



Policy brief for
Law Enforcement Officials
on provision of Harm Reduction services

for People Who Inject Drugs and living
in closed settings in the MENA Region



MENAHRA 2017



HIV and People Who Inject Drugs in MENA

The Middle East and North Africa (MENA) region is characterized as a low prevalence region (at 0.1% prevalence) with an estimated 230,000 People Living with HIV (PLHIV); however, the latest UNAIDS Gap report has highlighted an increase of 4% in new Human Immunodeficiency Virus (HIV) infections between 2010 and 2015. In countries such as Egypt, Lebanon and Yemen, new infections have increased by 30-40%. More than 95% of new infections in 2015 were recorded among key populations and their sexual partners. Twenty-seven percent of these infections were among People Who Inject Drugs (PWID) (UNAIDS, 2016). The MENA is also currently one of the only two regions in the world where AIDS-related deaths continue to rise, with an estimated 11,000 deaths in 2016 (UNAIDS, 2017b). In 2016, an estimated 18,000 new infections were reported (UNAIDS, 2017b).

There is a wide range of estimates of PWID in the region (335,000–1,635,000), due to lack of updated population size estimates and bio-behavioral data. Countries in the region rely on HIV case reporting as well as surveillance at detoxification and treatment centers on HIV, viral hepatitis and tuberculosis (HRI, 2016). The 3rd situation assessment of drug use and its harms in the MENA conducted by MENAHRA estimates that there are around 887,000 PWID in the region (MENAHRA, 2017b). This figure has significantly increased from the estimation of 570,000 that was made in the 2nd situation assessment in 2012 (MENAHRA, 2013).

HIV prevalence among PWID in the region is variable with countries such as Libya reporting the highest measured prevalence at 87%, while other countries such as Jordan, Lebanon, Syria and Tunisia reporting low prevalence (HRI, 2016). MENAHRA's 3rd situation assessment of the region estimated that there are over 208,000 PWID living with HIV/AIDS, making up 23.5% of the estimated number of PWID. Moreover, a number of studies have reported an HCV prevalence of 20% to 56% among PWID (MENAHRA, 2017). Data related to overdose, both fatal and non-fatal is lacking (HRI, 2016); and naloxone is restricted to hospitals and unavailable for community use in most countries of the region. Moreover, reporting overdose cases that are referred to hospitals to law enforcement is a common practice in some countries, causing PWID to avoid utilizing these services for fear of arrest.

In the last decade, the MENA witnessed noted progress in the field of harm reduction. Resources and efforts have been deployed to advocate for and implement harm reduction in the region. However, even with all the efforts placed on both the national and regional levels, by various stakeholders and partners, further concentrated efforts and resources are required to ensure safe access to health and social services for PWID and those living in closed settings in the region, and ultimately decrease prevalence of HIV, HCV, overdose, and other preventable harms among these populations.



Harm Reduction and Law Enforcement in the MENA region

Drug use is criminalized in all countries of the MENA region, and a large number of PWUD are incarcerated, mostly for drug use, but sometimes even for the mere possession of syringes (UNAIDS, 2016; MENAHRA program data). Moreover, PWUD face high levels of stigma and discrimination in the region (MENA Regional Networks, 2016), which are further reinforced by their criminalization (UNAIDS, 2017a). Both the criminalization of drug use, and high stigma and discrimination faced by PWUD, negatively affect access to health services for this population. A number of studies have reported that this criminalization, manifested by punitive laws, incarceration, and

prohibitions on harm reduction services, negatively affects harm reduction efforts. These negative effects include decreases in access to Needle/Syringe Programs, increased risky behaviors of sharing used injecting materials, and an increased HIV burden among PWID (UNAIDS, 2017a). Injecting drug use has been documented within prisons in a number of countries in MENA, with unsafe injecting drug use being the primary mode of HIV and HCV transmission among prisoners (HRI, 2017). Furthermore within these settings, OST and ART are often unavailable, discontinued, or severely delayed - further exacerbating negative health consequences.

Police/law enforcement elicit fear among PWUD; therefore when faced with stigma and the potential for arrest when reporting to health facilities, PWUD refrain from seeking health services

Police/law enforcement can also be a source of stigma and discrimination. In an Operational Research on PLHIV who inject drugs in 6 countries of the region, 7.7% of participants reported to have faced stigma and discrimination from police (MENAHRA, 2017a).

Of further concern are women who inject drugs, who remain more vulnerable and at higher risk than their male counterparts due to social stigma and gender related factors, whether within prisons or not. These vulnerabilities further hinder access to health services among women (MENAHRA, 2015). Women who inject drugs also have high risks being subjected to sexual violence from police and law enforcement agencies, as has been reported by a study conducted in 2015 (UNAIDS, 2017a).

MENA Harm Reduction Facts in 2017

- **6 countries** adopted harm reduction policy in national strategies
- **8 countries** mention PWID as a key population in national plans
- **7 countries** provide NSP (however coverage remains insufficient)
- **7 countries** provide OST (some of which are pilots)

Source: MENAHRA, 2017

In MENA, drug services in most countries are abstinence-based, and most commonly, detoxification and rehabilitation. In parallel, extreme punitive responses are also observed. The majority of the **549** executions reported worldwide for drug offences in 2013 were carried out in Iran and Saudi Arabia.

Source: HRI, 2017



Role of law enforcement

What is the role of law enforcement in ensuring the safety and rights of PWID?

Law enforcement agencies/police have a duty to protect and uphold fundamental human rights. If actively engaged, law enforcement can significantly and positively impact the uptake of HIV and harm reduction services, and contribute to an overall better quality of life of PWUD. However, law enforcement officials are often bound by certain laws that create barriers to promoting health services for PWUD.

It is recognized that changes at the policy level are essential to the facilitation of police work with key populations, and especially those that are criminalized, such as drug users. It is also equally important, however, to raise awareness among law enforcement officials regarding their essential role in the public health response.

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There is an increasing global recognition of the important role that law enforcement officials have in protecting and promoting individual and public health, especially the health of diverse and vulnerable communities. In the context of HIV prevention, treatment, care and support, law enforcement officials have a significant role and responsibility to ensure uninterrupted access to essential HIV-related health and social services for vulnerable populations including PWID.

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Extracted from UNODC's "Training manual for law enforcement officials on HIV service provision for PWID"

Key ingredients of human rights policing include:

- Dignity
- Respect
- Serving the community
- Protecting the community
- High standards professionalism and ethical conduct
- Free from corruption

Source: UNODC's "Training manual for law enforcement officials on HIV service provision for PWID"

What can be the role of law enforcement in countries with strict laws against drug use?

First and foremost, law enforcement officials should ensure that the basic human rights and dignity of PWUD or any other individual within their custody are upheld. Stigma, discrimination, and different forms of violence whether verbal, physical or sexual, are not acceptable under any circumstance. There are no laws that state that any person can be mistreated while in custody.

Second, and more importantly, law enforcement agencies can ally with civil society organizations for a stronger position in advocating for drug policy reform towards implementing harm reduction programs and decriminalizing drug use.

The benefits of law enforcement/police working with harm reduction programs include:

- Increased and safe access to health services such as voluntary counseling and testing for HIV, HBV, and HCV; needle/syringe programs; opiate substitution therapy
- Increased health and safety of beneficiaries accessing the services mentioned above
- Continuity of OST and ART services whether beneficiaries are arrested or incarcerated
- Decreased crime and an increased sense of community safety
- Decreased risks of deaths by overdose

The benefits and effects of law enforcement collaboration





What can be done?

Establish partnerships between civil society and law enforcement to ensure supportive and continuous relationships

Increase awareness among law enforcement agencies regarding their role in the harm reduction response

Promote a sense of ownership of the harm reduction strategy among law enforcement agencies

Invest in capacity building activities for law enforcement through partnerships with civil society organizations

Partner with civil society organizations by ensuring the presence of law enforcement agency representatives in advocacy efforts

Ensure partnerships between civil society organizations and law enforcement agencies in the development of harm reduction programs that can be adapted to the current situation and laws of the concerned country



Did you know?

There are efforts in the MENA region to promote working with law enforcement agents.

These efforts include small scale trainings for law enforcement and partnerships at the national level, as well as large consultations at the regional level.

Two regional consultations on HIV and Law Enforcement were hosted in 2013 and 2016 by:

- **MENAHRA** – Middle East and North Africa Harm Reduction Association www.menahra.org
- **UNODC** – United Nations Office on Drugs and Crime www.unodc.org
- **IDLO** – International Development Law Organization www.idlo.int
- **UNAIDS** – Joint United Nations Programme on HIV/AIDS www.unaids.org
- **LEAHN** – Law Enforcement and HIV Network www.leahn.org

We encourage any agency or official interested in contributing to this movement and work to contact any of the above mentioned organizations for more information and collaboration.



For further details on the situation of harm reduction in the region, the role of law enforcement, and methods of improving cooperation with such agencies in the harm reduction response, refer to the **references below!**

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