Law Enforcement and Public Health: Making the Intersection Work

Professor Nick Crofts
Centre for Law Enforcement and Public Health
Law Enforcement and HIV Network
“There can be no greater duty placed on our police forces than to protect those in our society who are less able to look after themselves.”

What is the “core business” of policing?

Politicians: ‘cut the crime rate’ (Theresa May)
‘catch criminals’

1979: Maurice Punch: Police: The Secret Social Service
- majority of calls from the public not crime related

2015: College of Policing (UK):
“84% of incoming calls to [police] were for ‘non-crime’”

2017: Rebecca Roberts (Centre for Criminal Justice Studies):
“rather than law-breaking, the core business of policing today is on something officially defined as ‘Public Safety and Welfare’ - mental health, child protection, missing persons and suicides”

How does this relate to partnerships?
What’s happening to Public Health and Law Enforcement?

With austerity:
Public Health systems are facing serious challenges:
– increasing demand, higher costs, falling funding

At the same time:
Law Enforcement in continuous redefinition (CP, POP...)
– new crimes, new threats, falling funding
– arguments over territory and responsibility
– pressure from governments, community
The broader issue:

The criminal justice system (CJS) still predominantly processes the poor and vulnerable through the courts, with prisons becoming *de facto* mental hospitals.

E.g.: in the U.S.:

- more people with mental health problems in gaol than in psychiatric institutions
- Cook County Jail in Chicago has been described as *America’s Largest Mental Hospital*
The Amsterdam Top 600

Which 600 people used the most police resources in the preceding year?

– mostly young people: majority under 30
– intensive intervention with 40+ agencies:
  – housing, welfare, employment,
    drug treatment, mental health etc
  – to prevent them continuing in a criminal career

Very effective and cost-effective medium term ...

Requires political support, funding, expertise and an unrelenting effort not to give up:
  - short term investment
  - for long term gain

Then Top 400 ... who?
The Other Top 600

Which 600 people used the most health resources in the preceding year?
   – ambulance, A&E, trauma, mental health crises etc

It turns out: it’s a very similar group ...

... the same people have public health issues and get involved with the CJS

and ...

• Involvement with CJS is bad for your health, and
• Ill-health increases chances of involvement with CJS
“Cross-sector high utilizers”

Linking **police data**: arrests, calls for service
with **hospital data**: emergency room visits, ambulance calls

- provides powerful evidence of ‘cross-sector high utilizers’:
  ◦ those encountering both police and healthcare systems
  ◦ with regularity, and
  ◦ at great costs to both systems

“These data, in conjunction with other analyses performed globally, provide opportunities for practitioners and researchers to experiment with new street-level interventions that may better target the risk factors of high utilisers”
Health States ←→ CJS Involvement

Underlying causes

e.g. especially:
- poverty and income inequality
- Adverse Childhood Events
- mental health issues

So: where should we act?
Street youth and drugs

Street-involved youth who use illicit drugs are at high risk for health related harms:

Most frequent medical reasons for hospitalization:
- mental illness (38%);
- physical trauma (13%); and
- drug related issues (12.6%)

“Comprehensive approaches to mental health and substance use in addition to stable housing offer promising opportunities to decrease hospitalization among this vulnerable population.”

Street youth and drugs

Study of 300 young people using amphetamines and/or injecting heroin, Melbourne 1996:

- severe and common adverse childhood experiences (ACE)
- disrupted or no family life
- history of mental health issues
- homelessness, absolute or relative

Major reason for initiation to drugs:
- they had no family, no friends and no future
- drugs were the entry to involving and accepting social environment

Street youth and drugs

- ACEs: key indicators of childhood trauma that fundamentally affects behavior, wellbeing and prospects
- ACE assessment guides trauma-informed policing

Major ACES:
- Abuse – physical, sexual, emotional
- Neglect – physical, emotional
- Exposure to household domestic violence, mental illness, alcohol or drugs
- Parental separation or divorce
- Incarcerated household member
Street youth and drugs

The Pair of ACEs

Adverse Childhood Experiences

Maternal Depression

Physical & Emotional Neglect

Emotional & Sexual Abuse

Divorce

Substance Abuse

Mental Illness

Domestic Violence

Incarceration

Homelessness

Poverty

Adverse Community Environments

Discrimination

Lack of Opportunity, Economic Mobility & Social Capital

Community Disruption

Poor Housing Quality & Affordability

Violence

Building Community Resilience

Ellis W., Dietz W. BCR Framework Academic Peds (2017)
Street youth and drugs

Possible alternative actions:

1. Caution/warning/no action
2. Diversionary measure
3. Drug Addiction Dissuasion Committees
4. Suspension of investigation/prosecution with a treatment element
5. Suspension of court proceedings with a treatment element
6. Suspension of sentence with a treatment element
7. Drug Court
8. Drug treatment
9. Probation with a treatment element
10. Community work with a treatment element
11. Restriction of liberty with a treatment element
12. Intermittent custody/release with a treatment element
The Rich Get Richer and the Poor Get Prison

... the vulnerable are getting more neglected: which raises the key issue, what sort of society are we in?

In other words, the role of police is critical in defining the nature of our society

A new paradigm ...

**Law Enforcement**
(i) Crime Control/Prevention &
(ii) Public Safety and Welfare

**Health Sector**
(i) Curing and Caring &
(ii) Public Health

(i) Crime Control
(ii) **Community Safety and Wellbeing**
(iii) Curing & Caring

Partnerships
When do we need partnerships?

The need for LE and PH partnerships – vulnerable populations:

• the mentally ill
• the disabled and intellectually disabled
• asylum seekers/illegal immigrants
• the homeless
• the vulnerable elderly
• abuses in residential care and other institutions
  • including military, educational, religious, etc.
When do we need partnerships?

- bullying and cyber-bullying
  - at school, work and on the internet
- on-line grooming and other cyber related offences
- sexual harassment and violence
  - largely against women but also males and the young
- stalking
- discrimination against LGBT people
- other hate crimes – especially ethnicity/race
- domestic violence, esp against women and children
- Female Genital Mutilation
When do we need partnerships?

- alcohol and other drugs and intoxicants
- violence reduction and prevention
- ‘honour’ based crime and forced marriage, including ‘honour’ killings
- sex workers as victims, sex work as a health hazard
- large-scale manipulation of young women into sex-work
- missing people
- slavery and human trafficking
When do we need partnerships?

- Post Traumatic Stress Disorder:
  - military personnel and war veterans with trauma
  - trauma among care and emergency service workers
- deaths in custody and as a result of police enforcement
- road violence and road deaths
- catastrophes and epidemics
- dealing with the immediate care and the aftermath of disasters, emergencies and health hazards.

……..
LE and PH Partnerships: examples

Prevention and risk assessment: A&D, violence, road deaths:
- Cardiff University’s Alcohol and Violence Research Group
- in Scotland the Violence Reduction Unit

Diversion: A&D, mental health - special ambulance for “disturbed” people
- Norway, Netherlands, Australia, UK
- US: Law Enforcement Assisted Diversion

Intervention: Top600 (Amsterdam), long-term intervention to coach people out of, or prevent them entering, criminal careers
LE and PH Partnerships: examples

**Triage:** one of most widespread arrangements in different forms in diverse places – esp mental health, A&D, other vulnerabilities
  - Especially at Police Call Centres

**Special facilities:** Sexual Assault Referral Centres, Multi-Agency Safe-Guarding Hubs

**Coalitions:**
  - multi-agency “Camden Coalition of Healthcare Providers” (New Jersey) utilizing the ARISE initiative/ *Administrative Records Integration for Service Excellence*
  - PTACC: Police, Treatment and Community Coalition – diversion, prevention and treatment programs

**Special courts:** Specialist Domestic Violence Courts, Drug Courts – other diversion courts

**Control and Information Centres:** combined, multi-agency expertise embedded in emergency call-centres.
HIV in the world

A Snapshot of where we are up to:

“Despite some remarkable successes in the AIDS, a rising tide of punitive laws, policies, and practices that violate human rights is jeopardizing progress and blocking the achievement of the universal access targets and the MDGs ...”

“It is becoming increasingly clear that successes in HIV prevention, treatment and care can only be sustained and scaled up if they are underpinned by legal, regulatory and social environments that advance human rights, gender equality and social justice goals.”

Michel Kazatchkine, UN Special Envoy on AIDS for EECA:

“Whereas remarkable progress has been achieved globally, the world has failed in dealing with ‘concentrated’ epidemics”
Failures to advance human rights, gender equality and social justice goals

**MSM everywhere:** increasingly criminalised, stigmatised – even *invisible*

**HIV in Asia and Eastern Europe:** driven by injecting drug use
- Universally criminalised, demonised, brutalised … by police
- No human rights, no drug treatment, no harm reduction …
  → continuing HIV epidemics:
  30% of all new HIV infections outside SS Africa are among IDUs

**HIV in Southern and Eastern Africa:** sexual Tx and violence, now increasing IDU
- Alcohol-fuelled violence increasing HIV vulnerability among women esp SWs
- Inadequate police response against domestic/GB violence
  “Describes police culture” – alcohol, violence against women
Marginalisation and HIV

HIV affects the marginalised, the poor – those who participate in marginalised activities and those who are marginalised because of it:

- Marginalisation *per se* increases HIV risk
- Marginalisation increases risk of participating in risk behaviours

Police are very often part of marginalising process:

- Police behaviours often interfere with HIV prevention

**Criminalisation of illicit DU, SW, MSM:**

- sets police against communities in need of protection rather than discrimination, arrest or incarceration
Police impact on HIV vulnerability

Driving at-risk people away from HIV services:

reluctant to identify to providers of HIV services:
  ◦ fear of discrimination
  ◦ fear of information being recorded or disclosed to police or media.

Police abuses:
  ◦ decrease control that at-risk people have over their lives
  ◦ increase stigma
  ◦ alienate people from society
  ◦ more difficult to reach with services
Police impact on HIV vulnerability

Impeding prevention activities

HIV prevention services are interrupted as a result of police harassment of outreach workers, many of whom are peer educators.

HIV prevention education activities are restricted by police on the grounds that the activities encourage or ‘aid and abet’ illegal acts.

Condoms, lubricants, N&S are confiscated by police as evidence of sex work, injecting drug use, illegal male-to-male sex.

HIV materials are censored, and police raids occur on events and venues where HIV education takes place.
The Police Role in the HIV Response

Police have a mandate to prevent harm to the community:

- saving lives and preventing injury and harm among the whole community
- this is the critical issue

Melissa Jardine. What does World AIDS Day mean for police?
LEAHN Newsletter 1 Dec 2014

For HIV prevention to be effective, we need to move police from being ENEMIES NEUTRAL FACILITATORS LEADERS
The Police Role in the HIV Response

How can we change police behaviour?

- Reform laws – but must ensure reformed “laws on the books” lead to reformed “law on the streets”
- Empower communities: strengthen their capacity in struggle with police – rights education, free legal aid etc
- Change police behaviour – training, sensitization, SOPs, orders, promotion goals ...
- **Change police culture** – peer advocacy and education, liaison and partnership with marginalised communities
The Police Role in the HIV Response

LEHRN (2004-2008): Cambodia, Viet Nam, Lao PDR

- Studied the impact of harm reduction on policing ...
  http://www.harmreductionjournal.com/series/policing

Lessons from LEHRN:

1. The involvement of law enforcement is critical to the success of harm reduction programs at all levels – regional, national and local.
2. There is a pressing need for law enforcement agencies and authorities to share ownership of harm reduction.
3. Police must be engaged early by harm reduction programs; not as a subsidiary but as a core partner.
The Police Role in the HIV Response

Lessons from LEHRN (2004-8):

4. There is a need to document the experiences of LE and HR working together, at all levels, both positive and negative.

5. Involvement of LE at local level must be through effective community partnerships based on mutual understanding and respect.

6. There need to be multi-sectoral operational structures among all key agencies involved at all levels.

7. Police and other LE need adequate resourcing to fulfil a harm reduction mission and be effective partners.
   - from within budget ...
The Police Role in the HIV Response

Lessons from LEHRN (2004-8):

8. Harm reduction activities must be integrated into police planning, and be congruent with other government

9. Political awareness and support are fundamental to the success of LE and HR partnerships and programs
   – must be matched by government leadership and investment in harm reduction.

10. Solutions must be *practical* and be *seen to be of worth by police*
    – “what’s in it for them?”
The Police Role in the HIV Response

What we need right now:

• a better understanding of incentives for LE to have a greater stake in HR
• better documentation and evaluation, measuring outcomes against strategies
  – e.g. impact of engagement versus confrontation
• new and innovative approaches to partnership building

Strategies to scale up effective police involvement in the HIV response ...
The Law Enforcement and HIV Network

The International Police Advisory Group (IPAG) of the Law Enforcement and HIV Network (LEAHN)

Statement of Support by Law Enforcement Agents for Harm Reduction and Related Policies for HIV Prevention

This Statement of Support is signed by serving and former law enforcement agents in support of policies and practices for effective policing of communities for controlling the epidemic of HIV among key populations and the broader community, ameliorating harmful impacts of the inappropriate application of criminal and administrative laws, stigmatization and discrimination to which key populations are exposed.

Launched by a Police Delegation from Australia, Thailand, Kyrgyzstan and Ghana at the UN Commission on Crime Prevention and Criminal Justice, Vienna, April 2013
Reducing Crime and Preventing Harm

David Jamieson
West Midlands Police and Crime Commissioner

**Diverting people away from the Criminal Justice System:** A formal scheme to divert those suffering from drug addiction away from the criminal justice system into proper treatment.

**Regional Drug Interventions Program:** Funding for drugs interventions should be joined-up to increase efficiency and ensure all funding is supporting the same goals.

**Heroin Assisted Treatment:** Prescribe heroin in a medical setting to people suffering from addiction who have not responded to other forms of treatment.
Police call for drug reform at the Commission on Narcotic Drugs
Something completely new happened at this year’s Commission on Narcotic Drugs at the UN in Vienna. The Law Enforcement Action Partnership and the Centre for Law Enforcement and Public Health launched a Statement by Police calling for drug law reform, a document compiled and endorsed by a wide range of international policing leaders. The Statement was read by former undercover drugs cop Neil Woods to silent and intense scrutiny from a packed room. It was standing room only, with the doors wide open so the crowd in the corridor could listen.
Safety testing of drugs in night time districts or festivals: To reduce the number of deaths at night time economy venues, city centre testing of drugs should be introduced.

Naloxone provision: Train and equip first responders in the application of naloxone, and make naloxone consistently available in places and times where overdose risks are higher, such as post-release and bail hostels.

Drug Consumption Rooms/Supervised Injecting Facilities

Taking money from organised criminals to improve drug services: Money seized relating to drugs should be re-invested into helping those suffering from addiction.
Thank you
The Role of Police in Challenging Criminalisation
Toronto, 2018:

- **Statement of Support by Police for Drug Policy Reform:**
Statement of Support by Police for Drug Policy Reform

The calls for drug policy reform now come from a broad and wide-ranging group of actors, including:

all relevant UN agencies, human rights treaties bodies and special commissions, current and former political leaders, former UN officials, members of the judiciary, scientists and academics, economists, drug policy experts, affected populations and their families, and now

- by those tasked with enforcing drug prohibition - the police.
Statement of Support by Police for Drug Policy Reform

Police are at the front-line of this “war”, and many individuals around the world are growing weary of fighting a “war” that has so many negative outcomes, especially poor health outcomes, for so many of those involved.

Police have growing concerns about a system that pits them against everyday citizens, creates opportunities for corruption, leads to violence, generates profits for criminals, increases risk of disease and undermines their public health mandate.

Current drug policies also deny and undermine human rights yet at the same time fail to diminish the availability or demand for drugs.
UNODC (2008) identified five negative consequences of international drug policy:

◦ The creation of a huge criminal illegal market, along with all its attendant problems.
◦ “Policy displacement” through which scarce resources are redirected from health to law enforcement.
◦ “Geographical displacement” (the so-called ‘balloon’ effect) whereby drug markets restricted in one part of the world just shift to somewhere else.
◦ “Substance displacement” whereby people who use drugs turn to, often more harmful, alternatives due to drug law enforcement.
◦ The global stigma and discrimination of people who use drugs as criminals, which prevents them accessing treatment and support.
Statement of Support by Police for Drug Policy Reform

Peer to peer:

“The police should also put aside any thoughts that this movement is driven by political activists who want to undermine the police role and bring about civil unrest.

“It’s the exact opposite.

“There are people on both sides of politics, conservatives and liberals, who are calling for the current system to be overhauled and rebuilt.

“You are not being ‘soft on drugs’ when you call for reforms, you are courageously stepping onto the right side of history.
Statement of Support by Police for Drug Policy Reform

Peer to peer:

“By contrast, eliminating this “war on drugs” approach would mean:

less drug-related crime;
less violence in the community;
drastically reduced criminal profits and funds for other criminal activities;
reduced prison populations and less pressure on criminal justice systems;
less stigma and discrimination; and
improved health outcomes for people who use drugs.
Statement of Support by Police for Drug Policy Reform

Peer to peer:

Over decades, we have seen police, customs and border patrol agents seize hundreds of tons of illicit drugs, yet these seizures make little difference to the price or availability of illicit drugs around the world. For every drug dealer that’s arrested, two or more will take their place and, in many cases, violence increases.

We call for an immediate end to arbitrary detention, extra-judicial killings, the death penalty, torture and ill-treatment and other human rights abuses committed by some governments in the name of the “war on drugs”.
Statement of Support by Police for Drug Policy Reform

In the place of a “war on drugs”, we call for more humane drug policies that are developed with the local contexts in mind and after due consideration by the relevant authorities and affected populations.

Such new policies would reduce risks, provide more humane responses, and lead to better health outcomes for the whole community – and they include:
Statement of Support by Police for Drug Policy Reform

1. **Harm Reduction:** policies and programmes that aim to reduce the harms associated with the use of drugs, especially for people unable or unwilling to stop.

These include needle and syringe programmes, drug consumption rooms, outreach, drug checking and pill testing, and the prescribing of pharmaceutical substitutes for street drugs.

These evidence-based programmes provide people who use drugs with health and social support, as well as a bridge into drug treatment, housing and employment.
Statement of Support by Police for Drug Policy Reform

2. Decriminalisation: the policy of removing criminal penalties for minor drug offences, such as the possession and use of illicit substances to reduce the harms experienced by those on the demand side.

The offences remain prohibited, but are dealt with through administrative penalties or, ideally, through no sanctions at all.
3. **Legal Regulation**: the process whereby drugs are no longer illegal. Instead, manufacture, production, sale, distribution and marketing is strictly regulated by the government and delivered by private or public enterprises rather than criminal groups.

Regulated markets may take many different forms, dependent on the substance in question – from controlled sale, production and consumption such as for alcohol and tobacco, to more restrictive prescription-only models.

Yet, across all models, the regulated and controlled availability of drugs will significantly shrink the existing illegal market thereby reducing corruption, economic costs and health harms associated with the current unregulated market.
Thank you

nick.crofts@unimelb.edu.au

www.leahn.org

https://cleph.com.au

https://gleapha.wildapricot.org

LEPH 2019

The Fifth International Conference on Law Enforcement & Public Health
Alcohol law and regulation

Police role in alcohol law enforcement

Extensive, includes:
- policing drink driving
- involvement in liquor accords and working with licensees
- a formal role in assessing and objecting to some liquor licenses
- responding to and preventing family and public violence
- involvement in some early intervention and education programs for teenage drinkers and young offenders
- the sharing of data with health authorities

All of this law enforcement work, **planned and enacted in most cases in partnership with health authorities**, helps to prevent the significant harm that comes from alcohol use

Much motivated and driven by police
Alcohol harm reduction

Key to the success of the partnership: continued focus on main areas:

1. **Violence, anti-social behaviour and drink-driving**

   Police very much at the front line – 40%+ of police time and resources
   ◦ Alcohol-related violence very quickly becomes a health issue, and health has an enduring interest in preventing violence not just in pubs and on the streets, but also in the home

2. **Effective liquor regulation**

   Health has a strong interest in an effective system of liquor regulation
   ... which encourages responsible behaviour by both licensees and consumers
   Police and local government already have well-defined roles

3. **Changing drinking culture**

   needs to feed into a change in cultural attitudes to drinking
   discussions need to focus not just on violence but on health and well-being
   tapping into people's existing motivations to make health-related behavioural changes