engaging in that behaviour should offset the fear, hence act as a reinforcer.[333] Job noted that it is difficult to ensure that all requirements are met and noted that positive reinforcement methods appear more effective than fear-based strategies. Donovan outlined that messages should be 'informative not dictatorial' to prevent a counter response.[332] Research on the specific use of scare tactics whether through extreme health effects or through authority figures, such as police, has continually identified their lack of effect.[51 334] Paglia and Room found a consensus among the research that drug-education programs should provide 'a tolerant atmosphere, free of moralizing and fear tactics'.[335] They emphasised that such an atmosphere is conducive to 'open' and 'non-evaluative' discussion about the topics.

In summary, presentation style is an important influence on the effectiveness of SBDE. In particular, interactive methods that provide individuals with opportunities to make informed decisions have been found to be more effective than didactic approaches, particularly those that use scare tactics to persuade behaviour change. Whether or not police in Australia have better, similar, or worse presentation styles compared to teachers has not been evaluated.

The presenter. Government policies and SBDE guidelines (as presented above) emphasise the need for the teacher to take the lead role in SBDE. Allott and colleagues supported this assertion in their review of British providers of SBDE and concluded that teachers were most effective in integrating SBDE throughout the curriculum.[82] While the use of credible peers[336] and health professionals[331] in the presentation of SBDE has been positively evaluated, the effectiveness of police as presenters has not been well-evaluated.

Williams and Keene were the first to review the role of police in the classroom across multiple police-led programs. In their review of the literature they concluded that police might not be best-suited to the role of school drug-education teacher.[337] They found that police-led programs, such as the DARE programs in the United States of America, had little evidence of success and other programs had little evaluation. However, they noted that there was 'a significant omission in the literature' on evaluating the effectiveness of various leaders. Their final conclusion was that:

> …it is difficult to determine the effectiveness of school-based drug prevention
> programmes in which police officers play a dominant role. Clearly, classroom, curricular,
> and community contexts are vitally important in determining the success or failure of any
> initiatives. Much depends also on the personal qualities, characteristics, experience and
> training of police officers and teachers. (pp. 238–239)[337]

The international literature on evaluations of the effectiveness of the police in conducting SBDE is not conclusive. Evaluations of police-led DARE programs in the United States of America have found minimal results on the long-term effectiveness of the programs overall.[51 338-340] Few of these studies have focused on the teaching styles of individuals. Rosenbaum found that urban children in his sample reported more beneficial effects than did suburban children.[51] Classroom observers noted little variation between officers who led the program, but marked urban/suburban variation in officer–student interaction outside the classroom. The urban police officers had more interaction with students outside the classroom than did suburban officers. Rosenbaum hypothesised that the greater student–police interaction in the urban areas might have increased those students' perceptions of the credibility, authority, and personal knowledge of police, and that this might have contributed to the better results among that sample. However, he cautioned that no other study has confirmed these instructor effects.

In 1999, Allott and colleagues published a review of British school programs based on providers of the program.[82] Much as Williams and Keene, they noted that the research does not support the effectiveness of police-led DARE-type programs. They concluded that they were most effective in their efforts 'to develop relations between the police and young people, and to provide pupils with knowledge of different drugs'. However, they also noted that the police often worked in isolation from teachers and support staff and that this hindered integrating these programs into the curriculum.

In the same year, O'Connor, Evans and Coggans published an extensive study of police involvement in the classroom in the United Kingdom.[341] They concluded police would have most impact if they restricted their presentations to areas of police expertise (drugs and the law) and ensured that the content and delivery of the presentation were appropriate to the needs of the group. They advised that a review of police policies, thorough evaluation of procedures, and analysis of the costs to the police department be conducted.

Following the above review, the Metropolitan Police Service (MPS) developed a school drug-education strategy and began an evaluation of its implementation in five sites.[342] The evaluation did not deal with the question of whether police were more or less effective than teachers, but did provide information about the quality of police SBDE. Variation in the quality and effect of police SBDE was noted. Problems identified included:

*   Police acting as teachers, rather than as expert visitors. That is, police presented the whole lesson and managed the class, rarely with input from the teacher before or during the lesson. One consequence was that links were not made to previous learning
*   Overuse of didactic presentations
*   Focusing on illicit drugs to which the students would be unlikely to be exposed
*   Trying to cover too much, in too much detail, in too short a time. Consequently, lessons were rushed and main points not reinforced at the end
*   There was no evaluation or follow-up
*   Students thought the police knew a lot of useful things about drugs. There was a small increase in knowledge scores on some items
*   The conduct of SBDE by police was regarded by senior police as a valuable means of relationship building and partner development with schools.

On the basis of the evaluation, O'Connor and colleagues recommended that a plan be developed between local police commanders and lead agencies responsible for SBDE that specifies:

*   A person responsible for developing the school's commitment and ability to provide a 'best-practice context' for SBDE
*   Mechanisms for monitoring and evaluating SBDE
*   Agreed protocols for the contribution of each agency to SBDE
*   Arrangements for SBDE training and resources.

In summary, there is support for a police role in SBDE. However, training and protocols are required for both police and teachers to ensure that the best value is achieved by police involvement in SBDE.

Conclusions about school-based drug education

There is no clear consensus as to whether or not police should be involved in SBDE. As Hyde stated:

> In some jurisdictions police are more closely involved in developing responsible values in young people and in providing information that will assist young people in making positive life decisions…To what extent it is legitimate for police to be more involved in this area, especially the formal education systems, will probably be the subject of many debates in the near future. (p. 8)[343]

Some evidence suggests that police involvement in the classroom does improve relationships with students and the community.[82 337 341] However, there is some question as to the cost effectiveness of this within a drug-education program.[82 337 341] With regard to expertise, O'Connor and colleagues cautioned that classroom involvement should be 'limited' to their expertise and should be well-integrated within the curriculum.[341] Finally on the educational skills of police, little research was available on this issue, but the effectiveness of interactive group-based skills suggests police, as any educational leader, must be skilled in this area to be effective.[331]

The deficiencies in the research literature suggest that more research is needed to determine the value of police in SBDE, yet the question still remains as to the police officers' role in the classroom. Teachers are in the best position to conduct a needs assessment and to plan a program of activities to meet the needs of their student population. Police can have a role in that plan, but cannot be expected to come to a school and fulfil a school's total drug-education needs. They should neither be expected, nor try to present information that is outside their brief. Nor is it realistic to expect that police can scare students into not using drugs. The police are in a good position to discuss the areas that pertain to their roles (hence fulfilling the need for presenters to have credibility and to be informed about what they are presenting). Given the novelty of having police in the classroom, they might also, if they have effective presentation skills, make the lessons more memorable and interesting to the students than if they were presented by a teacher.

Summary and conclusions about demand reduction and police

Police have a role in encouraging users to treatment and in preventing drug use. Considering the association between problematic drug use and crime, and the reduction in crime associated with treatment, illicit drug demand reduction has value for police as a crime-prevention strategy. The police role in encouraging entry to treatment has expanded since the late 1990s. Police exposure to drug users and their families makes them well-placed to be involved in this role. Research on drug prevention suggests that old tactics, such as one-off lectures, are not effective. However, a range of strategies such as early developmentally appropriate interventions and participation in evidence-based school and community programs are likely to have a positive effect on drug demand.

Supply reduction: Effects on demand and harm

Introduction

This section includes a description of supply-reduction strategies used by police, an outline of the debate about the merits of high- and low-level enforcement, a description of research into the effects of supply-reduction strategies on drug markets, drug demand and drug-related harms, and an evaluation of Australian drug law enforcement with recommendations for making supply-reduction strategies more consistent with harm-minimisation policy. This section is not a review of supply reduction per se, but is only concerned with the influence of supply reduction on drug demand and harms.

Supply-reduction strategies and effects do not fit neatly into categories. That is multiple supply-reduction strategies and activities can be used alone or in combination, and those strategies can have multiple positive and negative effects on drug supply, demand and harms. The structure was chosen to illustrate main points, rather than because issues and research sat neatly into separate categories. Consequently, there is some repetition as we 'look into the same house through different windows'.

Description of supply-reduction strategies and activities

Drug law enforcement activities vary with a) the type of police officer, b) the level of the drug market being targeted, and c) the target (sellers or buyers). Activities and strategies across these dimensions are described below.

Variations across the police service

Commissioned and non-commissioned police officers are involved in different aspects of drug law enforcement, depending upon their position in the organisational structure. David Brereton (unpublished) has outlined the different roles of police by two variables: level in the organisation and the degree to which drug issues are focused upon (Appendix 2). The main functions of each level/type can be summarised as follows:

- Senior management is responsible for setting, disseminating and supporting drug policy and corporate priorities.
- Specialist drug units investigate and respond to higher-level drug trafficking.
- Local Area Commands identify, prioritise and respond to local community issues.
- Individual police officers carry out taskings set by the Local Area Commander and respond to breaches of the law.

Maher and Dixon noted that studies of drug policing tend to fail to discriminate the different types of policing.[52] In particular, focus tends to be placed upon specialist drug units whereas non-specialised police conduct the bulk of drug law enforcement in Australia.[4]

High- and low-level drug law enforcement

Graycar (Director of the Australian Institute of Criminology), Nelson, and Palmer (the then Commissioner of the Australian Federal Police (AFP)) presented a 'basic catalogue of law enforcement responses to illicit drug use'.[344] The responses were presented as options, not as recommendations for Australia. Many of the strategies are not specific to drug supply reduction, but are used for a range of crime issues. This catalogue is summarised below.

High-level drug trafficking control. These efforts encompass those aimed at reducing drug supply by preventing drugs being manufactured in Australia or by preventing them from entering the country. These efforts tend to target high-level dealers and include:

- Drug seizures: border detection by Customs.
- Multi-agency supply-reduction approaches: collaborations between national and State/Territory law enforcement agencies towards a specific objective.

Low-/street-level control. These are efforts that target street-level drug markets and include:

- Police crackdowns

  These seek to provide a general deterrent effect and to disperse a specific drug market in a defined location. Tactics can include aggressive patrols, motor vehicle stops, asset confiscation, elements of community policing, undercover policing, and drug sweeps.

Undercover policing can include surveillance of locations known for drug activity using closed-circuit television, buy-and-bust operations targeting dealers, reverse-buy operations targeting buyers, and obtaining information from dealers to pursue larger-scale dealers.

- Community policing

  This involves the development of partnerships with the community to support crime reduction. The rationale for this strategy is that by getting to know police, the community feels more willing to pass on information to police. Tactics for enlisting the support of the community include door-to-door interviews, storefront substations, increasing the number of police on foot patrols, and appointing resident-police liaison officers.

- Problem-oriented policing

  Graycar and colleagues described the SARA model (described below).

- Policing drug hot spots

  This is a place-oriented strategy. Places at which drug deals are transacted are targeted, rather than people.[345-347]

- Place managers

  This involves police persuading people who are routinely near a particular public place that is amenable to drug dealing to act as guardians of the area. Place managers tend to be people with an interest in the area, such as owners of adjacent buildings, or managers of adjacent businesses.

- Third-party policing

  This involves police persuading non-offending people to take action to prevent the likelihood of crime occurring. Third parties tend to be landlords, property or business owners.[348] The use of third parties with some power over offenders can increase the likelihood of penalties being imposed in a rapid and effective manner. Such penalties can include, for example, being evicted from accommodation or being excluded from licensed premises.

- Civil forfeiture

  In this case the law provides for the forfeiture of any property related to illegal drug activities.

- Diversionary law enforcement strategies

  These include cautioning, mandatory treatment services and drug courts.

Graycar and colleagues concluded by quoting Mazerolle, who identified civil remedies as the most promising approach for drug law enforcement.[349] However, no one approach was seen as universally appropriate. Each strategy must focus on the specific context, and tactics must fit the community, the location, and the market.

Higher-level versus lower-level targeting of drug offenders. Australian policies have historically emphasised the need to target major offenders.[350] However, research of Australian drug law enforcement has identified that it is comparatively minor offenders who are most affected by drug law enforcement.[4,350] The following reasons for the focus on street-level activity have been identified:

- Most drug-related apprehensions are made at the street level, by non-specialist police officers.[350]

- The police view street-level players as potential higher-level players or the beginning of a trail to higher-level players.[350] The evidence from the United Kingdom on cannabis arrests, however, is not consistent with such a view. May and colleagues' study of policing of cannabis in England identified that arrests for possession very rarely led to the discovery of serious crimes.[351]

- In the pursuit of higher-level players, lower-level players tend to be identified along the way.[350]

- Maher and Dixon argued that the priority of policing on public amenity contributes to the propensity of drug-related apprehensions at the street level:

  …general policing mandate which prioritizes order maintenance. In this context, street-level drug use and sale offend variously: as potential sources of disorder and violence, as improper 'disorderly' use of public space, as producing fears and anxieties amongst others in the community, and as expressions of immorality and social disutility. Drug policing, therefore, has to be located in a long history of public order policing, which has focused on a variety of economic, cultural, and recreational practices in public space. Street-level practices are determined by this mandate and its history as much as by policing strategies directed at the drug market. (pp. 491–492)[352]

Kleiman and Smith have argued that neither high- nor low-level enforcement are likely to be effective in dealing with crime if they are not conducted in a focused manner.[353] They have argued, though, that street-level enforcement might be more effective than high-level enforcement in supply reduction. They argued that removing high-level traffickers has little effect on drug markets as those traffickers are easily replaced. In any case it is only the weaker criminal organisations that are removed by law-enforcement efforts, leaving stronger, more violent organisations intact.

In summary, stated policy tends to be for police to target high-level drug traffickers, but most drug law enforcement activity occurs at the lower level of the drug market. For this reason, and the limitations of this research project, this section focuses further discussion to street-level drug law enforcement.

Supply-side and demand-side drug law enforcement

Drug law enforcement can be targeted at sellers (supply-side drug law enforcement) or buyers (demand-side drug law enforcement).[354] Weatherburn and colleagues have described the rationale and tactics for these different forms of drug law enforcement.[8] Their description is summarised below.

Supply-side drug law enforcement. The rationale for supply-side drug law enforcement is that decreasing the supply and/or increasing the costs of drugs will reduce demand. Supply-side drug law enforcement activities include:

- Making it more costly to manufacture, cultivate or sell drugs: crop eradication programs, border control, imprisonment of sellers, and confiscation of assets.

- Increasing the risk of apprehension for selling: covert surveillance, the use of undercover police informants, and the use of inducements (for example, immunity from prosecution) to encourage offenders to inform on, and testify against, sellers.

Demand-side drug law enforcement. The rationale for demand-side drug law enforcement is that, increasing the inconvenience, time, risk or cost of buying drugs will reduce illicit drug consumption (for example, by users entering treatment, switching to legal drugs, or simply reducing the amount of illegal drugs consumed) and reduce crime and revenue to drug sellers. Tactics used against buyers of illicit drugs include:

- Use of stop and search powers to check for possession of illicit drugs
- Arrest and prosecution for illicit drug possession and use
- Moving suspected drug users away from places suspected of being drug markets
- Encouraging users to enter treatment.

Such activities can be conducted on an ongoing basis, or can be part of a crackdown on a defined geographical area over a limited period.

Demand-side drug law enforcement versus supply-side drug law enforcement. Historically, drug law enforcement agencies have regarded supply-side drug law enforcement as more important than demand-side drug law enforcement.[4][350] In particular, most regard high-level supply-side drug law enforcement as more valuable than low-level supply-side drug law enforcement, particularly when the low-level supplier is motivated by drug dependence, rather than profit.[8] The reasons identified by Weatherburn and colleagues for this preference are as follows:

- Drug sellers are viewed by the community and courts as more criminally culpable than drug users
- Police tend to regard the arrest of high-level dealers as more rewarding than the arrest of low-level user/dealers
- Police and the general community believe that the principal goal of drug law enforcement is to stop the supply of illegal drugs, rather than to arrest low-level user/dealers.

Yet there have been arguments that demand-side drug law enforcement could be more effective than supply-side drug law enforcement, based upon the belief that illicit drugs are price inelastic.[8] That is, reducing supply and increasing prices will have no effect because drug users, motivated by dependence, will simply commit more crime to fund their drug use. This issue is further discussed below.

Summary and conclusions about supply-reduction activities and strategies

This descriptive overview of supply-reduction strategies has illustrated that there are many supply-reduction strategies implemented by police, and that the activities and strategies vary with the level and type of police officer (for example, generalist police, specialist drug units, senior management), the level of the drug market targeted (high or low), and the group being targeted (users or sellers). This review cannot review research on each specific strategy. The discussion below acknowledges that different strategies will have different effects and focuses on research that has relevance to a broad range of drug law enforcement strategies.

Effects of supply reduction

Overview

Supply-reduction activities and strategies can have a range of positive and negative effects on drug markets, drug demand and drug harms. Examples of a range of positive and negative effects from drug supply reduction activities and strategies are presented in Table 3 and discussed below.

Table 3. Effects of supply reduction

	Possible positive effects	**Possible negative effects**
Drug markets	Increased price Decreased purity Decreased availability Increased time, effort and risk required to buy drugs Increased hassle Dispersement Sellers leave market	Displacement to other areas, thus stimulating the creation of new drug markets in new areas. Increase in drug-market violence and adaptations to avoid detection, as only the most ruthless and intelligent sellers survive
Drug demand	Reduced drug demand due to: • New users deterred from entering the market • Current users encouraged to cut down • Dependent users encouraged to enter treatment • Transformation of open markets to closed markets • General deterrence	Increased drug demand due to: • Enhanced image of drugs as anti-establishment (particularly among alienated youth) • Creation of new markets in nearby areas
Drug harms	Reduced community fear of crime An increase in the number of residents and businesses attracted to the area (this can contribute to crime prevention) Improved public amenity Decreased harmful/risky drug use behaviours (due to decreased demand) Decreased crime (due to decreased demand)	Switch to more harmful drugs Increase in unsafe use behaviours as use in more hurried, or in dark, isolated and/or less hygienic circumstances Increase in property crime (due to increased drug prices) Increase in drug market-related violence Increase in police corruption Spread of drug-use problems to other areas Financial cost of drug law enforcement Alienation of users from service system Infringement of civil liberty Stigma of criminal record

Effects of supply reduction on drug markets

Disruption of drug markets. Earlier reviews of the research have concluded that drug markets can be disrupted by lower-level (street-level) policing.[355][356] For example, Edmunds, Hough and Urquía studied policing of six drug markets in London and surveyed people who bought or sold at the sites (*n*=30 per site on average).[357] Nearly half (44 per cent) of the users/dealers reported that 'the risk of enforcement was a crucial factor when deciding upon what drug market to use and how to use it'. (p. 36) However, 'disruption' does not mean 'removal'. Edmunds and colleagues stated that 'in the face of increased police activity, they told us that they would either shift market, or take greater care to avoid detection (for example, by managing the transaction off-site). None suggested they

would be deterred from buying.' (pp. 363–367) Subsequent case studies of two drug markets in the United Kingdom, identified how reactive, low-level policing had little effect on drug markets. Sellers were unconcerned about police and police felt ineffective in disrupting drug markets above street level.[358] More proactive, source-led policing was recommended for closing drug markets. It appears evident that street-level police activity can disrupt drug markets, if not remove them. However, the effects are limited and depend upon the exact nature of the policing activity.

MacCoun and Reuter reviewed United States of America data to answer the question of whether tough drug law enforcement had been effective in raising prices and/or decreasing availability.[22] The evidence, they concluded, was that it did not. They observed, for example, that during a period of increasingly tough enforcement, prices for cocaine and heroin reduced substantially during the period 1981 to 1995. This drop in price could not be explained by a drop in demand, as demand had not declined during this period, apart from a one-off drop in 1993. Further, surveys of perceived availability of drugs did not vary substantially over this period.

In summary, research suggests that:

- Local market disruption can displace or can disperse a drug market.

- Tougher drug law enforcement does not appear to affect price or availability relative to less tough enforcement.

One common form of local market disruption (drug sweeps) is discussed below, followed by an examination of the outcomes of drug-market disruption: displacement, price, purity, and availability.

Drug sweeps. Looking specifically at drug sweeps, Graycar, Nelson and Palmer discussed their costs and benefits.[344] The following benefits were noted:

- Increased arrests and fewer calls for service in the targeted area were described as benefits in the short term.

- Crackdown → increased perceived risk → disruption of dealers, dealers more hidden and less accessible to buyers → some will buy less, some drug users will leave the market altogether.

- Dispersal → no 'critical mass' → cessation of illegal activity and street crime → improved public amenity.

- Increased police presence → increased confidence of citizens → increased use of public space by the general public and willingness to report illegal drug activities → longer-term benefits include the area being less amenable to a drug market.

However, Graycar and colleagues noted that the displacement of drug activity in the short term, and the questionable long-term outcomes, have been subjects of debate. The costs of drug sweeps, identified by Graycar and colleagues were as follows:

- The need for sufficient funding to maintain the required intensity of policing over a long enough period of time to obtain results.

- The reduced availability of drugs can contribute to an increase in drug prices, which can then lead to an increase in crime.

- Police activity can be regarded as intrusive in the community and an abuse of police power.

- There could be increased opportunity for police corruption.

Citing research by Uchida and Forst,[359] Graycar and colleagues noted that three factors affect the success of a drug sweep:

- Commitment of the police to drug sweeps as a tactic.

- Cooperation of the targeted community.
- Number of offenders in the area.

Graycar and colleagues concluded by stating that sound evaluation of police crackdowns is lacking, partly because of the number of variables that can influence effects and outcomes. Relevant research has been conducted by Feichtinger and colleagues, who have developed a model for identifying the optimal enforcement policies for crackdowns on drug markets.[360-362] They reported the following findings:

- Using a reduction in the number of dealers operating in a location, the model identified that little benefit is obtained after the first week of a crackdown, and that strong enforcement at the beginning of the crackdown is most likely to be effective if the dealers are concerned about risk.[361]

- Drug law enforcement that focuses on collapsing a drug market is more likely to be successful when the volume of sales is dependent upon the number of dealers.[362]

Displacement of the drug market. Jacobson reviewed situational crime prevention for local drug markets: policing drug hot spots.[347] Her study included an examination of displacement, defined as follows: 'Displacement is said to occur when a situational initiative at a drug market location has the result of changing the patterns of, rather than eradicating, illegal activity.' (p. 5) This can include dealers moving to another site, altering the times during which they sell drugs, changing the mode of operation (for example, from fixed site dealing to arranging deals and deliveries by telephone), or switching to other illegal forms of making money. Her conclusions about displacement were as follows:

- The risks of displacement will rarely be so great as to invalidate situational crime prevention initiatives at drug-dealing sites.

- The most likely form of displacement is the transformation of open markets to closed markets.

- Displacement can have positive effects, for example, a change from overt to covert markets can contribute to a reduction in novices gaining access to the drug market and a reduction in drug market-related anti-social behaviour.

- A 'reverse process to that of displacement' can result from situational initiatives: 'a "diffusion of benefits" occurs when the positive effects of a strategy have an impact upon an area or a form of crime that was not directly targeted'. (p. vi)[347]

Edmunds, Hough and Urquía discussed the arguments for and against the displacement of drug markets. Arguments against displacement are that it is a waste of police resources because, at best, the market is simply moved, at worst, the displacement can amplify and can diversify the location and methods of drug markets. Arguments for using enforcement strategies to displace drug markets include:

- Some buyers will buy and use less, some will stop altogether, novice or casual buyers are most likely to be impacted in this way

- Public amenity problems will be alleviated, crime and fear of crime will decrease, residents and businesses will be attracted to the area, which itself contributes to crime prevention

- Drug markets that become entrenched can be very hard to shift—dispersal of drug markets before this happens can prevent a drug market becoming firmly entrenched.

Maher and Dixon[52] quoted Dorn and Murji's description of displacement:

Drug markets are rather like a squishy balloon: apply pressure to them in one place and there will be some diminution of the problem, yet it is likely that the market will balloon

out in another place or on an adjacent site, involving new and possibly more cautious or sophisticated dealers and perhaps a different range of drugs. These outcomes are, respectively, examples of geographical, social and substance displacement. (p. 170)[363]

On the basis of research with drug users, Maher and Dixon identified a range of problems with displacement due to intensive policing.[52] These problems are outlined below:

- Intensive policing can encourage drug use in undesirable settings that tend to be public, unhygienic, poorly lit and lacking in ventilation. Illegal 'shooting galleries' can provide an alternative site for injecting, but their quality for public health outcomes varies.

- Dispersing drug users can simply spread the problem further into the community. While police have argued that this is more equitable, Maher and Dixon argue that it can result in an increase in users, as new users are recruited in the new areas to which the problem has moved.

- Dispersal to less visible locations can increase the risk of overdosing alone.

- Intensive policing can alienate drug users from communities and health services.

- Vigorous policing can lead to more 'organized, professional and enduring forms of criminality and thereby exacerbate the social, economic and health costs of illicit drug use.' (pp. 503–504)[52] For example:

  · The complexity and sophistication of the market can increase by encouraging functional specialisation and hierarchical differentiation. For example, the use of intermediaries might become more proficient and more frequent to reduce the likelihood of police tracing original sources of drug supply.

  · Changes can be made to dealing so it is less visible and more mobile using, for example (stolen) mobile phones, vehicular trade (drive-by customers), and larger units of sale to reduce the number of transactions.

- When intensive policing removed regular dealers, novices would enter the market. These were sometimes more volatile, perhaps wanting to establish themselves by the use of violence. Some were 'bodgy', selling poor or fake deals, resulting in violence in retaliation for being 'ripped off'.

- When police confiscated heroin, users purchased more heroin, so they committed additional crime to pay for the replacement drugs.

- Some dealers who supported their drug use by dealing, had to stop dealing because of the increased police presence. These people then committed crime (for example, armed robbery) to fund their drug use, as it was less likely to be foiled by police.

- When police made heroin difficult to buy, users resorted to buying other drugs, such as benzodiazepines and methadone.

- Some reported that the police crackdown resulted in them moving from smoking heroin to injecting heroin because less heroin is needed when it is injected.

Increasing price, reducing purity and availability. Disruption of illicit drug markets aims to increase price and/or decrease purity, thereby motivating users to reduce or stop using and discouraging new users entering the market. Prices might increase because of the shortage of supply, and/or the increased risk involved in supply.[24]

Weatherburn and Lind conducted an Australian study of drug law enforcement policy and its effect on the heroin market.[364] The study dealt with the question: 'Do large-scale seizures of heroin (a) increase the street-level price of heroin, (b) reduce its street-level purity, and/or (c) reduce its perceived availability?' (p. 6) The study involved a time-series analysis of the effect of large-scale heroin seizures on the street-level price and purity of heroin in a large heroin market (Cabramatta).

Data was collected over a two-year period via undercover purchases of heroin, analysis of those purchases for purity, and interviews with people arrested for heroin offences. Data was also obtained on heroin seizures in excess of one kilogram collected by Australian police. Data analyses identified no detectable relationship between heroin seized across Australia or in New South Wales and heroin price, purity or perceived availability in Cabramatta. Several explanations for the lack of relationship were posited. First, variations in heroin seizures could have been too small to have a discernable effect upon the heroin market. Second, the heroin seized could have been for markets other than Cabramatta. Third, heroin importers could anticipate heroin seizures and import more than necessary and/or stockpile heroin. Weatherburn and Lind did not interpret the results as justification for abandoning supply reduction efforts. High-level supply reduction does keep the cost of heroin high, so defence of these strategies can be made, they argued, if demand for heroin is price-elastic and only if the benefits outweigh the costs. Such an analysis has yet to be done. Further, Weatherburn and Lind noted that the results do not support the use of heroin seizures as an indicator of the effectiveness of supply-reduction strategies.

On the second mechanism through which drug law enforcement can affect price, by adding to risk, Caulkins and Reuter suggested that as much as 50 per cent of the cost of cocaine can be attributed to risk compensation.[365]

Effects of supply reduction on demand

Introduction. Weatherburn discussed the police role in demand reduction:

> *Demand-side enforcement involves efforts to restrict the demand for heroin, either by deterring non-users from trying the drug, or by creating incentives for existing heroin users to give up the drug or to use it less frequently.*

> *The role of drug law enforcement in deterring people from ever using drugs remains unclear.[366] Perhaps the most effective demand-side drug law enforcement tactic is to encourage existing users to give up the drug or consume less of it by making it difficult for heroin users to 'score'. In fact the time, effort and risk involved in 'scoring' heroin (sometimes known as the 'buy-time') is believed by some researchers to play a significant role in discouraging demand and is one of few aspects of the heroin market which police can directly influence.[354 367 368]*

> *… The potential for supply-side enforcement to disrupt the heroin market stems from two main sources. Firstly, intense drug law enforcement can make it hard or risky to obtain the drug, at least in certain geographic areas. Secondly, as with any business, those involved in heroin trafficking will inevitably demand financial compensation for the risks (arrest, prosecution, imprisonment) and costs (heroin and asset seizure) they face. If these risks increase, traffickers who do not obtain adequate financial compensation will be tempted to leave the heroin market. Those who remain will demand higher profits for the added risks they face. In theory, at least, … the need for higher profits should force up the cost of heroin at street level and/or drive down its purity and/or availability, thereby reducing aggregate demand for the drug. (p. 5)[66]*

Price-elasticity. MacCoun and Reuter have reviewed research and presented the arguments about the economics of drug demand (pp. 76–86).[22] On the effect of drug law enforcement on demand by increasing drug prices and reducing drug availability, MacCoun and Reuter reported the following:[22]

• Some analyses have suggested low sensitivity to price among illicit drug users, at least for highly addictive drugs such as heroin

- There is, however, some evidence of sensitivity to price among heavy users, which might be due to some of those users seeking treatment when the price increases

- Overall, the evidence is mixed regarding the impact of price and availability on consumption

- Considering evidence from gambling, tobacco, alcohol and Dutch cannabis coffee shops, promotion of a product might be just as important as price and availability

- Whatever the impact of price and availability on consumption, law enforcement has 'surprisingly limited' (p. 77) ability to influence the availability and price of illicit drugs. However, while variations in law enforcement levels might have little impact on price and availability, there is no research on the impact of completely eliminating drug law enforcement. Completely eliminating drug law enforcement is likely to have dramatic effects on price and availability.[22]

Therefore, price-elasticity varies with drug type and level of dependency. As concluded by Weatherburn,[53] costs need to be weighed against the benefits on the basis of careful monitoring and evaluation. For example:

- How high should the price be? Resignato presented research that suggested that increased price and/or reduced purity can lead to increased violent crime.[232]

- How strong should drug law enforcement be? Caulkins and Reuter noted that there is a point of diminishing returns from enforcement on price.[365]

Deterrence. Weatherburn and Lind argued that 'commonsense suggests that one effect of prohibition and drug law enforcement should be to deter drug use.' (p. 3)[24] In support of this notion, they presented the following data:

- Less than one per cent of the Australian population are recent heroin users, less than three per cent have ever used heroin

- Surveys of young people have identified that many report that they have declined opportunities to use cannabis because of fear of being caught by the police.

However, they also noted that other factors could be contributing to low levels of illicit drug use, such as fear of the health consequences of illicit drug use. Further, the fact that a drug is illegal can be a deterrent to some, but an attraction to others. While noting that there has been a lack of research into the deterrent effect of drug law enforcement, Weatherburn and Lind reported that there is growing evidence to suggest that a) the perceived risk of apprehension for crime does exert a significant effect on the likelihood of a person committing that crime and b) police can influence the perceived risk of apprehension.[369] Furthermore, it was argued that even a small deterrent effect can have a large public health benefit.

Weatherburn, Topp, Midford, and Allsop subsequently reviewed deterrence research for illicit drug crimes.[8] They noted that most of the research in this area is from the United States of America and its applicability to Australia is not clear. Consistent with Weatherburn and Lind's earlier overview, some evidence was found to suggest that sanction certainty is more important than sanction severity as a deterrent to crime. It was noted that this contradicts community pressures and political responses to increase crime penalties in response to fear about crime.

A National Crime Prevention report published in 1999 described the limited success of the deterrence approach:

> *Scientific research conducted over many decades strongly suggests that criminal justice approaches that emphasise increased police numbers and punishment must in most cases fail to effect significant reductions in crime. They will be enormously costly if pursued with the vigour evident in some other countries, and they may even increase crime*

rates.[370] This is not to say that legal deterrence cannot in certain circumstances 'work' if the threat of legal punishments is communicated effectively, if the emphasis is on the risk of apprehension rather than the severity of penalties, and if the formal, legal sanctions reinforce informal sanctions already operating in the community.[370] An interesting interpretation of recent research is that deterrence approaches seem to work best when they are 'low key' and respect human rights. The criminal justice system in specific situations can contribute to a reduction in crime, provided that there is a redirection of thinking away from reactive policies based on the detection and punishment of offenders toward preventive policies which involve partnerships with community groups and other agencies. (pp. 3–4)[55]

More recently, MacCoun and Reuter discussed the issue of deterrence,[22] noting that deterrence theory is a rational choice theory that posits that crime will be motivated by the prospect of gain, but can be deterred to the degree that punishment is certain, swift, and severe. However, they argued that it fails to account for hedonism and utilitarianism. These are clearly relevant issues for illicit drug use. Further, deterrence is based upon an individual's perceptions of the certainty, swiftness, and severity of punishments. MacCoun and Reuter argued that these perceptions are influenced by the media, interpretation channels (for example, family and friends), and personal experience. The general public, influenced by inaccurate depictions of law enforcement on television and in cinemas tend to have an exaggerated view of the 'the law's omniscience'. People with greater personal experience in offending tend to have a lower assessment of the risk associated with crime. Research reviewed by MacCoun and Reuter suggested that the deterrence theory is at best only a partial explanation for drug-use decisions. The effect of deterrence appears to be quite small. For example, perceptual deterrence studies have indicated that only 5 to 10 per cent of the variance in cannabis use is attributable to deterrence effects. The small effect of deterrence is not surprising when the multiple contributors to drug-use behaviour are considered.[215 371 372]

In summary, drug law enforcement is likely to have a small deterrent effect on illicit drug use if the certainty of sanction is considered high. Police clearly have a role in providing the perception that a sanction is likely to occur for illicit drug offences. This does not suggest the need for heavy-handed approaches, as low-key, respectful approaches have been found to be more effective. Further, deterrence is only one of many factors that can affect drug-use behaviours, so it can only have limited effect.

Entry to treatment. Does drug law enforcement encourage drug users to enter treatment? In 1999, Weatherburn, Lind and Forsythe examined existing datasets and conducted original research and concluded that there was evidence to suggest that drug law enforcement can encourage heroin users into treatment.[24 368 373 374] Original research included a survey of 511 heroin users in areas of widespread heroin dealing and use in Sydney (central and south-western Sydney). The study included face-to-face interviews with heroin users in methadone clinics, at needle exchange centres and on the street. Study participants who were on a methadone program were asked to rate the importance of four reasons for deciding to start methadone treatment as either 'not very important', 'important', 'very important' or 'not applicable'. Avoiding more trouble with police/ courts was the third most important reason for entering treatment (Figure 9). Weatherburn and Lind noted that other factors, spending less on heroin and reducing involvement in crime, were indirectly relating to law enforcement, given that law enforcement aims to keep illicit drug prices and the risks associated with criminal activity high.

Figure 9. 'Important' or 'very important' reasons for entering methadone treatment
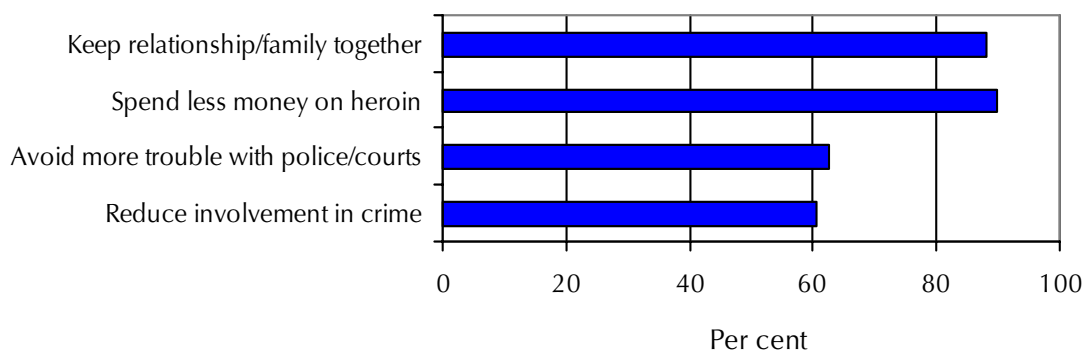
Source: Weatherburn D, Lind B, Forsythe B. Drug law enforcement: Its effect on treatment experience and injection practices. Sydney: NSW Bureau of Crime Statistics and Research, 1999.

Despite having extensive histories of contact with the police and criminal justice system, Asian, Middle Eastern and Aboriginal respondents were less likely to enter treatment than Caucasian respondents. Weatherburn and Lind concluded: 'Drug law enforcement may have a role to play in heroin demand reduction but its effects are not evident for all ethnic groups and the separate effects of contact with police, age and time spent in the heroin market remain unclear.'[374]

An analysis of the 2001 heroin shortage in Australia by Weatherburn, Jones, Freeman, and Makkai identified support for the notion that reduced availability of a substance (regardless of the cause of the shortage) can contribute to treatment entry. An analysis of existing data and a survey of 165 heroin users in Cabramatta indicated that the heroin shortage in New South Wales resulted in sharp falls in heroin use, expenditure on heroin and the number of heroin overdoses. Further, it appears to have prompted some heroin users to seek methadone treatment. Others responded to the shortage by consuming increased quantities of other drugs such as cocaine. Evidence for an increase in treatment-seeking included methadone clinic statistics (increase in new admissions), and arrestee data (increase in arrestees testing positive for methadone).[187]

Thus, there is some evidence to support the notion that drug law enforcement encourages entry to treatment. However, the cost-benefit of drug law enforcement on entry to treatment is not known and might vary according to the characteristics of the drug-using group being targeted.

Effects of supply reduction on harms

There have been concerns that some drug law enforcement practices are detrimental to public health and safety. MacCoun and Reuter, Weatherburn, and others have noted that harms arise, not just from drug use, but also from their legal status and the need to enforce drug laws.[22][24] For example, harms attributed to law enforcement by MacCoun and Reuter include harms for users, such as infringement on personal liberty and the stigma of a criminal record (see Table 1). Harms for the community attributed to law enforcement include the costs of law enforcement and corruption of legal authorities. While it is not suggested that drug law enforcement is inherently harmful it can contribute to harm in some situations and this needs to be considered when assessing the harms related to illicit drugs.

There is some evidence that aggressive street-level drug law enforcement has prompted some heroin users to engage in unsafe injection practices[165][368][375][376] For example, Maher and Dixon conducted an ethnographic study of 143 street-level heroin users in Cabramatta in 1995 to 1997.[52] At this time Cabramatta was a major suburban drug market in western Sydney, New South Wales. Fieldwork included in-depth interviews and observational fieldwork. The sample included 53

experienced users (mean age=26 years) and 90 new users (mean age=19 years), 30 per cent had an Indo-Chinese background, 36 per cent were Anglo-Australian, 8 per cent had an Aboriginal background, and the rest had a mix of other racial backgrounds. About half were males (56 per cent). Most (84 per cent) were unemployed. During the period of the study Cabramatta was the focus of several high-profile, intensive and sustained policing interventions. Interviews and observations indicated that this police activity contributed to:

- Oral and nasal storage and transfer of heroin.

  'More than two thirds of dealers were storing heroin in body cavities, risking exposure to blood and other bodily fluids.' (p. 496) This behaviour posed a risk for the transmission of tuberculosis as well as blood-borne diseases. Some would swallow heroin to avoid its detection by police and later try to vomit it up. This strategy placed the person at risk of overdose.

- Reluctance to carry injecting equipment.

  Some hid equipment, for example, in bushes or residences, which meant that another person could find it and use it. Some used others' injecting equipment. Maher and Dixon noted: 'While the possession of needles and syringes is not an offence in New South Wales, many new intravenous drug users (IDUs) and, in particular, Indo-Chinese users, were unaware of this. In any case, whatever "law in the books" may provide, policing practice means that many IDUs fear that being found with a syringe will lead to harassment and further police attention, more intrusive searches, and warrant checks.' (p. 498) Police activity that was regarded as particularly harmful was forcing users to destroy injecting equipment in their possession.

- Injection-related risk-taking.

  Maher and Dixon reported that the overt police presence exacerbated the incidence of high-risk injecting, as users wanted to use and get away from the site quickly. This meant that they were:

  · More likely to use used injecting equipment (borrowed or picked up off the ground), increasing risk of infection from blood-borne diseases

  · Less likely to have a 'taste' first or measure their dose, more likely to use in one hit, increasing the risk of overdose

  · More likely to unsafely dispose of used injecting equipment

  · Less likely to inject safely: 'people are shaking, jabbing furiously, trying to get a vein, blood is flying around; in short, the worst possible injecting scenario' (p. 500)

  · More likely to experience anxiety, paranoia and conflict when sharing drugs.

- Reluctance to carry identification:

  Some study participants reported that they did not carry identification with them in case they were 'busted'. This could have been problematic if they were victims of accidents or overdoses.

Maher and Dixon concluded that the drug market is resilient in the face of police interventions and that some of the adaptive changes to police efforts are 'pathogenic and/or criminogenic, posing serious threats to public health and community safety.' (p. 506)

One study suggested that police practices might vary between urban and regional centres with practices in regional centres being more likely to discourage safe use and disposal. Subjects in a study of injecting drug users in a regional centre reported that it was less safe to carry injecting

equipment in public in Cairns than in capital cities and that this contributed to sharing injecting equipment.[377][378] One study participant stated:

> Down in Sydney if a policeman finds you with a fit he probably doesn't even bat an eyelid. But if he finds you with a fit (injecting equipment) here he probably will (strip search you and search your house). So you just don't carry fits. (p. 55)[378]

In summary, research suggests that drug law enforcement can have benefits as well as negative consequences. A careful consideration of the range of effects, needs to take place lest police lose legitimacy and actually increase net harm.

Evaluation of Australian drug law enforcement

Sutton and James published a review of drug law enforcement in Australia in 1996.[4] The critical evaluation question for the review was:

> Does Australian drug law enforcement operate as a rational system which bases its practices on best knowledge of illegal drug supply and consumption, and which continuously monitors the impacts of its interventions in order to ensure their on-going effectiveness and to minimise unintended consequences? (p. 6)[4]

After reviewing documentation and conducting interviews across Australia, Sutton and James concluded that drug law enforcement in Australia was not a rational system. They identified that:

- Police from specialist drug enforcement bodies in Australia (including police in State/Territory police drug units and police from the AFP), acknowledged that they had limited success in prosecuting 'major players' in illicit drug industries.

- A consequence of the focus of drug police on 'high-level' players was neglect by specialist drug-enforcement officers of the effect of enforcement on local drug markets and users. This was seen as the concern of local (generalist) police.

- However, local police lacked expertise in illicit drug issues and perceived their role to be limited to suppressing the visible symptoms of drug use and trafficking.

- Local drug law enforcement did not seem to be directed by policy, monitored or evaluated.

- Drug law enforcement culture has been anchored in the conception of a 'war on drugs' in which supply reduction is the key approach. Local-level police seemed unaware of the implications of harm minimisation on operational procedures.

The failure of local drug law enforcement activities to be consistent with the harm-reduction aspect of harm minimisation has been identified by others. For example, in 1997 Maher and colleagues commented:

> the policy commitment to harm minimisation does not filter down to the police on the street or their practices, indicating a need either to discard the rhetoric or to ensure that this commitment is reflected in actual policing practices. (p. v)[375]

The degree to which such reviews and criticisms have since had an effect on the development of a strategic, intelligence-based and research-based approach to drug law enforcement, in general, and to harm-minimisation strategies, in particular, has not been measured.

Incorporating harm reduction into drug law enforcement

Canty, Sutton and James identified three models of local implementation of laws relating to illicit drugs:[54]

'Prohibitionism'	involves police focusing exclusively on disrupting and suppressing drug production, distribution and use. No attention is paid to harm reduction.
'Modified supply-reduction'	incorporates police attempts to accommodate the harm-reduction efforts of health and other agencies.
'Market regulation'	entails police adopting harm minimisation as their own strategic goal.

A description of these models is summarised in Table 4. Canty and colleagues cited a review by MacCoun and Reuter[379] in concluding that 'while in the majority of Western countries police appear to be pursuing variants of modified supply-reduction, some United States forces are close to embracing the prohibitionist model, and only the Netherlands has ensured that policing puts primary emphasis on market management.' (p. 20)

Canty and colleagues recommended the market regulation model as the most likely to facilitate harm-reduction outcomes. Methods employed under this model were described as follows:

Police focus their enforcement resources on activities and groups assessed as causing harm to others (for example, producers and traffickers using intimidation and violence or actively recruiting new users; users who are committing property or violent crime). Police use their discretionary powers to refer some drug offenders to welfare services. Police monitor impacts of their own work upon drug markets to ensure that they are not inadvertently moving users from less harmful substances, modes of consumption, or means of obtaining funds to ones which are more harmful. Police also work cooperatively with other agencies to reshape markets and try to move users and dealers towards less harmful practices. Within this approach, police utilise problem identification and analysis as a means for decision making (for example, they may decide not to break up a small network of established users who are trading in marijuana but give priority instead to disrupting a network which uses violence and intimidation to increase market dominance). (pp. 17–18)[54]

Table 4. Models of illicit drug law enforcement

	Models		
	Prohibitionism	**Modified supply-reduction**	**Market regulation**
Aim	Reduce supply Disrupt/dismantle supply networks	Reduce supply Disrupt/dismantle supply networks Avoid undermining harm-reduction work by others	Reduce drug-related harm
Methods	Seize drugs Arrest key drug market participants	Seize drugs Arrest key drug market participants Ongoing liaison with key harm-reduction groups	Assess drug-related harms Use law enforcement to reshape illicit drug markets and use patterns in ways that minimise harm

Table 4. Continued

	Models		
	Prohibitionism	**Modified supply-reduction**	**Market regulation**
Information typically gathered	Police-generated data (eg arrests, seizures) Intelligence from other agencies (eg Customs)	Police-generated data (eg arrests, seizures) Intelligence from other agencies (eg Customs) Feedback on enforcement impacts in sensitive areas	Pooled data (police, health, etc) on: illicit drug availability; distribution networks; use patterns; drug-related harms (eg overdoses, predatory and organised crime)
Purpose of information	Help law enforcers achieve objectives of: • detecting and seizing drugs • identifying key market participants	Help achieve objectives of seizing drugs and arresting key market participants. Help enforcement avoid undermining harm-reduction work	Help identify and prioritise illicit drug-related harms. Help achieve law enforcement objective of harm reduction
Challenges/dilemmas	Inconsistent with harm-reduction philosophy	Tensions between dictates of supply-reduction and harm reduction	Inconsistent with expectation that 'law should be enforced'

Source: Canty C, Sutton A, James S. Models of community-based drug law enforcement. *Police Policy and Research* 2000;2:171-187.

Consistent with the market-regulation approach which argues that policies and practices might need to vary according to the substance, are the conclusions from a study on public expenditure in relation to drugs in the United States of America by Saffer and colleagues.[380] The authors concluded:

> …results are that drug control spending reduces drug use. However, the results suggest that for marijuana users, the marginal cost of drug control exceeds the social benefits of drug control. This may not be the case for users of other illicit drugs. Spending for drug enforcement by police and drug treatment is found most effective in deterring drug use. However, spending for correctional facilities is never significant, which suggests that a more efficient method of reducing drug use might be to reduce correctional facilities spending and increase spending on treatment. (p. 150)[380]

The use of different approaches for different drugs is likely to be supported by the general community. The public, in fact, has different attitudes to different illicit drugs. For example, cannabis use and heroin use are both illegal, but used by different proportions of the population, and viewed differently by the population (Table 5). Given the importance of perceived legitimacy of law enforcement for effectiveness in crime prevention,[61] strategies that are perceived as appropriate for heroin distribution and use might be perceived as heavy-handed if used for cannabis distribution and use.

Table 5. Community attitudes towards cannabis and heroin

Community attitude	Cannabis	Heroin
Drugs causing a problem in Australia	24	50
Acceptable to regularly use	24	1
Think use of the drug should be legal	29	8

Source: Australian Institute of Health and Welfare. 2001 *National Drug Strategy Household Survey. First Results* (AIHW Cat. No. PHE 35) (Drug Statistics Series No. 9). Canberra: Author, 2002.

In summary, it is recommended that illegal drugs not be regarded as equivalent. Policies, priorities and practices need to reflect differing community concern and acceptance, and likely harms associated with different drugs.

Summary and conclusions about supply reduction and police

A range of possible positive and negative impacts of drug law enforcement on drug markets, demand and harms have been identified. Drug law enforcement needs to be carefully planned and evaluated to ensure a reduction in net harm. Methods for making such assessments and training and support in the use of such methods appear to be urgently needed.

Collaborative partnerships

Collaborative partnerships are alliances among people and organisations from multiple sectors working together to achieve a common purpose. Interagency and cross-jurisdictional cooperation and collaboration have been identified as a valuable strategy for identifying and for dealing with drug-related problems for all three strategic areas of the National Drug Strategy[2] and for police in all areas of crime prevention.[25] [55] Examples of collaborative partnerships involving, or initiated by, police include the National Code of Practice for members of the Plastics And Chemicals Industries Association (PACIA) and Science Industry Australia (SIA),[381] and Community Drug Action Teams.[57]

Working collaboratively is not a simple task. Roussos and Fawcett reviewed collaborative partnerships as a strategy for improving community health, but their findings are equally relevant to improving community safety and amenity.[56] Seven interconnected and modifiable factors that could enhance their effectiveness were identified. These are summarised below.

1. Having a clear vision and mission.

2. Action planning for community and systems change.

3. Developing and supporting leadership. The existence of a leader was identified as the most-often reported factor responsible for the success of a collaborative partnership project. It was noted that there tends to be a lack of leadership skills in community-based initiatives, but that a team of people who, between them, have the skills required can be effective. Roussos and Fawcett noted, however, that leaders are not necessarily 'experts'. In fact they reported that 'although partnerships may benefit from professional experience and assistance, the presence of experts may also discourage engagement by natural leaders'. (p. 390)

4. Documentation and ongoing feedback on progress.

5. Technical assistance and support.

6. Securing financial resources for the work.

7. Making outcomes matter. 'The more the outcome promoted by a partnership matters to community members, grant makers, and influential leaders within and beyond the community,

the more likely there will be human and financial support for progress toward those outcomes. Initial excitement…may diminish over time.' (pp. 387–388)

Drug Action Teams (DATs) are one form of collaborative partnership and have been subject to evaluation in the United Kingdom and in Australia. Canty and colleagues conducted an evaluation of a sixteen-month trial of DATs and Drug Reference Groups (DRGs) in New South Wales, Victoria and Western Australia.[57] An overview of this evaluation is provided here as the first objective of the trial was to 'promote harm-reduction as the philosophical base for all drug law enforcement in the area'. DATs consisted of personnel from local service providers in fields such as law enforcement, health, human services, welfare, education, and local government. DRGs comprised more senior agency representatives whose task was to provide DATs with strategic direction and support.[57] The DATs/DRGs had seven objectives and the degree to which they were achieved is summarised in Table 6.

Table 6. Objectives and successes of DATs/DRGs

	Objective	**Success**
1.	Promote harm-reduction as the philosophical base for all drug law enforcement in the area	Not achieved
2.	Increase cooperation and coordination between local generalist and specialist drug law enforcement officers	Not achieved
3.	Increase cooperation, coordination and understanding between police and other services	Significant progress
4.	Implement and assess a range of intersectoral harm-reduction strategies	Some headway
5.	Increase involvement of police in intersectoral harm-reduction strategies	Limited success
6.	Trial a range of indicators of drug-related harm to measure impacts of community-based drug law enforcement efforts	Not achieved
7.	Educate generalist and specialist personnel involved in drug law enforcement about harm reduction and how to incorporate these strategies into their work.	Limited success

Source: Canty C, Acres J, Loxley W, Sutton A, James S, Lenton S, et al. *Evaluation of a community-based drug law enforcement model for intersectoral harm reduction*. Payneham, SA: Australasian Centre for Policing Research, 2001.

Although all seven objectives were not fully achieved, the evaluators concluded that 'useful' projects were implemented. While there were significant differences between the trial sites in the locations (for example, demographics, perceived drug problems) and activities of the DATs/DRGs, the cumulative experience suggested a number of lessons:

- Future such projects should have fewer, more clearly defined objectives. In particular, DATs/ DRGs might not be the appropriate strategy for making major changes to drug law enforcement practice at the local level. Fundamental differences in perspective between law enforcement (who prioritise reducing crime and public order harms) and health (who prioritise reducing harms for users) were not able to be resolved. Rather, conflict was avoided and emphasis was placed on achieving consensus.

- The DATs also suffered the 'smorgasbord effect'. Resources were devoted to many small projects that were sometimes of limited relevance to the project objectives.

In their evaluation report on the DAT trial in Australia, Canty and colleagues outlined some of the lessons learnt from overseas,[57] particularly from the United Kingdom experience.[382-384] In particular, they noted that 'involvement in locally based partnerships does not necessarily lead to significant, widespread organisational and operational reform within participating agencies'. (p. 5) They cited Crawford who identified two major factors that limit the effect of such partnerships:

1. The 'smorgasbord tactic': 'claiming a multiplicity of aims and objectives in the hope that given organisations or interests can identify themselves with at least one of the stated aims: that there is something on the menu for everyone… aims are rarely prioritised and are often contradictory and ambiguous…schemes are pulled in different and often competing directions as they attempt to satisfy the divergent demands of their different constituencies'. (p. 136)[382]

2. 'Conflict avoidance': participants avoid conflict as they think conflict will undermine the partnership.[382] However, Crawford argued that it would be better to declare potential sources of conflict from the beginning so that they can be dealt with, rather than to naively ignore them.[383]

Canty and colleagues suggested a number of changes to DATs/DRGs. In particular, they recommended conflict not be avoided, but better managed: 'there needs to be at least one local inter-agency group with senior representation where legitimate differences of perspective about drug issues are expected and welcomed, and where members are empowered to debate and resolve these contentious issues'. (p. xiii) These results are consistent with the research relating to best practice in 'collaborative partnerships' (discussed above)[56] and 'community coalitions' (discussed below).[385]

Green and Kreuter noted that while community coalitions have been advocated as a means of achieving outcomes, they have a history of failure due to unrealistic ambitions, the use of coalition approaches when other approaches might be more efficient, effective and acceptable (for example, bilateral service agreements) and inappropriate coalition approaches.[385] On coalition approaches, models that could be more effective than the participatory democracy that is typically used include:

•   Diplomatically offering funding and technical assistance to existing community groups

•   Participatory research whereby community practitioners or coalitions are involved in formulating, conducting and interpreting research that is run by researchers.

In summary, support exists for working with other groups in the community, whether as a DAT or some other form of collaborative partnership. However, collaborative work needs to be planned and implemented on the basis of existing research on what works. Further, community partnerships are not the only mechanism for collaborative work. Consideration needs to be given to choosing the most effective method of working with others for each situation.

Influences on the police in preventing illicit drug use and minimising its harms

Introduction

As outlined in the introduction to this report, the brief of this research project was to increase the understanding of Australian police, at the policy, planning and operational levels, of ways in which they can contribute to the outcomes sought by the National Drug Strategy in areas relating to harm reduction and demand reduction. The above section provided a review of literature on a range of strategies that police could use to prevent illicit drug use and minimise its harms. However, to understand how police can better contribute to harm reduction and demand reduction, we need to

go further than describing the strategies that could be used. We need to identify the factors that influence what police do and how well they can do it. That is, what are the frameworks within which police work? What factors within the police sector influence what is done and how it is done? What external factors influence the police role?

This section describes the following factors that influence the contribution of police to the National Drug Strategy strategic areas of harm reduction and demand reduction:

- Frameworks within which police work: police crime-prevention approaches
- Factors within the police sector: the police workforce and workforce development
- External factors: community and political influences.

Policing and crime-prevention models and approaches

Introduction

There are multiple models, frameworks, philosophies, approaches, and paradigms that are used to describe and to guide the work of police. Brereton has described and discussed four policing models that have influenced policing in Australia, the United Kingdom and the United States of America.[58] These are presented in Table 7. Traditional policing tends to be reactive, non-collaborative, and moderately reliant on coercive strategies. The community-policing model is more focused on community relations, so has high community involvement and low reliance on coercive strategies. Problem-oriented policing has been focused on identifying and solving problems, using both the partnership approach and information to identify and deal with problems. The New York model (sometimes incorrectly equated with 'zero-tolerance' policing—see below) is highly focused on outcomes, using information and coercive strategies to achieve this end. Collaborative approaches are not a high priority with this model. The concept of restorative justice, not included in Brereton's overview, is also relevant to the way police work. It should be noted that the models are not mutually exclusive and it is likely that various combinations of the models exist. Some of the policing models and crime-prevention strategies that are relevant to Australia (apart from reactive policing), and results of research on what works, are briefly described below.

Table 7. Comparison of different policing models

	Traditional Reactive Model	NYC Model	Community Policing Model	Problem-Oriented Policing
Main priorities	Process-focused – Responding to calls; investigating and solving crimes	Outcome-focused – Reducing crime and disorder	Process-focused – Improving police-community relations; addressing community concerns	Outcome and process-focused – Identifying and solving policing problems
Extent of involvement of others	Low – Policing seen as a specialised activity	Relatively low – Police primarily responsible for developing and implementing crime-reduction strategies	High – Emphasis on working with 'the community' and its representatives	High – Emphasis on establishing 'partnerships' with other agencies to address problems

Table 7. Continued

	Traditional Reactive Model	NYC Model	Community Policing Model	Problem-Oriented Policing
Utilisation of information	Low – Delivery of policing services highly routinised	High – Information used to identify problem areas, target resources and evaluate impacts	Moderate – Emphasis on using information at local level, rather than using it to drive organisation-wide responses	High – Information used to identify problems, develop strategies and evaluate responses
Utilisation of coercive policing strategies	Moderate – Occasional 'crackdowns' and 'blitzes'; some tolerance of minor offences	High – Extensive use of arrest, stop and search powers; vigorous enforcement of minor offences	Low – Emphasis on policing by consensus; locating police within the community	Low to moderate – Coercive strategies only one of a menu of options; whether utilised depends on nature of problem

Source: Brereton D. *Zero tolerance and the NYPD: Has it worked there and will it work here?* Paper presented at the 3rd National Outlook Symposium on Crime in Australia, Mapping the Boundaries of Australia's Criminal Justice System, 22-23 March 1999. Canberra: Australian Institute of Criminology, 1999.

Community Policing

Working with the community, listening to, and respecting, community members, fostering community togetherness, and educating the community about crime-prevention principles, are important elements of community policing.[386] Community policing appears to be more about involving the community in policework than a fundamental reshaping of the work of police itself. Sherman described community policing as being more about how police do work rather than desired results or outcomes in crime prevention.[387] In the United States of America, progression to community policing has been described as slow: 'evolutionary, rather than revolutionary'.[388] On the basis of an examination of police training in Ohio, King and Lab suggested that community police officers are probably involved in the same old activities, only listed under a new heading.[389]

Commander Etter, Director of the Australasian Centre for Policing Research, has described how Australian policing in the 1980s moved to embrace the community-policing model.[390] This generally involved:

- Shifting from a 'force' mentality to a 'service' mentality
- Consulting and working with the community on issues of importance to them
- Regionalisation and decentralisation
- Making police officers accountable for discrete territories or beats.

James and Sutton have discussed problems in community policing.[391] They argued that communities are undergoing socioeconomic changes that influence the nature of, and demand for, policing services. First, the 'community' is not a homogeneous entity, but divided into multiple groups (for example, by age, ethnicity, interests and values). Second, governments are encouraging communities to be more 'enterprising'. This tends to translate into people being driven by self-interest. In particular, the 'not in my backyard' syndrome can cause pressure for police to crack down on visible drug markets. Third, drug users have been portrayed as deviant, dangerous and morally wrong. Harm minimisation seems to contradict this view.

Broken Windows Theory and Zero-tolerance Policing

The 'broken windows' theory of community crime prevention purports that areas that appear disorderly attract crime as they portray a message that the community does not care.[392] Disorder can be physical or behavioural. Physical indicators include graffiti, litter, and disrepair. Behavioural indicators include public urination and loutish behaviour. The situation is exacerbated when law-abiding citizens avoid such areas for fear of crime, thus reducing the informal controls in the community. The implications of this theory were that strict enforcement of minor criminal conduct (that is, zero-tolerance policing) can prevent a 'broken windows' syndrome.

Zero-tolerance policing received most attention when it was associated with a significant reduction in crime in New York. However, strict enforcement of petty crime was only one of a number of police initiatives that contributed to the reduction of crime. Other initiatives included a new approach to policing in which police were accountable for local areas and crime analyses were conducted, based upon accurate and timely intelligence. Further, as discussed by Grabosky, features of New York City, such as high homicide rates and gun ownership, make it very different to Australian cities and towns. Methods that were effective in New York City might not be able to be replicated in Australia.

Zero-tolerance policing has attracted considerable attention in Australia.[59][390] However, opinions have been split between those who regard it as a panacea, while others regard it as dangerous and repressive.[59] Dixon has criticised the broken windows theory and zero tolerance.[393] He argued that, while broken windows theory claimed to be a community-policing strategy, its methods were antithetical to community policing. For example, interagency problem solving has not been collaborative, but police-led, and 'community' has been defined as an 'us and them' dichotomy. Further, argued Dixon, zero-tolerance strategies can be detrimental to police–community relations, particularly when there is little perceived legitimacy in such methods. This in itself has been demonstrated to reduce police effectiveness.[61] Finally, Dixon expressed concern about the influence of ill-informed debate about zero tolerance on policing methods. He characterised this debate as being misleading rhetoric, rather than research.[393] Cunneen has provided further criticism of zero-tolerance approaches, particularly in relation to their adverse effect on Aboriginal and Torres Strait Islander Peoples.[394]

Grabosky also identified a range of problems with zero-tolerance policing,[59] including:

- Indiscriminate strict enforcement can damage public trust in policing and destroy the legitimacy of police
- Reliance on force can result in the loss of interpersonal skills among police
- Arrests for minor offences can elicit a defiant response and actually increase reoffending
- Arrests are costly, time consuming, and take police off the street
- Arrests have long-term consequences for offenders, including impacting upon future employment.

Grabosky concluded that zero-tolerance policing might be appropriate in certain circumstances. However, it is not the panacea that some have suggested.

Problem-oriented Policing

Literature on problem-oriented policing commonly refers to the work of Goldstein.[72][73] The basic idea of problem-oriented policing is to focus on the causes of crime, rather than react to the symptoms. Goldstein emphasised that there was a need for a more systematic process for inquiring into the problems that police were expected to deal with. He defined it as:

Problem-oriented policing is an approach to policing in which discrete pieces of police business (each consisting of a cluster of similar incidents, whether crime or acts of disorder, that the police are expected to handle) are subject to microscopic examination *(drawing on the especially honed skills of crime analysts and the accumulated experience of operating field personnel) in hopes that what is freshly learned about each problem will lead to discovering a* new and more effective strategy *for dealing with it. Problem-oriented policing places a high value on new responses that are* preventive *in nature, that are* not dependent on the use of the criminal justice system*, and that* engage other public agencies, the community and the private sector *when their involvement has the potential for significantly contributing to the reduction of the problem. Problem-oriented policing carries a commitment to* implementing *the new strategy, rigorously* evaluating its effectiveness*, and, subsequently,* reporting the results *in ways that will benefit other police agencies and that will ultimately contribute to building a body of knowledge that supports the further professionalization of the police.*[1]

The basis elements of problem-oriented policing described by Goldstein are:

- Grouping incidents as problems
- Focusing on substantive problems as the heart of policing
- Effectiveness as the ultimate goal
- The need for systematic inquiry
- Disaggregating and accurately labelling problems
- Capturing and critiquing the current response
- An uninhibited search for a tailor-made response
- Adopting a proactive stance
- Strengthening the decision-making processes and increasing accountability
- Evaluating results of newly implemented responses.

One of the most popular techniques used in problem-oriented policing involves a process developed by Newport News Police Department and others. The process comprises four stages: Scanning, Analysis, Response and Assessment (SARA), described below: [63]

Scanning:	identifying problems
Analysis:	learning the problem's causes, scope, and effects
Response:	acting to alleviate the problem
Assessment:	determining whether the response worked.

It is worthwhile noting that the SARA model has many aspects in common with models for dealing with public health problems.[65 395]

Brown and Sutton identified problems with adopting problem-oriented policing in Victoria due to the effects of organisational culture and structure on police practices.[396] This is in some contrast to Goldstein's belief that problem-oriented policing would gain considerable support as it 'is less likely to be seen as a direct challenge to the police establishment and prevailing police value system'. (p. 258)[72]

To help guide problem-oriented policing, Sherman used the analogy of 'evidence-based medicine' to make a case for adopting the scientific method to guide police work.[387] He used the term 'evidence-based policing' and defined it as:

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[1] From www.popcenter.org cited 14/09/2003

the use of the best available research on the outcomes of police work to implement guidelines and evaluate agencies, units, and officers. Put more simply, evidence-based policing uses research to guide practice and evaluate practitioners. (p. 4).

Restorative justice

As described by Strang, in her review of restorative justice programs in Australia:[289]

Restorative justice is a term which has recently emerged to refer to a range of informal justice practices designed to require offenders to take responsibility for their wrongdoing and to meet the needs of affected victims and communities. It refers to the restoration of victims, offenders and communities and emphasises the repair of harm resulting from the crime, including harm to relationships. (p. 2)

In 2002, Sherman presented an international overview of restorative justice programs and discussed their implications for policing.[60] He reviewed research on the history of criminal justice, noting that the deterrent effect of punishment was unfounded as offending is not so much a rational decision as an emotional response. He argued, on the basis of extensive research, that dealing with the emotions of victims, offenders and communities are now seen as the key to preventing crime. New research into restorative justice approaches is providing new insight into how police and the rest of the criminal justice system could work to improve crime-prevention outcomes. The police role in conferencing has been discussed above. However, restorative justice is more than formal diversionary programs. It is about how police engage with offenders. Sherman cited research that demonstrated that the manners and emotional overtones of police can affect future offending as much as or more than punishments. For example, he reported research that indicated that ignoring a suspected offender during an arrest process, rather than listening to their version of events can increase repeat offending.[397] Sherman's recommendations for an emotionally intelligent criminal justice system that were relevant to policing were that it includes the following elements:

- Knowledge of police emotions so those emotions can be managed more effectively.

- Recognition and management of the emotions of the victims and the offenders

- Effective management of emotions:
  Most important is accurate predictions about the effects of decisions – and manners of administering the decisions – on the long-term emotional effects on offenders and victims. The blind premise that punishment causes fear and fear causes avoidance may work in laboratory rats, but it has repeatedly failed in RCTs (randomised controlled trials) on humans in field settings. Understanding how to *avoid* provoking such emotions as defiance, anger and humiliation may be more important than understanding how to instill a desire to obey the law. (p. 16) [60]

Crime-prevention approaches

Crime-prevention approaches are part of the repertoire of proactive approaches police can use to prevent illicit drug use and minimise its harms. Approaches to crime prevention have been divided into four groups, following distinctions made by Farrington.[55 64] These are criminal justice, situational, community (or social), and developmental approaches. Drawing from a description of each of these approaches by National Crime Prevention,[55] an overview of crime-prevention strategies in the context of law enforcement is presented below.

a. Criminal justice approach

The criminal justice approach refers to traditional deterrence strategies used by law enforcement: cautions, fines, and arrests. Strategies that increase the perceived likelihood of apprehension are important in creating a general deterrent effect (see above). Of the four crime-prevention approaches, criminal justice approaches are the most traditionally used by police.

b. Situational prevention approach

Situational crime prevention emphasises changes to the environment, rather than offenders. As described by Clarke:

> *Situational prevention comprises opportunity reducing measures that (1) are directed at highly specific forms of crime, (2) involve the management, design or manipulation of the immediate environment in as systematic and permanent a way as possible, (3) make crime more difficult and risky, or less rewarding and excusable as judged by a wide range of offenders. (p. 4)[398]*

Clarke proposed a model for situational crime prevention that included 16 techniques for reducing crime opportunities.[398] These are summarised in Table 8.

Table 8. Situational crime-prevention techniques

Increasing perceived effort	Increasing perceived risks	Reducing anticipated rewards	Removing excuses
Target hardening	Entry/exit screening	Target removal	Rule setting
Access control	Formal surveillance	Identifying property	Stimulating conscience
Deflecting offenders	Surveillance by employees	Reducing temptation	Controlling disinhibitors
Controlling facilitators	Natural surveillance	Denying benefits	Facilitating compliance

Source: Clarke R. *Situational crime prevention: Successful case studies*. 2nd ed. Albany, NY: Harrow and Heston, 1997.

One form of situational crime prevention used in drug law enforcement is known as 'policing drug hot spots'. That is 'efforts to modify the social and physical features of drug market locations in order to make them less attractive to dealers and users'. (p. 3)[347]

c. Community prevention approach

Community (or social) prevention refers to 'interventions designed to change the social conditions or institutions …that influence offending'. (p. 18)[64] Strategies tend to use local-level political action to empower residents, provide opportunities to young people, strengthen social infrastructure, and promote social justice. For example, strategies can include programs for 'at risk' youth,[399] or changes in the way housing estates[400] or schools[401] are organised and managed. Research on projects that aim to build social capital is likely to be useful in community-prevention approaches.[402]

d. Developmental prevention approach

Developmental prevention refers to interventions that aim to inhibit the development of criminal potential within individuals.[64] Specifically, it aims to reduce the risk factors and increase the protective factors that can affect an individual's adjustment at later points of development.[403] There is a substantial literature on the risk and protective factors for criminal behaviour.[55 404 405] Risk factors for antisocial and criminal behaviour include individual factors (for example, impulsivity), family factors (for example, harsh or inconsistent discipline), school factors (for example, peer rejection), local community factors (for example, socioeconomic disadvantage), and macro-environmental factors (for example, socioeconomic gaps). The number and range of factors involved in the development of criminal behaviour suggest that a comprehensive approach is needed to have a sustained effect on crime at the community level. Of relevance to drug-harm

minimisation, it is noted that criminal behaviour, drug abuse/dependence and other problem behaviours share common risk and protective factors.[215] [406] Consequently, dealing with these risk factors can prevent or reduce multiple problem behaviours. It has been recommended that sectors concerned with the same risk factors work together for more efficient and effective results.[283]

Policing for crime prevention: what works

Chisolm has noted that cost-benefit analyses of crime prevention initiatives are in their infancy in Australia.[407] In the absence of Australian research we have to rely on research from the United States of America which might not be directly applicable to the Australian situation. Sherman critically reviewed policing methods in the United States of America, and identified what has, and what has not, demonstrated effectiveness.[61] Sherman found that proactive, intelligence-based policing, focused on specific risk factors, objectives, tasks, places, times and people, was the most effective form of policing. Reactive responses and arrests and unfocused random patrol were not found to prevent serious crime.

Sherman noted that police style is also important in crime prevention. Research consistently identified that the less respectful police were towards people, including suspects and others in the community, the less people would comply with the law. He concluded that making what police do, and the way that they do it, more 'legitimate' in the eyes of the public, particularly high-risk youth, might be one of the most effective long-term police strategies for crime prevention.[61]

Crime prevention and police in Australia

Cameron and Laycock have described the history of crime prevention in Australia, and the role of police in that history.[408] By this account the role of police has been limited. Cameron and Laycock observed that while police at senior levels in the 1980s and 1990s were supportive of crime prevention, police efforts tended to be restricted to situational or community approaches that had political appeal, but lacked evidence of effectiveness:

> *Much of the police crime prevention effort in the 1980s and early 1990s comprised the giving of fairly standard, target-hardening advice, and running 'motherhood and apple pie' schemes which, while attracting political and community support, lacked a clear crime focus and were not data-driven. (p. 320)[408]*

Cameron and Laycock noted that the limited role of police in crime prevention was not surprising, given that the major responsibility for crime prevention in Australia has tended to be located with central agencies in other government departments: Premier's, Attorney General's or Justice. Further, they report Sarre's lists of reasons why, in his view, police in Australia are unlikely to ever be effective as agents of crime prevention. These reasons include:

- A lack of understanding among police of crime prevention with a belief that crime prevention is ineffective and just a public relations exercise.
- Difficulties among police in consultation and sharing with others.
- Status and promotion for police is more linked to fighting crime than crime prevention.

However, Cameron and Laycock regard Sarre's view as overly pessimistic and note that there have been some positive steps made to enhance the police role in crime prevention through problem-oriented policing. This is being facilitated by the introduction of mechanisms loosely based upon the New York Compstat model in which local crime statistics are presented to local commanders who must give an account of how they will deal with crime hot spots, or how they have dealt with hot spots that were identified at the previous meeting.

Summary and conclusions about policing practice

The planning and practice approaches for police have become increasingly sophisticated. Proactive policing has been found to be more effective than reactive, deterrence-focused approaches. Further, a respectful manner and legitimacy in the eyes of the public have significant effect upon police effectiveness. However, it appears that there is some room for improvement in the use of evidence-based policing and police involvement in crime prevention in Australia.

Police workforce

This section considers the culture and specific attitudes of police that can influence the police role in illicit drug harm reduction and demand reduction.

Police culture

Prenzler and Sarre described the history of policing in Australia, characterised from early convict days by corruption, dereliction of duty, brutality, conflict and hostility. Inquiries into police corruption in the latter two decades of the twentieth century in Queensland, New South Wales, Western Australia, and Victoria, identified significant corruption among State and Federal police agencies. Prenzler and Sarre attributed many of the problems of police conduct to the 'macho' (p. 62) culture of policing, and the military model of recruitment and training.

A detailed study of police culture was published by Chan.[74] Much of the research was from the United States of America, but appears relevant to Australian police. Police culture was characterised by Reiner as including the following elements:[409]

- A sense of mission about police work
- An orientation towards action
- A cynical or pessimistic attitude towards the social environment
- A constantly suspicious attitude
- An isolated social life
- A strong code of solidarity with other police
- A view that the public can be clearly categorised between the rough and the respectable
- Conservative moral and political views
- A machismo attitude
- Prejudice towards minorities
- A pragmatic view towards police work that discourages innovation and experimentation.

While all police would not exhibit all of these characteristics, research has identified that these traits are characteristic of police. Chan's paper was concerned with the issue of police corruption, rather than the police role in illicit drug harm minimisation. However, many of the characteristics of police culture presented by Chan appear relevant to this role. For example, conservative views can be a barrier to embracing the harm-minimisation philosophy. Categorisation of the community into the rough and the respectable is likely to place illicit drug users into the 'rough' section hence unlikely to be respected.

Chan discussed numerous reasons for this police culture. For example, cynicism can stem from police being hated or being feared by many, yet expected to do society's 'dirty work' (p. 100). Much of the resistance to innovation results from the need for police to 'stay out of trouble' (p. 110). Chan noted that changing police culture is extremely difficult, can be traumatic, and is unlikely to be able to be achieved by outsiders. To be effective, it must be directed and continuous, and the police need to be willing to change. Chan has advocated the use of 'professionalism' as a

way of transforming police practice. Her framework envisages police practice as influenced by professional knowledge and structural conditions, mediated by the police officers. She proposes replacing the 'cop culture' with 'professional ideal' in professional knowledge (p. 132). While there is, in principle, support for professionalising policing,[25] such cultural change will require significant resources and time.

Sherman has also argued for the need for evidence-based practice in policing, and has suggested a range of strategies for doing this. These include:

- National rankings of police performance to pressure police who are not performing to improve their performance.

- Annual audits of data to ensure the integrity of the data on police performance.

- The use of hand-held computers to provide field access to practice guidelines.

- The employment of criminologists in each police department responsible for putting research into practice, then evaluating the results.

- Trial of new methods for changing practice, such as field demonstrations of good practice.

Before concluding this section on police culture, it is noted that not all police are corrupt. Prenzler and Sarre observed: 'Perhaps the most glaring contradiction one finds in examining the policing complex is the existence of heroism and self-sacrifice alongside corruption and abuse of authority.' (p. 59)[410] Similarly, Fitzgerald noted: 'Not all police officers are responsible for the nature of the police culture. Many officers retain their integrity and provide meritorious and usually unrecognised service.' (p. 200)[411] While few would disagree that there are some problems about police culture, it would be unfair and incorrect to focus only on the corrupt behaviour of a subset of police. Further, Prenzler and Sarre noted that the macho culture is slowly breaking down as a result of a number of factors, including the increase in female police and police from culturally and linguistically diverse backgrounds.

Police attitude towards harm minimisation

In their review of drug law enforcement in Australia, Sutton and James reported that some police view harm minimisation at best as 'warm and fuzzy', at worst as a form of complicity with illegal drug users.[4] Following national consultations and a key informant survey with people involved in police training or operational policing, Fowler and colleagues concluded that harm minimisation was neither widely understood nor widely accepted as a legitimate police role.[62] Understanding and acceptance of harm minimisation were reportedly higher where effective training strategies had been implemented and/or officers had been exposed to drugs policy and cooperative work with other agencies to deal with drug problems. A further barrier to police involvement in harm minimisation identified by study participants was competition for funding —harm minimisation was not regarded as a high priority.

Further, police have not tended to see drug-harm minimisation as core business. Despite senior-level documents that commit police to harm minimisation (as described above), police have tended to see their primary role as being to enforce the law, while harm reduction has been considered the realm of the health sector.[62][391] This is, in part, due to a misconception that harm reduction refers only to health harms for users, as discussed above. Even so, Maher and Dixon have argued that health considerations should be a prime determinant of drug-policing activity.[52] They argued that the police role is not primarily to enforce the law, but to use the law to maintain order. Further, they refuted arguments that police are there to enforce the law: police do not mechanically enforce the law, but use discretion.[412] Maher and Dixon argued that public health issues should be a consideration in the use of discretion.[52] In support of Maher and Dixon's arguments it is noted that the mission statements of police in each jurisdiction emphasise the need to promote community safety (see Appendix 1).

Adding to the demarcation of roles in harm minimisation are tensions between the health and law enforcement sectors. The Australian Parliament House of Representatives Standing Committee on Community Affairs noted that these tensions were a barrier to police involvement in harm minimisation.[413]

In summary, the literature suggests the need for workforce development to increase professionalism in general, and to increase commitment to harm minimisation in particular.

Police system issues

Introduction

As discussed by Roche, workforce development includes education and training, organisational development, change management, evidence-based knowledge transfer and skill development.[414] Its primary aim is to facilitate and to sustain developments in the workforce by targeting structural-, organisational- and individual-level factors, as presented in Table 9. Improving the role of police in harm minimisation will require system- and individual-focused strategies.

Table 9. Levels of workforce development

Level	Descriptor	Example
Level I: Systems	Creating environments and systems that support the full range of workforce development strategies	Legislation Policy Funding Recruitment and retention Resources Support mechanisms Incentives
Level II: Current workers	To improve functioning of individual workers, opportunities are provided to develop individual skills, knowledge and attitudes	Formal education Training Workplace training Mentoring On-the-job learning On-line learning Best-practice guidelines
Level III: Future workforce	Ensuring a sufficient pool of skilled workers for the future	Recruitment strategies Offers of education and training Affordable and accessible education and training Ensuring adequate service funding to employ staff Support and facilitate policies

Source: Roche AM. What is this thing called workforce development? In: Roche AM, McDonald J, editors. *Systems, settings, people: Workforce development challenges for the alcohol and other drugs field.* Adelaide: National Centre for Education and Training on Addiction, 2001:5-22.

To date, most attention has been paid to training. However, improving the police role in harm minimisation will require workforce development at all levels. Some issues for workforce development are discussed below.

Monitoring and evaluation

Since the 1980s there has been increased emphasis within Australian government departments (including police departments) on accountability via quantitative measures of efficiency and effectiveness (performance indicators).[410] This section briefly describes monitoring systems, performance indicators, needs assessment and evaluation, with a discussion of issues for police in their role in harm reduction and demand reduction.

Monitoring systems

Ideally, an effective monitoring system provides: information on how well a given policy or strategy is being implemented; how effective it is in the short, medium and long term; and indications of the reasons why it is, or is not, working. Jutkowitz has proposed that an effective monitoring system has the following characteristics:

- Decision oriented: designed to assist managers and policy makers to set clear and attainable objectives.

- Process oriented: provides data on the implementation of programs.

- Based on criterion of utility: provides the sort of information a manager can use to make decisions.

- Focused on questions that reflect the short- or medium-term impact and short- or medium-term solutions.

- Oriented toward resource limitations and trade-offs, recognising the need to direct responses to problems toward solutions that are in keeping with budgetary and other resource constraints.[415]

An effective monitoring system can also improve communication within government departments and between government and non-government organisations. By increasing accountability, they can also improve intersectoral collaboration and performance.[416] An essential step in developing a monitoring system is the definition of performance indicators. These are discussed below.

Performance indicators for drug law enforcement

Performance indicators are important not just for monitoring and assessing police performance, but also for directing police activity and it is reasonable to assume that police activity is directed towards the achievement of performance indicators. Below is a summary of a paper by Weatherburn on performance indicators for drug law enforcement.[66]

The primary objective of police is to reduce crime. Assessing police efforts on crimes, such as break and enter, vehicle theft or robbery, is fairly straightforward. These crimes are normally reported to police so police statistics are sensitive to changes in their rates. The detection of drug offences, on the other hand, is more about police activity than drug use. So, the number of arrests for drug offences is not a good indicator of police success in reducing illegal drug use.

Further, the number of arrests for drug offences does not distinguish 'harmful' use from use that causes no harm to others, hence drug arrests are even less helpful in the assessment of the police contribution to minimising harm. Weatherburn noted that the lack of adequate drug law enforcement performance indicators effectively excludes drug law enforcement from the scrutiny faced by other areas of policing.

Weatherburn identified three areas for assessment in performance appraisal:

1. Inputs: program resources, for example, number of police officers, police training.

2. Outputs: goods or services produced by the program. Output indicators include, for example, number of heroin arrests.

3. Outcomes: changes in the external environment that result from the program, for example, reduced crime rates, reduced drug use.

He noted that the media and others often (erroneously) focus on outputs as if they are an indication of success, rather than focusing on outcomes.

Weatherburn identified three key criteria for performance indicators. They should:

1. Be valid and reliable.

2. Identify outcomes at the police district or patrol level (rather than regional level), the local level at which police activity occurs.

3. Be collected with sufficient frequency (at least twice a year) so changes over time can be detected.

In addition, objectives need to be realistic. In this regard, Weatherburn noted that eradicating heroin use is unrealistic, but reducing the harm associated with heroin use is realistic. Accordingly, reducing drug use is not the only means of reducing drug-related harms. In fact, strategies that result in a higher level of use might be preferable to strategies that reduce use, but increase the rate of drug-related harms such as crime, disease and corruption.[417]

On the 'outcomes' that need to be reflected by performance indicators, Weatherburn has identified three areas of harm: crime or social problems, public health problems, and public order and amenity problems. Accordingly, he identified that the principal objectives of drug law enforcement for heroin are:

1. To limit or reduce crime problems associated with heroin use.

2. To assist in limiting or reducing heroin-related public health problems.

3. To limit or reduce heroin-related problems of public disorder and amenity.

Weatherburn discussed the tension between these objectives:

> *The single-minded pursuit of one of them will place at risk the achievement of others. In particular, over-aggressive pursuit of objective one or two will compromise the pursuit of objective three. What matters, then, in judging the overall performance of drug law enforcement is not the level of success in achieving any one objective but the level of success in achieving all three. (p. 3)[66]*

For example, if aggressive street-level drug law enforcement prompts some heroin users to engage in unsafe injecting practices, the net result might be an increase in drug-related harm. The achievement of any one of these objectives is not a 'success' if drug law enforcement activity has had negative effects on one or both of the other objectives. What matters is the level of success in achieving all three objectives. This is synonymous with the context of reduction in net harm discussed above.

Weatherburn appraised a selection of commonly used performance indicators for drug law enforcement on heroin. This appraisal demonstrated the limitations and inadequacies of some performance indicators, and is summarised below (Table 10 and Table 11).

Table 10. Appraisal of, and recommendations for, *outcome* indicators for drug law enforcement targeting heroin

Objective	Outcome Indicator	Comments
Reduce the crime associated with heroin use	Incidence of crimes typically associated with heroin use	These offences are also committed by non-users of heroin and the proportion of property crime related to heroin use is not frequently or reliably measured
	Number of heroin users	Not all heroin users commit crime
	Number of dependent heroin users (as dependent heroin users are more likely to commit crime than non-dependent heroin users)	The numbers of dependent heroin users in the community, in methadone treatment, and in prison are collected at jurisdiction level (in some jurisdictions) and at national level, but not at police patrol or district level. Plus, this data is not collected frequently enough to be sensitive to changes due to local police operations
Reduce the crime associated with heroin use	Number of new cases of HIV and Hepatitis C infection	Recommended as indicators of the number of dependent heroin users in a local area
	Number of heroin overdoses	
	Number of needles dispensed by needle syringe program	
	Percentage of arrestees who test positive for heroin (DUMA, where available)[140]	
Limit heroin-related public health problems	Number of needles dispensed by needle and syringe program	Number of needles are more an indicator of the prevalence of heroin use, than how safely heroin is used
	Number of heroin users entering methadone treatment Number of new HIV and Hepatitis C infections Number of heroin overdoses	Recommended
	Prevalence of safe injecting practices among arrestees	Recommended, but not currently collected
Reduce heroin-related problems of public order and amenity	Community survey results on 'illegal drugs' as a problem in respondents' neighbourhoods as measured by ABS Crime and Safety Survey[418]	Not collected frequently enough Results only available at State/Territory level, not at the level of Local Area Command
	Complaints to police about heroin-related problems of public order/amenity	Complaints are easily manipulated for political purposes
	Periodic surveys by local police of the local community conducted as part of street patrol	Recommended (not currently routinely collected)

Source: Weatherburn D. *Performance indicators for drug law enforcement* (Contemporary Issues in Crime and Justice No. 48). Sydney: NSW Bureau of Crime Statistics and Research, 2000.

The role of police in preventing and minimising illicit drug use and its harms

To achieve the objectives in Table 10 (for example, to reduce crime associated with heroin use), Weatherburn identified that police can influence the heroin market using the following strategies:

- Supply-side enforcement: market disruption via crop eradication, interdiction, arrest of importers and distributors

- Demand-side enforcement: deterring non-users from trying illicit drugs, creating incentives for existing users to stop using or to use less

- Policing public amenity problems: market disruption via 'stop and search', crackdowns to either encourage users to stop using or at least disperse them.

Weatherburn's appraisal of possible *output* indicators for measuring drug law enforcement activities under these three strategies is presented in Table 11.

Table 11. Appraisal of, and recommendations for, *output* indicators for drug law enforcement targeting heroin

Strategy	Indicator	Problems or recommended
Supply-side enforcement	Price Purity Price/purity ratio Availability	Problematic, because the less price-elastic the demand for heroin, the more increases in price will result in an increase in crime. Also problematic because price, purity and availability are subject to extraneous influences such as efforts by Australian Customs, AFP, political and environmental conditions in source countries, etc
	Percentage of all heroin traffickers apprehended by police	Impossible to measure
	Percentage of all heroin imported seized by police	Impossible to measure
	Percentage of all drug trafficking assets confiscated by police	Impossible to measure
	Number of people convicted for heroin dealing or trafficking Quantity and frequency of heroin seizures $ value of assets confiscated	Possible to measure, but, not a good measure of police effectiveness because it is subject to exogenous factors, such as increased rate of heroin importation. Also, police can manipulate trends in such indicators simply by changing tactics. Also, not all convictions are equal: the impact of a low-level dealer will be less disruptive on the drug market than the impact of a high-level dealer.
Demand-side enforcement	Percentage of the population deterred from heroin use by the potential consequences of detection, arrest and prosecution	Recommended — Not routinely collected. Could be added to the National Drug Strategy household survey

Table 11. Continued

Strategy	Indicator	Problems or recommended
	Rate of entry to drug treatment in response to demand-side enforcement	Recommended
	Rate of arrest of heroin-dependent property offenders	Recommended — should be readily available from police records
	Perceived risk/effort involved in buying heroin	Recommended — can be collected via DUMA
Policing public amenity problems	Number of times police exercise 'stop and search' powers	A high number of 'stop and search' could reflect uncritical and excessive use of police powers
	Amount of time per week that uniformed officers spend patrolling areas that suffer from drug-related problems of public amenity	Recommended, but noted that patrols will need to be accompanied by some arrests, particularly of street-level dealers (rather than buyers).

Source: Weatherburn D. *Performance indicators for drug law enforcement* (Contemporary Issues in Crime and Justice No. 48). Sydney: NSW Bureau of Crime Statistics and Research, 2000.

Weatherburn concluded that an ideal set of outcome indicators for supply-side drug law enforcement is not readily identified. Consequently, he recommended that a range of indicators be used as identified in Table 11 above, including other information, such as the average prison sentences imposed on suppliers.

The indicators appraised by Weatherburn are not an exhaustive list of indicators. However, the process of appraising the indicators and suggesting viable alternatives is useful. Performance indicators that do not necessarily provide an accurate reflection of the effectiveness of police activity are often used in public debate. Such debate is not always helpful. For example, if the media focuses on the need for more drug arrests, this can become a goal in itself against which police are assessed, rather than a strategy toward the achievement of a real impact on the drug market.

Significant work has been done in the United Kingdom to improve performance indicators for drug law enforcement[419] and more has been done in Australia. For example, New South Wales police produced a set of performance indicators for illicit drug enforcement.[420] The value of these performance indicators in directing and describing police activity in harm minimisation remains to be seen.

Needs assessment — information sources

How do police know what is happening in their local environment? Such information is useful for identifying need, and for assessing police activities that aim to deal with identified needs. Newburn and Elliott conducted an evaluation of the United Kingdom police drug strategy.[67] They identified:

> many forces suggested that issues of assessment and measurement were very problematic. They highlighted the absence of means by which local drugs problems could be measured or assessed, and also the absence of means of assessing the impact of local initiatives. (p. vii)[67]

There is no evidence to suggest that Australia is superior to the United Kingdom in this regard.

Of assessing local drug-related crime, the police surveyed by Newburn and Elliott were given a list of data-collection methods and asked which they used to assess levels of drug-related crime in their area. The results are provided in Table 12. Newburn and Elliott noted with interest that performance indicators were widely used for assessing drug-related crime, despite widespread dissatisfaction with the performance indicators. Use of techniques, such as surveys and focus groups, were reportedly increasing. Methods used by police in Australia to assess the local drug scene have not been documented or evaluated.

Table 12. Methods of assessment of drug-related crime used by United Kingdom police

Method	Per cent
Monitoring of drug seizures	95
Monitoring seizure of assets	87
Force performance indicators	77
Feedback at public meetings	72
Assessing drug involvement at arrest	69
Public attitude surveys	49
Information from the Prison Service	41
Focus groups	33
Information from the Probation Service	31
Custody-based surveys	28
Surveys of officers	26
Other methods	26

Source: Newburn T, Elliott J. *Police Anti-Drugs Strategies. Tackling Drugs Together Three Years On* (Crime Detection and Prevention Series Paper 89). London: Home Office; Police Research Group, 2000.

Evaluation of policing strategies

Reviews of evaluation of drug-related policing strategies have been conducted in the United Kingdom, United States of America, and Australia. In each country, reviewers concluded that there is very little evaluation to inform policy and expenditure decisions.[48 67 68] The Committee on Data and Research for Policy on Illegal Drugs (United States of America), in one of its reports, concluded that despite a large increase in funding for drug law enforcement there was not a corresponding increase in expenditure on data and research. Consequently, the United States of America is unable to evaluate the effectiveness of drug law enforcement.[48] However, even if data collections were improved, there is still a need for empirical research on the effect of drug law enforcement on supply reduction, demand reduction (including use reduction) and harm reduction, and its overall effect on minimising harms.

The Committee identified two methodologies commonly used to study the supply-reduction aspects of drug law enforcement policy:

1. Impulse-response analysis: where events are connected in a linear fashion from hypothesized cause (impulse) to the suspected effect (response).

2. Systems research: where a formal model of a complex system is developed and used to predict outcomes.[48]

The Committee noted that, so far, systems research has lacked strong empirical foundations. In particular, they suggested that three questions be answered:

1. Geographic distribution: To what extent can producers and traffickers thwart enforcement in one geographic area by moving production or smuggling routes elsewhere?

2. Deterrence: How can the deterrent effects of supply-reduction activities be measured? How large are they?

3. Adaptation: What is the time lag between successful enforcement operations and adaptive responses on the part of producers and traffickers?[48]

The Committee recommended research on the declarative and deterrent effects, costs, and cost-effectiveness of sanctions against the use of illegal drugs with particular attention to the relation between severity of prescribed sanctions and conditions of enforcement and the rates of initiation and termination of illegal drug use among different segments of the population. The Committee also recommended that a research infrastructure be created to support enforcement research. Given the difficulty of creating new structures, the Committee suggested a collaborative research program with existing national organisations concerned with justice and research. Such a proposal has merit for Australia as well. However, the Committee focused only on drug law enforcement. Evaluation of other police strategies and activities such as school-based drug education is also needed.

Faced with similar problems, a recommendation was made in the United Kingdom for a central clearinghouse for the dissemination of information about good practice in harm minimisation (encompassing supply, demand, and harm reduction).[67] Such a clearinghouse could require standards of evaluation and reporting to be met for information to be entered into the clearinghouse, thus ensuring that it contains quality information, and setting benchmarks against which evaluation and reporting is conducted in the field.

Weatherburn has suggested that police in Australia need to objectively evaluate their activities on harm minimisation to improve practice, and to improve the reputation of police in this area:

> *Police in Australia have been much slower to see the need to objectively evaluate their efforts to contain the harm caused by illegal drugs than their colleagues in the fields of medicine and public health. This has created an impression in some quarters that drug law enforcement has neither rational justification nor a meaningful role to play in the pursuit of harm minimisation. In fact there is a common view that drug law enforcement and harm minimisation are contradictory approaches to illicit drugs. (p. 7)*[66]

In summary, reviews of police activities in drug law enforcement in the United Kingdom, United States of America and Australia have noted the lack of evaluation of policing strategies for dealing with drug harms. Consequently, there is little research evidence to guide funding decisions, policy and practice. Establishing research infrastructures to support enforcement research has been proposed to deal with this lack of research.

Summary and conclusions about monitoring and evaluation

There is little evidence that police harm-minimisation strategies are monitored or are evaluated, suggesting that this work is either not done, or not published. Monitoring, evaluation and dissemination improve the work of those involved, and of others doing, or contemplating doing, similar work.

Planning and resources for harm minimisation

Despite high-level commitment to harm minimisation, a detailed plan for action with dedicated funding, for improving the police role in the harm-reduction and demand-reduction areas of harm minimisation was not found. However, with competing priorities for police, dedicated funding for drug harm minimisation might be necessary.

Funding for law enforcement compared with treatment and prevention might vary depending upon drug-use trends. Research by Rydell and colleagues on cocaine suggests that funding between health and law enforcement might need to vary according to whether drug use is low (suggesting the need to focus on prevention) or high (suggesting the need to focus on treatment).[421] This research indicated that when drug use is low, prevention and law enforcement are more effective control strategies than treatment. When heavy use and problems are already high within a population, treatment is more effective than prevention or enforcement.[421] Two reasons were given for this pattern. First, at the beginning of an epidemic the drug market is small so it is easier to target law enforcement resources. Second, price increases at the start of an epidemic discourage initiation. Heavy users drive consumption in the second half of an epidemic. By this time it is too late for prevention to reduce their numbers. Treatment, however, can reduce demand among heavy users.

That is, there is a need to focus more on supply reduction and demand reduction early in the epidemic, and to focus more on referral to treatment and harm reduction during the peak of an epidemic. Thus, rather than competition between health and law enforcement sectors, it appears that flexibility and a balanced approach at different stages of drug epidemics is needed.

Senior-level support for harm reduction

As discussed above, police are committed to harm minimisation, including harm-reduction and demand-reduction strategies, at the most senior levels. However, operational police are most influenced by the priorities and directives of their area commander. Research on the consistency between area commander management and harm-minimisation policy was not found. Given area management's importance in directing police activities and strategies, though, this is likely to be an important area for research and development.

Police infrastructure for problem solving

The benefits of a problem-oriented policing were noted above. However Canty, Sutton and James argued that police infrastructure is too hierarchical and bureaucratic to enable flexible, problem-oriented approaches to harm reduction at the local level.[54] They recommended that central managers 'encourage and reward decision making and the exercise of discretion by local police, while at the same time providing appropriate systems of accountability and supervision.' (p. 174)[54]

Canty and colleagues noted the difficulties in such a change in the context of current police culture:

> *Such changes are not quickly or easily achieved in police organisations in Australia which historically have relied on paramilitary models. Adoption of these new approaches also is likely to engender 'cultural' resistance. Under the new banner, in the interest of minimising drug-related harms, police management and operational staff are expected to be more flexible towards (or, as they might see it, more 'tolerant' of and even 'condoning') drug users and perhaps even minor dealers — populations that many have come to see as 'hopeless' as well as criminal. Junior police especially also may fear that use of discretion will leave them open to charges of inefficiency or corruption; and may therefore protect themselves by doing things 'by the book'. (p. 175)[54]*

In addition to bureaucratic changes, improvements in local problem solving and the use of discretion will require additional training and support in these areas.

Education and training in drug harm minimisation

Workforce training is often identified as the means for improving practice. Consideration, though, needs to be given to the quality of training to ensure that it actually affects work practice. Training on drug issues has been reviewed a number of times, and found lacking. In 1988, Wheller and McPherson developed a set of principles for formulating curricula for drug education and training.[422] The principles were embedded in the following steps:

1.   Needs assessment or analysis.

2.   Design and implementation.

3.   Evaluation.

In 1995, Allsop reviewed the professional education research literature and identified a set of key factors for facilitating the transfer of knowledge and skills into practice.[423] These included:

•   Using adult learning principles.

•   Using experiential and participative learning strategies.

•   Linking course content with participants' previous experience and usual work roles.

•   Ensuring practice is underpinned by theory.

•   Providing post-training support, supervision and practice.

•   Legitimising the practice of new knowledge and skills in the work setting.

Allsop also reviewed drug-education programs in Australia and identified further key elements of quality programs, including (but not restricted to):

·   Clearly defined objectives, developed with all stakeholders.

·   High quality program staff and materials (for example, evidence-based content).

·   Sufficient program resources.

·   Program assessment.

·   Flexible delivery strategies to enhance access.

·   Relevant to participants' job roles.

Allsop noted that the key factors identified as important in drug-education programs were consistent with the model previously developed by Wheller and McPherson. A subsequent key informant survey on drug education and training programs in Australia suggested that workforce drug-education programs in Australia were poorly evaluated.[424]

Fowler and colleagues identified the following training needs:

•   To operationalise harm minimisation for police.

•   For training to be 'rank appropriate'.

•   For training to make the job easier.

In summary, while a need for training in drug harm minimisation has been identified, this training needs to be consistent with the evidence on effective workforce training.

Community and political influences on policing

Hogg and Brown examined how governments and politicians, who are influenced by public opinion, which is influenced by the media, influence law and order policy and practice.[75] Hogg and Brown argued that public debate is influenced by a set of popular assumptions about crime and punishment (called law and order 'commonsense') in which: 'crime is depicted as a problem of ever-increasing gravity set to overwhelm society unless urgent, typically punitive measures are taken to control and suppress it'. (p. 4)[75] Such influences are not evidence-based, but are punitive and are focused upon (unrealistic and ineffective) short-term solutions.

Similarly, Sutton has discussed how the neo-liberal emphasis on individual choice in combination with a general increase in punitiveness among the population of Western countries, such as Australia, has demonised drug use.[76] Sutton and James argued that police cannot be blamed for resisting change to their approach to drug law enforcement when the community is intolerant to drug users whom it sees as deviants.[425]

Following the blocking of a heroin trial by a concerted media campaign,[426] Bammer has argued for research to deal with how to inform the general public, so that public opinion can be more evidence-based:

> The role of the media as a source of information and misinformation about drugs, its influence on public opinion and policy and its reliance on sensational stories about drugs and drug-related crime for profitability are important research areas…In order for evidence-based policy to be implemented, we need to better understand how the views of the public are informed and how accurate information can be communicated in a way that is interesting and has impact. (p. 660)[77]

In summary, public opinion and the media can influence policing practice. Public education and strong police leadership might be able to reduce the negative influence of ill-informed public opinion.

Summary and conclusions about influences on police

This section has identified that there are multiple influences on the nature and level of police activity in the areas of harm reduction and demand reduction. These include:

- Trends in policing practice.

- Police culture and attitudes towards drug users and towards harm reduction.

- Police system issues such as monitoring and evaluation systems, resource allocation, senior-level support for the police role in harm reduction and demand reduction, police infrastructure for local problem solving, and workforce education and training.

- Community and political influences.

Changing the nature and amount of activity of police in this area will require a multifaceted approach. Even if a substantial improvement were achieved in one area, the benefits could be undermined by the continued influence of other factors.

Discussion of findings from literature

This review of the literature began with a description of harm-minimisation policy, the role of police in harm minimisation, and the drug-use patterns and related harms that police need to deal with. The harm-reduction, demand-reduction, and supply-reduction strategies were described and assessed for their effects on drug demand and drug harm. Finally, the influences on the ability of police to prevent illicit drug use and minimise its harms effectively were explored. The key points from, and implications of, the literature review are presented below.

In Part 1 of this report, we noted that police are signatories to the National Drug Strategy (NDS) and have expressed commitment at senior levels to the policy of harm minimisation. This policy includes three interrelated approaches: harm reduction, demand reduction and supply reduction.

A number of frameworks were presented that demonstrated that harm minimisation is multidimensional, concerned with multiple types of harm (such as health harms, crime and public amenity), multiple recipients of harm (including users, their family, the community and the police), sources of harm (direct and induced), and timeframes (short and long term).

We noted that interventions need to aim to reduce net harm and that single indicators of harm are generally not sufficient for assessing an intervention. At this time, there is no standard approach for measuring net harm — this process needs to be done in a qualitative manner.

The most contentious component of harm minimisation is harm reduction. Harm-reduction approaches are based upon an acknowledgement that the elimination of drug use has not been possible, so the focus is on reducing drug harms, even if levels of use are not reduced. Concerns have included harm reduction sending the wrong message (being pro-drug use), prioritising the health harms of users over harms to others, harm reduction being a 'Trojan horse' for drug legalisation, and harm reduction being in conflict with the police role in law enforcement. We noted that for some, harm reduction is a dilemma, for others it is a realistic response to a complex problem.

The implication of this section was that police and others involved in harm minimisation need to be aware of the multidimensional nature of drug harms so that they can understand:

- Harm reduction is relevant to police — not just to health.
- Police can support harm reduction without compromising their role in law enforcement.
- That strategies need to aim for net harm reduction — not just reduction of individual harms.

An overview of illicit drug-use patterns and illicit drug-related harms was presented. This presentation illustrated that police across Australia will encounter different illicit drug users and different illicit drug-related harms and that these vary across time. That is, illicit drug use and harms are multidimensional and change over time. The presentation also illustrated that illicit drug use is not just an issue for police because it is illegal. Illicit drug use contributes to a range of crime, public amenity, and health problems, which vary in nature and degree according to drug-use patterns, demography, and other factors. The implication of this section was that strategies need to be planned on the basis of local data on the specific harms associated with different drugs, groups, and settings.

Despite senior support for harm minimisation, including harm reduction and demand reduction, the need to enhance the involvement and effectiveness of law enforcement in harm minimisation has been identified.[3][4]

In Part 2, research was reviewed on a range of activities, approaches and strategies that can reduce drug demand and harms. Key points from the review of strategies are presented below.

Overdose: Guidelines for the use of discretion are in place across Australia. While evaluation of these guidelines was not found, they were reportedly effective, although some fear of calling police to overdoses still exists among users. Training and support in the use of discretion in attending overdoses appear useful, but need to be maintained.

Managing intoxicated people: While police encounter and need to manage intoxicated people in the course of their work, little research on police management of intoxicated people was found. The ability of police to manage the needs of intoxicated people in public and in police custody needs to be assessed. Policies, procedures and facilities for managing intoxicated people need to be reviewed. The reviewer might identify a need for more and/or improved places for police to take intoxicated persons. These facilities might be run by police, health or welfare agencies.

Encouraging safer use practices: Research with injecting drug users has identified that experiences of police harassment and confiscation of injecting equipment has, at times, contributed to unsafe disposal of injecting equipment by users. Research on user and police perspectives about encouraging safer use and needle and syringe disposal might assist in developing guidelines and strategies that enable police to encourage safer use without compromising their law enforcement role.

Diversion: A range of diversion strategies involving police were identified, including warnings, cautions, fines, conferencing, and treatment as a condition of bail. Police attitudes towards diversion, knowledge about diversion, and ability to implement diversion have been identified as important for effectively implementing diversion programs, hence, initial and ongoing police training is necessary. This is a promising area, requiring continued or increased efforts in training and evaluation to ensure their ongoing effectiveness.

Problems with diversion programs such as net widening, the ethics of coercion to treatment, equity and access to diversion programs were discussed and mechanisms to prevent such problems are required. Arrest referral schemes (ARS), a strategy successfully trialled in the United Kingdom, overcome these problems to some degree as treatment is optional, all offenders have access to the program, and involvement in ARS does not divert offenders from the criminal justice system. The use of ARS, as implemented and positively evaluated in the United Kingdom, might be a useful model for Australia and warrants investigation.[35]

Early childhood intervention: Researchers have identified that a range of risk and protective factors early in a child's development are common for a number of problem behaviours, including criminal behaviour, drug abuse, school drop-out, and suicide. Collaboration with others dealing with the same risk factors for different outcomes has been recommended to increase the efficiency and effectiveness of interventions. Police are in a good position to support early childhood approaches. Given the importance of the family in preventing or managing youth drug use, research is needed to assist developing strategies and guidelines for police to support families whether they are children of drug-dependent parents,[8 14] or parents, partners or significant others of drug-dependent people.[427] Police need to work with others whose aim might not be crime prevention, but who are dealing with risk factors and protective factors that are relevant to crime prevention, as recommended by National Crime Prevention.[55] These might be people concerned with preventing drug abuse, mental health problems, or school drop-out. Early childhood approaches are a valuable crime-prevention strategy that warrant police support.

Youth development programs: Research has identified that youth development programs, which can include a range of alternative activities such as sport, late-night recreation and outdoor activities, can significantly contribute to a reduction in illicit drug use and other problem behaviours. For these to be effective, programs need to a) have broad developmental goals, striving to promote their adolescent participants' competence, confidence, connections, character and

caring; b) last for at least a school year and create a supportive, empowering atmosphere in which youth are expected to behave in prosocial ways and are recognised for their contributions; and c) consist of activities that afford youth the opportunity to build their skills and broaden their worlds.[38]

Managing youth in public spaces: Research has identified the importance of designing and managing public spaces in a manner that includes, rather than alienates, youth. Excluding or moving on youth alienates them from society, encouraging a sense of alienation and involvement with antisocial peers and illicit drug markets. Work with local council and others to ensure public spaces are planned and managed in a manner that includes and engages young people appears worthwhile.[39]

Community drug education: While it is likely that police are involved in community drug education and national guidelines for police community drug education have been produced, research on police work in this area was not found. The police role in community drug education needs to be reviewed on what is done, the evidence-base for existing practice, and the adequacy of evaluation of existing practice.

Community-based interventions: There has been increased interest in collaborative, evidence-based projects that identify and modify specific risk and protective factors within local communities. These are not ad hoc activities, but planned and sustained programs. There is potential for police to play a significant role in such interventions.

School-based drug education (SBDE): Arguments for and against police being involved in SBDE were considered. Regardless of these arguments, police are asked to be involved in SBDE, so it is important that their time is used effectively. There has been extensive research on SBDE, although not much on the role of police in SBDE. There is no reason to believe that with proper training and resources, police cannot contribute positively to SBDE. Guidelines for SBDE have been published to promote good practice in this area. Police should not conduct SBDE, unless trained and able to adhere to evidence-based practice.[330]

Supply-reduction strategies were described and reviewed to assess their value in reducing harms and demand. A range of positive and negative effects of supply-reduction strategies was identified suggesting that these strategies need to be planned and evaluated to ensure a reduction in net harm is achieved. Sutton and James' evaluation of drug law enforcement in Australia has indicated that this is not the case. That is, drug law enforcement was not found to be a rational system that focused on harm-minimisation outcomes. Canty, Sutton and James recommended that police adopt a 'market regulation' model of drug law enforcement, which has a harm-minimisation focus. Under this model, drug law enforcement would focus on the drugs causing most harm and would implement strategies that result in a net reduction in harm. Strategies needed to increase understanding of positive and negative consequences of police activities on users, the community, and others. The 'market regulation' model of drug law enforcement, as proposed by Canty and colleagues should be trialled.[54] That is, a reorientation of drug law enforcement towards harm-minimisation outcomes.

Collaborative partnerships: Existing research on effective practice in collaborative approaches was presented. This research does not appear to have influenced practice. For example, despite positive evaluations of the use of Drug Action Teams in the United Kingdom, evaluation in Australia so far has not been positive. Existing research on collaborative partnership approaches[56][385] including Drug Action Teams[382] needs to be used to improve practice in collaborative projects.

In Part 3, influences on policing practice were investigated. These were divided into:
- Frameworks within which police work: police crime-prevention approaches.
- Factors within the police sector: the police workforce and workforce development.
- External factors: community and political influences.

The role of police in preventing and minimising illicit drug use and its harms

Frameworks within which police work

Trends in policing practice and experience in crime prevention were described. Research has suggested that the old reactive models of policing were not effective in preventing crime, but proactive, intelligence-based, collaborative policing methods tended to be more effective. Further, being polite and respectful was important for crime prevention as this increased the legitimacy of police and the community's willingness to cooperate with crime prevention efforts. Developing training and other workforce development strategies to encourage best-practice policing, including proactive strategies and respectful interactions with all community members, including drug users is likely to facilitate an improvement in the police role in general, and in harm reduction and demand reduction specifically.

Police personnel

Police culture has been characterised as conservative, cynical, suspicious, prejudiced against minorities and people regarded as anti-police, and focused on keeping out of trouble. This culture does not facilitate best-practice policing, which requires police to be proactive and respectful. Chan has argued that, while changing police culture is difficult, one way to achieve change is to promote professionalism among police.

Police attitudes to harm minimisation have been reported to be negative: at best as 'warm and fuzzy', at worst as a form of complicity with illegal drug users. Research suggested that this attitude was related to a lack of understanding of harm minimisation, and competition for funding, with harm minimisation a low priority for resource allocation by senior police.

Police system

A number of systemic influences on police were described with consideration for workforce development issues. These are outlined below:

Monitoring, research and evaluation is important for directing and planning police policy and strategies. However, despite large budgets for law enforcement, a lack of adequate monitoring, research and evaluation has been identified in Australia as well as the United Kingdom and the United States of America. Development, measurement and reporting on performance indicators that direct police activity towards reducing drug harms is likely to promote a greater focus on harm-minimisation outcomes rather than activities (for example, drug arrests). Dedicated funding for monitoring and evaluation, and a research infrastructure could facilitate improved monitoring, research, and evaluation.

Police infrastructure has been characterised as hierarchical and bureaucratic. It has been argued that this infrastructure makes the police service inflexible, a barrier to local problem-oriented approaches and the effective use of discretion. Canty, Sutton and James suggested that central management train, support, monitor and reward decision making and the use of discretion.[54] Strategies for encouraging effective local problem solving by police need to be trialled.

Senior-level support for harm minimisation is evident in policy documents. However, at the local area level, management support might vary. Barriers to area management support for harm minimisation need to be investigated and workforce development strategies to encourage area management to support harm minimisation need to be trialled.

Planning and resources for harm minimisation: Despite high-level commitment to harm minimisation, a plan and costing for how police can improve their role in the harm-reduction and demand-reduction areas of harm minimisation was not found. However, with competing priorities for police, dedicated funding for drug harm minimisation might be necessary. It was noted that

funding between health and law enforcement might need to vary according to whether drug use is low (suggesting the need to focus on law enforcement and prevention) or high (suggesting the need to focus on treatment). Allocation of dedicated funding for the police role in harm minimisation, linked to comprehensive performance indicators for harm minimisation, is needed to encourage evidence-based harm minimisation as a police priority.

Education and training: Despite multiple studies identifying the need for more police training in harm minimisation existing training does not appear to be sufficient. Workforce development, including (but not restricted to) training in harm minimisation, as recommended by Fowler and others is likely to enhance the police role in harm minimisation.[62]

External factors

Community and political influences: Public debate about illicit drug issues has tended to be ill-informed and influenced by punitive and intolerant attitudes. This has resulted in police receiving mixed messages. Government policy espouses harm minimisation, while community groups, the media, and politicians, want a tough approach with drug users and call for strategies that have been proven to be ineffective, such as scare tactics and severe penalties. Strategies for promoting well-informed public debate in the area of drug harm-minimisation need to be investigated and pursued. In particular, the limitations of punitive approaches and the intended outcomes of a harm-minimisation approach need to be advocated.

In short, multiple sources of influence on police behaviour were identified. A multifaceted approach is required to change the police role in harm-reduction and demand-reduction aspects of harm minimisation. A single strategy or resource is unlikely to have a significant effect upon police attitudes, capabilities, and behaviour.

Common themes across the review were:

- A lack of research to inform practice.
- A lack of use of existing research.

Further, this lack of evidence-based practice does not appear to be unique to the area of harm minimisation by police. Research papers identified the need for more professionalism in policing in general, not just about drug harm minimisation.[74] Further, the need for more evidence-based practice is not unique to police, but has been identified in other disciplines as well, including health.[60]

Changing police practice in harm reduction and demand reduction requires major changes to the police workforce and infrastructure to increase professionalism. These changes are required for improvements in all areas of policing. They will be costly and will take time. As such, funding for such changes is unlikely to be supported if they are not relevant for other crime-prevention issues. A strategy for improving police practice in harm minimisation might be more likely to be funded if it is developed and implemented in the context of a workforce-development strategy for increasing professionalism of police.

It is further noted that the needs and issues of minority populations in Australia are likely to vary from mainstream Australia. A study conducted in New South Wales by Weatherburn and Lind identified that 'Drug law enforcement may have a role to play in heroin demand-reduction but its effects are not evident for all ethnic groups.' [374] For example, further research is needed on the issues and appropriate police responses for different high-risk groups including Aboriginal and Torres Strait Islander Peoples,[313 428] youth,[40 41 429 430] and Indo-Chinese.[52 133 165 166 169 375]

Part 3: National consultations with police, health, drug users and others

Method for consultations

Overview

Consultations were conducted in each jurisdiction with police, drug-user representatives, the health sector and other key informants. Consultations were mostly conducted in small groups with police consulted separately to others. Group discussions followed a format, but were flexible enough for issues of concern to the specific groups/jurisdictions to be raised.

Sample

The sample included police, health representatives and representatives from user organisations and other key informants from each jurisdiction. All were based in capital cities, except the groups in Cairns — a regional centre in Far North Queensland. Sample recruitment and composition are described below.

Police

When tendering for this research project, one of the research team (Mark McPherson) was the New South Wales member of the National Police Drug and Alcohol Coordinating Committee (NPDACC). Mr McPherson asked the other NPDACC members in each State/Territory if they would support the project if it were funded. All agreed.

When the project began, the NPDACC members were contacted by telephone and email and asked to assist with organising police consultations in their jurisdictions. A standard letter was sent out with a project description, and the following request:

> Could you please consider who you think should attend the police consultation? The guidelines we would like you to use are:
>
> 1. A single group discussion would be ideal. This is time efficient, and allows for better data collection through group discussion. However, if you think a certain mix of people could inhibit open discussion, we could have two smaller group discussions.
>
> 2. Due to time restrictions, and the need to consult others in each capital city, all police consultation will need to fit into a half day — morning or afternoon. Further consultation can occur after the face-to-face discussion by telephone, mail, facsimile or email.
>
> 3. I would like to speak with a small number of police (up to about six), those with the most to contribute to the project. That is, we are not seeking the views of a representative sample of police, but the knowledge of those with particular experience in relation to the prevention and minimisation of illicit drug use and its harms.

The NPDACC members in each jurisdiction assembled a group for consultation, organised meeting facilities and otherwise acted as contact people for police in their jurisdiction. Police consultants included the NPDACC members and a range of police officers (Appendix 3, *n*=45). Police participants included officers from Beat Squads, Drug Teams, Drug Policy, Drug Education, and Intelligence, and area commanders and crime managers.

Health, drug users and others

For each jurisdiction, the head of the health department drug and alcohol unit, the head of the Premier's department drug and alcohol unit (New South Wales and Western Australia only), the managers of drug-user organisations and other key informants (generally criminologists) were directly requested to attend a consultation meeting. Invitations to consultations were primarily delivered by telephone and email. Standard information about the project and the aims of the consultations was sent to all consultants. The final sample, n=49, is listed in Appendix 4.

Discussion questions

Four types of harm minimisation had been identified by NDLERF as areas of investigation:

1. Preventing and minimising the impact of drug overdoses
2. Encouraging entry into drug-treatment programs
3. Encouraging safer illicit drug-use practices and
4. Reducing the demand for illicit drugs (including those strategies aimed at reducing the uptake of illicit drugs).

Consultants were asked if they would like to add any topics to the above four key areas. The **questions** for each of the above four areas were:

1. Upon what frameworks or philosophies are police policies and actions based?
2. What roles do police play, in both day-to-day activities and in specific illicit drug-prevention projects/initiatives, which impact on the illicit drug use and its harms?
3. What are the positive and negative consequences of current police activity in this area?
4. What other legitimate roles could police play?
5. What are the barriers to police participation in illicit drug-prevention activities?
6. What are the barriers to best police practice in illicit drug-prevention activities?
7. How can legitimate police participation and effectiveness in illicit drug-prevention activities be facilitated?
8. What recommendations can be made for future police policy and operations in the prevention of illicit drug use and its harms?

Data collection

Consultations were generally conducted in groups: one police group and one health/user/other group per jurisdiction. 'Satellite' meetings were conducted when invitees wanted to participate, but could not attend the group discussion for their jurisdiction.

The rationale for separate groups was initially because the formats of the groups were to be different with the focus on police consultations to collect information for case studies of police strategies, while the health/user/other groups were aimed to collect the views of these groups on how police could achieve NDS outcomes. Upon reconsideration, a similar format for both police and health/users/others was used to collect information from both groups about current police practice and to generate ideas for improved policing. The format was to be the same, while separate groups were maintained to encourage open and frank discussion about police practices. Merging the groups might have resulted in each group being less critical of police practice.

A single group facilitator (Catherine Spooner) recorded answers during the discussions. During the first few groups, pen and paper was used to record the discussion and this data was then typed into Word documents. To increase the efficiency of recording data, and to improve the quality of group

facilitation, subsequent discussions were typed directly onto a laptop computer during the consultations. This latter method was preferred because the group facilitator could touch-type, which meant that a) notes could be typed faster than they could be written, and b) eye contact with group participants was easier. The notes were sent to group participants to ensure their accuracy.

The groups generally followed the following format:

- The group facilitator provided a description of the project and the aims of the discussion.

- Participants were asked to provide information on factors within their jurisdiction that could make them different from other jurisdictions. For example, was there anything about the geography, legislation, drug trends or population demography that would affect the police role in harm minimisation?

- Participants were asked to consider whether any key areas should be added to the list of four key areas nominated by NDLERF.

Consultants were asked to consider the eight discussion questions (above) within each of the four key areas.

Analysis and reporting

Twenty-four consultations were conducted and documented. The consultations resulted in 55,500 words of text (more than 100 pages of single-spaced text). The documents were copied into an Excel database to assist coding and sorting the data. The discussions about each key area were summarised. Significant issues that had implications for multiple areas were also identified and summarised.

Quotations are generally only sourced as 'Police' or 'Other' to protect the anonymity of consultants. The 'Other' group included health professionals, user representatives, criminal justice researchers and others. Some quotations are referenced as 'User' when the view is clearly only relevant as being from a user. Also to protect the confidentiality of responses, identifying information within quotations (for example, the name of a service or of a location) has been replaced with ****. Colloquialisms, as used by the consultants, are reproduced in the quotations. For example, 'ambos' was the common term used for ambulance officers.

Limitations

A large amount of data was collected, and group discussions were as non-directive as possible to allow each group to raise the issues of most importance to them. It is possible that the summary missed some points raised in the discussion due to the limited time available for data analysis.

As the discussions were not taped and transcribed, the quotations presented could vary slightly from the actual words used by the consultant. However, given that the notes from the meetings were sent to the meeting participants to check for accuracy, errors should be minimal.

Consultation results in detail

This section contains a summary of issues raised by the consultants about:

A. Differences between jurisdictions

B. Harm and demand reduction:

1. Preventing and minimising the impact of drug overdoses

2. Encouraging entry into drug-treatment programs

3. Encouraging safer illicit drug-use practices and

4. Reducing the demand for illicit drugs.

C. Police strategies that related to more than one of the above four areas

D. Influences on policing

E. Minority populations

A. Differences between jurisdictions

Below are some of the main points that consultants raised as distinguishing features of their jurisdiction. This does not represent a full description of each jurisdiction, but it does identify the sorts of differences that would need to be considered in the development of any national policy or training resource relating to police and minimising harm from illicit drugs. For example, the jurisdictions differ in:

- Geographic size (from Australian Capital Territory's 2,432 square kilometres to Western Australia's 2,527,633 square kilometres)

- Population number (from 6.5 million in New South Wales to fewer than 200,000 in Northern Territory)

- Urbanisation (for example, Queensland, Tasmania and Northern Territory residents are less likely to live in their capital city than residents of other States/Territories)

- Population density (from 128 people per square kilometre in Australian Capital Territory to 0.1 person per square kilometre in Northern Territory)

- Climate (from cool-temperate climate of Tasmania to tropical climate of Far North Queensland).

Such differences have implications for:

- The service availability (for example, remote areas have less access to drug-treatment services than urban areas):

  · There seems to be a complete lack of understanding that you can't distribute funding by rate of head of population, as then the amount is not enough. For example, we have extra costs for travel. We don't have the pool of people to recruit — we have to recruit competitively with interstate. (Northern Territory)

  · Size of the State and geographic dispersion and major centres on coast and smaller centres inland impacts on availability of health services. This impacts on police responses other than law enforcement, for example, in some areas there are no health services to refer people to. (Queensland)

- Drug availability (for example, heroin is more difficult to obtain outside Sydney and Melbourne, other areas such as Queensland report greater amphetamine use, while Northern Territory and Tasmania reported more injection of morphine) and related problems (particularly psychosis and violence associated with amphetamines).

Comments made by Police and Others in each jurisdiction, about features of their own jurisdiction, are presented below.

Australian Capital Territory

- Population: small, highly educated

- Geography: small area

- Drug use:

  · No open injecting drug use (like Kings Cross)

  · Lots of amphetamines and related violence

- Police:
    - Contracted service with specific performance indicators
    - Transfers between national and local police
    - Small number of police
- No prisons in Australian Capital Territory, so offenders less likely to receive a prison sentence than in other jurisdictions.

New South Wales

No information was given by consultants from New South Wales about this jurisdiction. This was probably because (1) New South Wales was the first jurisdiction within which the consultations were conducted, so the format of the consultations was not then formalised, and (2) the group facilitator was a resident of New South Wales, so a description of New South Wales might not have appeared necessary.

Northern Territory

- Geography: large area, with small remote communities
- Police and Health:
    - Distance from other capital cities — feeling of isolation — feel 'out of the loop'
    - Small jurisdiction in terms of people facilitates good personal relationships between health and police
    - Small jurisdiction reduces opportunities for police corruption
- Drug use:
    - Little heroin use — mostly morphine and amphetamines
    - Alcohol the main priority for police
    - Inhalants (particularly petrol) a problem in remote communities, but this is not illegal
    - Kava use a unique issue for Northern Territory — illegal unless used in designated areas
    - Remote communities: main illicit drug is cannabis
- Few drug treatment services:
    - Methadone maintenance only available if HIV positive, pregnant, or in hospital and methadone maintenance is required.
    - Low availability of detoxification and drug-treatment services (none outside Alice Springs and Darwin).

Queensland

- Geography:
    - Less urban than other States with a number of large towns along the east coast
    - Relative to the coastal area, the inland area was characterised by:
        - Less illicit drug availability
        - Less illicit drug use
        - A lack of health services to which police could refer users.
- Population: large number of transient people: tourists and seasonal workers (for example, fruit pickers)
- Cannabis the most commonly used drug: Queensland climate facilitates two crops of cannabis per year

- Amphetamines are a particular problem:
    - Large number of laboratories in Queensland
    - Health noted difficulty handling violent clients, and lack of places for police to take these clients
    - High purity amphetamines contribute to violence.

Far North Queensland — a region of Queensland

- Population:
    - Significant population of Aboriginal and Torres Strait Islander Peoples — more concerned with domestic violence than drug use
    - Transient populations: tourists and Aboriginal and Torres Strait Islander Peoples
- Geography: large area, adjoining Papua New Guinea
- Drug use:
    - Heroin hard to get, more use of amphetamines, morphine, benzodiazepines and cannabis
- Local problems:
    - Cannabis imported from Papua New Guinea
    - Cannabis grown on cattle farms
    - Illegal production of tobacco ('chop chop').

South Australia

- Small jurisdiction — facilitates collaboration, consultation at central level can affect all levels
- South Australian government has released a South Australia Drug Strategic Framework, South Australia Police have an Illicit Drug Strategy
- Drugs — lots of amphetamines are available and used.

Tasmania

- Police: tend to be young, senior police are leaving the service
- Turnover of health professionals is high, turnover of users is low
- Small population and geographic area relative to other States:
    - 'Everyone knows everyone', this assists developing relationships
    - Easier to implement 'best practice'
    - Everyone gets involved
    - No 'red light district' in the State
- Drug use:
    - Heroin is hard to get
    - The main drugs injected are amphetamine, morphine, and methadone
    - High use of benzodiazepines: injected and swallowed
- Unique issues:
    - Licensed poppy farms: police are involved in poppy security six months of the year
    - Cannabis farms: cannabis with low levels of tetra-hydro-cannabinol[m] is grown under licence for hemp fibre. This was not regarded as an issue for police.

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[m] Tetrahydrocannabinol (THC) is responsible for the 'high' associated with smoking cannabis.

Victoria

- Police:
  - Research and Development section (provided research basis for policy and operations) no longer in the department
  - Despite this there is high attention to 'best practice'
  - High supervision of police to prevent corruption.

Western Australia

- Outside Perth city, accessing clean injecting equipment is difficult — easy to be identified in a small town
- Increased amphetamine use and related psychosis
- No open street dealing.

B. Harm-reduction and demand-reduction outcomes

1. Preventing and minimising the impact of drug overdoses

Guidelines on overdoses

- Police in all jurisdictions have some form of guideline suggesting the need for discretion when attending drug overdoses:
  - 'We have for many years had a policy to not pursue anything in relation to overdose, unless it's a death. This is consistent with national overdose policy.' (Police)
  - 'Policy on overdose — if no death involved, police asked to attend to health issues only.' (Police)
- It was noted that this policy is similar to that used for needle exchanges:
  - 'We have an internal set of orders: general orders, include things like overdose policy. Have had for years a circular that has laid out guidelines for needle and syringe programs (NSPs) — same as anywhere else — don't watch them, support them, stay away from them.'
- One jurisdiction reported that the policy was developed collaboratively with health and users.
- The policy has generally been found to work well, with police usually adhering to it and users usually aware that calling an ambulance does not automatically involve the police:
  - 'From a health perspective, the policy works very well. There are very few overdoses. Police non-attendance policy is well-implemented, well-adhered to. Generally users feel quite safe, more than they used to.' (Other)
- There was variation in reports on how well it worked. In particular, there were reports of the occasional police officer who did not adhere to the policy:
  - 'Occasionally there's a "cowboy" police officer.' (Other)·
- There were reportedly occasions when police have attended overdoses, and this was seen as appropriate. Ambulances might call for police if they feel the need for protection (for example, if called at night to a secluded alley in a high-crime area), feel threatened, if the overdose is fatal, or if the overdose is a suicide attempt.
  - 'Ambos don't notify police unless it's fatal or there is aggression.' (Police)
  - 'Ambos get abused by the user who has overdosed and been given Narcan — can want police around for safety.' (Other)
  - 'Every fatal overdose is treated as possible murder. Has to be investigated as standard practice.' (Police)

- · 'More than 50 per cent of overdoses are suicide attempts. Police have to attend these.' (Police)

- It was also noted that police might attend an overdose without a call from an ambulance:

  - · 'Only ones that come to our attention are ones that public reports to us, we notify ambos. Or we might stumble across an overdose.' (Police)

- The policy was reportedly adhered to more in the city than in rural or suburban areas:

  - · 'In a rural conservative area, the community would be very angry if police did not charge a user identified by overdose. There is community pressure.' (Police)

  - · 'Guidelines operate in city, not country, varied in suburbs.' (Other)

- Non-adherence to the policy would reportedly have a significant effect on users — a single incident could generate myths and cement fears about police presence at overdoses.

- Smaller jurisdictions reported that such isolated incidents could quickly be pinpointed to individual officers, and a complaint from a health/user agency would result in a quick resolution.

  - · 'Occasionally there's a "cowboy" police officer. If *** (user group) got feedback that police turned up for no good reason, they'd contact *** (Health), who would contact *** (Police) who would fix it. You can do this in ***(small jurisdiction) — it's small enough — can track down any police officer doing the wrong thing.' (Other)

- Myths about police attendance at overdoses were reportedly quite common. Some users reportedly think the police listen to ambulance radio transmissions, so that they can attend overdoses.

  - · 'Dealing with myths — users think police listen to airwaves.' (Other)

- To prevent concerns about police attendance, it was suggested that police promote their non-attendance policy:

  - · 'Police could actively promote people to call an ambo — to verify they won't attend.' (Other)

- This was reportedly being done in some jurisdictions. For example, Queensland police reported that they had funded a card for ambulances to distribute, and a poster for health services with information on what to do in case of overdose:

  - · 'Ambos give card to all people who have overdosed — funded by police, no logo — where to go to get help. Encouraging them to get help. So police play a behind-the-scenes supportive role.' (Queensland Police)

    South Australia Police have also been involved with health and user groups to produce information for users.

- Some police expressed frustration that the ambulance service will not release information about overdoses to police. Police stated that they want this information, so that they can trace suppliers, not so that they can prosecute users.

  - · 'Ambos will not release information about overdoses to police. We want this for information about suppliers — not about prosecuting for use. Can't get it. Wanting increased cooperation — need to be advised of all overdoses so we can investigate the source. Need to publicise this with users — that we don't want them, but want the supplier.' (Police)

- It was suggested that monitoring of police at overdoses needed to be done (Other). Queensland Police reported this was being done in Queensland.

Oxygen/Naloxone

- The option of police carrying oxygen or Naloxone (Narcan)[n], so that they can directly intervene if they come across an overdose was raised.
  - 'Medical intervention by police if police on the beat come in contact with overdose — if they carried an oxygen tank (not naloxone) — this could help them to treat an overdose.' (Other)
  - 'I have recommended police carry Narcan. This has not been taken up.' (Police)
- A user argued that direct police intervention would improve police-user relations:
  - 'A benefit would be it would change the relationship with users — they'd be seen as caring about users.' (Other)
- Other police were not supportive of carrying Naloxone because police have a lot to carry around already; such an option would be expensive to resource (equipment, training, and maintaining supplies that need to be replaced due to a limited shelf-life); there were concerns about going beyond core duties, that police are not health professionals; and administration of Naloxone by police would need changes to existing legislation:
  - 'Narcan — police cannot administer without change in legislation. Plus, it has a shelf-life — needs proper storage.' (Police)
- A health researcher also considered it impractical because of the need for medical training in treating drug overdoses:
  - 'It would require a degree in pharmacology — not sure what they could do to minimise impact, given the diverse range of what people are using.' (Other)

Dissemination of information on purity

- It was suggested that police publicise information about drugs with unusually high purity, to warn users that there is a 'strong batch' and to be careful of overdose. This information could be available from seizures or word on the street.
  - 'Another way of preventing overdoses — police having an early alert system on purity.' (Police)
- This was done in different ways, or not at all. For example, some used the media:
  - 'Seizures — if anything is odd about purity or content — this information goes to the media to reduce overdose.' (Police)
  - 'It is our practice, if we get information about a strong batch, we will advertise that in the media.' (Police)
- Other police thought this could best be done indirectly, by police releasing the information to health services or other departments that would inform user-groups and services.
  - 'We're looking now at how this information is shared with other departments, as opposed to the media, which is unreliable, being the source of information on bad or strong batches.' (Police)

Other suggestions and issues

- It was noted that police are sometimes the only ones available to intervene:
  - 'If ambos can't come, people rely on police to come.' (Other)

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[n] Naloxone (brand name Narcan) is an opioid antagonist. It works by blocking the opioid receptors in the brain and therefore blocking the effects of heroin and other opioids.

- It was noted that consideration could be given to police being involved in disseminating information on what to do in case of overdose.

  · 'Some talk of police involvement in producing/disseminating cards to give out to users about what to do in case of overdose.' (Police)

- There was some mention of drug-testing kits as something police do not want to support:

  · 'Drug-testing kits — there are groups who want police to endorse it. Imagine the scenario if we endorse them and someone overdoses — we'd be taken to court.' (Police)

- It was suggested that supply reduction is one means of the police reducing overdose:

  · 'To minimise overdoses, have less of it floating around.' (Police)

- Policing of drug-use and trafficking legislation has allegedly contributed to overdoses:

  · 'Heroin used to be bought by people from houses. Now it's bought in streets, using mobile phones and cars. So people more likely to use in street, higher risk of overdose and sharing.' (Other)

  · 'Best way police could encourage safe use — not interfering if people have a reliable supplier.' (Other)

  · 'One way police could prevent overdose would be to not have zero-tolerance policing and moving people to less visible sites.' (Other)

- One officer mentioned that they do not allow a person who has just been revived to walk away in possession of drugs:

  · 'We don't let a person who is revived walk away with a stash.' (Police)

2a. Encouraging entry into drug-treatment programs: General strategies

General points

- Police are in a good position to encourage users to seek treatment — they are with users at critical times:

  · 'When someone is picked up, it is a great opportunity to give advice about going to treatment.' (Other)

  · 'They are in a good position — you can talk to clients over and over again about treatment options, but it's only when they are in a bad situation, for example, with police, that they might be motivated to go to treatment.' (Other)

  · 'Police are there 24 hours a day — others are 9 to 5 — we're left to deal with it after hours.' (Police)

  · 'Police don't see themselves as referral agents. But they are in a unique "treatable moment" to give information or encourage entry to treatment.' (Other)

- Need to distinguish between a) suggesting police make referrals to specific services (this would require an assessment of need and knowledge of available services) and b) suggesting police advise people to seek help with their drug problems and assist them with finding an agency that can conduct assessments and refer them to appropriate services:

  · 'There's also the question of quality control — would be reluctant to give anything but ADIS (Alcohol and Drug Information Service) number and let ADIS sort who is worth recommending. Wouldn't want to endorse something Queensland Health did not endorse.' (Police)

Methods used to encourage entry to treatment

- Formal police diversion programs (see below)

- Supporting other diversion programs

- Supporting adjournment of cases so user can go to treatment:

  · 'In police prosecutions, cases involving use/possess/dealing, or offended while under influence, often case is adjourned till they get treatment. We rarely object to this request.' (Police)

- Speaking with treatment services:

  · 'In ***, police would speak to outreach workers — say someone is not doing well, can you look out for them.' (Police)

- Suggesting a drug user seeks treatment:

  · In the context of an offence

  · Outside the context of a specific offence — in the context of general liaison with the community

- Providing information (verbal or written) about treatment services, for example, small cards, pamphlets, posters to users and to family:

  · 'Drug Services Card — gives information about local services, so police can give them to users, so they can voluntarily seek services. Police often facilitate the contact.' (Police)

  · 'Also, police receive calls from family etcetera asking what to do with family member with drug problems. Police give information about where to call.' (Police)

- Supply reduction:

  · 'There is anecdotal stuff that if people don't get the drug they want they will go to treatment. If supply reduction is effective, some people will seek treatment. With heroin drought, some have gone to treatment, or detox'ed at home.' (Police)

- Making drug use too much hassle:

  · 'Being hassled by police gets users to treatment.' (Health)

  · 'In Feb, there were 52 dealing houses, when we targeted that, we targeted all dealers and users for anything we could. Result is we probably only have 3 to 4 dealers who deal from houses. Now they deal from mobile phones, but have to re-establish customer base. One of these dealers said now he's stopped, it's too hard; he's now in treatment. He was doing 3 to 5 breaks every day. So if crooks are going to treatment, it's a good thing.' (Police)

  However, there was some disagreement about the value of harassment:

  · 'Weatherburn's research found that the third reason that people went to treatment was "too much hassle". This has become truth that police hassling sends users to treatment. This is not really true. "Too much hassle" is not necessarily police harassment.' (Other)

  · 'Strong policing in some cases reinforces a deviant career for those who want to be deviant. We're not doing the research into whether police reinforce the deviant lifestyle — add the excitement.' (Other)

- Arresting offenders, so that they are placed in custody:

  · 'For some users who are absolutely desperate who want to get off, can't get into treatment, being in jail might be least preferred option, but might be the best option. In jail they can detox. We don't prefer that, but the reality is they can get detox and other health attention in jail. If they are on methadone, they can continue that in custody.' (Police)

- 'We've had some cases where people have offended deliberately, so they can go back inside.' (Police)

- 'If your life is so chaotic and crisis-ridden, you might deep-down recognise you want to stop. Being in crisis non-stop is not comfortable. Having an environment that controls you can be reassuring.' (Police)

Facilitators

- Pending court case:

  - '*** (health researcher) and *** (police officer) did an experiment: when a person was charged with a drug offence (not cannabis), the charging officer would give a document that said: "It is in your interest to go to a health centre before court." There were no conditions on it, it was just advice. This was proven successful. The majority of people went to treatment. Most had never been to treatment. They at least got advice on safe injecting.' (The police officer involved in the study)

  - 'Some people have come for treatment as the police officer had arrested the person, suggested it would be good to get treatment pre court.' (Health)

- A referral service that will do the referral and feedback the results:

  - 'ADIS — just gives information about drug services. Crisis Link actually makes the referral and follows it up.' (Police)

- Police demeanour towards the user:

  - 'A cop once did ask me what I was doing — it did have an impact — he didn't treat me like scum — this encouraged me.' (User)

  - 'Can influence people because of authority position, and intimidation to some degree.' (Police)

Barriers

- Lack of understanding that there can be benefits other than abstinence:

  - 'Police understanding of what treatment is about — whether it is to make you abstinent or to help you get under control — get on your feet.' (Other)

- Lack of understanding that treatment can reduce crime, that is, assist in achievement of police objectives and health objectives:

  - 'Wayne Hall is the only one to demonstrate that methadone is associated with reduced crime. This needs to be demonstrated elsewhere.' (Other)

- Perception that treatment is ineffective:

  - 'We think the methadone program is a waste of time — they all use heroin as well — it's just a supplement to heroin. Policy has been relaxed — now they have takeaways.' (Police)

  - 'It's not getting people off heroin — they stay on it for years. Costing the government millions.' (Police)

  - 'I have also heard of police thinking treatment is a soft option for courts — that they will just be back on the streets.' (Other)

  - 'As soon as they are out of rehab, they are using again.' (Police)

- Perception that lapses and relapses represent treatment failure:

  - 'Need to accept that relapse will happen — is not necessarily a failure. Have to look at what is a success, for example, is more frequent contact with services a success? It can be.' (Other)

- 'Most go through multiple treatments in their life. Doesn't seem to be a good understanding of this in policing.' (Other)

- Lack of evidence to support the provision of information:

  - 'Evaluation of written referral information needed. For example, how many use? When is it effective? How can it be more effective? We don't know enough about it. Compare this with domestic violence pamphlets with referral information. This found not effective. Now use direct intervention approach. Police have to actually ring the service, and mandate victim and offender to treatment.' (Police)

- Lack of rapport with users:

  - 'Depends on having good rapport with the user. But the way they tend to relate to each other (police and users) there's an us-and-them mentality (pigs and junkies).' (Other)

- Police views of drug users:

  - 'How can we get police to look at users differently — not as criminals? So they can read cues — when users/kids need help, not punishment.' (Other)

- Mental state or behaviour of users when seen by police:

  - 'When police see users, they are normally out of control.' (Police)

  - 'We're often not in a situation where the person is rational or receptive. We've just kicked in their door.' (Police)

- Police perception of likelihood that police referral will not be well-received:

  - 'As police, if we tried to encourage a druggie to go to treatment, we'll be laughed at.' (Police)

  - 'They won't listen unless there is a benefit in it for them.' (Police)

  There was some support for this perception from the health/user groups:

  - 'Not sure of benefit of people being forced to treatment. Don't think cop telling me to go to treatment would help — might make me more determined to use.' (User)

- Acknowledgement that some users do not want to go into treatment:

  - 'They need to know that a lot of people do not want treatment, it's great police see the health aspects, but they can't assume everyone wants treatment, or needs treatment.' (Other)

  - 'Most users don't want to go to treatment.' (Police)

- Perception that it is not the role of police to refer to treatment:

  - 'Users are not looking to us for information about treatment.' (Police)

  - 'Don't think it's appropriate as it can lead to an expectation in the drug community that police are social workers. We're not — we're law enforcers. There are more than enough agencies out there whose sole function is to do this.' (Police)

  - 'At present police seem to see it as outside their role to suggest treatment.' (Health)

- Concern about liability:

  - 'Also, the way the legal system is going, if you recommend people seek treatment, you could be liable.' (Police)

- Poor relations with health services:

  - 'They (police) have often had negative experiences with health services.' (Health)

  - 'They (a particular drug-treatment service) work in isolation. Don't have a relationship with police. For example, kids use the service as a refuge from the police. If police go in, they are seen as disrupting the service. This is a delicate relationship.' (Police)

- Concern about problems with treatment agencies:

  · 'Agencies will question why you referred others, not them.' (Police)

- Concerns about affecting users' views of the independence of health services from police:

  · 'How valuable is it for a police officer to hand out this information. It could …compromise perceived confidentiality of services: "They might talk to cops".' (Police)

- Lack of treatment services (quantity):

  · 'The number one barrier is there are insufficient treatment places. ADCA (Alcohol and other Drugs Council of Australia) study found that only 23 per cent of people seeking treatment get it.' (Health)

- Lack of appropriate treatment programs (type):

  · 'And there's no treatment for amphetamine.' (Police)

  · 'There is not the variety of treatment to meet needs. People need treatment options — not one size fits all.' (Police)

- Lack of appropriate treatment programs (quality):

  · 'There are three treatment problems: (1) lack of capacity, (2) lack of options, (3) lack of quality, for example, poor buildings, equipment, staff with low morale, insufficient training, high turnover.' (Health)

- Lack of 24-hour treatment services that can pick up clients from the police:

  · 'People when dealing with police are at their most vulnerable; we're in a good position to divert them to treatment. If I had the ability to ring someone up at 1am to come pick up the person, take them to treatment, that would be great.' (Police)

- Lack of immediate access to treatment:

  · 'If police could pick up people and if we could deliver them to a door, that would be better. I asked everyone I pick up; I'm told there is a six-week wait to get into treatment. So, if we could pick people up and put them in the door of treatment, that would be good.' (Police)

- Lack of knowledge of services:

  · 'Many uniformed officers do not know about health services.' (Health)

- Cost of producing resources:

  · 'It costs a lot to print information cards, in all languages, in all districts. And most people just want to get out of the station, won't necessarily keep or use referral information in written format.' (Police)

- Literacy of the target group:

  · '25 per cent of JJ group cannot read, so written information is of limited value.' (Police)

Other factors

- Judgements about when referral is appropriate:

  · 'Depends what the drug is, the age (of the user).' (Police)

  · 'You can't say police should always refer to treatment. It depends on the situation, who you are dealing with. It depends on their demeanour as well.' (Police)

  · 'A lot of our witnesses are drug dependent. When they are under witness protection, we might suggest they need treatment. But not when we're dealing with them on the street.' (Police)

- Judgements about when referral is worthwhile:
  - 'Informal encouragement to treatment — does happen, particularly about juveniles. There's a perception that it is worthwhile putting extra effort with young people. Capacity to change behaviour with adult addicts is harder.' (Police)
- Ethnic differences:
  - 'Weatherburn's research suggests that intensive policing drives heroin users into treatment. But not Indigenous and Asian users.' (Other)

Suggestions

- Increase police understanding of the value of treatment:
  - 'I wonder if we do enough to educate police about the value of treatment.' (Other)
  - 'Education for police — they need to see that treatment reduces crime so they will support it, divert to treatment.' (Other)
- Include referrals in performance indicators:
  - 'Could put it in the contracts with police — that they give referral advice.' (Other)
- Recruitment:
  - 'Implementing more referrals — that's great, but I'd like to see that coming from the inside — from a desire to be a help to users — not just because they have to. This comes back to recruitment and training.' (Other)
- Community education to reduce negative stereotypes:
  - 'This comes back to a wider societal thing — we need to work on educating the population at large about drug users and drugs, break down stereotype and myths. While there is alienation, this is a barrier to treatment. ' (Other)
- Improve rapport with users without focusing on drug law enforcement:
  - 'More communication skills. Liaising more with people running drug-treatment programs. Not flip a book out every time they talk with you and taking notes — intelligence gathering.' (User)
- Increase police contact with health agencies:
  - 'If you have regular contact with health agencies, you know your respective roles, how to work together. Need to increase understanding about each other's roles.' (Police)
  - 'Best way to improve relationship — police can walk into service — have a cup of coffee.' (Police)
- Work collaboratively with treatment services to deal with problems:
  - 'Relationship between methadone clinics and police: increased crime around clinics, but decreased crime overall. **** (Local area) police spoke to methadone clinic staff and decided on strategies. For example, staff talk to clients about crime around the area, stagger doses etcetera. This led to reduced local crime because of better management of the clinic. So, well-managed clinics have less crime around them.' (Police)
- Recommendations for the health sector:
  - 'System where service comes to police to do assessment/referral on the spot would be good.' (Other) Such a service was mentioned in one jurisdiction: 'CCI — Care, Collaboration, Innovation project — this is an NGO working under Turning Point, worker goes to police station to broker services.' (Other)
  - 'Health needs to market their services to police.' (Other)

2b. Encouraging entry into drug-treatment programs: police diversion

There was much talk about police diversion and other forms of diversion (for example, drug courts) as a means of encouraging entry to drug treatment. Some issues that arose from the discussion of diversion are presented below.

- Concern about government priorities:
  - 'Would be better to increase treatment places for voluntary people who want it before they commit crime and get diverted.' (Other)

- Concerns about diverted clients taking up treatment places of voluntary clients:
  - 'A perverse incentive — people have to commit crime to get to treatment.' (Other)
  - 'There is a concern increasingly among health and welfare workers that the system in Australia is saying that people who come into contact with the criminal justice system will get preferential access to treatment services than voluntary clients. You then get the reaction that treatment workers could be negative to coerced clients.' (Other)

- Concerns about efficacy and ethics of coercion to treatment:
  - 'Coercion to treatment could be counterproductive. Police and community expectations could be too high.' (Other)
  - 'Diversion is great but diverting to compulsory treatment will not work. It's a misunderstanding of what role drugs play in people's lives. Take the drug away it has to be replaced.' (Other)
  - 'The efficacy of coercion to treatment is not proven.' (Other)

  Although others were less critical of coercion:
  - 'There is always some pressure. It doesn't matter if it is police or family.' (Police)

- Problem that diversion to treatment is not always appropriate:
  - 'Having the option of treatment rather than court is great. But most smoking cannabis don't think they have a problem — it's seen as a waste of time. It's a way of just getting out of being charged.' (Health)

- Concerns about net-widening:
  - 'Need to be very careful about giving people criminal records. That is: net-widening because cautioning is easier for police to do.' (Other)

- Concerns about the use of discretion:
  - 'Police have serious problems with discretion…We were told police will not use discretion as they are nervous about consequences.' (Other)
  - 'The discretion police have with users appears arbitrary, so they need to have more guidelines, so users know where they stand. Need consistency.' (User)
  - 'From the NCBADLE (National Community Based Approach to Drug Law Enforcement) report, it's evident that unless there's a structure in police for documenting discretion, it won't happen. If there are no performance goals, it won't happen. We recommend a register of discretion be kept — this keeps it more accountable. But there is a huge loathing of filling in more forms. The more processes you set up, the more people have to spend time filling in forms — it needs to be very fast. They need to be on the street.' (Other)

- In some jurisdictions diversion saved police time, while in others it reportedly increased their workload.
  - 'I remember a *** cop saying the best benefit of a caution for cannabis was that it saved police four hours.' (Other)

- · 'Takes more police time to administer.' (Police)
- · 'For drug diversion, we're taking on role of magistrate — this has increased our workload. There's more pressure on us to do more.' (Police)

- Concerns about mixing voluntary clients with diverted clients:
  - · 'Some clients are there to avoid jail. This does not help others who want to stop using. Having the two groups together creates a problem for some people.' (Other)

- Groups for whom police diversion is more likely to be successful:
  - · 'Workers and first offenders are probably the ones diversion will have most impact on — they have a lot to lose by the stigma of being arrested.' (Police)

- The need for flexibility with diverted clients, so that they are less likely to fail:
  - · 'There have been occasions when people have said they have an appointment and want to change it, police have facilitated this, even though this was not in the initial framework. Also, when a person failed to attend, and gave reason, they were given a second chance if appropriate.' (Police)

- Effect of police attitudes towards diversion on its take-up rate:
  - · 'Police diversion — the number diverted is dependent on the district. It's clear who is in favour of diversion by the number who go through.' (Police)
  - · 'Police are being trained for diversion programs — this includes harm minimisation. If it's not part of culture, they still won't pick it up.' (Police)

- Police and community concern that diversion is a 'soft option':
  - · '(Police) think it's a soft option.' (Other)
  - · 'People are not happy that offenders are put into treatment rather than jail.' (Police)

- Negative effects of cannabis expiation notices (CEN):
  - · 'Because of CEN, there's a lot of organised crime around it which police target. It is negative in terms of rates of home invasions, police targeting people not in organised systems, but suspected of being involved in a syndicate. For example, groups of friends who get together, rather than major syndicates.' (Police)
  - · 'Cannabis in South Australia, due to expiation laws, there's plenty of people who are not users who are growing cannabis for the commercial market. To an extent, cannabis has become a form of currency in the drug market, enables people in South Australia to grow cannabis with little risk of penalty, take it to eastern States for good profit. Or exchange it for harder drugs in eastern States.' (Police)
  - · 'Here it's three plants for $150 fine, but worth $3,000 to $5,000. Anomaly, can have kilos of cannabis on plant, but if off plant, would be arrested for possession of kilos. Truck drivers can facilitate income by trafficking cannabis. So it's an inducement for otherwise legitimate people to be involved in trafficking.' (Police)

- Diversion can be used to improve the ability of police to obtain intelligence from users:
  - · 'With drug diversion process — we are being softer on users, so they give more information about suppliers.' (Police)
  - · 'Used correctly, it is a tool for getting information — as police have discretion to give caution or to arrest.' (Police)

- Concern about the adequacy of training in diversion:
  - · 'Could be a long time between training in diversion and doing a diversion — police can forget procedures, feel unconfident.' (Police)

- There is some confusion because of the variety of different diversion schemes:

  · 'Diversion is very confusing — we don't understand it.' (Other)

- Lack of consistency:

  · 'Remember we are talking about illegal drugs — we'll never all be happy, there will always be contradictions.' (Other)

3a. Encouraging safer illicit drug-use practices

Encouraging safer use is a subset of harm reduction. Comments specifically related to encouraging safer use are summarised in this section. Other comments about the police role in harm reduction not covered in the above section on overdose and this section on safer use, are presented in the next section.

The concept of encouraging safer use did not sit easily with some police:

- 'Police do not do anything in this area, nor would we.' (Police)

- 'It's not our role to counsel them or educate about safe use — there are drug services who do it.' (Police)

- 'It's difficult for police to facilitate safe drug use — we can't be seen to condone illegal activity.' (Police)

Community concerns were posited as a factor in not seeing this as an issue for police:

- 'Have to look at the community's perception of the police role. Community would not want police to help people to inject more safely. They would want them to remove drugs from the street. They would see this as a health role.' (Police)

However, as one police officer stated: 'Most police do harm reduction, but don't recognise it as harm reduction.' Activities that encouraged safe use were identified:

- Facilitating safe use measures:

  · 'When trying to establish the medically supervised injecting centre (MSIC) the year before last, there was a large advisory committee to work out practicalities of the trial. Police were effective on that committee. Even before that, they'd been very open to the concept and working out how it might work from their perspective. Lot of support in thinking of ways to make it work. Only had problems with a few individuals, but broadly speaking they were great.' (Other)

  · 'Have become more involved, for example, have represented police in trying to set up new NSPs.' (Police)

  · 'Police deserve commendation for supporting clean needle program, at least in ***.' (Other)

  · 'We are on the safe-disposal working group with *** (health department).' (Police)

  · 'A local NSP has a letter, developed with the police; they give it to users, so police will not pick them up with clean needles. This is to encourage people to have clean needles.' (Police)

  · Influencing community opinion to be supportive of harm-reduction facilities: 'We get involved in discussions around these issues, for example, involved in trying to get an NSP operational in ***. We took the emotion away from it — said this is okay.' (Police)

  · 'While I don't condone drug use, support operation of NSP to extent that when first considered in *** (this jurisdiction), we joined with *** (State drug program) to lobby the government to change the legislation so possession of needles was not unlawful.' (Police)

- Other practices to encourage safe use:

  - 'Biggest thing we've done is increase awareness: "Do you know what you're getting?".' (Police)

  - 'Moving them from public areas to their homes, this is safer — they are more likely to have someone with them.' (Police)

  - 'Police officer said once it was good I had a fit in the container.' (User)

  - 'In drug education to young people — we talk about safe using — we got this information from health department. For example, give message about you don't know how it's made, tell them "war stories", for example, about thread worm. Tell them about some of the dangerous chemicals in amphetamine — to get message across. Scare tactics is one of our strategies.' (Police)

  - 'Police have, in association with health, put out warnings regarding dangerous batches circulating.' (Police)

  - 'When searching a house — if I find used needles, I will talk to them about capping or disposing. In some situations police will dispose of used needles themselves if the user is unlikely to do so safely.' (Police)

  - 'When we have an offender in the station and they have lots of clean needles we used to seize them. Now it is unwritten that, to encourage harm minimisation, they keep the needles. This is unwritten, common practice.' (Police)

  - 'Also work with rave party people — late-night venues — work with health, and others.' (Police)

  - 'With ***(user group), have developed a user ID card — identifies the person as being a customer of the NSP. Designed so when a person is leaving an NSO and is stopped by a police officer the card should identify them as a customer of the NSP.' (Police) Note, however, that some mixed outcomes were identified with this card: 'Positive feedback from users who have been pulled up and used the card. Some negative feedback as well — situation was already bad — card inflamed it.' (Other)

Some police noted the need to reduce harm for the community, rather than, or as well as, encouraging safe use by users:

- 'We do, for example, moving people out of public areas, so there's less fits lying around the city. That is safer for the community.' (Police)

- 'About dispersement not solving the problem: have to look at those doing the right thing, shoppers and traders. They weren't feeling safe, it was affecting their business. They need to be considered as well — there are wider concerns in the community, not just the users.' (Police)

It was also noted that used injecting equipment not in a sharps container was a hazard for police:

- 'We push the message home about used needles and proper storage. This affects us (dirty needles).' (Police)

- 'Main issue for police — safe disposal, not safe use. Safe disposal makes the job safer for police as well.' (Police)

- 'Police don't want to risk needle-stick injuries.' (Police)

There were concerns, predominantly from the 'other' group, about police practices that encouraged unsafe use:

- 'Their monitoring of NSP is not encouraging safer drug use' (Other)

- 'Police activity can cause people to use very quickly, in not good conditions, for example, public toilets, dispose fits unsafely. No time for a taste to ensure it's okay.' (Other)

- 'People injecting are fearful of carrying dirty fits to bring them back.' (Other)

- 'Someone I know got charged with intent. He had clean fits in bag unopened.' (Other)

- 'There have been cases of police taking fits out of a container, and then charging the person. People will toss it on the street, rather than put it in the container and be caught with it. There's a belief that equipment can be tested for trace elements.' (User)

- 'If I was confident nothing would happen, I would always take dirties in when collecting new ones, and would feel safe having five clean fits in the house. I've stockpiled dirty fits and have reused them because I've been afraid to take dirty ones back. It's legal to put them in bins if they are in a sharps container.' (User)

- 'But police can use information that the person carrying a used fit is a user. This could then be used as intelligence. For example, police would then follow them. This does come up — particularly homeless people. They don't have a garbage bin at home to dispose safely.' (Other)

There was some disagreement from police that police activity encourages unsafe practices:

- 'Saying police activity forces people to inject in less safe environment presumes a phenomenal police presence that does not exist — as if police are everywhere.' (Police)

- 'We don't do zero-tolerance policing and street-level harassment that encourages unsafe use in ***(this jurisdiction).' (Police)

Police noted that they could not completely avoid harm-reduction facilities:

- 'Occasionally we get a call from an NSO about activity around the NSP. This is followed up. If police are following someone who goes into an NSO, police don't intend to harass the NSP.' (Police)

- 'Police have a concern that dealers use NSPs and methadone clinics to sell drugs. For example, had an undercover officer who met with dealer who was outside the clinic. The magistrate was critical of the police officer — but it wasn't his choice — it's just where he was taken. Also, NSPs and clinics are seen as police-free zones.' (Police)

There was also concern among police about users and dealers taking advantage of the police policy to stay away from harm-reduction facilities:

- 'Now users inject in the vicinity of NSPs as it is seen as safe zone.' (Police)

- 'An NSP was using volunteers. These volunteers were dealers — used the situation to deal.' (Police)

- 'Have also seen dealers hanging around the NSP foot patrol (outreach service).' (Police)

There was some discrepancy between statements from police and from users about police action in response to users carrying injecting equipment (used or unused, safely or unsafely packaged). There might be some mythology and some misunderstandings.

- 'Many urban myths — people think police will take needles from users. But police would only take used needles for safety reasons.' (Police)

- 'There's also the myth about disposal. They know it's legal for people to walk with a used syringe in a safe disposal container. But there's a myth that police will harass them with used fits.' (Health)

There is some basis for the concern among users about carrying injecting equipment that was reported by police:

- 'Legislation says if you have used equipment in a sealed container that is okay. Cannot have it just loose in a bag, or whatever. Police have not prosecuted anyone for having a used fit for years. For those who have been charged with possession of used equipment, it's because they've done other offences and/or had bad attitudes.' (Police)

- 'I don't doubt new police stumble across fits, and ask about it. It probably happens. Only has to happen a couple of times for it to be known about.' (Police)

One police group noted that there was a dilemma for police when they came across a person injecting — to balance law enforcement duties with harm reduction:

- 'There has been comment that police see users about to shoot up — what should police do? Some health workers say there are health harms when the needle is withdrawn quickly. It is simplistic to ask police to say: "Finish what you are doing, we'll talk later." The element of surprise is also important in police operations. We've been criticised for interrupting people injecting. We see a user injecting — we tell the person to put the needle on the ground so it is safe for us. It doesn't matter if it is in the arm, but it matters when it is in the hand and it can be used as a weapon. We can't say: "go ahead and use". What if they overdose? We haven't got a policy on what to do when we interrupt a person injecting.' (Police)

Some changes in police attitudes towards encouraging safe use were evident:

- 'I initially thought the MSIC was promoting drug use — not now.' (Police)

- 'Compared with 10 years ago, there are better attempts to liaise at a grass-roots level on sensitive issues, for example, NSP, MSIC. There is an attempt to develop a rational approach to policing to not undermine health interventions.' (Other)

Some examples from overseas of police activity that encouraged safe use were cited:

- 'Peer educators in Delhi have a card they use to identify to police who they are, so they won't be harassed.' (Other)

- 'Police in Amsterdam were actively assisting with pill-testing at illegal raves — to discourage unsafe use. Not necessarily doing the testing, but helping, for example, directing people to it. This points to the cultural issue of police attitudes to drug users.' (Other)

- 'In New York, United Kingdom, The Netherlands, and elsewhere non-injecting of heroin is now more common than injecting. I have not seen evidence to support this. To achieve this in Australia will require massive change in police practice, so purity increases and price decreases. This will result in a reduction in hep C and overdoses.' (Other)

Some suggestions for police were made:

- 'If they could carry a safe disposal container in their car, they could safely dispense.' (Other) Apparently this is the case in Victoria at least: 'All mobile units now carry sharps containers.' (Police)

- 'Can they replace the batons with clean fit packs?' (Other)

- 'A young user was charged with fraud for false prescription. This should have been handled differently. With less heroin, there's more of this happening. She needed education about safer use — injecting temazepam.' (Other)

- 'Focus group on why people dispose in an unsafe way — they were worried about being caught with used equipment. This fear needs to be addressed, for example, by an information campaign. NSP workers can't assure people police won't harass them, but police can. Need police to help with this campaign, especially with young users and occasional users who tend

to be better educated. For example, if we could put statements on fit packs, authorised by police, saying police will not harass you. This doesn't go to general public. For example, "police support safe syringe disposal".' (Other)

- 'They could use police intelligence. For example, if they see some nasty ecstasy, they should tell people — or high potency — via user group and health networks, not media — you get the sensational headlines.' (Other)

3b. (Other) harm-reduction activities

Reduction of harms for the community:

- 'In the social scene — drug rape is increasing. We've just put together an education package about drug rape — ecstasy, rohypnols — any party drug. Education for schools, unis, TAFEs, police. That is, on the harms associated with ecstasy — including drug rape.

  Input from various units including Intelligence, Drug team, and others. It's had an impact on how licensed premises work. For example, we advise girls to not leave drinks/bags alone. Some have implemented coatrooms. It's an offence under the Liquor Act here to walk onto the dance floor with a drink. Liquor licensing police have told licensees that this will be ignored, so people can mind their drink. New security cameras were put in venues. A sponsor is being looked at to provide water bottles with warnings about ecstasy use — police initiated this. It went to Health, schools, and sexual assault unit, to look at.

  Package looks at two phases. One: drug rape. Two: information about ecstasy. For example, what is in it. Usually cheap imitation, for example, amphetamines sprayed with ketamine. Lots of girls coming forward now, thought they'd been drunk, but could have been drugged.' (Police)

- 'Police know just locking people up does not solve the problem, but it does assist public amenity.' (Police)

- 'We deal with council a lot — working parties, for example, streetscapes. There comes a point when you can be too politically correct. They had people injecting in alcoves. We suggested blue lights in those areas.' (Police)

- '***(Police) developed a flier for hotels as an early warning — for cleaners, reception etcetera — if you have people who are suspect (for example, vomit, balloons, deal bags, frequent people coming and going), please call this number. We'll come and get them. It was sold as a way to protect their own staff (occupational health and safety) and the hotel (stigma/reputation as drug den).' (Police)

- 'Big Day Out — a big event — now police work with organisers to set it up to prevent drug-related harm, antisocial behaviour etcetera. Plus we train police to be effective.' (Police)

- Managing intoxicated people:
  - 'Having safe places to take intoxicated people — and knowing the difference — managing intoxication is important. For example, what to do with people with speed — in a way that's safe for police as well. There's an issue of police safety as well as safety of the user (deaths in custody).' (Other)
  - 'We can pick them up and lock them up for eight hours without charge. This makes them angry, especially if we give them Narcan on their way to the cell. We had to do this for their own self-protection — if they are incapable of looking after themselves. It's used in a very limited way — it is a tool we use, particularly to keep intoxicated people out of public places. We were under pressure from the government, the public and storeowners to deal with public intoxication. The only way we could do this was to move it or take them out of the public eye.' (Police)

- Supply reduction as harm reduction:
  - 'If we want to reduce harm, the main way is to reduce supply.' (Police)
  - 'There's no evidence that supply-reduction strategies reduces harm — it is untested.' (Other)

Factors influencing the police role in harm reduction:

- Collaboration with health/user agencies was considered essential for achieving health and police objectives:
  - 'When police and health services communicate and share information to the benefit of users and the community, there can be mutual benefits.' (Other)
  - 'Need good personal connections with key people on both sides so we can address issues straight away.' (Other)

  Collaboration is further discussed below, as it is relevant across a number of the NDS outcomes.

- Community attitudes:
  - 'There needs to be a massive education campaign for the community to support police in harm reduction.' (Police)

  Community attitudes are further discussed below, as they are relevant across a number of the NDS outcomes.

- Workforce:
  - 'Barrier for harm reduction — depends on the priority up high in police.' (Health)
  - 'There's more willingness in **** (jurisdiction) for senior police to be very clear and direct junior police to do things to promote harm reduction. Probably due to long history of working with health/**** (State drug-service agency) at top level.' (Other)

  Workforce development is further discussed below, as it is relevant across a number of the NDS outcomes.

Harms that are specific to police or unsuspecting community members were noted:

- 'Labs are a major health issue. They can explode. Doing it in hotel rooms — leaves chemical contamination in rooms. Lots of chemicals are carcinogenic.' (Police)
- 'We've had cases where entrances to cannabis plantations have been booby-trapped — risk of death or serious injury to officers.' (Police)
- 'Clandestine labs for amphetamines are an increasing concern. We have to be serious in reducing the possible harm to officers when working on located labs — dangers of labs, for example, exploding, contact with chemicals, for example, suitcase labs where they fly in, cook and leave. Cleaner could end up with a permanent health condition simply wiping down the walls. Have to put own officers through training to reduce harm to self and others in community.' (Police)

4. Reducing the demand for illicit drugs

General comments on the police role in demand reduction

- Questions were raised about the role of police in demand reduction:
  - 'If they have a role in prevention, what should it be? Literature says money needs to be in early intervention — this is for nurses, DOCS, Health — not police. They might have a role in facilitating putting it on the agenda (sitting on a steering committee), but not in implementing it.' (Other)

- 'Health core business should be to reduce demand. We can support what they do, but it is not our core business.' (Police)

• Other general issues about the need to be reactive, rather than proactive, and questions about the likely efficacy of police in demand reduction:

  - 'Senior officers are very pro early intervention, but have to do reactive things first. There is no quantitative evaluation of the value of prevention — long-term results.' (Police)

  - 'If we pick up a 35-year-old who has been smoking cannabis for 20 years, nothing I say will make a difference. But with a young person, we could have an influence.' (Police)

  - 'Need to look at reasons for drug use, for example, low socioeconomic status, racism, poor schooling, no connection with society, involvement in black market due to no other employment opportunities, so there is little police can do given these other factors. While focus is on drugs as illegal, the real issues are ignored.' (Other)

Early intervention/developmental crime prevention

• Some mention was made of the role of police in early intervention, as recommended by the National Crime Prevention report:[55]

  - 'AFP working with education and health to establish an early intervention program. Starting from age 0 — targeting at-risk families and universal approaches.' (Other)

  - 'Drug court magistrate says that 70 to 80 per cent of users have been sexually assaulted. People in drug-treatment services say about all have some childhood incident, so, one way of reducing demand, would be to reduce incidence and impact of child sexual assault. That is where you can join the dots for them — they would never make that link. Police think users use drugs because they are bad people, or family life is bad — they are not like me. Reality is users come from good and bad families. Police don't know anything about users, just think they are just different from us.' (Other)

Demand reduction for at-risk youth

A range of projects for at-risk youth were mentioned:

  - 'Project Saul: for troubled kids, from troubled families, having difficulties — go on trips, for example, abseiling, talks, etcetera to increase self-esteem. Coordinated by police, run by a police officer whose company runs it with volunteers assisting. Kids identified by police participate. Must be evaluated as it receives government funding.' (Police)

  - 'Also, police scouts, PCYC.' (Police)

  - 'Sometimes go the extra step, for example, talk to parents of a kid who is using, but don't have time — it's a luxury.' (Police)

  - 'STAR — Students At Risk — get sent off for "behaviour modification" — police go to that — these are the real ones at risk — police will take them out, for example, to wildlife. There was a complaint about having four kids in a police car having fun.' (Police)

  - 'This (PCYC) takes kids off the streets, reduction in criminal activity and likelihood of becoming in contact with undesirable groups. At least it's a supervised environment.' (Police)

  - 'Joining Forces Program — mentoring program — one-off that did well, but ran out of money. ' (Police)

Working with the community

A range of other community-based activities were mentioned:

- 'We also do professional development for teachers, involved in drug policies in schools, companies, hospitals etcetera.' (Police)
- 'We are willing partners in any program, for example, service groups such as Lions.' (Police)
- 'Also police PCYC — Blue Light Association — run dances for under 18s — promote drug-free environments. Promoting anti-drug environment.' (Police)

School-based drug education (SBDE)

SBDE was the form of demand reduction most discussed in the consultations. DARE in Northern Territory and GURD in Western Australia appeared the most developed of the programs.

Some police were positive about police involvement in schools:

- 'Used to be a lot of opposition to police in schools. We think they are most informed and non-emotive — sound and professional.' (Police)
- 'I think in most States drug education is not being effectively taught in schools by teachers…Teachers are either very pro or against drugs — too emotive. They only have a half-hour a week (that is the Health Curriculum allocation — half-hour per week for 40 weeks). That is not enough for all the topics that need to be covered.' (Police Officer arguing that police fill a gap)

Other police and many 'Other' consultants were negative about police involvement in schools.

- Negative about whether police should be in schools:
  - 'Don't know that going into schools should be a core police activity.' (Other)
  - 'Don't see drug education as part of police work — we don't get funded to do it. We're funded to do law enforcement.' (Police)
- Negative about the effectiveness of police in schools:
  - 'Really wary of school education — seen some that is so bad, it encourages use. For example, overstating harms of cannabis, lose credibility, so may as well try smack because everything else they said is wrong.' (Other)
  - 'Police say: "the community want us to do it. Parents love us going in." I'm sure they do. But are they effective? Is it the best use of police time?' (Other)
  - 'Don't like the idea of outsiders coming into schools and leaving teachers and counsellors to have to clean up the mess. Once you raise the issue of drugs, in school drug education, it can raise personal issues for kids, then they leave the school.' (Other)
  - 'Police in schools is not evaluated. Have an annual Commissioner's Lantern Awards — police do things, for example, ad hoc short-term poster campaigns. Not systematic. Question the effectiveness. Kids see it as rubbish: "just say no", "drugs are bad". Trying to get police in drug education is a bad idea. Health and education is better placed to do this. Police have no other point of reference. It would be helpful to have something about best practice for police in schools. They should not see themselves as lead agencies in drug education.' (Other)
  - 'United Kingdom review within police — identified police in schools is ineffective.' (Other)

- Negative about how the police, Health and education work together:
  - 'One thing we don't do well with police is school drug education. Health-based school education and police-based drug education tended to overlap and sometimes contradict each other. Needed to coordinate better. There is a joint planning group that meets, this will improve things.' (Other)

It was noted that police are responding to community demand that they be involved in school drug education:
  - 'Have to look at the extent to which police are drawn into those forums. Police do not barge into schools and community meetings — they are invited.' (Police)
  - 'About police doing education — Health thinks they'd be better not doing any. But, my view is that people demand it, community demand it, police are an enormous resource. If it is well done, it can add quantity to what happens in the schools/community. *** Police have done well.' (Other)

Some barriers to police involvement in SBDE were noted:
  - 'Barrier — money to fully resource the (school education) program.' (Police)
  - 'It's not seen as a high-profile career move — for police — another barrier. Some believe it's an easy option — a 9 to 4 job. However, they lose some of the allowance for night work (15 per cent instead of 20 per cent).' (Police officer discussing working in schools as a full-time position)

The issue of using police in schools to gather intelligence was raised, both positively and negatively:
  - 'Police in schools — can speak to kids in confidence. Some intelligence has been obtained via these police.' (Police)
  - 'Many of my peers are hesitant to send a kid to school that has police teaching *** (a SBDE program run by police). They ask the kids about parents using. Apparently, this has been happening — anecdotally. Have heard cases of mothers losing their kids because the kids have told police that their parents have drugs/equipment. Getting kids involved in dobbing in parents is a problem. Note — this is anecdotal. There might be some gung-ho police that will use ***(the SBDE program run by police) to get intelligence.' (Other)

A variety of methods were used by police in schools, including drug education, skills training and being involved in a range of activities:
  - 'We don't do one-offs (rarely) — we fit in with what the school is doing.' (Police)
  - 'Also go to school fetes and things.' (Police)
  - 'About school programs — traditionally police talk to kids in schools. Feedback from kids is this makes no difference to their decisions. What works is police going into schools on a regular basis, for example, coach a team, act as mentors…No good to lecture. But if they are there for another reason, they can answer questions.' (Police)
  - 'A life-skills program — focuses on self esteem, interpersonal skills, peer pressure, decision making, and positive alternatives-to-drug-use program written as building blocks — from age 5 to 12. Main focus on drugs is alcohol and tobacco.' (Police)
  - 'Other things outside business hours — go on camps, youth activities, for example, Blue Light Discos, address council meetings, attend year 7 social — try to be a presence with alternate activities.' (Police)
  - 'In schools, offer various activities. For example, dances, athletics, youth club, vacation and after-school care.' (Police)

There were variations about the content and style of drug education:

- 'We have to be careful — we're there to enforce the law. The law is that drugs are illegal. Teachers will ask us to talk about drugs — we say they should get a Health person to address health issues. School will ring Drug Squad and ask for presenters. Also have trained people in the region — DACER (Drug Alcohol Community Education Resource) trained who do lectures. We're investigative, not trainers. Generally school ones; we'll try to get someone else to do it.' (Police)

- 'It's not lecturing students. We'll put something to them. The idea is for them to come up with the answer.' (Police)

- '***(Our drug-education program) encompasses harm minimisation. We never say don't use drugs. We ask them to think of the consequences of their decision to use. We will then just give information if they have misinformation. If kids don't believe them, they will suggest the kids do research, or provide information from the web.' (Police)

- 'Police are trained to deliver community and school programs — talk about legal consequences of drug use. Always when we are invited we insist that a Health person be involved as well, so they can talk about health aspects.' (Police)

- 'Trying to get away from police drug war stories — try to discuss it in a social context. Bottom line is young people make choices, these need to be made on best information — police can contribute.' (Police)

- 'If you do an interactive question-and-answer thing, young people know what they want to know.' (Police)

The issue of training and guidelines was raised:

- 'There will be guidelines and information session for police in schools — there is none now.' (Police)

- 'There is a policy that prohibits untrained police doing drug education. Problems come in rural areas where there is no one available to do drug education in schools.' (Police)

Evaluation issues were raised:

- 'We don't claim success on our own — it's a tripartite thing with Health and education and police — we can't evaluate it as it's so meshed with other programs. And no schools have nothing to use as a control group.' (Police)

The inherent limitations of drug education were recognised:

- 'Problem: we can only do so much if they are in an unsupportive environment, for example, families who don't care. But we make a difference for some kids. We need other interventions, for example, parenting programs to address family problems to get better outcomes over generations. It's hard working with kids who have parents who don't care about their kids.' (Police)

Supply reduction

Supply reduction was seen as a means of demand reduction, particularly by police:

- 'Supply reduction — aim is to target suppliers and reduce the amount available to users. The way we've policed heroin, it's only a small part, but the trends have shifted from heroin as we've taken so much off the street — so demand for heroin now, though it's shifted to amphetamines.' (Police)

- 'Small, street-level operations have the most impact. That is, busts. It reduces demand — creates a crisis in the users' lives.' (Police)

- 'Being hassled by police gets users to treatment.' (Other)
- 'About supply, we run a number of corporate initiatives. But we try to support that with information on illicit drugs aimed at reducing demand. For example, we have recently run Crime Stoppers phone-ins on heroin, laboratories, and cannabis. These are aimed at getting the public to ring in with information about dealing. We preceded phone-ins with media campaigns with ***(Health). Said these are the drugs, these are the effects they have, to promote awareness in an attempt to prevent uptake or continued use. Then followed up with the phone-in.' (Police)
- 'We are great believers in disrupting market-place to reduce demand.' (Police)
- 'Traditionally, the frontline police officer is there to prevent and detect crime. About drug issues, primary focus has been detection of drug offences. We've broadened that now to emphasise that drug detection does not serve a purpose on its own, it can lead to diversion, which has its own outcomes. Now putting greater emphasis on prevention via market-place disruption.' (Police)
- 'Through DATs, we are about to introduce in all South Australia, the intention is that DATs will be police-led, but will involve community people. One of many foci will be demand reduction with local community, supply reduction with local community, identifying where dealing occurs, change that market-place, so it is less desirable for dealers and users to get together. Through Operation Mantle we have a focus on disruption. Each time you disrupt the market-place, you reduce opportunities for dealers and users to get together. This takes away opportunistic scoring. By focusing on the market-place, as Weatherburn found, lots of police attention on market, users will go to treatment.' (Police)
- 'Amphetamine — when it's highly available, use increases. Tends to get pushed on to people. If you take away bulk availability, then to a degree you are reducing demand — people just using on a recreational basis — not getting addicted.' (Police)
- 'Also try to reduce impact of drugs on streets via covert operations. You can talk to kids at school about the hazards of smoking cannabis, but it's difficult to deal with peer pressure etcetera. So we put most effort to reducing supply.' (Police)

However, some thought that supply reduction was an ineffective or limited strategy for demand reduction:

- 'Street-level harassment doesn't reduce demand, just displaces it.' (Other)
- 'Supply reduction will sometimes reduce uptake because it's just not around. The users who are entrenched will just use something else.' (Other)

Supply reduction is further discussed below.

C. Police strategies relevant to multiple areas of harm reduction and demand reduction

Below is a brief summary of some of the comments that are about harm-reduction and demand-reduction issues.

Supply reduction

Negative effects of supply reduction

- Increased crime:
    - 'The more you take off the streets, the higher the prices, the more crime (theft, assaults).' (Police)
    - 'We know if we take it off the streets, burglaries will increase. But we don't have resources to deal with all the repercussions, for example, to deal with burglaries. No one consciously thought about unintended consequences.' (Police)

- 'Note recent research by BOCSAR (New South Wales Bureau of Crime Statistics and Research), crime increased when heroin price increased.' (Police)

- 'A lot of suppliers/dealers are also users. When you have street blitzes, one harm is property crime to fund drugs. Some users think it's morally better to fund drug use by dealing, rather than by acquisitive crime.' (Other)

- Cost:

  - 'Some supply charges are a waste of time. They go to court and get a $700 fine, and the case cost $10,000. Or eighteen months jail for supply of amphetamines.' (Police)

- Drug switching:

  - 'Heroin drought has led to people using other drugs — seeing a lot of damage by people injecting MS Contin (morphine — grey ladies or grey nurses) and injecting oil-based temazepam, losing limbs, collapsed arteries.' (Other)

  - 'Arrests with bikies lately — amphetamine around now is low quality — so users go to doctors and get other stuff. Or use more amphetamine. Or try downers.' (Other)

  - '*** (A user organisation) is hearing of people turning to stimulants and injecting pills. Stimulant problems: mental health issues, psychosis. Injecting pills: liver damage, loss of limbs.' (Other)

- Strengthening of the criminal sector:

  - 'By increasing the level of oppression, you weed out the less violent. Those who remain are arguably the strongest, more prone to violence and most ruthless. Darwinian, principles of natural selection.' (Other)

- Repercussions for family members:

  - 'The main issue, especially with young people, when arresting people police can be taking away the breadwinner, and there will be consequences for family and friends. Lots of serious trouble happens in that initial period after arrest. There needs to be some sort of resource for family and friends. For example, if parents are removed, what happens to the kids? No consideration of why that person is doing the crime (for example, using, stealing). For family/friends of people arrested, savage/dangerous things happen. There might be someone when they get to court to give support, but no one in the immediate time. If put into watchhouses, whoever is arrested can disappear for up to a month. These experiences can negatively affect the children and contribute to future problems. The finances — where is the next meal coming from? For a week, a family could have no food or income and might not be able to find the person arrested — there is no one to liaise — unless you have a social worker.' (Other)

- Multiple repercussions:

  - 'About national supply reduction/interdiction. They can and do work, but the impact can be overstated. If you get a big speed seizure, you'll see increased activity in local speed manufacture. It's just displacement. For example, the heroin drought — something has happened about availability of heroin that can only be explained by less coming in. But speed seizures would have little impact — they would just pump up production. This would be the case in New South Wales where they have big factories, but in Queensland they are more backyard. Negative repercussion — people would move to buying from unknown source. That is supply-reduction activity can reduce supply, but does not have harm-reduction effect — can increase wider social harm (for example, increased price leading to more crime). But increased prices will reduce new users. Also, most of the debate so far has been based on heroin market — not speed, cannabis markets.' (Other)

Supply-reduction strategy

- Some argued for more strategic supply reduction:

  - 'Question is not: what activities do we want police to do? We should ask: what sort of drug market do we want (which involves prioritising harms) and how can we achieve it?' (Other)

  - 'There are corruption problems — if you look at anti-corruption literature, a model where they have more discretion would allow market regulation. The model Adam Sutton argues for would make corruption more difficult as more people would be involved in decision making.' (Other[o])

- On the issue of targeting users or dealers:

  - 'One of the disturbing things — there's a belief that police are trying to catch users — no understanding by critics of police that users are more often than not dealers as well. We will target users if they are dealers as well. But we have no policy of targeting users.' (Police)

  - 'Drug units actually picking up lots of users.' (Police)

  - 'Beat crews — uniformed police do target known hotels where drug trafficking occurs, and the skate ramp.' (Police)

- Supply-reduction strategies targeting manufacturers:

  - 'The key objectives of this Code of Conduct are centred around establishing a common system of practice for Australian chemical manufacturers, importers and distributors. These practices are designed to protect against the diversion of chemicals into illicit production of drugs.' (Police, further details below)

Sniffer dogs

- Some police saw value in the use of sniffer dogs:

  - 'Dogs are a good deterrent.' (Police)

  - 'Dogs are useful in hot spots, not for recreational-use areas.' (Police)

  - 'Dogs are usually only used as part of an investigative technique, for example, within context of searching a house or other property of interest.' (Police)

- However, sniffer dogs were criticised by many:

  - 'Haven't developed the notion of cost-effectiveness of interventions, for example, what is the cost-benefit of sniffer dogs?' (Other)

  - 'Sniffer dogs are a good example — real targeting of low-level users. It has become a civil liberties issue.' (Other)

  - 'It's okay if people have a criminal history, but dogs pick up any user — many first offenders.' (Police)

  - 'The first time dogs were used in *** Street, most of the people picked up were not suppliers.' (Police)

  - 'There have been concerns, for example, dogs have bitten people.' (Police)

  - 'Dogs can sniff group of kids who smell of cannabis — but they've smoked it — there's none — they get searched, but there's no drugs.' (Police)

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[o] The following references about this model were provided:

Canty, C., Sutton, A., & James, S. (2000). Models of community-based drug law enforcement. *Police Policy and Research*, 2, 171-187.

Sutton, A. (2000). Drugs and dangerousness. Perception and management of risk in the neo-liberal era. In M. Brown & J. Pratt (Eds.), *Dangerous Offenders: Punishment and Social Order*. London: Routledge.

Dispersement strategies

- Benefits of dispersement:
  - 'Police in the city beat tend to police drug haunts. This shifts them away. We find out what areas they are using. For example, in public toilets there are sharps containers. We can get an idea from the people who collect the sharps where the activity is. This doesn't prevent or minimise it, but it moves it. We've moved them from public areas to now using in their own homes. This reduces the impact on the community, not on the users.' (Police)
  - 'We acknowledge, if we moved the drug problem from *** and it moved to other places, but in the process, some users/dealers fell out.' (Police)

- Negative effects:
  - 'Now that they are not in public areas, we don't deal with them — this reduces our ability to collect intelligence from users.' (Police)
  - 'They were dispersing young people in *** — youth agencies find this makes it harder to get to young people when doing outreach. And it encourages the negative view of police.' (Other)
  - 'Arresting/harassing users — may disperse problems to other areas that did not previously have drug problems/markets' (Other)
  - 'Dispersement of users on the street created drug houses.' (Other)
  - 'Operation *** — aimed to close down an area for drug use/dealing. It impacted people's confidence in approaching services.' (Other)
  - 'Enforcement often creates poor public amenity, for example, forcing people into places where they use in a way that has negative outcomes, for example, injecting litter, so reducing public amenity.' (Other)

- Some police argued that dispersement does not occur:
  - 'Health arguments about dispersement are crap. People will inject wherever they can…Police operations do not displace injecting.' (Police)

Discretion

The use of discretion was seen as beneficial:

- 'Best way police could encourage safe use is not interfering if people have a reliable supplier. This opens up a range of things about discretion.' (Other)
- 'Used correctly, it is a tool for getting information, as police have discretion to give caution or to arrest.' (Police)
- 'A model where they have more discretion would allow market regulation.' (Other)

However, police discretion has difficulties. Some police reported that they have no discretion:

- 'Police are duty-bound to act when they see a crime — this includes drug offences. They are terrified that if they don't act they could be in trouble with the Police Integrity Commission.' (Police)
- 'There is hesitancy in Queensland about giving police discretion.' (Police)
- 'Enforcement should be to enforce laws according to priority management. But, in protecting the community, they have little discretion, and have to react.' (Police)

The use of discretion has opened police to allegations of corruption, so some police are reluctant to use discretion:

- 'Police have serious problems with discretion…This goes back to…police being charged with corruption. We were told police will not use discretion as they are nervous about consequences.' (Other)

- 'We've heard from junior police that they are fearful to use discretionary powers.' (Other)

- 'We did training of all police in ***. They found discretion might have been appropriate for harm reduction, but were concerned about using it. Their career could be on the line.' (Other)

- 'There is a concern among police that if they talk with drug users, they will be seen as colluding with users, and corrupt.' (Other)

A couple of jurisdictions reported that corruption is rare or non-existent in their jurisdictions:

- '*** (jurisdiction) is small — that would hinder corruption — everyone knows everyone.' (Police)

- 'About corruption — there are so many procedures in place and public awareness now it's very hard to be corrupt. In police training we spend weeks on the topic of integrity.' (Police)

It was noted that mechanisms needed to be in place for discretion to be possible and to be effective:

- 'Need legitimacy to use discretion, so there can be no allegation of corruption.' (Police)

- 'Need scripts and policies — identify clear things that are harmful. Officers using discretion — don't want lots of discretion (corruption). Anything they do has to be in a clear policy.' (Police)

- 'From the user-view — discretion police have with users appears arbitrary, so need to have more guidelines, so users know where they stand. Need consistency.' (Other)

- 'It is evident that unless there's a structure in police for documenting discretion, it won't happen. If there are no performance goals, it won't happen. We recommend a register of discretion be kept — this keeps it more accountable. But there is a huge loathing of filling in more forms. The more processes you set up, the more people have to spend time filling in forms — it needs to be very fast. They need to be on the street.' (Other)

- 'Any safeguard to prevent corruption is good — it safeguards us as well.' (Police)

Also, it was noted that knowledge of local people and services facilitates the positive use of discretion:

- 'The Drug Squad have referred people to Health — use discretion — this comes from knowing faces. Police tend to not know what we do. That is a problem.' (Other)

D.   Influences on policing practice

A number of influences on policing practice were raised by the consultants. These included:

- Workforce issues, such as staff selection and training and police priorities

- Monitoring and evaluation; performance indicators

- The level of intersectoral collaboration, particularly between police, health agencies and user-groups

- The laws that police are expected to enforce

- The criminal justice system within which police operate

- Resources for police involvement in illicit drug harm minimisation

- The attitudes of police towards harm-minimisation policy

- Police attitudes towards illicit drug users

- The influences of politicians, the community, and the media on police.

Points raised by the consultants about these areas of influence on policing are presented below.

Workforce issues

The influence of police workforce selection:

- Variety of police:
    - 'There are some great police — others are "drop-kicks".' (Other)
    - 'Dichotomy of police — some get involved with the person, some just look at the offence.' (Other)
- The need for on-the-job training:
    - 'Importance of not sending out new recruits on their own too early — they should work with senior police to learn from them.' (Other)
    - 'Academy training is one thing, need experience as well.' (Police)
- Difficulties in training police:
    - 'Training police is hard — they are mobile.' (Other)
- Concerns about police culture, particularly less experienced police:
    - 'Younger police tend to be enforcement-oriented — gung-ho. There's a strong enculturation process. They are inoculated in the academy, then moulded by the commanding officer. It's top-down. It's important to change views of senior people: Commissioners. That is the organisational climate.' (Other)
- Dissemination of information on harm minimisation:
    - 'We produce great research reports, they might be read by the research department, but there is no filtering up of this knowledge. This is the single biggest problem.' (Other)
    - 'Heads of Drug Squads Conference in Australia — nothing disseminated to regional level.' (Police)
    - 'As we put officers through training, they get the message out. This is filtering up to the supervisory level. Message is slowly getting through.' (Police)
- Suggestions for training in harm minimisation:
    - 'Suggest work with small group of police — then let it build it up. No need to do one-off training. Good idea to go out with police and watch how they work — share information.' (Other)
    - 'Have one person per watch trained in dealing with users (if you can't train all of them).' (Other)
    - 'Sometimes have to talk to individual police to change their attitude to be more focused on harm reduction.' (Police)

A range of views on the understanding of harm minimisation at different levels and generations of the police:

- 'Senior police have different understanding relative to beat police.' (Police)
- 'Senior police are more experienced, more trained, more educated.' (Police)
- 'Rooky police often gung-ho about supply control, unaware of side effects.' (Other)
- 'Senior police are more realistic, understand; have a greater understanding of the side effects.' (Other)
- 'Health and law enforcement have worked closely in *** over long time. Has been close, at least at senior level. At operational/mid-level have been variable. Is a barrier. Might be an age phenomenon — middle management is older. Younger cops have training in harm reduction. Middle management tends to be 40 plus — not had the level of exposure. If your sergeant doesn't value harm reduction, this mitigates against doing harm reduction.' (Other)

- 'There's lots of support among senior police for harm reduction.' (Other)

- 'At junior level, especially bright new recruits — they are well-informed. But there's a hard rump at supervisor level where there is more ambivalence. Some are just conservative.' (Other)

- 'Training among police, address generational thing — younger police seem more positive to harm reduction, older police need more work; and there's an entrenched police culture that you have to fit in with to get ahead.' (Other)

- 'A lot of older police find it hard to adjust to this new paradigm shift. They are used to policing in a certain model, now they have to do 180-degree shift.' (Police)

Police work is subject to priorities that are directed by higher command:

- 'It's dependent on local commander what is done.' (Police)

- 'They have enormous responsibility, for example, domestic violence, road accidents etcetera. Drug prevention is a low priority.' (Other)

- 'There are also other police who think we should stick to core duties — supply reduction — hard line.' (Police)

On the strategic prioritisation of drugs:

- 'About drug market targeting — we're not in a position to select which drugs we target.' (Police)

- 'Prioritising of which drugs to target? There is no written directive to focus on any particular drug. There has been a verbal directive to target amphetamines. This comes from amphetamines-dependence being cited as a defence in court. But, amphetamines are harder to detect.' (Police)

- 'No targeting of particular drugs — deal with whatever comes along. Just target whatever is for sale. Things would get prioritised by police according to what's most appropriate to their area, but will not choose which drugs to focus upon.' (Police)

Evaluation, performance indicators, and evidence-based policing

Lack of evaluation of police work in harm minimisation:

- 'Past evaluation of NDS recommended that Health interventions for drug interventions should have cost-effectiveness evaluation. This should apply to police interventions as well.' (Other)

- 'If there are going to be experiments in law enforcement, as there are in Health, they should be studied/evaluated. Should not be allowed to implement widespread change without demonstrating it works in a small study.' (Other)

- 'Good things police are doing about harm reduction: a) they are better at getting research to look at themselves, for example, Sutton, James, Chan, Dixon, Maher and Stubbs report for the New South Wales Police Service. This needs to go further. b) Increased use of science in policing…Bad things police are doing about harm reduction: a) use of unevaluated strategies. b) Haven't developed the notion of cost-effectiveness of interventions, for example, what is the cost-benefit of sniffer dogs?' (Other)

Some saw improvements in law-enforcement practice, although others were sceptical:

- 'Law enforcement is being more evidence-based — that influence will be good.' (Other)

- 'We don't do intelligence-led policing — we react.' (Police)

- 'We're supposed to be intelligence-led, but we're not.' (Police)

Performance indicators were viewed as important for directing police activity:

- 'They do what they get rewarded for. They have a plan. Unless something is tiered down from top in plans, they don't do it. At the moment they are awarded on arrests, so they focus on that.' (Other)

Problems with existing performance indicators were identified:

- 'We cannot direct policing at problems — we have to increase seizures by 5 per cent for all drug types.' (Police)

- 'Police are set impossible objectives, when they can't deliver, they're criticised… Current expectations are unrealistic and damaging to them and to community.' (Other)

- 'They get accolades for catching crims. They don't get any accolades for preventing crime.' (Other)

Intersectoral collaboration

Collaboration between police, Health, user-groups and others was often described positively:

- 'From health (drug and alcohol policy and purchasing) perspective, relationship with police is excellent, very helpful with lots of projects.' (Other)

- 'Compared with 10 years ago, there are better attempts to liaise at grass-roots level on sensitive issues, for example, NSP, MSIC. There is an attempt to develop a rational approach to policing to not undermine health interventions.' (Other)

- 'When police and health services communicate and share information to the benefit of users and the community, there can be mutual benefits.' (Other)

However, collaboration was not always positive:

- 'We don't have a great working relationship or forum for addressing these issues — it's always confrontational. We invite police to meetings — they don't turn up or someone nominated comes who does not know what is going on.' (Other)

- 'We don't get anything from Health — no information. Police–Health relations — they'll assist us in regard to the health needs of users, but not intelligence.' (Police)

- 'If you deal with police, it gets done the police way. They don't understand the value of the Health Department. They don't talk to Health to find out the result they need to have. They don't realise that relinquishing control is what they need to do. They still think they have exclusive control over the crime market. They are threatened by academics, rather than embracing and using them.' (Other)

- 'Health–police — black and white ends of the scale.' (Other)

- 'There's antagonism between police and Health/NGOs.' (Other)

Factors that can contribute to intersectoral relationships:

- 'Attitudes of health service managers are important. That is, the personality of individuals is very important, regardless of structure.' (Police)

- 'Status of police officer in program is important — need to be on equal status in programs.' (Police)

Barriers to relationships:

- 'Especially when there is no continuity — lots of acting positions in health and police.' (Other)

- 'It takes time to know police — takes a long time.' (Other)

- 'Depends on management of programs — how to have objective service — not over identifying with the client group. Building relationship by sucking up to users, aligning self with street culture.' (Police)

- 'At the same time, you can't turn that around on users — we're stymied by lack of consistency in police practice. Get weekly complaints about police. We can't respond — those at the top don't want to speak with us. There's a lack of consistency among police. Worry about the acceptability of a user-group with police. Concern about how professional we're seen. Dread working with police after an incident here a year ago. Had police out the front, would not leave, users would not leave the service, we spoke to police asked them if they realised what being there was doing. We were told to "piss off". This was a senior police officer. Another incident, person leaving the NSP strip-searched around the corner from the service, so as result of making a complaint, we got harassed. So we're loath to make complaints.' (User)

- 'It's difficult for *** (user-group) to present problems to police — we lack credibility. Some analogy with whistle-blowers — clients can suffer consequences of reporting on police and some of us are current users. That exposes us.' (User)

Suggestions for improving collaboration:

- 'Best way to improve relationship — police can walk into a service — have a cup of coffee.' (Police)

- 'Need police to chat — build relationships.' (Other)

- 'Users need to learn how to talk with police — Health needs to talk to NGOs about how to do this.' (Other)

- 'Need good personal connections with key people on both sides, so we can address issues straight away.' (Other)

- 'Communication with police needs to be at all levels — operational/police, HQ/local.' (Other)

Legislation

It was noted that police are constrained to enforce the law:

- 'Police can be criticised if they are not seen to be enforcing the law — in a difficult situation.' (Other)

- 'By legislation we have to target illicit drugs.' (Police)

However, police reported that jurisdictional legislation can be an impediment to law enforcement:

- 'Drugs — organised crime — do not recognise jurisdictional barriers. Police have all the rules and no money; crooks got all the money and no rules. If trying to run an operation aiming to get criminals out of the drug market, it's very difficult to do across jurisdictions. Could be a joint jurisdictional operation — different laws in different States — problems with recognition of warrants, covert devices — law gets in the way.' (Police)

The criminal justice system

Police expressed some frustration with the leniency of the criminal justice system:

- 'There is no deterrent in current sentencing practices — this is across all jurisdictions. Dealing with police itself used to be a deterrent (having to go through the police and court process). This has been removed (multiple reasons including sentencing practices, restrictions placed on the process). And there's no sentencing deterrent anymore. Everything is in favour of the offender, rather than the community.' (Police)

- 'It is frustrating seeing people back on streets after being prosecuted.' (Police)

- 'Apathy with court system — we feel we're not getting supported when we do prove a case; there's a slap-on-the-wrist mentality. We feel like: what's the point? Judiciary have taken on a social-worker role.' (Police)

Resources

Some police complained about the lack of resources for their involvement in harm minimisation:

- 'Government funding for NDS — most goes to Health — programs that do not work. We get nothing.' (Police)

- 'We have to wear lots of hats — without funding for multiple roles.' (Police)

- 'We don't have resources to deal with drug issues anywhere near where we'd like to.' (Police)

- 'Used to have *** program to fund local projects. For example, youth camps. This worked well, but they ran out of money.' (Police)

There was also concern that funding was not strategically allocated:

- 'Government throws money at projects to keep people quiet — but it could be done better.' (Police)

Some police have taken to fund-raising, but note that this is difficult:

- 'When we do proactive things, we have to generate funds, for example, sponsorship. This takes time and energy.' (Police)

- 'Writing funding submissions — we don't have time or expertise — though we're getting better.' (Police)

Police and harm reduction

Police are engaged in harm reduction, but tend not to recognise it as such:

- 'To suggest drug-squad officers would consider what they do is harm minimisation — they do what they do because it is supply reduction. One thing that is forgotten — we have no choice — we take an oath to enforce law — if we don't, we're derelict in our duty. It's an issue that has never been addressed in harm minimisation. Many police would not disagree with harm minimisation. For example, a police officer goes to an Aboriginal community and suggests sale of alcohol be restricted to low alcohol at a sports event. They don't see it as harm reduction. They see it as reducing problems and work for themselves. It's all about the wellbeing of the community. If we were to ring police and ask what they are doing in harm minimisation, they wouldn't know what we were talking about in formal terms. But police are doing it all the time. Random breath testing is a really good example of harm minimisation.' (Police)

Attitudes towards users

Concerns about police having negative stereotypes of drug users:

- 'Stereotype issue — the users that police deal with tend to be from one end of the scale — habitual criminals and binge users. Majority of users don't fit the stereotype. Commit no crime other than use illegal drugs.' (Other)

- 'There is enculturation in police that sets up "us-and-them" stereotyping of users.' (Other)

- 'Police view drug users as someone to be punished, rather than someone to help or change.' (Other)

Recommendations that negative stereotypes of users be dealt with:

- 'One of the NGOs is giving police training in IDU (injecting drug user) issues. They see biggest issue is cultural — police and users do not understand the culture of the other. If police had better training about social issues faced by IDUs and why they use drugs, that might help.' (Other)

- 'Need to get police to talk to other police who don't have this moral view. To approach it differently.' (Other)

- 'Be good to have them work with Health for the experience.' (Other)

- 'Police do not seem to have local beats, get to know the users. They need to develop rapport — not just use users for intelligence-gathering. Ask how they are. As a user, you'd find it hard to trust a cop. If we could sit around with them, letting them know where we're coming from.' (User)

Two jurisdictions reported that they did have users involved in police training:

- 'We provide some sessions in orientation training — we'd like more to go into police training. The education we have talks about perspectives/perceptions of users. They need to be taught how to look at users and to deal with them.' (User)

- 'I think we're the only State that uses drug users in training — they have advisers, but not user-training.' (Police)

External influences

Police need to respond to community concerns:

- 'We need to respond to community concerns. The level of harm a drug causes in a community at any given time.' (Police)

- 'Any arguments about police intervention increasing harm need to be well-thought-out. Important to recognise the drug-using community is a very small part of the broader community. It's the broader community we need to look after.' (Police)

There was concern about police activity being influenced by politicians, community pressures, and the media, rather than research:

- 'It comes down to what pressures are on the government to what we react to. Media-led rather than intelligence-led.' (Police)

- 'Also, politicians need to be educated.' (Police)

- 'Have to look at police policy and mindset. Also the politicians and community at large as police will respond to political pressure which is based on votes. There is a bigger part of the problem — unrealistic community expectation and ignorance of drug issues. It's always dissociation between families and the problem. Police will try to respond to community expectations. But, someone needs to say "we can't win the war on drugs" it is a natural phenomenon — we will risk-manage it, cannot eradicate it.' (Other)

- 'The world is grappling with whether drugs are good or bad. Some say it is okay, some say it is not.' (Police)

- 'Also, politicians can play to community expectations.' (Police)

- 'Public needs to know that drug use comes from multiple family/social problems — police can't solve that by locking people up.' (Other)

- 'What do the community want? Is it academics telling us what to do? We know they want the streets cleaned up.' (Police)

- 'Lack of awareness of drug issues in the community — astounding ignorance. These are the voters.' (Police)

- 'People are not happy that offenders are put into treatment rather than jail.' (Police)

Police expressed some frustration at being in the middle:

- 'We can't win — the community wants one thing, the health sector wants something else.' (Police)

An active role to prevent police reacting to ill-informed pressures was suggested:

- 'Police can be opinion-leaders, especially with more conservative communities. They can be proactive, rather than just react to community expectations. Especially in rural areas — everyone knows them.' (Other)

- 'Community needs information that the drug problem has no quick fix.' (Police)

E. Minority populations

While minority populations were not an explicit focus of the discussion groups, there was some discussion about how issues might vary for different populations. In particular, Aboriginal and Torres Strait Islander (ATSI) Peoples, Vietnamese, and rural populations were mentioned.

- 'ATSI population — in the 1980s, problems were with alcohol. Now they are all smoking cannabis, and moving on to harder drugs — heroin.' (Police)

- 'ATSI communities — cannabis use is a low priority relative to domestic violence.' (Other)

- 'Twelve months — takes that long to get Aboriginal people to talk to you, to accept you. This means that even when you do get someone on the ground to actively work within communities on community development models and specific programs, just when they get it up and running there is a flurry to get funding to continue. Often this means delays in continuation or in many cases the program ceases until the program is re-funded. Ongoing and structured funding over the long term is the only functional way. In addition, often portions of grant monies have to be allocated towards evaluation, which reduces program outputs. There should be additional funding to allow for evaluative procedures. In a similar manner, often Aboriginal community workers are not able to carry out a sufficient standard of evaluation and this results in no evaluation report being done hence funding is stopped until it is submitted. It is not uncommon for some programs to stop as they just don't know how to evaluate in a formal written way or even how to address evaluation, so no report is submitted and funding stops.' (Police)

- 'Sub-populations — Aboriginal — a bit different. Some data suggests maybe much greater rate of deliberate overdose among Aboriginal users. Among Vietnamese different issues, for example, partners brought over from Vietnam, poor English, at home using. Fairly isolated. Not connected with communities of people keeping them safe.' (Other)

- 'Problem for rural areas — it's not just police — small town concern that everyone knows everyone. For example, chemists could be friends with the police.' (Police)

- 'In rural areas, drug use is less visible.' (Other)

Summary of consultation results

Below is a summary of: the comments made about the four areas of demand/harm reduction (overdose, entry to treatment, safer use, and demand); comments that were relevant to all four areas (police strategies, influences on policing, minority populations); and comments about the development of resources to support police in their role in the above four areas.

Preventing and minimising the impact of drug overdoses

All jurisdictions reported that they had some form of policy or guideline to use discretion on attending overdoses. This was generally reported to be working well. It was noted that there are times when it is necessary or appropriate for police to attend overdoses. However, occasionally police actions at overdoses have been inconsistent with the harm-reduction approach. While rare, such actions can generate disproportionate fear among drug users about calling for ambulances.

Other police activities that could contribute to preventing drug overdoses and minimising their impact identified by consultants are outlined below:

- Police carrying oxygen or Narcan, so that they could intervene in the case of overdose. Many considered these options impractical.
- Police involvement in the dissemination of information on drug purity. In some areas this was being done. For example, some police released information to the media; others released the information to Health and user groups.
- Police, who were concerned that a person could still overdose after testing their drug, did not favour police support for the use of drug-testing kits.
- Police noted that supply reduction can contribute to a reduction in overdose.
- However, other consultants suggested that policing of drug use and trafficking legislation can influence overdoses. For example, it could interfere with a reliable supply of drugs or influence a user to use in a hurried manner to avoid being caught while injecting a drug. Using in a hurried manner can result in unsafe practices, such as not checking for purity.

Encouraging entry into drug-treatment programs

It was noted that police are in a good position to encourage users into treatment, given the amount of contact they have with drug users when involved in community activities and when responding to offences by drug users. Multiple methods for encouraging entry into drug-treatment programs were identified, including:

- Informal advice during day-to-day interactions.
- Informal and formal diversion strategies (discussed below).
- Speaking with a local outreach or drop-in service about an individual who appears to be not doing well and asking them to look out for that person.
- Providing written information about referral and treatment services (for example, pamphlets) to users, their families and others.
- Reducing the supply of drugs.
- Increasing the hassle associated with buying or using illegal drugs. There was some disagreement about the value of this. Some consultants thought such activity had negligible effect upon users seeking treatment and that it had negative side effects, such as adding to the excitement of illegal drug use.
- Arresting offenders, which can lead to the offender obtaining treatment in prison if he/she is incarcerated.

A number of barriers to the police role in encouraging entry into treatment programs were identified. These included:

- Lack of knowledge among police of treatment efficacy.
- Negative police attitudes towards users.
- Perception that it is not the police role to encourage entry to treatment.
- Perception that efforts to encourage entry to treatment would not be successful because, for example, such efforts would not be well-received by the user.
- Poor knowledge of, or rapport with, treatment agencies.
- Lack of appropriate treatment programs to which users can be referred.

Numerous suggestions were made for improving the police role in encouraging entry into treatment programs. These included the following:

- Education of police about drug treatment.
- Adding referrals to treatment to police performance indicators.
- Increasing police contact with users and health agencies.

Police diversion schemes were given particular attention by the consultants. Concerns about police diversion were raised, including:

- Diverted clients taking treatment places from voluntary clients.
- Diverted clients mixing with voluntary clients.
- The efficacy and ethics of coercion to treatment.
- The value of compulsory diversion to treatment when treatment might not be appropriate.
- Net-widening (that is, when diversion increases the number of, or consequences for, offenders in the criminal justice system).
- Issues about the use of police discretion. Concerns of other consultants about accountability and consistency, police were concerned about the possibility of negative repercussions when discretion is used.
- Effect on police workload.
- Diversion as a 'soft option'.
- Confusion due to the lack of consistency in diversion programs across (and within) jurisdictions.
- In the case of CENs, organised crime and associated violence have evolved to collect and sell hydroponically grown cannabis in households.

Encouraging safer illicit drug-use practices

The concept of 'encouraging safer illicit drug-use practices', as against 'discouraging unsafe illicit drug practices' or 'illicit drug harm reduction', did not sit easily with some police. Police were concerned that encouraging safer illicit drug-use practices was contrary to their law enforcement role. However, upon discussion, a range of police strategies and practices were identified that encouraged safer illicit drug-use practices:

- Supporting user services such as NSPs and MSICs by, for example:
  - Working with Health and user organisations to set up a new program.
  - Lobbying government for the establishment of such programs.
  - Educating the community to encourage their support for such programs.

- Involvement in education of users on safer use by, for example:

  · Involvement in campaigns warning users about drug impurities.

  · Circulating warnings on dangerous batches of drugs.

  · Impromptu education, for example, in the context of a search a police officer might discuss the need for safe needle disposal.

It was noted that 'safer use' was not restricted to the safety of users; it was also for the safety of the general community and of police officers:

- For community safety, for example, dispersement strategies were seen by police as a means of reducing the number of needles discarded in public areas thereby increasing safety for the community.

- For police safety, it was noted that needle-stick injuries, booby-trapped plantations, and clandestine laboratories, are occupational safety issues for police. Anything that reduces the likelihood of injuries for police who might, for example, be conducting a search, was seen as a means of encouraging safer use.

Concerns were raised by the 'Health/user/other' group about police activities that could *dis*courage safe illicit drug use. For example:

- Users were reportedly afraid to carry injecting equipment (clean or used) for fear that police would identify the person as a user and lay charges at the time, or target the user in the future.

- Activity in the vicinity of user services, such as NSP or MSIC, had reportedly discouraged users from using the service.

Most consultants reported that such activity is not common, that discretion is usually practised well, and police are usually only in or near an NSP when appropriate. However, an isolated negative incident can have ramifications when word-of-mouth exacerbates pre-existing fear.

Police did express some frustration with users and dealers taking advantage of the police policy to not target user services, using the services as sites for dealing and other criminal activity.

Other forms of harm reduction identified by the consultants included:

- Community interventions to prevent drug-assisted sexual assault.

- Managing intoxicated people.

- Supply reduction (although there were mixed views on the value of supply reduction to harm reduction).

The following factors that influence the police role in harm reduction were identified:

- Collaboration with Health and user agencies.

- Community support for harm reduction.

- Local police priorities.

Reducing the demand for illicit drugs

Issues raised on the police role in demand reduction included:

- Concern about demand reduction not being core police business.

- The need to prioritise reactive activities over proactive strategies.

- Concern about the likely effectiveness of police in demand reduction, particularly given the multiple factors that contribute to illicit drug use.

Particular attention was given to police involvement in SBDE. There were mixed views about the effectiveness of police involvement in SBDE, with police generally supportive and others generally less supportive. Objective evaluation of current activities in schools was reported to be lacking. There appeared to be substantial variety in the quality, content, and delivery style of police drug-education activities within and between jurisdictions. For example, format varied from one-off sessions to structured programs. Content varied from information-only to information plus skills training and alternate activities. Regardless of the lack of evidence on effectiveness of police in schools, community pressure and requests from schools were cited as reasons for police involvement in school drug education. Policies exist to prevent police conducting drug education in schools without appropriate training. However, it was reported that inadequately trained police officers do conduct drug education in schools. This is reportedly most likely in rural areas, where police officers trained in SBDE are least prevalent.

A range of other demand-reduction activities were identified, including:

- Projects for at-risk youth, such as recreational trips, police scouts.
- Ad hoc discussions with parents of at-risk youth.
- Supply reduction (although there was some disagreement about the value of supply reduction for demand reduction).
- Community activities, for example, presentations to community groups such as Lions Clubs.
- Workforce development for other organisations, for example, involvement in policy development or staff training.
- Organising drug-free events for young people, such as dances.

Strategies that relate to multiple forms of harm reduction and demand reduction

Throughout the consultations the strategic area of supply reduction, in particular dispersement strategies, and the use of police discretion, were discussed on harm reduction and demand reduction.

Supply reduction was seen, particularly by police, as a means of achieving a reduction in drug harms and demand. They did express about a number of negative side effects of supply reduction that could result in an actual increase in harm. These included:

- Increased crime to compensate for increased drug prices.
- The high financial cost of supply-reduction activities.
- Changing drug of choice to more harmful drugs, for example, from injecting heroin to injecting cocaine or benzodiazepines.
- Strengthening of the criminal sector.
- Negative repercussions for family members when a user is arrested.

Some consultants argued for a more strategic style of supply reduction with consideration given to focusing drug law enforcement on the most harmful drugs. There was also concern about the value of targeting users and the use of sniffer dogs.

Dispersement strategies were described as having benefits and negative consequences. Reported benefits include shifting drug use away from public areas and pushing some users and dealers out of the market. Reported negative effects included the loss of contact with users (for health services and for police), creating problems in new locations, creating drug houses, and increasing unsafe disposal of injecting equipment.

Discretion was seen as a beneficial, perhaps essential, police tool, but there were concerns about the use of discretion. For example, police felt exposed to allegations of corruption and there were concerns about inconsistent use of discretion. There seemed to be some agreement about the need for mechanisms to allow for the use of discretion with mechanisms (including guidelines and training) to increase consistency and efficiency, while minimising corruption.

Influences on policing practice that relate to the four areas

A number of influences on policing practice were raised by the consultants. These included:

- The need to train and to support police to implement all approaches under harm-minimisation policy.

- Police performance indicators: the need for performance indicators that reward consistency with harm-minimisation policy, rather than crude performance indicators, such as arrest rates.

- The level of intersectoral collaboration between police and health agencies and user-groups varied within the jurisdictions and with levels of seniority. Where collaboration was positive and effective, problems were most likely to be prevented, or managed quickly. Barriers to effective relationships include a lack of continuity of staff and negative attitudes towards users.

- Politicians, the community and the media rather than research evidence reportedly influence police priorities and practices.

- Police are expected to enforce the law. Some forms of harm reduction appear to compromise this objective of police, and place police in conflict with health agencies.

- Police described some frustration with the criminal justice system. For example, there was concern that offenders they arrest are soon back on the street. They felt unsupported and thought that the criminal justice system provides little deterrent.

- Police thought they lacked resources for police involvement in harm-reduction and demand-reduction strategies, particularly proactive strategies.

- Negative police attitudes towards illicit drug users were considered a significant barrier to police involvement in harm reduction.

Minority populations

While minority populations were not an explicit focus of the discussion groups, there was some discussion about how issues might vary for different populations. In particular, Aboriginal and Torres Strait Islander Peoples, Vietnamese, and rural populations were mentioned. Issues included the availability of culturally appropriateness services and confidentiality within small communities.

Discussion of findings from consultations

The consultations with police, Health, users and others in all jurisdictions on the police role in the strategic areas of harm reduction and demand reduction provided a substantial body of information on what police do in these areas, the influences on police practice, and the effects of police practice from a range of perspectives. One of the valuable aspects of having conducted the national consultations was the ability to collect a large of amount of information that does not exist elsewhere. Answers to each question varied by jurisdiction and by group (police and other). In answering the questions about what police do in the four specified areas of harm reduction and demand reduction, no group was able to list all that is done. In fact, occasionally, groups had to think hard before they could say anything. However, by compiling all of the answers, it is clear that police do a lot of different things that affect the four specified areas of harm reduction and demand reduction of concern to this study.

Similarly, by asking the same questions about the effectiveness of police activities to police and to Health/users/others, different perspectives were collected. To date, the implications of police activity have tended to be appraised by only considering the effects on one group at the exclusion of others. Putting all the perspectives together illustrates that police activities have positive and negative effects on many groups, in particular, users and the community. Other groups were also identified via the consultations, such as the families of users. For example, arresting a family breadwinner can have negative effects for the family.

This report provides a valuable, but not exhaustive, compendium of the range of police activities that contribute to drug harm reduction and demand reduction. Further, it includes a rich source of information on the range of positive and negative effects that police activity has on different groups.

Police/Health/user collaboration

Perhaps the most salient message received during the consultations was the importance of collaboration between police and Health/users. Collaboration is vital to:

- Educate each other about each other's perspectives.
- Increase understanding of each other as people, rather than as stereotypes.
- Facilitate achievement of common goals, rather than working independently and sometimes in conflict with each other.
- Identify likely problems before they happen and plan strategies to avoid them.
- Create positive working relationships, so that if problems do occur they can be quickly fixed.

Collaboration is impeded by a number of factors, in particular: negative stereotypes of users and a lack of mutual understanding between police and health. These impediments to collaborative work are discussed below.

The consultations identified that it is not just what is done by police, but the way it is done. In particular, the quality of interactions with users can determine whether an interaction is positive or is negative. This is influenced by a police officer's:

- Knowledge of users
- Experience with users
- Attitudes towards users.

For example, a police officer who has little knowledge of drug users will have little understanding of the factors that contribute to drug dependence and tend to 'victim blame': adopting the position that it is the user's decision to use drugs. This officer will tend to have a negative stereotype of, and little sympathy for, drug users. However, an officer with training in the multiple factors that contribute to drug dependence, and who has developed a relationship with individual users will be in a better position to understand the negative behaviour and respond in a genuinely caring manner. This requires training and experience. Specific activities that can contribute to improving police understanding of, and attitudes towards, users include having users involved in police training, having police involved in community activities with users, and working collaboratively with facilities for drug users and user-groups.

Attitudes towards users can influence the nature and level of commitment to harm reduction at all levels of police. That is, the directions given by police responsible for training, policy development, operational planning and management could be influenced by their attitudes towards users, thus filtering down to all levels of operational police.

Police and Health/users have traditionally been on 'opposite sides of the fence'. The activities of one have tended to be seen as compromising the objectives of the other. An 'us-and-them' mentality was anticipated when planning the consultations. This was one of the reasons for conducting police and Health/user/other groups separately. During the consultations the degree of understanding and respect between police and Health/users appeared to vary between and within jurisdictions. Within jurisdictions, the extent to which police and Health/users understood and respected each other varied with factors such as urban/rural location, seniority of the police, whether or not a user-group existed, and individual differences. While it was noted that relations between police and Health/users have improved since the 1990s, they are not consistently positive. Simple directives on either side will not resolve this issue. Ongoing training, opportunities for positive interactions, and mechanisms for dealing with staff turnover, are necessary for improving police–Health relations.

Influences on police role in harm minimisation

Police expressed some frustration with the multiple, and sometimes conflicting, demands placed on them and the perils of using discretion in the illicit drug area. Police and others also recognised the problems associated with the lack of research evidence to guide practice and the lack of performance indicators to guide activity related to harm minimisation. These influences on the police role in harm minimisation are briefly discussed below.

Police receive conflicting messages — from the community, other police and Health. For example, Health/users might suggest that it is best for police to stay away from ambulances attending overdoses. Senior policy makers might issue directives about the use of discretion in attending overdoses. However, a rural community might be outraged to discover that the local police officer did not attend a drug overdose. Negative media about police non-attendance at a local overdose could result in problems for the local police officer on relations with the local community. Given that illicit drug use is, by definition, illegal, harm reduction can place police in a difficult position. Police officers, particularly those in the frontline, cannot deal with this alone. It requires active and consistent support from senior command. It is not possible for police to be partners in harm reduction and demand reduction without the following:

- Resources for proactive strategies.
- Training in crime prevention/health promotion/harm minimisation.
- Education of the community and politicians, to ensure undue and ill-informed pressure is not placed on police in the field.
- Mechanisms to enable police to use discretion in an accountable and consistent manner without fear of allegations of corruption.
- Opportunities for the development of strategic alliances.
- Support from their immediate supervisors.

Like any professional group police do what they think is effective. However, there is very little research into:

- What works, under what conditions, with which groups.
- The multiple positive and negative effects of police activity for drug users, the general community and others.

It is difficult for police to calculate, in advance, the *net* contribution of an activity or strategy to illicit drug-related harms. For example, is dispersement effective because it makes communities feel safer and some users/dealers give up because it is all too much hassle? Alternatively, is dispersement counterproductive because users lose contact with reliable dealers, inject in a

hurried fashion, and dispose of needles in an unsafe manner? How is the net benefit calculated? How are the effects of police activity on users weighed against the effects on the community? Evaluation of police activities and strategies is required, and this research will need to be transferred into practice. Evaluation research can provide feedback on which practices need to be supported and on which practices need to be changed.

In the meantime, a comprehensive set of performance indicators that encourage activities and strategies that are consistent with harm-minimisation policy need to be formulated. Consultants consistently lamented the use of arrest data as an indicator of police activity (let alone effectiveness). Useful performance indicators were not suggested. This is an area that requires further research.

Most consultants thought that the resource to be developed by this project would have little effects on its own. Some suggested incorporating it into existing training mechanisms, for example, writing it as a resource for training officers. There was no consensus on whether the resource should be pitched at junior-level or middle management-level police.

On the strategic document, consultants thought the involvement of police commissioners in its production and dissemination would ensure its acceptance and adoption by other police commissioners.

Conclusion

The police role in contributing to the National Drug Strategy, in particular, to harm reduction and demand reduction has improved in quantity and quality of activities. Improved collaboration between police and Health/users has been an important contributor to this improvement. However, such collaboration is not consistently practised at all levels, in all areas. Supporting and encouraging collaboration at all levels is recommended.

Despite significant budgets for law enforcement, there is a lack of research evidence to inform debate and decision making. Evaluation research into the multiple positive and negative effects of police activities, and the factors that influence outcomes, needs to be conducted. In addition, mechanisms need to be established to ensure that this research is disseminated to the general community and police thereby influencing practice.

The consultations suggested the need for collaboration between police and Health/users, research into the multiple effects of police activity, and dissemination of research findings to improve the police role in demand reduction and harm reduction.

Appendix 1: Mission and core functions of police in each jurisdiction

Table 13. Mission and core functions of police

Jurisdiction	Mission	Core functions
Australian Capital Territory (ACT)[p]	To provide dynamic and effective law enforcement to the people of Australia.	The provision of services to the ACT community by the Australian Federal Police is measured by the following outcomes: A level of public order and community confidence which enables people to go safely about their lawful pursuits. The incidence and impact of crime are minimised through effective investigations. Road Safety is maximised in the ACT. The adverse impact of public emergencies/disasters and risk associated with major events is minimised. Prosecution and judicial processes are effectively supported. The measure for each outcome takes into account quantity, quality, timeliness, and cost.
New South Wales[q]	To have police and the community working together to establish a safer environment by reducing violence, crime, and fear.	Preventing, detecting, and investigating crime. Monitoring and promoting road safety. Maintaining social order. Performing and coordinating emergency and rescue operations.
Northern Territory[r]	To serve and protect the community.	
Queensland[s]	To serve the people of Queensland by protecting life and property, preserving peace and safety, preventing crime and upholding the law in a manner which has regard for the public good and the rights of the individual.	

[p] The mission is from http://www.afp.gov.au/page.asp?ref=/AboutAFP/AFPvision.xml and the outcomes are from http://www.afp.gov.au/page.asp?ref=/AboutAFP/policeACTrole.xml 8 September 03

[q] ftp://ftp.police.nsw.gov.au/sectionone-2000.pdf 15 April 02

[r] http://www.nt.gov.au/pfes/ 15 April 02

[s] http://www.police.qld.gov.au/pr/about/mission.htm 15 April 02

Table 13. Continued

Jurisdiction	Mission	Core functions
South Australia[t]	Working together to reassure and protect the community from crime and disorder.	Preserving the peace. Preventing crime. Upholding the law. Providing assistance in personal emergencies. Coordinating and managing emergency incidents. Regulating road use and preventing vehicle collisions.
Tasmania[u]	To ensure that Tasmania is the safest State in the nation.	
Victoria[v]	To provide a safe, secure and orderly society by serving the community and the law.	Preserving the peace. Protecting life and property. Preventing offences. Detecting and apprehending offenders. Helping those in need of assistance.
Western Australia[w]	In partnership with the community, create a safer and more secure Western Australia by providing quality police services.	The services and activities of the Police Service are directed towards achieving three primary outcomes. Community Safety: A level of public safety and security in which individuals are confident to go about their daily activities. Road Safety: Road-users behave safely. Crime and justice: Individuals committing offences are brought before the justice system.

[t] http://www.sapolice.sa.gov.au/commissioner/mission.htm 15 April 02

[u] http://www.police.tas.gov.au/police/police2001.nsf/W/Sections/BMAT-4XEVZ8/?Open 15 April 02

[v] http://www.police.vic.gov.au/showcontentpage.cfm?contentpageid=4293 15 April 02

[w] http://www.police.wa.gov.au/AboutUs/AboutUs.asp?OurMission 15 April 02

Appendix 2: Overview of police roles in drug law enforcement

Table 14. Overview of police roles in drug law enforcement

Organisational level	Role in drug law enforcement	How is this role currently performed?	How should this role be performed?	Suggested actions to improve performance
Senior management	Represent organisation in policy processes and public debates. Set corporate priorities. Develop and disseminate internal policies and procedures. Deal with broad resource allocation issues. Provide support and assistance to local areas (for example, training; consultancy services).	Some police services have been active in advocating for policy changes aimed at harm reduction (for example, VicPol) but others have maintained the traditional enforcement focus. Most police services do not have well-developed drug law enforcement policy frameworks. Only limited guidance provided to local areas and individual officers on how to perform drug law enforcement functions. Police services vary in the extent to which they have provided central support and assistance to local areas.	Organisational responses to policy issues are informed by a clear understanding of harm-reduction principles; Organisation does not oppose — and preferably advocates for — initiatives with clear harm-reduction benefits. Organisation has a formal process for setting drug law enforcement priorities and for communicating these priorities to the rest of the organisation; evidence-based approach used for priority setting; priorities based on an assessment of the relative harm — actual and potential — posed by different drugs and drug-related activities. Resourcing decisions in drug law enforcement area consistent with stated organisational priorities. Corporate policies and procedures are consistent with identified good practice in terms of harm reduction (for example, clear guidance to officers on actions to take at an overdose scene; policing near needle exchanges; and so on).	Ensure that the organisation has an adequate policy capability (for example, is there a dedicated drug-advisory unit/section? How well-resourced is it and, in particular, does it have a research capability?). Ensure that training on harm reduction, recent developments in drug policy, and so on, is provided to senior management (for example, through regular management courses and/or special purpose briefings). Facilitate information sharing among police services about how harm-reduction issues have been dealt with in different jurisdictions (for example, regular presentations/ standing agenda items at commissioners' conferences). Strengthen role of the Australasian Centre for Policing Research as a disseminator of information about current issues in drug policy; developments in other jurisdictions; model policies and procedures; and so on.

Organisational level	Role in drug law enforcement	How is this role currently performed?	How should this role be performed?	Suggested actions to improve performance
Specialist Units (for example, Drug Squads)	Provide a specialist investigative response to higher-level drug offending. Provide strategic and tactical advice to senior management. Provide specialist support to local areas. Develop and maintain an intelligence capability.	All services have specialised squads, but size, roles, and responsibilities vary. Traditionally, squads have had a narrow enforcement focus, rather than a broader advisory role on drug-policy issues. Traditionally, the focus has been on seizures and arrests, but some shift towards an emphasis on market disruption; much enforcement activity has been opportunistic, rather than strategic. Limited capacity to monitor effect and effectiveness of activities; intelligence activities narrowly focused.	Enforcement activities are directed towards market disruption, rather than seizures or arrests being the primary focus. Market-disruption strategies are consistent with accepted good practice (to the extent that this can be determined). Enforcement priorities of specialist units align with corporate priorities. Impact and effectiveness of market-disruption strategies regularly monitored; strategies adjusted on the basis of this information. Ongoing scanning to identify significant changes in drug markets — such as appearance of new drugs, entrance of new players, changes in production and/or distribution methodologies; relevant information disseminated quickly to interested parties within and external to the Service. Close cooperation with other agencies involved in drug law enforcement. Good liaison and information-sharing with other 'players' in the drugs area (for example, Health departments, treatment services).	Enhance intelligence-gathering and analysis capabilities of units. Develop reasonably robust and low-cost measures for tracking changes in price and availability. Improve mechanisms for coordinating agencies involved in drug law enforcement. Increase resources devoted to market-scanning and improve scanning techniques.

Organisational level	Role in drug law enforcement	How is this role currently performed?	How should this role be performed?	Suggested actions to improve performance
Local Area Commands	Respond to local area problems and issues. Task officers within the local command. Provide the main interface between police and the local community.	Extent to which drug law enforcement is given priority — and how the function is performed — can vary greatly between local commands. In part determined by the salience of drug problems, but also the preferences, styles and skills of local commanders. Appears to be atypical for local commands to have a well-developed drug law enforcement strategy in place. Drug law enforcement activity mostly opportunistic and reactive, rather than strategic; mostly rely on a limited menu of enforcement-based responses. Some ad hoc cooperation and liaison with other agencies, but police largely act independently. Limited knowledge of harm-reduction principles — and of how these should be applied — at the local area level. Limited information sharing between commands. Limited intelligence-gathering and analysis capability.	Good liaison and information sharing with other local agencies (for example, treatment services, local council, needle exchanges). There is a formalised planning process in place at the local level to identify the nature and magnitude of drug-related problems and develop appropriate responses. Development of local strategies informed by an understanding of harm-reduction principles. Priorities are communicated to officers within the command and used as a basis for tasking officers. Regular monitoring and review processes in place to assess effect of strategies and the extent to which they are being implemented.	Develop and extend organisational-planning processes. Develop criteria for regular review of performance of local commands in the drug law enforcement area. These criteria should reflect, not only traditional measures of enforcement activity, but use of problem-solving strategies; level of effective liaison with other agencies; sensitivity to harm-reduction issues, and so on. Provide guidance and training to local commands on how to develop, implement and monitor local drug law enforcement plans. Facilitate information-sharing across commands about 'what works — what doesn't' in responding to local drug problems.

Organisational level	Role in drug law enforcement	How is this role currently performed?	How should this role be performed?	Suggested actions to improve performance
Individual officers	Deal with detected breaches of law. Respond to drug-related incidents (for example, overdoses; abandoned needles). Carry out taskings from local commanders. Collect intelligence information about drug activity.	Enforcement decisions largely the discretion of individual officers — may or may not align with corporate priorities. Most enforcement actions are against cannabis users. Enforcement often incidental to other policing actions. Negative view of drug users/dealers which tends to be reflected in police response. Limited understanding and acceptance of harm-reduction principles; although there is now a widespread practice of not initiating enforcement action in overdose situations. Intelligence-gathering and reporting ad hoc; largely at discretion of individual officers.	Act consistently with organisational policies and procedures relevant to drug law enforcement. Do not engage in proactive enforcement activities (for example, stop and search) unless this is part of an approved and managed local area strategy. Behave professionally and courteously towards persons who are the subject of enforcement action. Be able to identify potentially dangerous situations and respond appropriately (for example, discovery of laboratories). Have the capacity to identify situations and drug-affected persons where medical attention required; and know which agencies/service providers should be contacted. Processes are in place to: a) encourage officers to report information about drug-market activity; and b) ensure this information is passed up the line.	Develop clear policies and procedures for officers on their responsibilities, and how they should deal with certain situations (for example, drug overdoses; discovery of illicit laboratories; how to deal with detected cases of use/possession). Ensure that local commands have identified drug law enforcement priorities and strategies and that these have been communicated to individual officers (see above). Develop information systems that enable monitoring of the drug law enforcement activities of individual officers. Provide training to officers on policies and procedures and rationale for them; ensure that officers' knowledge of different drugs and their effects is kept up-to-date.

Appendix 3: Police consultants

Australian Capital Territory Police

1. Peter Baldwin, Team Leader, Beat Squad
2. Michael Shew, North Crime Team
3. Phil Van Dissel, Intelligence Officer, Australian Capital Territory Intelligence — Amphetamine Type Substances
4. David Sharpe, Team Leader, Drug Team
5. Naomi Sharp, Drug Team
6. Melissa Ward, Drug and Alcohol Policy Coordinator

Cairns Police

1. Natasha Camilleri, Statistics
2. Mick Dowie, Detective Sergeant Drug Squad
3. Brad Eaton, Detective Senior Sergeant Drug Squad
4. Geoff Robins, Regional Office — Cross Cultural Unit

New South Wales Police

1. Linette Collins, Acting Team Leader, Drug Programs Coordination Team
2. Frank Hansen, Commander, Cabramatta Local Area Command
3. Debbie Wallace, Crime Manager, Cabramatta Local Area Command
4. Peter Fenwick, Patrol Duty Officer, Kings Cross Local Area Command
5. Michael Cain, Principal Policy Officer, Drug Programs Coordination Team
6. Gary Raymond, Manly Local Area Command

Northern Territory Police

1. Scott Mitchell, Senior Policy Advisor
2. Barbara Machielsen, Policy Officer

Queensland Police

1. Karl Hahne, Intelligence
2. John Hartwell, State Drug Investigation Group
3. Peter Mansfield, Drug And Alcohol Coordination
4. Katherine Mann, Drug And Alcohol Coordination
5. Damien Hansen, Drug And Alcohol Coordination
6. Bret Schafferius, State Drug Investigation
7. Rochelle Jesser, Drug Diversion

South Australia Police

1. Phil Warrick, Drug and Alcohol Coordinator

2. Des Bray, Acting Chief Inspector, Elizabeth

3. Daryl Anderson, Officer in Charge, Hindley St Police Station

4. Stewart Dodd, Adelaide Crime Mgt Unit (Adelaide Metropolitan area)

5. Denis Edmonds, Officer in Charge, Strategy and Support

Tasmania Police

1. Steve Biggs, Alcohol and Drug Policy Coordinator

2. Stewart Williams, Western Drug Investigation Services and Drug Diversion Coordinator

3. Colin Willcox, Western Drug Investigation Services

4. Peter May, Southern Drug Investigation Services

Victoria Police

1. Steve James, Drug and Alcohol Strategy Unit

2. Scott Bobycomb, Commander, Central Business District

3. Wayne Stokes, Springvale

4. Phil Harrison, Region One Crime

5. Christine Vincent, Drug and Alcohol Policy Coordination

6. Jacky Horwood, Drug and Alcohol Policy Coordination Unit

Western Australia Police

1. Sergeant Gill Wilson, Drug and Alcohol Educator

2. Kevin Tinley, Drug and Alcohol Educator

3. Mike Murphy, Drug and Alcohol Educator

4. Jim Migro, Detective Superintendent

5. Steve Guest, Drug and Alcohol Program Coordinator

Appendix 4: Health, user and other consultants

Jurisdiction	Health/ Premier's	Drug user representatives	Other	Apologies
Australian Capital Territory (ACT)	ACT Department of Health and Community Care: Glenys Beauchamp Fran Barry Chris Killick-Moran	Peter Parkes, Canberra Injectors Network	Toni Makkai, Australian Institute of Criminology	
New South Wales (NSW)	Lynne Ashpole, Cabinet Office Peter McCarthy, Health Department, Drug Programs Unit	John Murray, NSW Users and AIDS Assocociation Timothy Moore, Redfern Legal Centre Maureen Steele	Lisa Maher, School of Public Health & Community Medicine, University of NSW Alex Wodak, St Vincent's Hospital	David Dixon, School of Law, University of NSW
Northern Territory (NT)	Ali Mclay and Linda Hipper, NT Health	Charles Roberts, Hep C Project		Helen Vandenburg, Gary Meyerhoff, Top End Users' Forum
Queensland	Kevin Lambkin, Queensland Health	Meghan Farmer, Queensland Intravenous AIDS Association	David Brereton, Criminal Justice Commission Tim Carmody, Crime Commissioner, Queensland Crime Commission	Jeremy Davey, School of Psychology and Counselling, Queensland University of Technology Ross Homel, Key Centre for Ethics, Law, Justice and Governance, Griffith University
South Australia	Keith Evans, Drug Policy Unit, Department of Human Services, Simone Cormack, Drug and Alcohol Services Council	Damon Brogan, South Australian Voice on Intravenous Education Claire Hose and Jorge Carvagal, Users' Association	Ann Deehan, National Centre for Education and Training on Addiction	Roger Nicholas, Australasian Centre for Policing Research Ann Roche, National Centre for Education and Training on Addiction

Jurisdiction	Health/ Premier's	Drug user representatives	Other	Apologies
Tasmania	Tasmania Health: Una Hobstay, Drug and Alcohol Services Keith McCoy, Diversion Program		Raimondo Bruno, University of Tasmania	Kym Oakley, Tasmanian Users' Health and Support League
Victoria	Marion Simmonds, Drugs Policy and Services, Department of Human Services	Franz Hernberger, Outreach Worker	Paul Dietz, Turning Point Steve James and Adam Sutton, Criminology Department, University of Melbourne Lorraine Beyer, Adolescent Forensics Health Service *Plus separate meeting at Centre for Harm Reduction, Macfarlane Burnet Institute for Medical Research & Public Health: Nick Crofts, Director, Gary Reid, Researcher	Kirsty Morgan, Victorian Injecting Drug Users and AIDS Support Group
Western Australia	Terry Murphy, Western Australia Drug Strategy Office Kevin Larkins, Western Australia Health	WASUA: Tamara Speed, Coordinator Justin Woodruff, Overdose Project Worker Paul Dessauer, Outreach Worker	Simon Lenton and Wendy Loxley, National Drug Research Institute, Curtin University *Plus a separate meeting with Steve Allsop, Drug and Alcohol Office	
Cairns	Karen McMahon, Community Health Drug and Alcohol Service Mark Mills, Hep C Project Officer	Three users — no user-group existed		Peter D'Abbs, Far North Queensland Health (Aboriginal and Torres Strait Islander Peoples' issues)
Total	17	16	16	10

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