

Grant ID: 20034755

Legal Name of Organization: Public Health Advocacy Institute, Inc.

Tax Status: 501(c)(3) public charity

Name of Fiscal Sponsor: n/a

Purpose of Grant: To develop a model approach for engaging law enforcement cooperation in implementing drug related public health reforms

Grant Description: To provide project support to the Public Health Advocacy Institute to formulate a model for public health/law enforcement implementation of drug policy reforms at the street level. The project will focus specifically on the impact of policing practices on utilization and outcomes of the syringe exchange program (“SEP”) in Baltimore, Maryland. Project staff will (a) collect and analyze data regarding SEP clients’ positive and negative interactions with police, (b) complete and evaluate a series of trainings with the Baltimore City Health Department for police officers and cadets on public health approaches to intravenous drug use, and (c) complete and evaluate rapport-building activities between the public health and law enforcement officials in Baltimore. Based on these activities, the project will propose and disseminate an integrated model for preventing, monitoring and resolving policing practices that raise barriers to successful outcomes in policy reforms intended to improve the health of drug users and the public. This grant would advance the Campaign for a New Drug Policy’s broad goal of supporting a health centered drug policy and eliminating punitive responses to drug use. It would also advance the Campaign’s interest in exploring opportunities to engage law enforcement professionals in support of drug policy reforms.

Previous OSI Support: n/a

Organization Budget: \$1,105,909

Major Sources of Support: n/a

Amount Requested: \$37,145

Is this a contingent grant? No

Amount Recommended: \$37,145 (T1: 21127)

Term: 8 months, beginning January 1, 2012

Matching Requirements: n/a

Description of organization:

The Public Health Advocacy Institute (PHAI) was established in 2002 by the faculty members of Northeastern University School of Law and Tufts Medical School Department of Public Health as an independent research and advocacy center. PHAI's core mission is to protect public health through research, education, technical legal support and litigation. In 2006, PHAI merged with the Tobacco Control Resource Center, which had been active in public health education and litigation around tobacco control. PHAI's current areas of work include reducing the harms of tobacco use and childhood obesity. It has worked on a wide range of public health issues, including a 2004 case study of early efforts by Atlantic City, New Jersey to establish a syringe exchange program to protect the health of intravenous drug users.

This project would be directed by Northeastern University Law Professor Leo Beletsky, who has extensive experience in the legal and practical aspects of harm reduction programs and drug user health. Other key staff on this project will be: Chris Serio-Chapman, Bureau Chief of Community Risk Reduction Services for the Baltimore City Department of Health; Susan Sherman, an Associate Professor at the Bloomberg School of Public Health at Johns Hopkins University; and Marina Smelyanskaya, an independent public health consultant who formerly work with OSF's International Harm Reduction Development program.

Description of project for which funding is sought:

Through its work with the Baltimore City Health Department (BCHD) and the BCHD's collaboration with the Baltimore Police Department regarding the City's syringe exchange program, PHAI seeks funding for a data gathering, training, and evaluation project that would propose a model for engaging law enforcement support for health-based drug policy reforms. While the immediate context of this project will be Baltimore's syringe exchange program, the project goal is to develop a set of programmatic tools that can be used in other public health interventions and jurisdictions to align law enforcement practices with public health goals. PHAI is requesting funding to complete work initiated with City funds that became unavailable due to budget cuts.

The project would be carried out during the first eight months of 2012 and include four main areas of work:

1. A needs assessment based on data collection and analysis of syringe exchange program clients concerning their interactions with police in Baltimore City;
2. Resumption and evaluation of rapport-building activities between Baltimore public health and law enforcement professionals regarding policies and practices affecting drug users utilizing the City's syringe exchange program;
3. Resumption and evaluation of trainings of Baltimore police officers and cadets on public health approaches to injection drug use;
4. Formulation and dissemination of a model for integrating health-based drug policy reforms into policing practices to achieve intended public and individual health benefits.

The Project Director will conduct surveys of 250 needle exchange program participants. The researchers will analyze the data to determine the prevalence and outcomes of interactions between the police and syringe exchange participants – both positive and negative (e.g., police referral to services, syringe confiscation). The investigators' research protocol has been approved by the Institutional Review Boards (IRB) of Johns Hopkins School of Public Health and the Baltimore City Department of Health, and approximately 100 surveys have been previously collected with City funding that is no longer available.

Working with the Baltimore City Health Department, based on the agency's memorandum of understanding with the Baltimore Police Department, the project staff will work with the police on a set of collaboration-building activities intended to better align street-level police practices with public health efforts affecting drug users. The project staff expects these to include assistance in facilitating safe syringe disposal by Baltimore City Police to reduce occupational risk and anxiety, discussions regarding the science and legal aspects of syringe exchange programs, creation of a system of incentives to encourage police referrals of drug users to social and health services, and educational opportunities for police officers that will foster collaboration between police and public health officers.

The project will also work with the Baltimore City Health Department to deliver training to at least 600 police cadets and acting law enforcement personnel, incorporating information that is relevant to police officer safety as well as information about the public health benefits of syringe exchange programs. Participating officers will complete pre- and post-training questionnaires that will be used to evaluate the training. The project staff estimates that approximately 350 officers have already received the training prior to recent City budget cuts; OSF will funding will allow another 250 officers to be trained and surveyed.

At the completion of the drug user survey and police officer training evaluation, the project director and investigators will produce a summary report describing their findings. The report will also propose a model for implementing health based drug policy reforms with law enforcement engagement in light of the project's outcomes and lessons learned in other settings where health-based interventions are affected by law enforcement practices. The report will be disseminated through various public health, law enforcement, academic and drug policy reform networks, and at least one academic article describing project findings will be submitted to a peer-reviewed academic journal.

Rationale for recommendation:

Contact between syringe access programs and law enforcement agencies occurs under a variety of circumstances, ranging from collaborative engagement, to passive acceptance, to antagonism. There are reports from Baltimore and other communities of police officers referring drug users to syringe access programs and other health and social services. There are also reports of field officers using participation in programs as indicators of illegal activity. Since it began providing services in 1994, the Baltimore syringe exchange program has had a favorable relationship with local police leadership, but there has been at least one known incident in which street level policing activities have conflicted with health care objectives. This project would advance the Campaign's interest in establishing a health-based infrastructure for a non-punitive approach to drug use by:

- (a) Systematically establishing street level officers' support for syringe exchange where it is lacking or
- (b) Raising street-level health based interventions by police to a priority level where, as in Baltimore, leadership support already to exists.

This project also relates to expanding federal funding for syringe access. In 2009, Congress lifted a ban on federal funding for syringe access programs for users of illegal drugs, but required services to be sited with the approval of both public health and law enforcement agencies.¹ The Baltimore syringe exchange program has been funded through the city's general fund and state AIDS administration funds, with fluctuations depending on the local and state budgets. Accessing federal money would help stabilize Baltimore and other community's funding for syringe exchange, as well as free money for other purposes. Broadening law enforcement support from the command level through the ranks of field officers would likely encourage the City to more actively seek federal funds for Baltimore's syringe exchange program.

This project would also advance the campaign's interest in engaging law enforcement professionals around the issue of drug policy reform. There are very few opportunities to interact directly with active police officers around drug policy reform issues or to communicate to police how they can constructively engage in implementing non-punitive, health centered approaches to drug use.

For these reasons, OSF staff recommends a project grant for PHAI in the amount of \$37,145 over eight months.

¹ The Open Society Policy Center was involved in advocating for this change in federal policy and a number of programs within the Open Society Foundations have been engaged in its implementation.