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Research Paper

Creating and sustaining cooperative relationships between supervised injection services and police: A qualitative interview study of international stakeholders

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ABSTRACT

Background: Supervised injection services (SIS) operate with special exemptions from drug law enforcement. Given the expansion of SIS and the opioid overdose crisis in numerous jurisdictions, now is a critical time to examine factors that contribute to cooperative SIS-police relationships. We sought to learn about SIS-police relationships from international jurisdictions with well-established as well as newer SIS.

Methods: We conducted 16 semi-structured telephone interviews with SIS managers (n = 10) and police liaisons (n = 6) from 10 cities in seven different countries (Australia, Canada, Denmark, France, Germany, Netherlands, and Spain). All participants provided informed consent. We focused our coding and analysis on themes that emerged from the data.

Results: Five key contributors to cooperative SIS-police relationships emerged from the data: early engagement and dialogues; supportive police chiefs; dedicated police liaisons; negotiated boundary agreements; and regular face-to-face contact. Most participants perceived the less formalised, on-the-ground approach to relationship-building between police and SIS adopted in their city to be working well in general. SIS managers and police participants reported a lack of formal police training on harm reduction, and some thought that training was unnecessary given the relatively positive local SIS-police relationships they reported.

Conclusion: Our qualitative study provides new, in-depth empirical examples of how police in varied international jurisdictions can come to accept and work cooperatively with, not against, SIS staff and clients. Investing ongoing effort in SIS-police relationships, in a manner that best suits local needs, may hold greater and more sustainable public health value than delivering specific curricula to police.

Introduction

Numerous international studies demonstrate that drug enforcement activities by police (e.g., intensified community surveillance, arrests, and confiscation of drug-use equipment) can negatively impact the health and well-being of people who use drugs and undermine programs that provide public health services to this population (e.g., Aitken, Moore, Higgs, Kelsall, & Kerger, 2002; Beletsky et al., 2014; Cooper, Moore, Gruskin, & Krieger, 2005; Davis, Burris, Kraut-Becher, Lynch, & Metzger, 2005; Ivsins, Roth, Nakamura, Krajden, & Fischer, 2011; Maher & Dixon, 1999; Sarang, Rhodes, Sheon, & Page, 2010; Small, Kerr, Charette, Schechter, & Spittal, 2006; Ti, Wood, Shannon, Feng, & Kerr, 2013; Volkmann et al., 2011; Wagner, Simon-Freeman, & Bluthenthal, 2013; Werb et al., 2008; Wood et al., 2004). Therefore, it is

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important for harm reduction programs – that offer, for example, supplies and education to reduce infectious disease transmission and overdose – to build and sustain non-adversarial, cooperative relationships with police. Even though, over the past decade, SIS have increased in number (Stone, 2016), much more of the existing relevant research focuses on relationships between police and needle and syringe programs (NSPs) compared to studies on police and supervised injection services (SIS). Further, published qualitative studies that document police perspectives of SIS are relatively scarce (e.g., Bardwell, Scheim, Mitra, & Kerr, 2017; Watson et al., 2012; Wenger, Arreola, & Kral, 2011).

In addition to the services offered by NSPs (e.g., sterile injection equipment distribution, education on safer injecting), SIS provide staff-supervised spaces where people can inject drugs. Worldwide, SIS can take different forms and are known by different terms, particularly 'drug consumption rooms' in European jurisdictions (see Schäffer, Stöver, & Weichert, 2014). According to a recent report from the European Monitoring Centre for Drugs and Drug Addiction (2018), these facilities:

> *…seek to attract hard-to-reach populations of users, especially marginalised groups and those who use on the streets or in other risky and unhygienic conditions. One of their primary goals is to reduce morbidity and mortality by providing a safe environment for more hygienic use and by training clients in safer use. At the same time, they seek to reduce drug use in public and improve public amenity in areas surrounding urban drug markets (p. 2).*

Acknowledging different service formats and terms that are seen in the literature, we use 'SIS' for consistency and intend for this term to be used interchangeably with other terms used to describe programs that deliver a similar range of services with the same general goals. In 2016, there were 90 SIS in 10 countries, mostly in Europe as well as Canada and Australia (Kerr, Mitra, Kennedy, & McNeil, 2017; Stone, 2016). Across Europe – including countries such as Denmark, France, Germany, Luxembourg, Netherlands, Norway, Spain, and Switzerland – SIS history has varied in terms of when legally sanctioned facilities first opened and number of sites and cities where implementation has occurred (Vander Laenen et al., 2018).

Legally sanctioned SIS operate with exemptions from drug laws that police are otherwise expected to enforce in communities. Evidence indicates that SIS attendance is associated with many health-related and social benefits, including reduced injection-related risk behaviours and increased referrals to substance use treatment (Potier, Laprévote, Dubois-Arber, Cottencin, & Rolland, 2014; see also Belackova & Salmon, 2017). Despite this evidence, police sometimes voice strong opposition to SIS, believing that these programs will create lasting problems for local communities (e.g., crime, neighbourhood stigma; see Watson et al., 2012). That said, police attitudes toward harm reduction generally and SIS specifically can become more supportive over time, and policing practices can, in turn, become aligned with public health goals. In countries where highly challenging relationships have been observed between police and people who use drugs, a growing number of policing agencies are expressing stronger support for harm reduction programs (Monaghan & Bewley-Taylor, 2013). In Canada in particular, encouraging NSP-police relationships are documented. A recent cross-regional survey of NSP managers found that a majority (69%) report a "positive" or "mostly positive" program relationship with local police (Strike & Watson, 2017), while follow-up analyses revealed that these relationships have been stable over time (Strike & Watson, 2018). Evidence from Vancouver suggests that adverse encounters, such as police confiscation of drug-use equipment and violence against people who inject drugs, considerably declined between 2002 and 2014 (Landsberg et al., 2016). A study of 1090 attendees of Vancouver's well-known SIS, Insite, found that SIS referrals by police increased during the program's initial years (DeBeck et al., 2008). Nevertheless, people who attend Insite report that avoiding police encounters and risk of arrest or drug confiscation remain important reasons for visiting the SIS (Small, Moore, Shoveller, Wood, & Kerr, 2012).

Although shifts in police support for SIS have been identified as important for SIS establishment (see Hayle, 2017; Small, Palepu, & Tyndall, 2006), in-depth accounts of SIS-police relationships and features that may contribute to cooperative relationships are largely absent. Recognising that SIS-police relationships are complex phenomena (i.e., there are many structural, political, and other contextual factors that could potentially shape SIS-police interactions), we sought to learn more about such relationships from jurisdictions with well-established and newly established SIS and contribute a novel qualitative study to the literature in terms of both its findings and its diverse international sample.

Methods

We interviewed 16 international stakeholders – SIS managers/directors or coordinators (hereafter 'SIS managers') and police liaisons – between June and November 2017. All provided informed consent. This study was approved by a University of Toronto Research Ethics Board.

Informed by purposeful sampling approaches, whereby researcher judgement is utilised to select potential participants who are known or presumed to share a certain characteristic (e.g., Patton, 2002), we employed a two-stage recruitment method. To locate SIS managers, we requested contact information from our professional networks and the International Network of Drug Consumption Rooms (see http://www.drugconsumptionroom-international.org/), a platform for sharing evidence and experience among SIS professionals. Through this process, we compiled a list of 15 SIS managers who were potentially eligible for our study. These contacts were emailed an interview request with accompanying study information and a consent form. If we did not hear back from a contact within a few weeks, we emailed a follow-up request. Individuals who replied with interest to be interviewed were asked to provide a telephone number and confirm a convenient interview date and time. We asked SIS managers recruited into our study to provide contact information for their program's police liaison, if applicable. We generated a list of seven police liaisons. All interviews except one were conducted by telephone and in English by Watson or Strike. One participant requested to translate the interview questions and email written responses because they felt they lacked the proficiency in English to give a verbal interview.

The semi-structured interviews were audio-recorded and lasted approximately 30–45 minutes. Participants were asked for their age, gender, hours worked per week, and number of years in their field, at their current organisation, and working with people who use drugs. We then asked participants for their knowledge and opinions about policies to guide SIS-police interactions, harm reduction-related training for police, and their approach(es) to building local SIS-police relationships.

Audio files were securely delivered to a confidential transcriptionist and Watson verified all transcripts for accuracy. We organised and analysed data using NVivo 11 software. Thematic analysis was informed by grounded theory coding techniques and proceeded according to steps described in standard qualitative research texts (e.g., Coffey & Atkinson, 1996; Corbin & Strauss, 2008; Rubin & Rubin, 2005). That is, we did not approach the data with preconceived coding structures or themes determined by the interview questions (see also Glaser, 2004). Watson first read and re-read all transcripts line by line, and recorded notes on emergent themes and preliminary codes. Strike independently reviewed the thematic notes and excerpts of text. Watson and Strike met to discuss the transcript coding and achieve agreement on main themes of interest and how to present the findings, including discussion of any discrepancies in interpretation.

Results

Of the 15 SIS managers we contacted, 10 agreed to be interviewed;

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