When we think of police work, we typically think of it as being concerned with law enforcement and public order: the purpose of policing is the detection of criminals and keeping the peace. Even if the truth is somewhat more complex, the professional orientation of police officers towards these functions can result in unintended and negative side effects – especially in the policing of particularly vulnerable communities. Indeed, there is robust empirical evidence indicating that traditional approaches to policing can result in adverse health outcomes for those who are at increased risk of harm. In particular, a focus on their law and order function, a narrow view of what constitutes public safety, and a conservative occupational culture has meant that in many parts of the world the police have contributed to an enhanced risk of HIV infection among so-called ‘key populations’, including sex workers and injecting drug users. There is, for example, evidence of police using the possession of condoms – an effective barrier against infection – as evidence to support an allegation of prostitution, and the possession of syringes as evidence to justify the arrest of drug users. The consequence of this is that sex workers wishing to avoid harassment and arrest may not carry condoms with them, thereby reducing the opportunity to practise safer sex, and drug users avoid carrying their own ‘works’, thereby increasing the possibility that they will share those of others and so increase their risk of infection with HIV and other blood-borne diseases.

These negative effects of traditional policing are increasingly recognised and efforts are being made to address them. An important milestone was reached in October 2014 at an international consultation on policing and HIV in Amsterdam, convened by the International Law Enforcement and HIV Network and co-organised by the Centre for Law Enforcement and Public Health (a Melbourne-based social enterprise organisation), the International Development Law Organization, and the School of Law at Birkbeck. The consultation brought together more than 100 senior police officers from across the world, representatives of key populations, policy-makers and academics. They heard from Michel Kazatchkine, the UN Secretary General’s Special Envoy on HIV/AIDS in Eastern Europe and Central Asia – regions in which unsafe drug consumption is a significant driver of HIV transmission. Among other things, Professor Kazatchkine emphasised the importance not only of legal reforms that promote rather than hinder public health, but of the work that can be done by law enforcement officers at street and community level to minimise risk.

Participants discussed the issues and came up with a number of priorities and recommendations. These included the need to build police knowledge and capacity, through training and the mainstreaming of public health approaches in police work, the strengthening of police–community relations and of mechanisms and practices of police accountability, and the directing of resources towards ensuring sustainable partnerships, effective communication channels and – a longer-term goal – effecting changes in police culture.

In recognition of the value of peer education, a number of serving and retired senior officers, from South America, Eastern Europe, Africa and Asia, were interviewed by me for a film that will be used in training and advocacy. Participants also agreed the Amsterdam Declaration on Police Partnerships for Harm Reduction. A significant document in the development of progressive and evidence-based policing practice, the Declaration commits its supporters to an approach to policing key populations that respects human rights, is informed by accepted principles of harm reduction (recognising, for example, the importance of clean injecting equipment for drug users), and which will promote rather than hinder health through active collaboration and partnership.

The involvement of the School of Law in the development of the Amsterdam Declaration was considerable. The School contributed to an enhanced focus on their law and order function, a narrow view of what constitutes public safety, and a conservative occupational culture has meant that in many parts of the world the police have contributed to an enhanced risk of HIV infection among so-called ‘key populations’, including sex workers and injecting drug users. There is, for example, evidence of police using the possession of condoms – an effective barrier against infection – as evidence to support an allegation of prostitution, and the possession of syringes as evidence to justify the arrest of drug users. The consequence of this is that sex workers wishing to avoid harassment and arrest may not carry condoms with them, thereby reducing the opportunity to practise safer sex, and drug users avoid carrying their own ‘works’, thereby increasing the possibility that they will share those of others and so increase their risk of infection with HIV and other blood-borne diseases.

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