



Short communication

## Relationships between needle and syringe programs and police: An exploratory analysis of the potential role of in-service training

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## ABSTRACT

**Background:** Training police on the public health benefits of needle and syringe programs (NSPs) is viewed as a best practice to facilitate more collaborative relationships between police and these programs. To date, while the limited published literature contains promising cases of harm reduction in-service training for police, evaluative evidence is preliminary.

**Methods:** Using an online survey, we asked NSP managers across Canada about their programs and the quality of their NSP-police relationships.

**Results:** We analyzed data from the responses of 75 program managers among whom 69% reported that their program had a “positive” or “mostly positive” relationship with the police. In-service training about topics such as needle-stick injury prevention and NSP effectiveness was provided by less than 50% of the programs surveyed. Seventy-five percent reported no established protocols to resolve conflicts between NSP staff and police. Four variables, all related to in-service training, were significantly related to positive NSP-police relationships, including training about: NSP program goals (OR 7.7; 95% CI 2.0, 33.1); needle-stick injury prevention and basics of blood-borne virus transmission (OR 4.0; 95% CI 1.1, 15.34); the health and social concerns of people who use drugs (OR 3.9; 95% CI 1.1, 13.5); and evidence about the impact of injection equipment distribution (OR 3.9; 95% CI 1.1, 13.5).

**Conclusions:** Development of in-service training for police that is focused on harm reduction goals and initiatives is a new and evolving area. We highly encourage NSPs to offer and evaluate any such in-service training programs.

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### 1. Introduction

Operation of needle and syringe programs (NSPs; also known as syringe exchange programs, syringe access programs, needle exchanges, and other names) – where clients obtain access to sterile injection equipment, safer drug use education, and other services – can be disrupted by the actions of local police. For example, when police confiscate injection equipment from program clients, they undermine efforts to reduce drug-related health harms in the community (e.g., Beletsky et al., 2014; Ivsins et al., 2011; Small et al., 2006; Werb et al., 2008). While such potentially harmful actions have been well documented, it is important to note that at times police support the work of NSPs. Writing for the International Drug Policy Consortium, Monaghan and Bewley-Taylor

(2013) report that, while in some countries highly antagonistic relationships remain, policing services worldwide are developing practices that increasingly show support for harm reduction programs. These authors summarize notable examples from varied jurisdictions of police supporting NSPs, such as senior officials issuing orders to ensure that officers do not conduct unnecessary patrols around program sites.

Recognizing the importance of training police on public health services for people who inject drugs, the United Nations Office on Drugs and Crime recently produced a relevant training manual for police (Riley et al., 2015). To date, the limited published literature on harm reduction in-service training and education for police contains cases of improved program-police relationships and communication, and enhanced police knowledge on topics such as the legality of NSPs, HIV transmission, overdose prevention, and needle-stick injury (cf. Beletsky et al., 2011a,b, 2013; Davis and Beletsky, 2009; Saucier et al., 2016; Silverman et al., 2012). However, the evaluative evidence is still preliminary and ought to be

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complemented by ongoing reports of how program staff view relationships with police and training needs.

In Canada, a recent set of national best practice recommendations encourages programs to build collaborative relationships with police through provision of in-service training (e.g., on NSP effectiveness, needle-stick injury prevention) and development of agreements and conflict-resolution protocols with police (Strike et al., 2015). Other recommendations cover a wide range of topics including, for example, NSP program delivery models, injection-related complications, testing for HIV, and referrals for additional health services (Strike et al., 2015). Shortly before the launch of these recommendations, we surveyed program managers across Canada to characterize the nature of NSP-police relationships and develop a benchmark to use in future impact evaluations of in-service training for police. In this short report, we address three questions with exploratory analyses: what proportion of NSPs report positive relationships with police, what proportion of NSPs offer in-service training to local police, and what NSP-related factors, if any, are associated with positive NSP-police relationships.

## 2. Materials and methods

For this study, we updated a previously used questionnaire (Strike et al., 2011) to capture NSP practice and policy data relevant to newer national best practice recommendations (Strike et al., 2013, 2015). The online survey was available in English and French, and contained Yes/No questions (e.g., “Does your NSP provide in-service training to police focusing on...?”), Likert scale questions (e.g., “How would you characterize the program’s relationship with the local law enforcement agency(ies)?” – “positive”, “mostly positive”, etc.), and open-ended questions. Data were collected using FluidSurveys.

To identify participants, research team members were asked to provide email contact information for NSP managers in their province. Strike contacted representatives from each territory to identify NSP managers in those regions. We compiled email lists for all except one province and two of the three territories. An official from British Columbia opted out of this study, believing the burden of participation was too great for NSP managers in that province who were at that time implementing new overdose prevention programming. One territory did not have an NSP.

A modified approach from Dillman et al. (2014) was used to promote participation in the study. We asked team members who were well known in their region to send an email “alert” to their respective NSP managers. One to two weeks after the alerts, potential participants in each province and territory were sent an email invitation by Strike that included a study information sheet, a request for consent, and a link to the survey. Reminders to complete the survey were sent two and four weeks after the initial invitation. To provide incentive to participate, all potential participants were offered the option to enter a draw to win a \$100 gift card for their program. The online survey remained open from April 9 to August 4, 2015. This study was approved by the University of Toronto Research Ethics Board.

Exploratory data analyses were conducted with SPSS (version 24) using univariate statistics to characterize participants and binary logistic regression with odds ratios and 95% confidence intervals to identify associations between positive NSP-police relationships and program characteristics, types of in-service training provided by NSPs to police, and inter-organizational agreements.

## 3. Results

We invited 125 NSP program managers to participate in the survey. A filter question determined that eight of these invitees

managed programs that did not distribute needles and syringes at the time, and they were deemed ineligible to participate. Of 117 eligible participants, 104 (89%) responded to the survey. After reviewing the data, we removed 24 surveys because of incomplete data (i.e., from those who had not provided data beyond program characteristics) and a further five surveys did not contain data regarding the survey questions about NSP-police relationships – leaving 75 surveys for the current analyses. Among participants, 57% managed an NSP in a community-based organization, 38% a public health unit, and 3% a community health centre. Nearly 80% of the programs had been operating for 10 years or longer, and nearly 50% distributed more than 100,000 needles per year. Further, 64% of the programs distributed safer crack cocaine smoking equipment (e.g., glass stems/pipes, mouthpieces, and screens).

When asked about program relationships with local police, 69% of participants reported that their program had a “positive” or “mostly positive” relationship with the police. The proportion of programs providing specific content for in-service training to police was reported as follows: purpose and goals of NSPs (46%), prevention of needle-stick injuries (38%), the health and social concerns of people who use drugs (42%), and the effectiveness of NSP distribution of safer injection equipment (45%) and safer crack cocaine smoking equipment (35%). A few participants wrote in their surveys about a lack of police interest and uptake of in-service training: “We sent the local [police] a stakeholder letter with evidence and offered an in-service that was not taken,” and “We’ve offered to do more training and they are not interested.”

Also in line with what is recommended in the national best practice recommendations, we asked managers whether their programs had negotiated any agreements to prevent police from interfering with clients as they enter and exit NSP sites, confiscating or destroying safer drug use and/or overdose prevention equipment, and conducting surveillance of NSP fixed or mobile sites. Less than 50% of participants reported that their programs have any formal agreements in place. A number of participants elaborated about their survey responses and wrote that while their program does not have formal written agreements, they have informal agreements that work well in terms of resolving conflicts, including for example: “We do not have any formal agreements with law enforcement, but have had these discussions at times when we have suspected surveillance and the conversation has always gone well and the issue was resolved.” However, a few participants mentioned ongoing issues such as the following: “We do not have formal written agreements. Although we have discussed concerns with equipment being taken or destroyed, clients report that this practice continues with some officers.”

Similarly, 75% of participants reported that their program did not have any protocols to resolve conflicts between NSP staff and police. Nonetheless, some managers indicated that efforts are ongoing to communicate with police and develop effective solutions to NSP-police conflicts as they arise. In addition to their survey response, one manager explained:

We encourage ongoing communication with our local police. We inform them proactively about new protocols and practices or concerns brought forward by our staff and clients. Our executive director has an ongoing positive relationship with the Chief of Police and our NSP staff work with the foot patrol and other officers to ensure education about addictions and our client needs. Although we have not had specific conflicts with police, our protocol directs staff who are concerned with an interaction with law enforcement, to advise a manager who then assists to facilitate effective resolution.

Binary logistic regression was used to identify associations between positive NSP-police relationships and program

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