The 46th James Smart Memorial Lecture: The multiple intersections of law enforcement and public health

Presented by Professor Nick Crofts
(*Director, International Conference Series on Law Enforcement and Public Health)*

The Scottish Institute for Policing Research organised the Scottish International Policing Conference on 4 December 2018, building on the success of the previous International Policing Conferences. Supported by the James Smart Memorial Trust and the Scottish Government, the theme of the 2018 conference was Policing and Public Health, with contributions from the Chair of the Scottish Police Authority, Susan Deacon, and Deputy Chief Constable Fiona Taylor. We were particularly pleased to welcome Professor Nick Crofts AM, who presented the 46th James Smart Memorial Lecture.

Nick Crofts has been a community health physician and infectious diseases epidemiologist who has worked in the field of HIV/AIDS and harm reduction in Australia, Asia and globally on research, policy, advocacy and program implementation for 30 years, work for which he received the International Rolleston Award in 1998. This work led to an ongoing interest in the police role in the HIV response which has broadened to include all public health issues. He began the international LEPH (Law Enforcement and Public Health) conference series in 2012, out of which has grown the Global LEPH Association. He was awarded the Order of Australia in the Queen's Birthday Honours List in 2017. This précis, by Tim Heilbronn, provides a very brief introduction to Professor Crofts' hour-long presentation. For a podcast of the complete talk, and other conference outputs, visit:

http://www.sipr.ac.uk/events/scottish-international-policing-conference-2018-policing-public-health-opportunities-challenges

> *As part of the learning experience when I started the LEPH 2012 Conference, I was aware of perhaps six or seven major themes in which the relationship of public health with law enforcement was important if not critical. I have gone on adding to that list and I am now at that point where I find it very difficult to think of a public health issue in which the partnership is not important*.

Professor Crofts' key skill is his undoubted expertise in bringing people together across different sectors to tackle public health issues. Citing Dutch research that shows a strong overlap between the top 600 users of police resources in an area with the top 600 users of public health services, it is clear that there are common roots for both due to inequality, mental health issues, alcohol and drugs, and adverse childhood experiences (ACEs), with these health issues often leading to involvement with the criminal justice service. But he observed the absence of a "police voice" in many public health forums globally, and during his talk attempted to address why this is the case, and what can be done about it.

Noting that HIV epidemics in Asia and other areas of the world were driven by injecting drug use and sharing of needles, there had been many incidents in the 80s of drug users being universally criminalised, demonised and incarcerated by the police, with no access to drug treatment and no attempt at harm reduction. When attending AIDS Conferences from 1984 there had been many presentations detailing the adverse impact of police behaviour on HIV risk and HIV transmission, but no presentations on working with police to change their behaviour: "*The AIDS world, and certain aspects of the Public Health world would rather have police as part of the enemy, than as part of the solution*."

This problem defined much of the rest of Professor Crofts' career from the early 1990s onwards as he strove to increase effective police engagement in the HIV response in Asia. The Law Enforcement and HIV Network was founded in 2004, with now 25 serving and retired police in a total of 22 low and middle income countries who are supportive of harm reduction approaches, and who are keen to look at their jobs as being broader than simple arrest and harassment of marginalised communities, and willing to act as advocacies to their fellow police officers to change attitudes and build bridges. The quote, below, from Jones Blantaru (now Assistant Commissioner) is typical of this group of senior and influential police.

> *I see a sex worker as any other human being whose life I have been called to protect as a policeman. Every individual – regardless of the job he or she is doing – must be protected.*
>
> Jones Blantaru, Chief Superintendent of the Ghanan Police Service's AIDS Control Programme.

Key lessons learnt from this work were that those countries which had dealt well with HIV/AIDS among and from people with illicit drugs had involved police as key stakeholders from an early stage. Peer education and advocacy from engaged, fellow police officers was paramount, with partnerships being critical – in particular (and he saw this as a means of conflict resolution), getting police and drug users around the same table.

But it was generally not working. Globally, at that time, police were still not engaged in the HIV response, or in changing their relationship with marginalised communities, and much of this was because there was simply a lack of funding for a police public health role, with police chiefs saying that their officers are not social workers … their job is to catch criminals.

That observation, that all of this effort was not making a difference, led to Professor Crofts thinking that there was a need for a new strategy covering *all* public health issues, to provide a better platform for advocacy with police agencies. This led to the 1st International Conference on Law Enforcement and Public Health (LEPH2012), held in Melbourne in 2012.

Whilst the regulatory role of public health authorities is well recognised and studied, the police role (globally) in public health is under-recognised, and as a result under-studied and often undervalued. The Public Health sector needs to recognise that police around the world are being asked to pick up those things that public health is not doing. The third important sector in the partnership is Local Government.

Professor Crofts focused on some major issues:

Adverse Childhood Experiences (ACEs)
We are fortunate in Scotland that we are an ACE-aware nation, with Deputy First Minister John Swinney recently quoted as saying, "*Tackling the implications of ACEs will never ever be achieved in a compartment of education or health or police. We will succeed if absolutely all disciplines play a part.*"

But some of Professor Crofts' own research in Melbourne and Nagaland, north-east India – looking at the epidemiology of hepatitis C amongst heroin users, and the circumstances under which they learnt to inject – showed that rather than the intended aim of the Australian National Drugs Strategy campaign against drug abuse: "*We must stop drugs from destroying our school and family lives …"*, in reality this was totally backwards: the children's school and family lives, and prospects for a future, were often well and truly destroyed *before* they turned to injecting, and they saw the attraction of being accepted into this social scene. Professor Crofts commented, "*What an engaging occupation heroin is, once you have developed a decent habit ... you have business to do, and people to relate to. It is not a very nice occupation – but it is an occupation.*"

This stressed the importance of giving these kids a different social environment, rather than just one where they could "*get out of it*" for a few hours though drug use, to avoid boredom – a similar scenario seen for prisoners, and even, historically, young soldiers who used opium in Viet Nam.

Violence
Although the popular misconception is that the US tops the list for *per capita* deaths from firearms, they in fact rank 13th (well behind the leaders in Latin-American countries such as Honduras, Venezuela, El Salvador and Guatemala), but they are the highest in an OECD Country, with 40,000 + deaths a year, of which, though, only 37% are homicide. The rest are from suicide by gunshot. The traditional response has been to arrest, punish and incarcerate, with a reliance on deterrence and incapacitation, but clearly this is not working. The Public Health approach which is being espoused in various parts of the US, and which is gradually beginning to take hold, is a "*comprehensive, non-judgemental, pragmatic, evidence-based approach to saving lives, with the emphasis on prevention.*"

But synthetic opioids are beginning to have a significant impact – in middle class, rural, white women as much as in any other group. In the US, over 70,000 people died from drug overdoses in 2017 - a number higher than HIV or gun violence at their peaks, and this has seen a downturn in US life expectancy at birth.

A piece of research, presented at LEPH2018, in Toronto, questioned whether returning Military Veterans from Iraq / Afghanistan, who subsequently joined the police force, would be more, or less likely to be involved in Officer involved shootings. Not surprisingly, those who had been trained to use a gun in a difficult situation were more likely to use it, but the results suggests that deployments, rather than military experience alone, are associated with increased odds of shootings among LEOs. In November 2018, the American Public Health Association adopted a policy statement that explicitly named law enforcement violence as a public health issue. This further reinforced the notion in many minds that police are to be surveilled and controlled, not partnered with.

Collaborations and Partnerships
Professor Crofts concluded by saying that generally police are not being taught how to develop and sustain good community partnerships; they learn on the job, but there is a lot of training that could be done to prepare them for this role better.

He looked forward to seeing people at the next LEPH Conference, to be held in Edinburgh in October 2019.