POLICE AS ADVOCATES FOR HARM REDUCTION DURING COVID-19 LOCKDOWN IN DURBAN: SHIFTING THE DOMINANT NARRATIVE

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ABSTRACT

Law enforcement officers have come under serious scrutiny during the Covid-19 lockdown in South Africa. This was particularly true during level 5 lockdown when the role of the security services was to ensure adherence to regulations that curtailed freedom of movement and association. Cases of human rights violations peppered press reports and there were few reports of positive police responses. Yet a different picture emerged in Durban where a harm reduction programme was established for homeless people in moderate to severe withdrawal from heroin use. Police were involved in planning this medical intervention and played a critical role in securing the programme and its beneficiaries. This article demonstrates, through interviews with police and from notes taken during participant observation, how the police's view of drug use changed dramatically from being prohibitionist and punitive to being supportive and seeking bi-directional relations. Interviews with police who were stationed in the lockdown facilities reveal a humanisation process where for the first time, they were able to comprehend the life stories of the homeless people who use drugs and where the homeless were able to configure the complex mandate of the police. The outcome was that police in Durban who were part of this intervention during the Covid-19 lockdown became advocates for harm reduction, fully supporting not only substitution therapy but also other harm reduction services previously viewed as controversial. A new habitus emerged, albeit temporarily and limited to Durban's Central Business District, within the police occupational culture. This was spurred by a dramatically changed structural field in which they operated during Covid-19 lockdown.

Keywords: *Harm reduction; Covid-19 lockdown; police culture; Durban.*

INTRODUCTION

South Africa's total Covid-19 lockdown began on 27 March 2020 and with it a visible presence of police and soldiers conducting checks, patrols and roadblocks. Their mandate was to enforce a set of regulations preventing people (other than those performing 'essential services') from leaving home, except under restricted conditions. Policing of Covid-19 during full lockdown was always going to be controversial. Given the country's long history of human rights abuses, South Africans were rightly concerned about how the security services (police and the military) were going to enforce lockdown regulations. Severely restricting the freedom to gather, associate, and consume legal substances such as alcohol and cigarettes was never going to be simple. It was no surprise then that within a few days of lockdown, numerous human rights complaints were lodged, including one suspected case of murder, when the police followed a man from a bar to his house where he was shot dead (Zambara, 2020: np). During the first week of lockdown, the Independent Police Investigative Directorate (IPID), which, among other mandates, monitors police abuse, registered 39 complaints against the police. These

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included 13 related to police shooting and 14 of police assault. Indeed, as Gumede from The Democracy Works Foundation put it: "In the first few days of the lockdown, more people died from police and military heavy handedness than from the coronavirus itself" (Gumede, 2020: np).

Lockdown level 5 (or full lockdown) was declared necessary to deal with the projected spread of Covid-19 as it began to take hold in South Africa. President Ramaphosa declared a state of disaster and authorised the mobilisation of a sizeable security force to enforce the full lockdown. Regulation 11G issued in terms of section 27(2) of the National Disaster Management Act 67 of 2002 states that any person who contravenes these regulations will be liable to a fine or imprisonment not exceeding six months. Ramaphosa spoke of the police and the military as playing the role of 'peace officers', using the minimum force necessary to carry out their duties (Komana, 2020: np). Nonetheless, since the beginning of lockdown, media reports have focused on police abuse of force (Faull, 2020(a): np). Tom Head of the Democratic Alliance stated that in the first five weeks of Covid-19 lockdown, complaints against the police for acts of brutality increased by 30 percent (Head, 2020: np). This led South African policing scholar, Andrew Faull, to rightfully ask: "As the state's representatives on the country's streets, would they not be better armed with food, thermometers, sanitisers, masks and informational pamphlets for distribution to the public?" (Faull, 2020(a): np).

While Faull's suggestion might seem a remote possibility, this article focuses on a moment in time when the police in Durban played a critical role in not only protecting public health, but in providing it. This occurred in the most unexpected spaces – safe spaces created by the municipality for homeless people during lockdown levels 5 and 4. It was here that the police joined non-governmental organisations (NGOs), a university and a private medical team to ensure that homeless people who use drugs were able to access much needed medical assistance in the form of short-term opioid substitution therapy using Methadone. In so doing, they departed from the usual script of enforcing prohibition and abstinence. This article aims to answer several questions. How did this come about? Why did this transformation in the policing of a vulnerable grouping take place when the opposite was perhaps expected? What meaning does the police ascribe to this shift in approach and experience? We begin by briefly describing how the research was conducted. This is followed by a review of the literature on policing of harm reduction at the global level and in South Africa before turning to what we have called the Durban Covid-19 Moment and answering the questions posed.

RESEARCH METHODOLOGY

The research that informs this article took place over three months, starting a week before Covid-19 lockdown in Durban. Two of the authors were part of a Homeless Task Team that was activated by the Deputy Mayor, and they were responsible for running a harm reduction programme in two homeless lockdown shelters. This programme provided medical and psycho-social assistance for those in withdrawal. Those assessed as experiencing moderate to severe withdrawal were provided with daily doses of an opioid substitute medication, Methadone. As co-ordinators and implementers of the withdrawal management programme, Monique Marks and Michael Wilson were embedded in the daily life of the lockdown safe spaces. As participant observers they interacted over a three-month period with police officers who were stationed in the lockdown facilities and with officers who were responsible for operational planning related to these facilities during lockdown, from level five until the end of level three.

Police officers from Durban Metropolitan Police were instructed by the Joint Operation Centre (JOC) to work alongside the medical team that provided this harm reduction service. The South African Police Service (SAPS) played a supportive role and co-ordinated the local JOC. The two authors had daily interactions and dialogue with officers on the ground and observed their interaction with the medical team and with beneficiaries. Field notes were taken of these interactions, and the authors regularly analysed the role of the police in this unique space. Marks and Wilson attended JOC meetings as representatives of the withdrawal management programme. It was here that they were able to interact daily with police from both agencies and participate directly in security planning in the lockdown safe spaces. Through these daily interactions, trust was developed, allowing for open dialogue and easy access to conduct more formal interviews with police who were stationed in the homeless lockdown facilities.

In-depth interviews were held in July and August 2020 with ten Metro Police officers (commissioned and non-commissioned). The interviews lasted between 60 and 90 minutes and were held at two Metro Police stations, under strict Covid-19 regulations. During this period, a large number of police officers had tested positive for Covid-19, and while access was unproblematic regarding authorisation by police management, operational police officers were both stressed and stretched. It is for this reason that a fairly limited number of interviews was conducted. The semi-structured interviews focused on officers' experiences of working in the homeless lockdown facilities, their role in securing the Methadone programme, and the shifts that occurred in their thinking of and responses to homeless people who use drugs.

The research was conducted with the full support of the relevant commanding officers. Pseudonyms are used not on the request of police officers but due to the authors' acknowledgement of the potentially controversial nature of their views on drug use and the by-laws affecting homeless people in Durban. All the interviews were recorded and transcribed with the permission of interviewees. All quotes from respondents are followed by pseudonyms.

Data from the participant observation study and from the interviews was coded in terms of key themes that emerged. All the authors mined the data from interviews and field notes manually. Analysis took place via zoom meetings in which all three authors participated and deliberated the findings and their meanings. Participant validation was achieved by sharing this analysis with police officers in informal conversations before writing up this article.

POLICING HARM REDUCTION: A GLOBAL PERSPECTIVE

Criminalisation of people who use drugs is almost universal, with notable exceptions including Portugal, Uruguay and the Czech Republic (see: Talking Drugs, [sa]: np). While there has been a shift in governmental thinking, the focus on a drug free world and prohibition remains dominant despite consistent and long-term evidence that a harm reduction approach to dealing with drug use disorders produces better outcomes in almost all areas (Jelsma, 2019; UNAIDS, 2019). This approach has been gaining traction, particularly in well-resourced nations that can best be described as liberal democratic countries. It talks to meeting people who use drugs where they are at, recognising that many are unable or unwilling to stop using drugs. For those operating in a harm reduction frame, it is essential to respect the fundamental human rights of people who use drugs and provide interventions that are proven to reduce the associated harms (Cook, Phelam, Sander, Stone & Murphy, 2016). These interventions are recommended by the World Health Organisation (WHO) and United Nations organisations that recognise that an abstinence, prohibitionist approach has failed dismally, and that the war on drugs has led to an increase in public health problems, poor individual medical outcomes for people who use drugs, and increased racialisation of criminal justice (Gibbs & Leach, 2006; Rolles, 2010).

The suite of interventions recommended by the WHO includes opioid substitution therapy, testing and treatment for transmittable illnesses, and needle syringe programmes. These all aim to reduce the harms of drug use and prevent transmission of illnesses such as HIV, Hepatitis-C and blood-borne infections. Provision of these services requires a human-centred lens that recognises that a range of social and mental health problems underlies drug use. Those responsible for law enforcement face the dilemma of enforcing laws that are prohibitionist and cause harm, or, where discretion allows, facilitating access to evidence-based services. For the most part, police tend to default towards enforcing the law, even when they are aware of the futility of their actions in terms of reducing drug use and drug markets and the harms of problematic drug use. However, bias toward the criminal justice response is not uniform. While uncommon, in some cities, police have become advocates for harm reduction. Nonetheless, there is often an antagonistic relationship between police and people who use drugs, particularly those from low-income backgrounds (MacCoun, 2009).

Cooper et al (2005) conducted a study in New York City (NYC) to evaluate the ease with which injecting drug users were able to access harm reduction services. As elsewhere, the biggest hindrance was police crackdowns and stop and search operations. Constant surveillance of public spaces frequented by people who use drugs and body searches led to feelings of humiliation and low self-worth. In the case of injecting drug users, this contributed to more dangerous and quicker drug use as users feared that the longer they took, the greater the likelihood of being victimised and apprehended. Cooper et al (2005) concluded that crackdown tactics in NYC resulted in great difficulty on the part of people who use drugs in accessing harm reduction services, with serious negative consequences for their wellbeing.

Vancouver witnessed a shift towards harm reduction as the dominant approach to dealing with drug addiction in 2001. This has mediated the way that police respond to people who use drugs. The police in Vancouver recognise and understand the advantages of harm reduction. However, according to Cohen et al (2006), they continue to revert to vigorous law enforcement when confronted with a tricky situation. Police are caught between a health response to drug use and on-going criminalisation of drug use in law. Cohen and Csete (2006) conclude that as long as possession of narcotic drugs is a criminal offence, “drug users will always fear arrest (and therefore shy away from certain health services)” (Cohen & Csete, 2006:103). They add that this will only change if a human rights approach frames all government services and responses, and if public health and public safety are philosophically aligned.

In the global south, where harm reduction services are nascent, the situation is often worse than in the global north. Jardine, Crofts, Monghan and Morrow’s (2012) study in Vietnam evaluated the role of the police in facilitating or blocking people who use drugs from accessing harm reduction treatment. They conclude that police “perceive conflicting responsibilities, but overwhelmingly they see their responsibility as enforcing drug laws, and knowing drug users, and selecting those for compulsory detention…Competing pressures toward police create much anxiety with performance measures based around drug control; recourse to detention resolves competing pressures more safely” (2012:1). Jardine et al (2012) provide evidence of police obstructing harm reduction services such as needle syringe and Methadone programmes by targeting intervention sites to gather intelligence on people who use drugs.

However, Jardine et al (2012) recognise that the outcomes of police practice do not necessarily follow a linear progression but are interactive, where the structural and environmental conditions surrounding police work interact with ‘cultural knowledge’ or the manifestation of personal experience that individual police apply to their work. The interaction of these factors means that police practice is not necessarily predictable. Obstructing harm reduction is not an inevitable outcome. Changes in the structural field that the police operate

in can bring about significant shifts in their responses, and this, in turn, can transform habitual sense-making.

Russian politics around drug use is heavily prohibitionist. It is not surprising that Rhodes, Platt, Sarang, Vlasov, Mikhailova and Monaghan's (2006) interviews with 27 police officers in a Russian city about injecting drug use unmasked overwhelming anti-drug user sentiment. The research revealed that police viewed people who use drugs as "potential criminals warranting a 'pre-emptive approach' to the prevention of drug-related crime" (Rhodes et al, 2006: 11). The role of the police was viewed as maintaining close surveillance of drug users and using this to officially register people who use drugs. Such registration enabled further ongoing surveillance, including stop and search procedures. In Russian cities, this has contributed to "more generalised marginalisation and social suffering, all drastically limiting access to any form of health care including harm reduction where it exists" (Rhodes et al, 2006: 921).

In countries where harm reduction is more institutionalised, the police have learned to adapt their approaches to policing drug use. However, even in countries like Switzerland, they defer to what they understand as 'the law' and are not always enablers. Switzerland was one of the first countries in the world to set up heroin maintenance programmes and has become known as the 'promoter' of a more harm reduction approach to drug policy in Europe (Kubler, 2001). Despite this, Kubler (2001) argues that police remained firmly in the abstinence advocacy camp for decades following the shift to harm reduction drug policy. This only changed when government officials ordered police and high-ranking officers to reduce repression against people who use drugs. The drug scene became more open, enabling users to access harm reduction services. The fact that harm reduction became official policy meant that there was an increasing flow of resources to harm reduction advocates. It also opened a political opportunity structure for change in the thinking of key actors, such as the police. A coalition (partnership) strategy has now emerged in Switzerland, where police work with harm reduction implementers to find ways to maximise uptake of services. This has demonstrated the benefits of harm reduction interventions in terms of issues that matter to the police, i.e., crime statistics and public order.

The police response is never either simply repressive or responsive. Indeed, as pointed out by Goetz and Mitchell (2006) in their study of the policing of drug use and harm reduction in Baltimore and San Francisco, there is often a plural response, as the police find themselves in the middle of the "contradictions inherent in pluralised drug control models that attempt to reconcile abstinence and prohibitions against drug use with tolerance and outreach" (Goetz & Mitchell, 2006: 473). Outreach to drug users is also complex. Goetz and Mitchell (2006) note that, globally:

> "Drug laws have become increasingly punitive over the past few decades, and the policing of drugs dominates law enforcement because of common assumptions about the links between drugs and crime. Furthermore, officers themselves have become acculturated to criminal justice solutions, quick to dismiss treatment or harm reduction measures as being worthwhile" (Goetz & Mitchell, 2006: 484).

Goetz and Mitchell cite Australian criminologists Spooner et al (2001), who conclude that under certain circumstances, police will engage in a more harm reduction informed way with people who use drugs. According to Spooner et al (2001), police will engage with harm reduction programmes and interventions under the following circumstances: "…when they are a). more experienced b). had better rapport with drug users c). had personal knowledge of local services d). thought treatment could be effective e). understood the reason for problematic drug use f). did not blame drug users for their drug use behaviour and very importantly g). had accessible and appropriate services to which they could refer people" (2001: 10).

The Baltimore Police is a good example of engaging in harm reduction as a result of directly experiencing it in action. After learning about and interfacing with harm reduction interventions, Police Commissioner Thomas Frazier began to refer to himself as a social worker with a gun and was very prone to outreach rather than law enforcement regarding the drug use community (Koetz & Mitchell, 2006). Under his leadership, the Baltimore Police played a vital role in securing the needle syringe programme. They were instructed by the Chief not to confiscate needles in possession of intravenous users if they were on an approved programme. However, this came to a halt when a new Mayor was elected who opposed Frazier's leadership.

In San Francisco, harm reduction was promoted and implemented through a 37-member council that included the police. Heading the list of the five priorities identified by this group were Methadone treatment, overdose prevention, and medically supervised detoxification. Two harm reduction centres were established, one by the city and one by the Treatment Access Programme. These were designed to serve both walk-in clients and those already in the criminal justice system. Cooperation with the police from the outset regarding the needle exchange programme was critical to the success of harm reduction programmes in this city. However, this did not involve a simple transfer of knowledge, capacity and skills. Laws that took a hard line against 'quality of life' offences remained on the statute book and police did revert to hard-handed ways of dealing with the user community, particularly when people were intoxicated in public. Arrested users were offered treatment or a six-month jail term. The San Francisco case demonstrates the tension within the government between the goals of public health and social outreach and those of public order and neighbourhood safety. This presents a dilemma for the police who need to mediate these seemingly opposing objectives.

This brief review highlights that while the structural field of policing is critical in shaping the habitus of the police (Chan, 1996), it does not determine it in a straightforward way. As Goetz and Mitchell (2006) remind us, personal experience and understanding are a mediating factor. So, too, is the everyday policing reality where the 'law on the books' and the 'law on the streets' (Beletsky, Macalino & Burris, 2006) do not align. The rough law on the streets carried out by the police is, to some extent, the upshot of their daily occupational reality. It is here that they come into direct contact with the most drug dependent and at-risk populations. In these spaces, they are acutely aware of the dangers and damage of habitual use of illicit drugs, particularly in countries where drug use is criminalised, and which have limited resources to assist users to reconnect and reintegrate. This reality may lead to strong resistance to harm reduction approaches and initiatives. However, it can also have the opposite effect of leading police to realise that strong law enforcement responses do little to change the circumstances of vulnerable groupings or their daily coping strategies. The law on the streets can then be more oriented to humane discretionary intervention rather than strong-arm enforcement which might result from policing policy and instruction.

It is against this background that we posit that possibilities for harm reduction-oriented policing can be catalysed by policy incoherence and a paradigm environmental shift. They can also be transformed by dissonance in fundamental assumptions about drug use markets, drug users, and effective police strategies and lived experiences (personal and collective) of policing people who use drugs. Political opportunity structures which fundamentally alter the field of policing can also be a strong catalyst for new narratives and practices in the policing of drug use. The 'Durban Moment' to which we now turn is a good example.

THE DURBAN MOMENT

Lockdown as a political opportunity structure for harm reduction

For most people, Covid-19 has come to represent a dramatic moment in history – a time when things fell apart. Economic activity in most sectors ground to a halt, freedom of association and movement were severely limited; access to services became difficult if not impossible, and human rights violations at the hands of the security services were reported as regulations were enforced. The combination of these factors and the real threat of contracting a deadly transmittable illness led to an alarming increase in anxiety and depression at an individual and collective level (Yasgur, 2020: np).

In his song, *Anthem*, Leonard Cohen reminds us that hope can be found in the darkest of places. He also reminds us that we should abandon our desire for perfection in an imperfect or cracked world. Globally, Covid-19 is largely portrayed as a moment of darkness. Yet, as this article demonstrates, vectors of light did shine through. The pandemic brought with it many uncertainties, medical complications, mortality, economic hardship and police abuse. But it also forced humanity to slow down and look around, to notice things it would not ordinarily have noticed and to see people it would not ordinarily see. Lockdown, which was one of the strategic consequences of the pandemic, forced many systems – families, communities, municipalities, provinces, countries – to come to a halt. One such system was the homeless community in every city in the world. This heterogeneous and peripatetic population is made up of mental health care users, victims of economic destruction, helpless and often hopeless cast-offs of dysfunctional family systems and long-term substance abusers. It is generally considered to be vulnerable to a range of illnesses (particularly those that are transmitted) as well as to human rights abuses from groupings such the police and social elites.

Recognising this vulnerability, eThekwini Municipality in KwaZulu-Natal, together with a group of NGOs and the Durban University of Technology, established a team to ensure the homeless were protected during the lockdown. Critically, for this article, this team included the police, both SAPS and Durban Metro Police who were part of the architecture of what emerged as a comprehensive response to the needs of homelessness during Covid-19 lockdown. Deputy Mayor, Belinda Scott led the task team.

Protecting the homeless population from Covid-19 infection and in turn, infecting others, required a multifaceted approach. The response could not be simply about providing shelter and food during the lockdown period; there was also the need for a platform to respond to a range of medical needs urgently and comprehensively, particularly acute and chronic illness. One of the biggest challenges was that of substance users, who made up over 60 percent of the homeless population. The most problematic substance was opiates – injected heroin and brown heroin, usually smoked. The street names for brown heroin in Durban are *whoonga*, sugars and *nyaope*.

Before the safe spaces for the homeless were constructed, it was recognised that a large percentage of this population in the city would be cut off from their drug supply and would therefore enter a period of forced withdrawal. If not managed properly, this would create a reason for those with an opioid use disorder to attempt to leave the safe spaces in search of drugs or to endure the incredible physical and psychological trauma of withdrawal. Either way, this had the potential to create a challenging situation to manage, particularly for those responsible for law enforcement and for maintaining the integrity of the lockdown.

A private medical team was swiftly put together to manage this emergent situation and private donor funding was raised to support the programme. Given the imminence of forced withdrawal, a withdrawal management programme was planned in the homeless safe spaces. A thorough assessment was conducted across all the lockdown sites to assess the severity of withdrawal symptoms Those experiencing mild withdrawal symptoms were provided with

what were known as 'symptom packs', using over the counter medication to deal with body pain, nausea and other known symptoms. Those assessed to be in moderate to severe withdrawal were offered the option to access short-term opioid substitution therapy using Methadone.

These medically-assisted programmes for those in opioid withdrawal had two objectives. Firstly, easing withdrawal symptoms made it possible to contain this population in the safe shelters. Secondly, in recognition of the deficits of the hegemonic abstinence and punitive approach to resolving opioid use disorders, preference was given to a harm reduction approach. This enabled the medical team to meet the user community where they were at and to provide evidence-based harm reduction services that allowed beneficiaries to begin to normalise their lives. The approach was an enormous accomplishment given that globally, most homeless people were unable to access harm reduction services during lockdown periods, and that this remains difficult during the current phase of Covid-19.

During Covid-19, Durban stood out, together with Tshwane, as a proactive and caring city in relation to homeless people in general, but particularly homeless people who use drugs. For the first time in South Africa, on a mass scale, homeless people with an opioid use disorder were provided with a platform (medical and psycho-social) to normalise their lives and to improve their general health and hygiene. Most recipients were young males between the ages of 20 and 32 who had been active drug users for around ten years. For many, the programme was their first opportunity to be supported to abstain from problematic drug use or significantly reduce their use after lockdown. During the full lockdown period, beneficiaries spoke about using this time of 'clear-mindedness' as an opportunity for personal reflection and reconnection with significant people in their lives.

The conditions under which this medical and psycho-social response was established were far from ideal or typical. From the start, and for 13 weeks, the programme was set up daily with no physical infrastructure, on open ground where people were housed in tents and an undercover car park. Funding was raised from private donors, and there was no commitment from the government to directly invest in the programme. From the outset, the medical team was aware that the team had to be protected, and the medication had to be secured. Methadone is a scheduled medication that is very expensive in South Africa and the chances of it being stolen and diverted were extremely high. Furthermore, those accessing this service needed to feel safe when publicly acknowledging their drug use and the state of their withdrawal. The police were critical in ensuring the safety and integrity of this harm reduction programme.

There was nothing automatic about the public police safeguarding the harm reduction programme or its beneficiaries. The usual paradigm of the policing of low-income people who use drugs in South Africa is typically forceful removal and apprehension of street-level substance users (Shannon, Rusch, Shoveller, Alexion, Gibson & Tyndall, 2008). This is not only due to existing laws that criminalise drugs and drug use. Police performance is measured by the number of arrests (Bruce, 2011), and street-level drug users are low hanging fruit. Arrests are further fuelled by political and community pressure on police agencies to 'sanitise' public spaces of drug users (and dealers) who are seen as creating public health problems and disturbing the public peace of 'decent' citizens (Marks et al, 2016). As Scheibe et al put it, "local drug-use legislation and policy continues to view drug use as an 'evil', individualising the causes of and responses to it in ways that negatively impact the poor and marginalised and limit the realisation of their rights" (2017:199).

The Durban Moment of Covid-19 lockdown provided a radically new narrative for policing homeless people who use drugs. With the Homeless Task Team at the helm of all responses concerning homeless people at this time, the political imperative shifted to protecting the homeless, using harm reduction interventions in order to ensure that the lockdown was effective. Effective management of withdrawal made the inextricable link between public

health and public safety very evident. And as police operated within this new mandate, their daily experiences in the lockdown shelters led to dramatic shifts in their views on homelessness and drug use. In the darkness of Covid-19 lockdown level 5 in Durban, police emerged as protectors of harm reduction, and of the human rights of those they had previously victimised. Andrew Faull (2020(b): np) has made a plea for evidence-based policing, something he rightfully argues is absent in South Africa. However, at this moment in time, policing was evidence-based; on a daily basis, police officers took stock of what worked, and they began to support its continuation. In this unusual set of circumstances, the police habitus shifted dramatically, evident in both their observed actions and their narrative accounts. It is to this that the article now turns.

Police as architects and guardians of harm reduction during COVID-19 lockdown

As noted earlier, police were part of planning the implementation of the harm reduction programme from the outset. They played an advisory role regarding security governance during the task team meetings and developed a plan with the medical team that would ensure that the Methadone programme could be initiated and sustained through lockdown. In practice, this meant that high-level police officers from both SAPS and Metro Police were part of the task team and instructed their members to provide daily protective services when the programme was operational. The instruction was that three police should always be present with the medical team, particularly where dosing was taking place. Durban Metro Police also took responsibility for ensuring that the medication was stored in a safe location and that it was safely transported from the storage facility to the sites where the programme was running. The Deputy Mayor also instructed Metro Police to transport the nurses involved in the programme from their homes to the lockdown sites every day during lockdown levels 5 and 4. Police assisted the harm reduction team in deciding where to set up the programme to promote visibility, police manoeuvrability, and an efficient queuing system for beneficiaries.

As co-ordinators of the Methadone programme, the two researchers had the contact numbers of the commanding officers and the officers deployed to work at the two homeless lockdown sites that the programme operated from. Any security related problem was relayed immediately by phone, and the relevant commanding officers worked collaboratively to sort these out as quickly as possible. Such problems included the need to transport ill beneficiaries to hospital when ambulances did not arrive, quelling minor social disorder when insufficient food was provided, and increasing the number of officers on site when intake was taking place. Given that we were all working under emergency conditions, these phone calls were not limited to working hours. The withdrawal management team members called the police for reinforcement, lifts and material, and in turn, the police called the team when they wanted to bring a homeless person to join the withdrawal management programme.

This notion of being joint project architects and implementers extended beyond provision of the programme. On one occasion, when a human rights violation was reported to the harm reduction team, the police involved the authors in resolving the matter. This occurred at the Moses Mabhida Soccer Stadium underground parking where 260 homeless people were housed for the first 12 weeks of lockdown. A scuffle broke out during a mealtime. Police officers who were not permanently stationed at the site responded forcefully, injuring two of the beneficiaries of the harm reduction programme. This was immediately reported to the respective commanding officers who met with one of the authors to discuss an investigation and responded. They jointly met with the two injured persons, and a full report was taken. The commanding officer then removed the responsible officers from the site, formally apologised to the two homeless people, and provided regular reports to the harm reduction team. In the context of the high demands on the police during lockdown and the history of human rights abuse towards homeless people who use drugs, this was remarkable. The police viewed

themselves as integral to the harm reduction programme which they regarded as critical to enforce the lockdown regulations, and to the well-being of a highly policed community. What we witnessed could perhaps be termed unusual kindness emanating from unusual fear. The police feared the consequences of going against the instructions of political officials in the city and the commanding heads of the two public police organisations involved. In addition, the police, and society at large, feared a new and rapidly spreading virus.

As stated earlier, the SAPS established a JOC to deal with security related issues in and around the lockdown safe spaces. While this was essentially a forum for those involved in the policing enterprise (both public and private agencies), all essential partner organisations were invited and given permanent space on the standing agenda for these daily meetings. The withdrawal management team was invited to be part of this forum from the outset and were often called upon by the chair, a high-ranking SAPS officer, to help resolve security problems. The authors of this article were also part of a JOC WhatsApp group that discussed safety and security issues during levels 4 and 5 of the lockdown. Safety issues confronting the harm reduction team and its beneficiaries were discussed in these meetings, and from time to time, the expertise of the consulting psychiatrist, Dr Shaquir Salduker, was called on. The commanding police officers from both SAPS and Metro Police requested training on overdose prevention. One of the authors led the training at one of the police stations situated close to a homeless safe space. The training included the signs and symptoms of drug overdose and administering Naloxone. Naloxone is an opioid antagonist that reverses the effects of an opioid overdose. For example, the nurses and beneficiaries of the Methadone programme were concerned about the latter's lack of exposure to sunshine given that they were residing in an underground parking lot. In establishing whether the police could accommodate the need for 'outside time', a report was requested from Dr Salduker. This demonstrates the collaboration that was achieved, as well as the credibility of the harm reduction medical team in the eyes of the police.

Perhaps the best record was captured in a photograph taken by one of the authors of the police not only securing the Methadone programme but assisting the nurses in administering doses to the homeless people on the programme. This photograph was taken in Albert Park, known to be the most challenging site to manage during lockdown as it is porous and is therefore visited by heroin-dependent residents outside of this safe space in search of heroin. Movement in and out of Albert Park ended with the introduction of the withdrawal management programme. The programme started mainly at the request of the police who had witnessed its impact at the other site, where it was launched two weeks earlier. The police testified to the efficacy of this intervention and stated on many occasions that without it, they would not have been able to secure this lockdown site. Police officers that were interviewed stated that, before lockdown, with no understanding of harm reduction, they would simply tell people to abstain from drugs with no medical assistance. The lockdown experience provided a space for knowledge sharing, and police quickly came to learn about the importance of medication-assisted treatment for people with a drug use disorder. If they had ever doubted the value of arrest, this lockdown experience reinforced such uncertainty. Policing street level drug use during lockdown became about referrals to evidence-based services while protecting and championing their impact on the beneficiaries.

Lockdown as an opportunity for bi-directional relations and meaningful engagement

In the interviews conducted with members of Metro Police, police officers across the ranks spoke of their disdain for homeless people who use drugs before Covid-19 lockdown. They used forceful tactics to 'clean' the city of what they viewed as a scourge with little consideration of the impact this had on individual lives or on broader policing objectives. As Traffic Warden Mbele from Durban Metro Police put it:

> *"Honestly, we treated them like criminals because of what they did for a living, so basically, there was no understanding of the life they are living or the way they are living before the lockdown"* (Interview with Traffic Warden Mbele, 15 August 2020).

This sentiment was uniformly shared by the police officers stationed at the two sites from which the harm reduction programme was operating. Lockdown provided the opportunity for officers to gain insight into who the people were behind the drugs – their subjectivity. The police interviewed stated in an embarrassed way, that they previously had no regard for the rights of homeless people who use drugs. A female Warrant Officer who was based at Moses Mabhida Stadium throughout the lockdown period put it this way:

> *"Before lockdown, we used to chase them around, put them in the van because we didn't know what they went through. What we were taught, when they do these things, they need to be taken away. But now, it's easy to interact with them. We tell them, 'You know what you're doing is wrong' and we can give them advice in going forward. Before, I didn't even have that information, because I thought, you are doing this and it is wrong, so you need to be put away. But now, because I interacted with some of the guys and know some of the stories, it changed my mind, because I have to know first if they are willing to change"* (Interview with Warrant Officer Mkhize, 28 July 2020).

In recognising their subjectivity, police began to acknowledge that homeless people who use drugs make rational choices. The choice to use drugs has its rationale and deciding whether or not to stop is also a choice. With this realisation came an appreciation of the deficits of past police tactics – shaming and arresting did not have any positive outcomes for the police or members of the drug using community.

It was during lockdown level 5, and in the homeless safe spaces, that police began to interface in a meaningful way with the homeless population. Moreover, it was here that police began to learn about pathways into both homelessness and drug use, often for the first time. These encounters led to far greater understanding and even to empathic relations that made the use of force far more difficult. A female Metro Police officer, Warrant Officer Nancy Govender, who was stationed at Moses Mabhida underground parking during lockdown commented:

> *"Now I see them as people. You know, before I didn't regard them as people, I used to just see them as criminals and always ready to get their fix. Because of the lockdown, I spent a lot of time with them and they know me. When I walk on the streets, they're like, 'Hey Sisi, hey Mama'. You know? I've built a relationship with them actually"* (Interview with Warrant Officer Govender, 15 August 2020).

Instructions from command structures to protect the homeless, the integrity of the safe spaces and the lockdown, and the functioning of the harm reduction programme reinforced positive daily interactions. These instructions came from police commanders through line management processes, but also through daily briefings from the JOC. The JOC played a critical role; any deficits in police behaviour or operations in the safe spaces would be reported at the JOC by a member of the harm reduction team.

It was not just the police who changed their perspectives of homeless drug users. Homeless drug users also began to see the police in more humanised ways, understanding their operational imperatives and stresses. This was described by Captain Ndlovu who was stationed at Albert Park safe space during lockdown:

> *"…there are a lot of changes that have happened since they (homeless) stayed in the shelters. Some, they greet you. They have got that respect. If they were doing the wrong thing, they now leave it because they know there is a police. We now treat them like our own community"* (Interview with Captain Ndlovu, 22 July 2020).

The relationships that emerged were bi-directional and based on a positive desire for mutual understanding and collaboration. Even after lockdown level 3, when the homeless community returned to the streets, police spoke of the continued mutual respect that plays out almost daily. Each recognised the other for their humanity, as members of the community in their respective capacities. Police reported that the homeless people with whom they developed meaningful contact during lockdown were no longer defiant. Instead, when they saw police officers that they knew from the safe spaces, they would desist from behaviour that could trigger police enforcement.

The interviewees spoke of the harm reduction programme's transformative impact on the life of homeless people who use drugs, but also of how having the programme on-site had made their job far easier. Warrant Officer Thabiso spoke of homeless people's existing talents that were unveiled by the medically assisted withdrawal programme:

> *"After two, three or four weeks* [of the Methadone programme] *we saw a massive change in some of them…we even saw amazing talents. They were seeing guys there who were artists…We saw a different side that we didn't see when they were there on the streets. In the streets, we saw beggars. In the streets, we saw thieves. In the sites, we saw people who want to change their lives in a good way"* (Interview with Warrant Officer Thabiso, 28 July 2020).

Not only were the potentialities and talents of the homeless population more evident once they were stabilised on Methadone, but the police noted that homeless residents were far more compliant in the safe spaces. As a result, the work of the police in ensuring lockdown regulations were adhered to was made far more manageable. Not only were homeless users on site easier to manage, but those who refused to remain in safe spaces during the early weeks of lockdown opted to stay in them when they became aware that they could access medication to assist in managing withdrawal.

This positivity among the police translated not only into 'just' policing but also the use of police resources by the medical team at the two sites. Tables and chairs from the local police station were brought onto the site daily to make the dispensing of the Methadone more manageable. Gazebo tents from Durban Metro Police were also used to 'house' the Methadone programme – a symbol of police backing for the work of the harm reduction team. The police also allowed the medical team to store Naloxone, a lifesaving opioid overdose reversal medication, in a Metro Police-owned vehicle which was accessible 24/7 at Albert Park, one of the sites where the medical programme operated from. The police who were operative in the two lockdown shelters where the programme was running began to see themselves less as bandit catchers and more as a referral agency. As the late commanding officer, Captain Dumisane Zondi from Albert Park Metro Police commented in an interview:

> *"I think we can play a role in referring* [drug users] *to the programme (Methadone programme) even though we cannot force them. But we can try if we speak good about the programme. Even if the programme does have its own disadvantages, the advantages are much better than the situation that person is facing, so I believe we need to start interacting more with them instead of seeing them as enemies or criminals"* (Interview with Captain Zondi, 28 July 2020).

The consequences of this experience stretch beyond the programmes offered during lockdown. Its reach is also further than the scope of opioid substitution. While not using the words 'harm reduction' in interviews, police officers spoke of their strong support for drug consumption rooms. They understood that harm reduction interventions prevent disease transmission, and accidental drug overdose, and take drug use off the streets into a more private, controlled space. All these factors were viewed as making the job of the police easier when it comes to the policing of drug use, and they demonstrate a tacit understanding of the inextricable link between public health and public safety.

This was perhaps best exemplified when police that were interviewed spoke of their support for needle syringe programmes. Through their interactions with people who use drugs during lockdown, they came to understand the importance of accessing clean needles and syringes as a means of reducing the harms associated with injecting drug use. It is also worth noting that during lockdown level 4, the Durban Needle Syringe Programme was reinstated after a two-year suspension enforced by the municipality. This reinstatement received the full backing of the Head of the Durban Metro Police who clearly outlined the public health benefits of such programmes. This was publicly proclaimed in a meeting convened by the Safer Cities Department of eThekwini Municipality on 15 June 2020. Marks and Wilson participated in this meeting.

CONCLUSION: POLICE AS ADVOCATES FOR HARM REDUCTION INTO THE FUTURE?

The Durban Covid-19 Moment presented an opportunity for a new police narrative. Unlike the dominant narrative of police during the lockdown, this article demonstrates how police resisted using force against a grouping usually vulnerable to police abuse – homeless people who use drugs. There are many explanations for why this occurred. The most obvious is that the police were instructed to ensure that lockdown regulations were enforced, including for the homeless population who are a fluid and mobile community. Political heads and high-level officials of the Thekwini Municipality (such as the Deputy Mayor and the Deputy City Manager) instructed the police to protect rather than victimise the homeless in administering the lockdown regulations, particularly within the City managed homeless safe spaces. This presented a new mandate to the police who were far more used to targeting homeless people for violations of bylaws and making (easy) arrests for drug possession. This in itself was a significant shift in the field of policing.

There are other reasons for the more tolerant and empathic policing of homeless people who use drugs during Covid-19 lockdown. While Andrew Faull (2020(b): np) has lamented that police are unlike health practitioners who are concerned with evidence, in this moment, the police did take stock of what worked. Their habitus changed as a result of directly observing the efficacy of the harm reduction services provided in the homeless safe spaces. This led to their support for the harm reduction programme that was evident in their daily interactions with the beneficiaries and in their operational planning.

Their engagement as active partners in the design and implementation of the withdrawal management programme was critical to police buy-in. This aligns with Rhodes et al (2006) who note that it is critical to facilitate partnerships with the police at the outset of harm reduction intervention implementation to elicit their support and buy-in. Jardine et al (2012),

write of the importance of engaging police in either the design or ground-level implementation of harm reduction in order for them to become advocates for such programmes.

In planning meetings which began before lockdown, the police recognised their limitations in dealing with the large percentage of the homeless in active withdrawal in a full lockdown situation. They acknowledged that they were one of many role-players responsible for ensuring the integrity of the lockdown. Both rank-and-file police, and their commanders became strong advocates for harm reduction when they recognised the importance and the efficacy of the withdrawal management programme using Methadone.

In our view, however, the most profound generator of a changed approach to policing this vulnerable population group was new understandings and relations that emerged as a result of daily interactions. These transformed long-held personal and occupational acuities about homeless people who use drugs. The Covid-19 lockdown facilities, and daily interactions with the beneficiaries of the withdrawal management programme, created an opportunity for the police to develop rapport with the drug use community. As is evident in the interviews, this led to more empathic understandings of pathways into homelessness and drug use. In addition, provision of services on-site enabled a working knowledge of harm reduction practices and their outcomes. The narrative of the police in Durban in the Covid-19 safe spaces for homeless people is thus vastly different from the dominant narrative.

Whether this new way of policing homeless and low-income people who use drugs will be sustained beyond Covid-19 lockdown is uncertain. Without doubt, though, the change in habitus that occurred in the lockdown facilities during levels five and four is likely to have a lasting impact on individual police officers. This is because a significant shift occurred in the axiomatic and dictionary cultural knowledge of the police. Axiomatic knowledge refers to fundamental assumptions about why things are the way they are, or 'the taken for granted'. Dictionary knowledge refers to the definitions or labels attached to things, people and events (Chan, 1996). A more empathetic response replaced previous axiomatic knowledge that framed people who use drugs as senseless, weak and harmful. Homeless spaces came to be understood as another form of 'home', rather than just places of disregard. The basic assumptions of policing the homeless shifted from attempts to eradicate to a stance of protectionism.

Police who were interviewed spoke openly, and often with much remorse, about how prior to lockdown they had categorised the homeless as an amorphous group underserving of either rights or recognition. They were regarded as debris that were unable to add any value to society. Through lockdown, the police in the lockdown facilities began to redefine the homeless as human beings with possibilities and potentialities. They grew to understand that their pathways into homelessness and drug use were often the result of histories of trauma and disconnect. As a result of this new cultural knowledge, protection (of person, place and wellbeing) became the new modus operandi.

Will this Durban Moment last? Is it likely that the light that shone through the cracks of lockdown will dim? There is no clear answer to an outcome that is highly contingent. Police are continually making sense of the structural fields in which they work and the interactions they have with those they police and those they believe they are accountable to. But at the very least the Durban Moment created a new questioning of the ways things were done regarding the policing of homelessness and a more nuanced understanding emerged of the 'treatment' of problematic drug use. Without doubt, rank-and-file and commanding police officers involved in the lockdown safe spaces where the withdrawal management programme was instituted, experienced a disruption in their sense-making of homelessness, drug use and harm reduction interventions.

For the police officers interviewed and observed, harm reduction was viewed as a preferable approach to dealing with problematic drug use compared with the more routinised approach of prohibition. As implementers of harm reduction services in Durban, we continued

to receive support from the police months into level two lockdown and currently in level one lockdown. The police continue to defend the physical spaces in which we operate, and they escort homeless people who use drugs to our newly established harm reduction centre rather than arresting them. Both SAPS and Metro Police senior officers have committed to ensuring that this approach and partnership continues. They have established mechanisms to hold police who do not act in accordance with partner agreements accountable. Whether or not this paradigmatic shift is maintained through Covid-19 and beyond does not rest solely with the police organisational structure or their cultural knowledge. It is heavily dependent on whether and how harm reduction advocates engage the police, the behaviour of the homeless drug use community towards the police, and political imperatives. Retaining this counter narrative generated during the Durban Moment is highly contingent, but possible.

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