

# LEPH2016

AMSTERDAM  
THE NETHERLANDS  
2-5 OCT

The Third International Conference on Law Enforcement & Public Health

## DELEGATE INFORMATION AND LIST OF PRESENTERS





# GLOBAL LAW ENFORCEMENT & PUBLIC HEALTH RESEARCH NETWORK





## CONTENTS

Conference Supporters	2
.....	.....
Welcome from the Conference Director	3
.....	.....
Conference Committees	4
.....	.....
Delegate Information	6
.....	.....
Invited Speakers' Profiles and Presentation Summaries'	8
.....	.....
Alphabetical List of Presenters	18
.....	.....

“It takes wisdom and courage to “think differently” and to ask how best to “protect and serve” in legal and policy environments that in many parts of the world are discriminatory, aggressive to the most vulnerable, including people who use drugs and sex workers.”

**Professor Michel Kazatchkine, UN Secretary-General’s Special Envoy on HIV/AIDS in Eastern Europe and Central Asia**



“..the political economy ... has impacted the public mental health system, criminal justice system, and urban redevelopment in such a way that police officers are compelled to serve as frontline mental health workers. This sits uncomfortably in the nexus of an “impossible mandate” (Manning 1977) for police to both reduce crime through law enforcement and provide services. To navigate this impossible mandate, police officers have informally partnered with homeless outreach workers.”

**Jennie Simpson**

“Fostering secure communities is a shared task. What makes shared work interdisciplinary is not the wholesale adoption by one of the relevant disciplines of the attitudes and practices of the other.... Successful interdisciplinary cooperation requires a shared understanding of the problems we face and of the goal of our efforts.”

**Scott Burris**

CONVENER:



LOCAL CONVENER:



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DUTCH POLICE (AMSTERDAM)



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SUPPORTING ORGANISATIONS:



# WELCOME FROM THE CONFERENCE DIRECTOR



On behalf of the Centre for Law Enforcement and Public Health and the VU University Amsterdam, and our partners the Dutch Police Service (Amsterdam), the Public Health Service of Amsterdam (GGD Amsterdam) and the City of Amsterdam, I take great pleasure in welcoming you to the Third International Conference on Law Enforcement and Public Health (**LEPH2016**).

This third LEPH conference is starting to show signs of the maturing of the field of the intersection of these two sectors. The diversity of subjects in the submissions the conference has received, and their number; and the range of leading speakers we have attracted to this conference – speakers from police, from academia, from government and from many fields of public health practice – exemplifies the growing recognition of the importance of the field.

The previous two conferences have covered a wide range of themes in an endeavour to characterise the field of Law Enforcement and Public Health. From description, to analysis, to action – and at **LEPH2016** we have emphasised the virtuous cycle of research into action, and action generating research. Research is very much needed – the presence in the literature of research into the nature and effectiveness of collaborative approaches remains far too sparse; and innovative action is sorely needed to address such complex issues as displacement of populations and cultures of violence.

The needs for collaborative approaches to complex social issues have never been stronger, with rising inequality within and between nations generating ever more pressures on social coping mechanisms. At LEPH2014, we called for an expanding dialogue, research effort and collaboration. The LEPH conferences are beginning to provide an essential forum for the dialogue and a basis for research collaborations – but there is a considerable way to go and new challenges are constantly emerging. One frontier that faces the LEPH movement is in low and middle income countries: how can you collaborate when individual systems are not present or capable?

The leadership provided by our major partners listed above has been translated into considerable tangible support for **LEPH2016**. This support is greatly appreciated and highly valued. Their collaborative involvement in the conference's planning reflects the program's themes and is exemplified in a number of sessions in the conference program. I also acknowledge and thank the significant input from members of the Organising and Program Committees, and others who have helped assemble the impressive program.

A brief word about the program. It provides you, the delegate with a very large, comprehensive and diverse range of options, both in terms of topic and format. But it has been framed with constant reference to the key guiding themes and with the hope that many sessions will allow opportunities for debate or discussion. The Marketplace of Ideas is a key focal activity that allows an extended period of time for the exploration of innovative practices.

To our conference delegates, 'Welcome' – and welcome also to Amsterdam, an extraordinary city which exemplifies the tolerance and collaborative spirit inherent in the LEPH field. We hope you find the program at **LEPH2016** engaging, useful and inspiring – and that partnerships formed at and through the Conference recognise the true worth of each other's contribution to our own goals, and continue to thrive.

**Nick Crofts**

LEPH2016 Conference Director

# CONFERENCE COMMITTEES

## ORGANISING COMMITTEE

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### CHAIRMAN

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Director, Centre for Law Enforcement and Public Health, Australia

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Coordinator, Legal Department, Dutch Police Service, Amsterdam

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Epidemiologist, Public Health Service, Amsterdam

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Department of Public Order and Safety

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VU University

**Auke van Dijk**

Agora Police & Security, Dutch Police Service, Amsterdam

**Ronald van Steden**

Department of Political Science and Public Administration, VU University, Amsterdam

**CONFERENCE MANAGERS:** VUmc Academy, Amsterdam

**DESIGN CONSULTANT:** Eeleng Design, [www.eeleng.com](http://www.eeleng.com)

## PROGRAM COMMITTEE

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### CHAIRMAN

**Professor Nick Crofts**

Director, Centre for Law Enforcement and Public Health, Australia

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University of Capetown, South Africa

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Institute for Canadian Urban Research Studies,

Simon Fraser University, Canada

**Chris Botha**

School of Public Leadership, Stellenbosch University,

South Africa

**Professor Scott Burris**

Temple University Beasley School of Law, USA

**Professor David Dixon**

Dean of Law Faculty, University of New South Wales,  
Australia

**Thomas Goetz**

Head, Department of Psychiatry

Public Health Authority, City of Frankfurt/Main,  
Germany

**Inga Heyman**

Lecturer in Mental Health Nursing  
Robert Gordon University, Scotland

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Australian Institute of Police Management, Australia

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Director, Canadian Policing Research Network and the  
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University of Tasmania, Australia.

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Jane Addams College of Social Work  
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**Professor Jennifer Wood**

Criminal Justice Department, Temple University, USA

**LOCAL PROGRAM COMMITTEE****Bas Boing**

Researcher and former police officer, The Netherlands

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Epidemiologist, Public Health Service, Amsterdam

**Dr Thijs Fassaert**

Epidemiologist, Public Health Service, Amsterdam

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Koraal Groep Sittart, Zuyd University & University of  
Amsterdam

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Senior Advisor to Local Government,  
Trimbos Institute, Amsterdam

**Professor Dr. Udo Reijnders**

Forensic Physician  
Public Health Service, Amsterdam

**Menno Segeren**

Researcher, Public Health Service, Amsterdam

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VU University, Amsterdam

**Associate Professor Ronald van Steden**

Department of Political Science and Public  
Administration, VU University, Amsterdam

**Joris van't Hoff**

Mental Healthcare Advisory Board, Dutch National  
Police

# DELEGATE INFORMATION

## Assistance and help

If you require assistance of any type please talk to one of the conference staff or volunteers. They will be identified by the red name badges. There will always be staff or volunteers at the **LEPH2016** Registration and Information desk.

## ATMs

The nearest ATM machine is at the ING Bank office located 100 meters to the left of the Meervaart Centre entrance.

## Canal Boat trip

The Mayor and Aldermen of Amsterdam are pleased to offer a free canal boat trip through the canals of Amsterdam. This ticket may be used during **LEPH2016** from October 2 - 5, 2016.

Departure: Holland International Rondvaart, Prins Hendrikkade 33, Amsterdam (opposite Central Station, across from Victoria Hotel Park Plaza which is on the corner of Damrak)

Departure times and information:  
telephone 0031 (20) 2170501

Please collect your free ticket from the **LEPH2016** Registration and information desk.

## Catering

Morning tea, lunch and afternoon tea will be provided at a number of catering stations in both the ground floor foyer and the foyer on the 1st floor. There is a pleasant outdoor area adjacent to the building which will be accessible if desired and the weather is fine.

### Special Dietary requirements

If you have requested special dietary requirements when you registered for the conference, these lunches will be located in a signed area. Please contact the conference staff if you have any problems.

## Cloakroom facilities

A cloakroom is located near the Registration and Information desk. The cloakroom is free of charge and will be staffed during conference hours. The organisers cannot accept any liability for loss or damage to property.

## Copying and printing

The Meervaart Centre offers copying and printing facilities. Ask at the Centre's reception desk. Charges may apply.

## Disclaimer

All best endeavours will be made to present the program and other activities as printed. However, the **LEPH2016** Conference Organising Committee reserve the right to alter or cancel, without prior notice, any arrangements, timetables, plans or other items relating directly or indirectly to the conference for any cause beyond its reasonable control.

The **LEPH2016** Conference Organising Committee, the Centre for Law Enforcement and Public Health, VU University as the local convener or the three major partners accept no liability for personal injuries or loss, of any nature whatsoever, or loss or damage to property either during or as a result of the conference.

## Excursions (Site visits)

A number of excursions to program or facilities in the Amsterdam area have been arranged. These have already been advertised on the website and more information will be available near the Registration and Information desk and in the conference bags.

**Places will be limited**, and if you wish to go on an excursion you must book a place at the Registration and Information Desk. Bookings will open at morning tea on Monday 3 October and remain open until the available places are filled.

Most excursions will incur a small cost.

## First aid

If any participant requires first aid, please contact the main reception desk of the Meervaart Centre or the conference Registration and Information desk, both located on the ground floor. Meervaart Centre staff are trained to provide first aid and know who to contact if further medical assistance is needed.

## Lost property

Enquiries regarding lost and found items can be made at the Registration and Information desk or at the main reception desk of the Meervaart Centre.

## Marketplace of Ideas (Mol) sessions

These sessions will be ninety (90) minutes in length to allow maximum interaction and the opportunity to examine and discuss certain topics in depth. Some Marketplace of Ideas may have restrictions on numbers. This is shown in the program in this handbook and will require booking on the booking sheets at the **LEPH2016** Registration and Information desk.



## Media

Members of the media are requested to check-in at registration on arrival. The **LEPH2016** Communications Manager or their staff will meet you.

## Name Badges

Name badges must be worn at all times. Admittance to sessions will only be gained by those wearing name badges.

If you misplace your name badge please see staff at the **LEPH2016** Registration and Information desk for a replacement.

If you are sharing a name badge with a colleague it is very important and your responsibility to either return the name badge to the Registration or Information Desk or pass it on to your colleague.

## Photography

During **LEPH2016**, and all related activities and events, **LEPH2016** staff or volunteers will be taking photographs which are likely to include presenters and delegates. These photos may be used by the conference organisers in publications, newsletters and websites as part of reports on the conference and for publicity for future events. If you have any concerns regarding this, or do not wish your photo to be published in any way please talk to staff at the registration and information desk.

## Program

Every endeavour has been made to provide an accurate program on the **LEPH2016** website and in the conference handbook. However, the **LEPH2016** conference organisers reserve the right to change the program at any time without notice. Also, the conference program had to be printed some time ago so it is highly likely that some changes beyond the control of the Organising Committee may have occurred in the last weeks.

Late changes to the program will be posted on the notice board near the Registration and Information desk and with notices throughout the conference venue.

## Publication of proceedings

Once the conference is over it is likely that some/all of the proceedings will be published on-line. All registered delegates will be advised when this occurs.

## Reception desk for the Meervaart Centre

Operating hours are 07.00 – 18.00 on each day of the conference.

## LEPH2016 Registration & Information desk

The Registration and Information desk will be open at the following times.

Monday 3 October	7.30 am – 6.00 pm
Tuesday 4 October	8.00 am – 6.00 pm
Wednesday 5 October	8.00 am – 17.30 pm

## Session Chairpeople

Please make sure that you are in your specified room at least 10 minutes before the commencement of the session. Hopefully you will have been in contact with all the presenters in your session and with the designated **LEPH2016** staff member who will be in your session room at all times to provide assistance if needed.

## Session locations

### Plenary sessions:

The Red Hall which is located on the ground floor

### Major and Concurrent sessions:

The Red Hall – accessible from the ground and 1st floor

The Blue Hall – 1st floor

Breakout rooms on the 1st floor (see program for exact locations)

### The Marketplace of Ideas:

Breakout Rooms on the 1st floor or in the White or Black rooms in the Studio West wing. Follow the signs.

There is lift and stair access to the 1st floor.

## Smoking

In all public areas smoking is prohibited by law. Smoking is only permitted in a few designated areas outside the building.

## Speakers' preparation room

Ask at the **LEPH2016** Registration and Information desk for directions to this room.

## Storage

There is very limited storage available at the venue. Please see staff at the Registration and Information desk if you need assistance.

## Taxis

Taxis can be ordered at the main reception desk of the Meervaart Centre, located on the ground floor.

## Wireless internet (WiFi)

Wireless internet will be available to all conference delegates using the Meervaart Centre's network – no password is required.

## INVITED SPEAKERS: PROFILES & PRESENTATION SUMMARIES



### MARK BELLIS

Professor Mark Bellis is the Director of Policy, Research and International Development for Public Health Wales, Chair of the World Health Organization (WHO) Collaborating Centre for Violence Prevention and alcohol lead for the UK Faculty of Public Health. Mark is the UK Focal Point to the WHO for Violence and Injury Prevention, an expert advisor to the Home Office, Academic advisor to Public Health England and a member of the WHO global expert advisory panel on violence prevention. He has published over 160 academic papers and more than 200 applied public health reports, many focusing on issues such as alcohol, violence prevention and links between child maltreatment and its health and social consequences.

#### ***Alcohol and violence prevention - Links between child maltreatment and its health and social consequences across the life course***

Adverse Childhood Experiences (ACEs) are traumatic events that can have negative, lasting effects on health and behaviour across the life course. These experiences range from being physically, emotionally or sexually abused as a child to growing up in a household where there are alcohol or drug problems, domestic violence, long-term mental illness or incarceration. The poor management of alcohol marketing and consequent misuse of alcohol can exacerbate levels of ACEs. In turn, exposure to ACEs dramatically affects the development of children – setting them on a life course for poorer mental and physical health, as well as adopting problematic behaviours such as harmful alcohol consumption, engagement with violence and consequently increased risk of incarceration. This presentation will discuss the relationships between ACEs and health and criminal justice outcomes and how problems with alcohol can be both a cause and result of childhood adversity. It will examine the importance of building resilience to ACEs in those families and communities at greatest risk and addressing environmental factors such as alcohol control. Finally the presentation will discuss how a better understanding of relationships between ACEs and alcohol can inform multi-agency interventions to prevent them.



### JONES BLANTARI

Chief Superintendent Jones Blantari, Anti-narcotics, Ghana Police, has been involved in the promotion of harm reduction approaches to sex work and drug use for many years. In particular, Chief Superintendent Blantari has overseen the transition of police practices from using arrest as a common approach to enforce anti-sex worker legislation to harm reduction approaches including police carrying and distributing condoms to sex workers from their weapon holsters. Jones Blantari has been a key police trainer and harm reduction advocate in Ghana and abroad.

#### ***Rights protection and programming for key populations in Ghana: the role of the Ghana Police Service conducting Integrated Bio-Behavioral Surveillance Survey (IBBSS).***

Ghana has made significant progress against HIV, but among key populations (KPs) prevalence is 15 times higher. Enforcement of laws by police interferes with addressing HIV, so involvement of the police is critical to facilitate success. The 2015 IBBSS included identification of linkages between KPs and the general population, so a key component related to the law enforcement regime and the need to ensure that the environment did not jeopardize the study. The Ghana Police Service (GPS) AIDS Control Programme therefore addressed security perspectives, and police conducted focus group discussions and one-on-one interviews.

Sex work and 'unnatural carnal knowledge' are crimes under Ghanaian law, so the Police hierarchy's approval of the study was critical. Their support resulted from high level advocacy about the study and its benefits, resulting in police engagement to protect study sites, Rapid Response Teams to respond to security threats and engaging leadership of NGOs. Meaningful engagement of the police enables better security awareness and adoption of appropriate measures for effective conduct of research involving KPs. The GPS is committed to protecting the rights of KPs during such evidence gathering activities.



## MICHAEL BROWN OBE

Michael is the Mental Health Coordinator at the College of Policing, UK and a serving officer with West Midlands Police. He has worked on policing and mental health for over a decade and commanded a number of critical incidents involving mental health issues. He drove the creation of seven 'Place of Safety' services, including one specifically for children, which have spared many thousands of people the indignity of being detained in custody. His use of social media under the moniker 'MentalHealthCop' has raised awareness of the police role in the mental health system has been nationally and internationally recognised. He has worked and lectured internationally. Michael is a recipient of the President's Medal from the Royal College of Psychiatrists and was appointed an OBE in the Queen's Birthday Honours for his services to policing and mental health.

### ***A critically necessary partnership: the need for police – health partnerships in dealing with mental health issues***

The role of the police as public health professionals is still understated and in the domain of mental health, law enforcement agencies all over the world have considerable experience of the social dynamics of mental health from their de facto role as a 24/7 emergency mental health service. This presentation will argue they should form a crucial part of any nation's strategy to address the mental wellbeing of their populations: firstly to ensure the role played by policing agencies is carefully understood so as to minimise the potential for unnecessary criminalisation. Perhaps more importantly, it will be argued that the police's core traditional role as crime fighters needs rethinking when it involves vulnerable victims or suspects with mental health problems, with a move away from overly-simplistic ideas of 'diversion' in order to address complex needs.



## PAUL JENNINGS

Paul Jennings is a Mental Health specialist sergeant at Hampshire Constabulary, UK.

In November 2012, Paul led Operation Serenity, the UK's first Street Triage response team (a joint crisis response vehicle crewed by police officers and mental health crisis nurses). Paul's policing district became one of the first areas in the UK to completely eliminate the use of police custody for the detention of people in mental health crisis.

In October 2014, Paul recruited a specialist clinical team to deliver 'Serenity Briefings': a crisis response course for over 300 multi-agency staff from the NHS, Police, Fire, Local Authority and 3rd Sector partners and is currently developing an operational briefing platform for emergency service personnel and leading the development of a specialist mental health ambulance.

### ***SIM: Integrated police and mental health mentoring teams for 'high intensity' patients***

UK police forces are struggling to manage a small number of repeat callers with complex mental health needs. In a typical policing district, a very small number of known people will regularly cause up to a third of all crisis mental health demands on police officers and other emergency and health care teams. These individuals are often chaotic and anti-social in their behaviour and occasionally criminal in their conduct. In the most extreme of cases, they are described as 'unmanageable'. In the criminal justice system a high percentage of mental health service users are in prison. This presentation will address:

- How do emergency and healthcare professionals help to prevent this small cohort of complex individuals also becoming part of our prison population?
- How do we encourage 'the unmanageable' to develop their own recovery skills, whilst still preventing highly intensive demand, unnecessary detention by police officers and criminal prosecution?
- Could the police service support the NHS with these often institutionalised patients who are failing to make any real clinical progress?

The SIM mentoring model is being developed into an online course as well as a professional network so that police forces and public health teams can benefit from this new universal model of intervention and develop best practice together.



## LARS KUTHE

Lars Kütthe is a Chief Detective and Liaison Officer for drug substitution services, correctional facilities and drug prevention in schools in the Narcotics Enforcement Unit of the Frankfurt am Main CID, Germany.



## MARTIN MCKEE

Martin McKee CBE MD DSc is Professor of European Public Health at the London School of Hygiene and Tropical Medicine where he founded the European Centre on Health of Societies in Transition (ECOHOST), a WHO Collaborating Centre. He is also research director of the European Observatory on Health Systems and Policies and President of the European Public Health Association. He has published over 890 academic papers and 44 books and his contributions to European health policy have been recognised by the receipt of many prestigious awards, honorary doctorates recognising his extensive contribution to European public health. In 2005 was made a Commander of the Order of the British Empire (CBE). He has an active following on Twitter as @martinmckee

### ***It's a rotten job but someone has to do it: why the public health community must tackle organised crime***

This presentation will examine the public health impacts of the income-generating activities of organised crime. These range from the traditional activities of coerced sex work and supplying narcotics, to the newer growth areas of human trafficking in its various forms, from international supply of young people and children as exploited sex workers through deceit, coercion or purchase from family, through to smuggling of migrants, forced labour and the theft of human tissues for transplant, and the sale of fake medications, foodstuffs and beverages, cigarettes and other counterfeit manufactures. New research on the consequences of legalisation of sex work will be presented. The effect of globalisation on integrating supply chains from poorly-regulated and impoverished source regions through to their distant markets, often via disparate groups of organised criminals who have linked across their traditional territories for mutual benefit and enhanced profit, with both traditional and newly-created linkages between production, distribution and retail functions of cooperating criminal networks from different cultures will be discussed. The interactions between criminals and the structures of the state which enable illegal and socially undesirable activities to proceed will be discussed. Conventional approaches to tackling organised crime often have deleterious consequences for public health, and a call will be made for an evidence-based approach with a focus on outcomes rather than ideology.



“There is obviously a very long way to go before harm reductionists and others working with vulnerable communities can automatically consider police as supportive, and automatically bring them in as partners to any program working with these communities.”

**Melissa Jardine, Centre for Law Enforcement and Public Health**



## NIELS MULDER

Prof. Dr. C.L. Mulder is a psychiatrist and professor of public mental health. He is program leader of the Epidemiological and Social Research institute at Erasmus University Medical Centre, Department of Psychiatry, psychiatrist and teacher at BavoEuroport/Parnassia Psychiatric Institute. Niels involved in research projects concerning help seeking behaviour, motivation and compliance, emergency psychiatry, victimisation, assertive outreach, compliance, and coercion and regularly publishes (inter)national scientific articles and books on these matters. Prof. Mulder is also the chair of the European Assertive Outreach Foundation and a member of the board of the European Community based Mental Health Service providers Network (EuCoMS).

### ***The need for police-health partnerships in dealing with mental health issues : the Dutch approach***

The police force in The Netherlands uses a substantial amount (around 10%) of their time dealing with people who suffer from mental illness. Usually these so called “disturbed persons” are seen by the police because they cause danger to themselves or others. Severe incidents, caused by ‘disturbed persons’ and leading to the death of several people over the last 10 years, led to a heated debate about the best way to handle ‘disturbed persons’, who frequently do not want to accept mental health care. In addition, during the period 2011-2015, the number of registrations of the police for dealing with this group increased from 40.012 to 65.831, a rise of more than 50%. There is no national consensus whether this is a ‘real’ increase or a matter of more attention for this group due to severe incidents. There also is no consensus about possible causes for this increase, nor the way to address the issue. The presentation will highlight some successful collaborative police – mental health projects that may contribute to prevention, better mental health care and less stigma of this particular group.



## THE HONOURABLE MARCIA NEAVE AO

The Honourable Marcia Neave AO was a judge in the Supreme Court of Victoria, Australia from 2006 until her appointment as the Chair of the Royal Commission into Family Violence in February 2015, reporting to government in 2016.

Marcia was foundation Chair of the Victorian Law Reform Commission and Professor of Law at Monash University and became the only academic to be appointed to the Supreme Court in Victoria’s history. In 1985, she chaired a board of inquiry into prostitution in Victoria, which recommended legalisation under defined conditions, removal of most sanctions against prostitutes, and the use of planning controls to control the locations of brothels. Most of these recommendations became law.

She has held a number of distinguished academic positions, including chairs at four different Australian universities and membership of the Hauser Global Law Faculty of the New York University School of Law.

### ***Some public health dilemmas - lessons from the Royal Commission into Family Violence***

This paper will argue that public health providers, courts and police must to work together more effectively to prevent family violence, keep potential victims of violence safe and assist people who have been the victims of such violence to recover from its effects. It will also consider ways of assisting people who have been psychologically, financially or physically abusive to change their behaviour.

The paper will describe how the Victorian Royal Commission into Family Violence went about its task of improving the way that courts, police, health services and other services provided or funded by government deal with family violence. It will explain the recommendations made in the Commission’s Report to transform community and government responses to family violence.



## SAMUEL OTU NYARKO

Dr. Samuel Otu Nyarko is an Assistant Commissioner of Police in Ghana. He holds an MDMPH and an MPhil in Field Epidemiology. He is a Member of the Ghana College of Physicians and Surgeons, where he specializes in Family and Reproductive Health. He is an ardent champion of safe abortion care and spearheads the Ghana Police's cooperation with IPAS. He is the physician in charge of the HIV/AIDS clinic at the Police Hospital with special interests in STIs, and PMTCT of HIV. He heads the Public Health Department of the Ghana Police Service and is a champion for the mental health of police personnel. He is a member of the Ghana Police Medical Board where these issues are regularly discussed. He speaks three Ghanaian languages and English.

### ***Mental health and policing in Ghana***

Ghana, a West African Country, has a population of over 26 million. For this population there are only about 35,000 police personnel as well as 4,500 medical doctors. There are ten qualified psychiatrists and four dedicated psychiatric hospitals which are always overburdened. This has led to a situation where it is common place to see mentally ill patients roaming the streets of the towns, cities and villages. There are instances where critically ill and dangerous mental patients have inflicted grievous bodily harm and even murder on unsuspecting citizens. In these situations, the Police are called upon to effect their arrest and send them to the mental institutions for the critically mentally ill. The ratio of police personnel to the number of citizens is very poor, leading to great stress for the police. Many police eventually succumb to mental illness and have to be discharged from work because they are deemed unfit for service. The Police Service also lacks enough clinical psychologists to provide the necessary counselling support. This paints a very bleak picture but measures are being put in place by all the relevant stakeholders to improve the situation.



## PAT O'HARE

Professor Pat O'Hare, Executive Director of HIT in Liverpool, UK, started working in the drug field in the mid-1980s when he became Drug Education Coordinator for Sefton on Merseyside and then Director of the Mersey Drug Training and Information Centre (later renamed HIT) in Liverpool, which was the pioneering agency that instigated the harm reduction strategy on Merseyside. In 1989 he founded the International Journal of Drug Policy and was editor from 1992 - 2000. He initiated the First International Conference on the Reduction of Drug Related Harm in 1990.

Pat was the founding Executive Director of the International Harm Reduction Association (now known as Harm Reduction International) from 1996 until he stepped down in 2004. During this time he was involved in advocacy globally on drug policy and HIV prevention.

He has edited books on harm reduction, contributed many articles to journals as well as chapters to books and given keynote speeches all over the world. Together with two colleagues from Liverpool, he was awarded the Norman E. Zinberg Award for Achievement in the Field of Medicine and Treatment by the US Drug Policy Foundation in 1990 and he won IHRA's International Rolleston Award in 2000.

Pat is Visiting Professor in Drug Use and Addiction at Liverpool John Moores University; Visiting Professor of the University of Rosario, Argentina; and member of the Board of Directors of Harm Reduction International.

### ***Shifting the emphasis from public order to public health.***

On Merseyside, UK, in the mid-1980s a successful HIV prevention programme among injecting drug users started in a drug agency in Liverpool. Injecting equipment, condoms and opioid substitution therapy were made available to prevent the spread of HIV through contaminated equipment and unsafe sex. The cooperation of the police is crucial in any such programme and Merseyside Police played a major role in its success. This presentation will elaborate on the operational and policy lessons to be learned from this experience; the practical steps necessary for its success; how to work with criminal justice to achieve public health outcomes; and the need for countries to review their laws and legislation.



## ALLAN ROCK

Allan Rock has been President of the University of Ottawa since 2008,

A 1971 graduate of the University's Faculty of Law, he practised for over two decades as a trial lawyer in Toronto. In 1993, Allan was elected to the Canadian Parliament, and was re-elected in 1997 and 2000. He spent ten years as a member of Prime Minister Jean Chrétien's Cabinet, holding various senior portfolios: Minister of Justice and Attorney General (1993-1997); Minister of Health (1997-2002) and Minister of Industry and Minister of Infrastructure (2002-2003). He left Parliament in 2003 upon his appointment as Canadian Ambassador to the United Nations in New York, where he was deeply involved in humanitarian, peace-building and development efforts, particularly in Africa, Haiti and Sri Lanka.

As Minister of Justice and Attorney General and then as Minister of Health many of his amendments to the Criminal Code aimed at public safety were controversial (such as measures to reduce the over-representation of aboriginal offenders in prison), as were some of his initiatives as Minister of Health (such as North America's first safe injection site, and medical marijuana). But they allowed him a unique perspective on the intersection of law enforcement and health. Later, as Canada's Ambassador to the United Nations, he observed the way countries around the world manage the same intersection.

### ***Crossing at the Intersection: Criminal Justice, Public Health and Political Peril***

Governments face competing demands and complex challenges when dealing at the same time with the imperatives of public safety and best practices in public health. Ministers responsible for criminal justice and those who oversee public health manage stakeholders who approach the same problems from different and sometimes opposing directions. The issues in both portfolios are often controversial and politically charged. Partisan demands and political realities can favour solutions that fall short of good public policy. Implementing even good policy requires coordination among federal, provincial and municipal levels of government that is often difficult, for both practical and political reasons, to achieve.

How can the Minister of Justice enact and enforce criminal law in a way that reflects best practices in public health? How can the Minister of Health avoid political peril while advancing important principles like harm reduction? Is it possible to maintain public support in a partisan environment by adopting evidence-based policy choices rather than simply popular, and populist, options?



## SARA THORNTON

Sara Thornton is the first Chair of the UK's National Police Chiefs' Council. Sara joined the Metropolitan Police Service in 1986 and over the next fifteen years her career alternated between operational postings and strategic roles. She served as Chief Constable with Thames Valley Police until March 2015. She has also been Chair of ACPO Intelligence Portfolio, Vice-Chair of ACPO Terrorism and Allied Matters, Director of the Police National Assessment Centre and ACPO Vice-President.

Sara is a member of the Royal College of Defence Studies, the Advisory Board for the Oxford University Centre for Criminology and the International Advisory Board for the Cambridge Executive Police Programme. Sara has received a number of achievement and leadership awards including the Queen's Police Medal and was made a Commander in the Order of the British Empire in 2011.

### ***Leading the police in a time of changing requirements and cost pressures***

In 1829 the British Home Secretary established the Metropolitan Police in London and several hundred forces then developed across the country. At that time the police were dealing with crimes between local people predominantly in public spaces. In 2016 the police are now increasingly dealing with crimes in private places and with crimes that cross national borders. More generally the citizens' expectations of public services continue to rise and the breadth of police work has increased significantly. Spending on police, which had gradually increased in the thirty years to 2010, has been reduced. Between 2010 and 2015 there was a 25% reduction in real terms to the government grant to police forces. These twin pressures require a greater focus on the evidence of effectiveness, partnership working and relentless commitment to maintaining legitimacy.



## MATT TORIGIAN

Matt Torigian was appointed Deputy Minister of Community Safety in 2014 and also acts as Ontario's Deputy Solicitor General in Canada.

Since 1985 Matt has held progressively responsible positions until his appointment as Waterloo Region's fifth Chief of Police in 2007. He was President of the Ontario Association of Chiefs of Police (OACP) for 2011-2012 and represented them on a number of advisory bodies, as well as involvement on many provincial, national and international law enforcement agencies and organizations, including the Board of Directors for the Canadian Association of Chiefs of Police (CACCP).

He was a contributing author in *Contemporary Issues in Canadian Policing* (2004), and has worked toward addressing the root causes of crime, building neighbourhood capacity and promoting shared responsibility toward community wellness. He is a recipient of the Queen's Diamond Jubilee Award and is an Officer of the Order of Merit of the Police Forces.

### **Community safety and well-being in Ontario: a shared commitment**

The safety and well-being of communities cannot be achieved by one agency or sector alone. Today, police are often required to respond to calls for service involving vulnerable individuals that are non-criminal in nature, such as those with mental illness or addictions. In many cases, the needs of vulnerable individuals would be better addressed through a collaborative approach including healthcare providers and other social service agencies that have the experience, expertise and resources to provide the right supports and focus on quality of life indicators that fall outside the purview of the police.

In order to meet expectations for sustainable and effective service delivery and create better outcomes for community safety and well-being, partnerships are essential. In Ontario, Canada, through the Strategy for a Safer Ontario, the Ministry of Community Safety and Correctional Services is focused on bringing together a wide range of sectors in a collaborative approach to addressing the risk factors associated with social disorder, victimization and crime.

The Strategy recognizes the importance of local, risk-driven approaches that harness the capacity of all community safety and well-being partners, allowing every agency to focus on what they do best while achieving the greatest collective impact.



## PETER G. VAN DER VELDEN

Peter G. van der Velden (Ph.D.) is full Professor of Victimology at INTERVICT, Tilburg University in The Netherlands since 2013. Between 2011 and 2013 he was Professor of Disasters and Mental Health at INTERVICT. In the years before he was senior researcher and consultant at the Institute for Psychotrauma (The Netherlands). He studied Clinical Psychology at Utrecht University where he defended his dissertation as an external PhD student. His research encompasses a variety of studies on stress and trauma among affected adult residents and employees, and involved rescue workers (police, firefighters, ambulance personnel). He focuses on the relationships and interplay between (pre-event) mental health problems such as PTSD and depression, substance abuse, mental health services utilization, and personality, coping self-efficacy and resilience.

### **Stress and PTSD among police officers: risks, myths and prevention**

Before the nineties, police officers were hardly viewed as victims. Today, policing is generally viewed as a high risk profession for mental health problems. Indeed, officers are, in contrast to civilians, very frequently confronted with crime, violence, suicide, accidents, injured victims and deceased. Studies have shown that these confrontations may place officers at risk for mental health problems such as posttraumatic stress disorder (or symptomatology). Of course, insight in factors that contribute to the development of PTSD (or protection) may help to design and implement preventive measures to reduce those risks.

During this presentation we will reflect on what we actually know. Expected as well as unexpected risk factors will be discussed. The prevalence of mental health problems and PTSD among officers will be compared to other occupational groups. Furthermore, the effectiveness of stress-related interventions among officers will be reviewed briefly. These reflections may provide practical input for reviewing and improving current mental health policies for officers.





## AUKE VAN DIJK

Auke van Dijk is advisor to the chief of the Amsterdam police and strategist at the think tank Agora Police & Security which he co-founded. He has an academic background in international relations theory and international political economy. He has been senior advisor at the Committee for Evaluation of Intelligence and Security Services and was a member of the Vision on Policing Committee (Council of Chief Police Commissioners) that delivered a new comprehensive strategy for future policing.

The Agora is an experimental space for thinking and debate among practitioners and academics. The Agora is an 'intellectual playing ground' and a 'safe haven' for new ideas and for contradicting current insights and policy. Recent themes in Auke's work are: the common ground of law enforcement and public health, vulnerable groups, policing a diverse society, and values-based leadership.

### **Policing vulnerable people – towards a framework for analysis**

Protecting the vulnerable – such as abused children - and dealing with the mentally ill on the streets has always been a matter for the police. However, in recent years public protection seems to have become an increasingly important aspect of policing. While recorded crime continues to fall in several countries, demand for police action related to, for example, child sexual exploitation, domestic abuse and mental ill health are increasing. Reducing harm and risk and securing public protection have become a key challenge of policing. A crucial question is how policing – and police organisations specifically – will deal with the demand for protecting the vulnerable.

Policing vulnerable people was an important issue at the Pearls in Policing conference in Sydney (June 2016). Pearls in Policing is a global think tank where top executives in law enforcement meet to discuss the strategic and personal challenges of their organizations. In a small and informal setting, these law enforcement leaders are provided the opportunity to truly focus on the future of their profession. The presentation at LEPH2016 will draw on the results of the Pearls in Policing conference and will include a frame of reference and a presentation of best practices in radically different countries.



## ANNETTE VERSTER

Annette Verster is an anthropologist and has worked in the field of HIV and drug use for many years, both at policy level, programme development and in research. As the first AIDS coordinator for the City of Amsterdam she helped develop the Dutch AIDS policy at the start of the epidemic. In 1994, she was involved in setting up a harm reduction programme for injecting drug users in Rome. Here she also participated in a number of socio-behavioural research projects related to drug dependence and started the Cochrane Review Group on Drugs and Alcohol as coordinator.

She published a number of peer reviewed papers and technical documents on the evidence of harm reduction and a public health approach to HIV in people who inject drugs, sex workers, men who have sex with men, transgender people and people in prisons.

In 2006, Annette joined the HIV department of the World Health Organization in Geneva, where she leads the work on key populations (i.e. people who inject drugs, sex workers, men who have sex with men, transgender people, and people in prisons). At WHO she has developed the normative tools and guidelines for key populations, which were brought together in the 2014 *WHO Consolidated Guidelines for HIV prevention, diagnosis, treatment and care for key populations and its supplement in 2015 Tool to set and monitor targets for HIV prevention, diagnosis, treatment and care for key populations*.

### **Key populations, HIV and Law Enforcement**

Key populations and their sexual partners are at higher risk of HIV infection. With the exception of sub-Saharan Africa virtually all countries' HIV epidemics are concentrated in key populations.

In 2014, more than 90% of new HIV infections in central Asia, Europe, North America, the Middle East and North Africa were estimated to be among these populations. However, there has been an inadequate response to addressing the needs of key populations.

One of the main challenges in reaching key populations is the widespread existence of laws that demean, criminalise or penalise people for their behaviours. Closely tied to criminalisation, structural barriers such as police practices, violence, sex trafficking, economic insecurity, stigma and discrimination all contribute to increased HIV risk. While the evidence for a range of health and legal interventions which reduce HIV risk in key populations is clear, social and cultural unease often get in the way of accepting their public health impact.

For an effective HIV response there should be greater focus on programmatic and policy issues and on collaboration between public health and law enforcement. This presentation will provide examples of how the police can support a public health response to HIV in key populations.



## **PATRICK WIDELL**

Patrick Widell is a Superintendent of the Swedish Police in Stockholm. He has worked within the alcohol enforcement field for several years. For some years he has educated police officers around Sweden, Norway and Denmark in how to make inspections at nightclubs and bars. He has much experience within the crime prevention field as a former head of a community police station, and has worked closely with the public health sector to prevent violence and other harms.

### ***Training of Norwegian police in better alcohol law enforcement***

Alcohol and other drugs have a huge impact in society. The problems are often complex and hard to solve. To get good results you need to take action from different points of view. Building partnerships between different stakeholders, for instance the police and public health organisations will improve your chances to be successful. The Swedish Police authority in Stockholm has had a long experience of this and will share its experience in the field. Focus will be on alcohol and young people.



## **DAWN WIEST**

Dawn Wiest is Associate Director, Action Research and Evaluation with the Camden Coalition of Healthcare Providers in Camden, New Jersey. She leads the development of Camden ARISE, an integrated data project involving collaboration among healthcare, law enforcement, criminal justice, education and other social service domains with the goal of using cross-systems data to drive innovative strategies for improving health and other outcomes. Dawn also contributes methodological and statistical expertise to research and evaluation projects involving several other of the Coalition's data holdings. Prior to joining the Camden Coalition, Dawn was senior research analyst at the American College of Physicians in Philadelphia. She has also worked as an assistant professor of sociology at the University of Memphis and as a researcher with the Women's Prison Association in New York City.

### ***Using cross-sector integrated data to unlock key insights into vulnerable populations***

Camden ARISE (Administrative Records Integrated for Service Excellence) is a collaboration between healthcare, law enforcement, criminal justice and various social sectors in the City of Camden, NJ, USA developed for the purpose of addressing the complex health and social needs of individuals and families in vulnerable communities. For more than a decade the Camden Coalition of Healthcare Providers, the organization that spearheads ARISE, has integrated data across the three hospital systems in the city of Camden to gain insight into population health trends, to build interventions for patients who are heavy users of hospitals, and to reallocate resources to enhance the quality, capacity and accessibility of the healthcare system. Since 2015, the Camden Coalition has entered into various data sharing partnerships beyond healthcare to identify the forces contributing to high costs and poor outcomes in multiple systems, and to work collaboratively across sectors to improve lives while reducing costs. This presentation will focus specifically on collaboration between healthcare, police, and corrections in Camden to better serve individuals with complex needs who cycle repeatedly through the city's hospitals, police precincts, and jail.



# GGD Amsterdam



Amsterdam has the oldest and largest Public Health Service of the Netherlands, with a long tradition in serving hard-to-reach populations. We have done this with such programs as psychiatric outreach, methadone maintenance, medicinal heroin, needle exchange, STD prevention as well as through epidemiological research. We also work collaboratively with various law enforcement agencies through, for example

- psychiatric assessment of civilians who are identified by the police (24/7),
- medical assessment and care for arrestees in police cells,
- screening for medical and social care needs of persons who have committed high impact crimes,
- development of new working methods and protocols for autopsies,
- the investigation and support of victims of sexual crimes.

The Amsterdam Public Health Service Amsterdam is, therefore, a proud sponsor of LEPH2016 and wishes all its participants an informative and constructive time.

# ALPHABETICAL LIST OF PRESENTERS

Presenters shown in bold print

Presenters	Session
<b>Abrahamson, Daniel.</b> Legal Counsel, Drug Policy Alliance, USA (Discussant) <b><i>Drug courts: are they a solution or a problem?</i></b>	C21
<b>Alexander, David.</b> Police (Special Operations) Research Group, Aberdeen Centre for Trauma Research, Scotland <b><i>The Police (Special Operation) Research Group - Police research: 'with' not 'on'</i></b>	M5
<b>Alieva, Gulsara.</b> Kyrgyz Women Police Organisation, Kyrgyzstan & LEAHN Zelitchenko, Alexander. Civil Council of Ministry of Interior, Kyrgyzstan & LEAHN <b><i>How can the introduction of new evaluation criteria of operational police performance help protect rights of vulnerable communities?</i></b>	Mol 10
<b>Anand, Anil.</b> Mississauga, Canada <b><i>Mending Broken Fences Policing: Developing the Intelligence-Led/Community-Based Policing Model (IP-CP) and Quality/Quantity/Crime (QQC) Model</i></b>	C7
<b>Anderson, Jocelyn.</b> West Mercia Rape and Sexual Abuse Support Centre, England <b><i>Sexual violence reactive and proactive prevention</i></b>	C18
<b>Andrian, Corina.</b> Robert Gordon University, Scotland (Co-presenter) <b>Johnston, Adam.</b> Robert Gordon University, Scotland (Co-presenter) <b><i>Tackling the harm of binge drinking: a Police Scotland Community Partnership and Robert Gordon University student approach</i></b>	Mol 15
Beletsky, Leo. Northeastern University, USA. <b>Arrendondo, Jamie.</b> UC San Diego, USA (Presenting author) Patino, Efrain. Universidad Xochicalco, Mexico Rocha, Teresita. UC San Diego, USA Abramovitz, Daniela. UC San Diego, USA Artamonova, Irina. UC San Diego, USA Alaniz Morales, Victor, Secretaria de Seguridad Publica Municipal, Tijuana, Mexico Magis Rodriguez, Carlos. Centro Nacional para la Prevencion y el Control del VIH y el SIDA, Mexico Clairgue, Erika. UC San Diego, USA Bustamante, Eliane. UC San Diego, USA Banuelos Perez, Arnulfo. Secretaria de Seguridad Publica Municipal, Tijuana, Mexico Rangel Gomez, Maria Gudelia. Comision de Salud Fronteriza Mexico-EEUU, Mexico Morales, Mario. UC San Diego, USA Strathdee, Steffanie. UC San Diego, USA <b><i>Police education program to improve the implementation of drug policy reform in Mexico; initial results from a longitudinal assessment</i></b>	C14
<b>Bakirova, Dinara.</b> Shah-Aiym Network, Kyrgyzstan Mahnicheva, Kristina. Tais Plus NGO, Kyrgyzstan Asanbek kyzy, Aida. Shah-Aiym Network, Kyrgyzstan Islamova, Shahnaz. Shah-Aiym Network, Kyrgyzstan <b><i>Human Rights violations and violence by police in Kyrgyzstan: sex workers' perspective</i></b>	C10
<b>Bakirova, Dinara.</b> Shah-Aiym Network, Kyrgyzstan Mahnicheva, Kristina. Tais Plus NGO, Kyrgyzstan Islamova, Shahnaz. Shah-Aiym Network, Kyrgyzstan Asanbek kyzy, Aida. Shah-Aiym Network, Kyrgyzstan <b><i>Arbitrary detentions and police raids as an obstacle in implementing HIV prevention programs with sex workers</i></b>	C17
<b>Bateson, Stuart.</b> Victoria Police, Australia (Co-presenter) <b>McEwan, Troy.</b> Swinburne University and Forensicare, Australia (Co-presenter) <b><i>How a partnership between police and forensic mental health services can change outcomes for victims of family violence</i></b>	M9
<b>Becker, Gabi.</b> Integrative Drogenhilfe, Frankfurt, Germany <b>Beletsky, Leo.</b> Northeastern University, USA <b><i>Harm reduction, policy reform and policing practice: the case for Narcomenudeo implementation in Tijuana, Mexico</i></b>	C19 C4
<b>Bellis, Mark.</b> WHO Collaborating Centre for Violence Prevention and Centre for Public Health, John Moores University, England <b><i>Alcohol, violence prevention and links between child maltreatment and its health and social consequences across the life course</i></b>	P2
<b>Berens, Frank.</b> Ministerie van Volksgezondheid, Wezijn en Sport, The Netherlands Spies, Liesbeth. Mayor of Alphen aan den Rijn, The Netherlands <b><i>A comprehensive approach for persons showing confused behavior.</i></b>	C10

Presenters	Session
<b>Bernhout, Hennek.</b> Public Health Service Kennemerland, Haarlem, The Netherlands (Co-facilitator)	Mol 11
<b>Dijkstra, Caroline.</b> Dutch Police Service (Amsterdam) (Co-facilitator)	
<b>Flinterman, Francisca.</b> Public Health Service (GGD), Amsterdam (Co-facilitator)	
<b>Balancing health and Safety</b>	
<b>Blantari, Jones.</b> Ghana Police Service	M8
<b>Rights protection and programming for key populations in Ghana: the role of the Ghana Police Service conducting integrated bio-behavioural surveillance survey</b>	
<b>Blantari, Jones.</b> Ghana Police Service	C24
<b>Increasing the uptake of Post Exposure Prophylaxis by rape survivors in Ghana: the role of the Ghana Police Service</b>	
<b>Blaustein, Jarrett.</b> Department of Criminology, Monash University, Australia	C4
<b>Reimagining harm reduction for transnational policing</b>	
<b>Boele, Inge.</b> Ingetikt, The Netherlands	M1
<b>Educating police officers by experience experts in psychiatry and addiction</b>	
<b>Boele, Inge.</b> Ingetikt, The Netherlands	Mol 20
<b>Experiences in crisis situations and the importance of good cooperation between several organisations</b>	
<b>Brentari, Cinzia.</b> Harm Reduction International, UK	C23
<b>Sander, Genevieve.</b> Harm Reduction International, UK	
<b>Scaling up harm reduction in places of detention: a public health and human rights imperative</b>	
<b>Brouwer, Joke.</b> Head of Social Development, City of Utrecht, The Netherlands	Mol 1
<b>"Together we are Utrecht": the importance of an integrated approach to radicalisation and polarisation in the local context</b>	
<b>Brown, Andrew.</b> Scottish Institute for Policing Research, University of Dundee, Scotland	M5
<b>Tulliallan to Texas and the journey from practitioner to expert</b>	
<b>Brown, Keith.</b> Katal Center for Health, Equity and Justice, USA (Discussant)	C3
<b>Law enforcement assisted diversion: a harm reduction and public health approach to drug enforcement</b>	
<b>Brown, Michael OBE.</b> College of Policing National Coordinator for Mental Health, UK	P1
<b>A critically necessary partnership: the need for police-health partnerships in dealing with mental health issues</b>	
<b>Brown, Michael OBE.</b> College of Policing National Coordinator for Mental Health, UK. (Commentator)	S4
<b>Police dealing with mental health issues in low income settings</b>	
<b>Burke, Kelly.</b> International Association of Chiefs of Police, USA	Mol 17
<b>Trauma-focused police responses to children exposed to violence: a national plan for the United States</b>	
<b>Burris, Scott.</b> Temple University Beasley School of Law, USA.	S2
<b>Better policy mapping through science</b>	
<b>Cepeda, Javier.</b> Johns Hopkins Bloomberg School of Public Health, USA	C17
<b>Beletsky, L.</b> Northeastern University, USA	
<b>Sawyer, A.</b> Baltimore City Health Department, USA	
<b>Smelyanskaya, M.</b> Independent consultant, USA	
<b>Han, J.</b> Baltimore City Health Department, USA	
<b>Robinowitz, N.</b> Behavioral Health System, Baltimore, USA	
<b>Sherman, S.</b> Johns Hopkins Bloomberg School of Public Health, USA	
<b>Occupational hazards of drug law enforcement: needlestick injury and its correlates among police officers in Baltimore, Maryland</b>	
<b>Collins, John.</b> London School of Economics, England (Discussant)	C21
<b>Drug courts: are they a solution or a problem?</b>	
<b>Cooper, Hannah.</b> Epidemiologist, Rollins School of Public Health, Emory University, USA	M3
<b>Social and policy drivers of excessive police violence against Black adults and adolescents in the U.S.</b>	
<b>Cox, Brendan.</b> Chief, Albany Police Department, USA	Mol 14
<b>Law Enforcement Assisted Diversion (LEAD): changing police practices</b>	
<b>Cox, Brendan.</b> Chief, Albany Police Department, USA (Discussant)	C3
<b>Law Enforcement Assisted Diversion: a harm reduction and public health approach to drug enforcement</b>	
<b>Daffern, Michael.</b> Centre for Behavioural Forensic Science, Swinburne University, Australia	C24
<b>The impact of inpatient violence on mental health staff</b>	
<b>Daugaard, Lisa.</b> Public Defender Association, USA (Discussant)	C3
<b>Law Enforcement Assisted Diversion: a harm reduction and public health approach to drug enforcement</b>	
<b>de Andrade, Dominique.</b> Griffith University, Australia	C16
<b>Kinner, Stuart.</b> Griffith University, Australia	
<b>Spittal, Matthew.</b> University of Melbourne, Australia	
<b>Taxman, Faye.</b> George Mason University, USA	
<b>Escalating chaotic lifestyle amongst ex-prisoners: Exploring the relationship between emergency health service utilisation and return to custody</b>	

Presenters	Session
<b>de Andrade, Dominique.</b> Griffith University, Australia <i>International drug policy: implications for modern corrections and public health</i>	C12
<b>de Gouw, Sjaak.</b> DPG, Public Health Service, Holland Midden, The Netherlands <i>Social and public health impact of a shooting incident: integrated aftercare</i>	C13
<b>de Greeff, Jeroen.</b> Coordinator, Dutch Expertise Centre on Alcohol Law Enforcement <b>van Dalen, Wim.</b> Director STAP (Dutch Institute on Alcohol Policy), The Netherlands (Co-presenter) <i>The alcohol law enforcement system in The Netherlands</i>	ENALE 2
<b>de Haan, Lisa.</b> City of Amsterdam, The Netherlands <i>Amsterdam's approach to counter radicalization, polarization and violent extremism</i>	C6
<b>de Jong, Henk.</b> Secretary General Amsterdam (at time of Vice Case), currently Strategy Director, Dutch Police Service. <i>Mayoral response to a major case of abuse of young children raising wide public concern</i>	C15
<b>de Jong, Jan.</b> Vice Squad, Dutch Police Service, Amsterdam <i>Cooperation works! Sexual Assault Center Amsterdam-Amstelland: accessible and essential care for all recent victims of sexual assault</i>	Mol 19
<b>de la Fontaine, Naama.</b> Yale Childhood Violent Trauma Centre, USA <i>Trauma-focused police responses to children exposed to violence: a national plan for the United States</i>	Mol 17
<b>de Wit, Matty.</b> Public Health Service, Amsterdam <i>Three profiles of pathways through care of SMI clients with multiple public crisis interventions</i>	C11
<b>Delsing, Mark.</b> Praktikon, Nijmegen, The Netherlands Wientjes, Jacqueline. National Police Service (Amsterdam) <i>Violence prevention through early risk assessment: Development and validation of the Prokid risk assessment tool</i>	C18
<b>Devlin, Michele.</b> Professor of Global Public Health and law enforcement trainer, University of Northern Iowa, USA <b>Grey, Mark.</b> Professor of Applied Anthropology and law enforcement trainer, University of Northern Iowa, USA <i>Tactical anthropology for public safety organizations in rapidly diversifying communities</i>	Mol 7
<b>Devlin, Michele.</b> University of Northern Iowa, USA (Co-Presenter) <b>Grey, Mark.</b> University of Northern Iowa, USA (Co-presenter) <i>Homeland security, public health, and refugee community relations: a case study of an Ebola prevention program for West African immigrants in Iowa</i>	C9
<b>Diaz-Tello, Farah.</b> National Advocates for Pregnant Women, USA <i>Role of health care providers in reporting to police/court mandated treatment</i>	C2
<b>Dijkstra, Caroline.</b> Dutch Police Service (Amsterdam) (Co-facilitator) Flinterman, Francisca. Public Health Service (GGD), Amsterdam (Co-facilitator) Berkhout, Henneke. Public Health Service (GGD), Kennemerland, The Netherlands (Co-facilitator) <i>Balancing health and safety</i>	Mol 11
<b>Dirkzwager, Anja.</b> Netherlands Institute for the Study of Crime and Law Enforcement, Amsterdam Nieuwbeerta, Paul. Leiden University, The Netherlands <i>Imprisonment and post-prison mental health: a public health challenge</i>	C12
<b>Dorn, Tina.</b> Public Health Service Amsterdam Eppink, Marijke. Public Health Service Amsterdam Ceelon, Manon. Public Health Service Amsterdam Reijnders, Udo. Public Health Service Amsterdam <i>Characteristics of victims of sexual assault seen by Amsterdam forensic nurses, January 2012 to May 2013</i>	C18
<b>Dorn, Tina.</b> Public Health Service Amsterdam Janssen, Anton. Public Health Service Amsterdam de Keijzer, JC. Public Health Service Amsterdam van Rijk-Zwikker, GL. Public Health Service Amsterdam Reijnders, Udo. Public Health Service Amsterdam Luitse, JSK. Amsterdam Medical Center, Amsterdam Vandwalle, E. VU Medical Center, Amsterdam Gorzeman, MP. OLVG Hospital, Amsterdam van Nieuwenhuizen, RC. OLVG Hospital, Amsterdam Ceelon, Manon. Public Health Service Amsterdam Das, C. Public Health Service Amsterdam <i>Hospital referral of detainees during police custody in Amsterdam, The Netherlands</i>	Poster
<b>Drucker, Ernest.</b> John Jay College, USA <i>Preventing overdose deaths after prison re-entry: a life saving role for law enforcement</i>	C12
<b>Drucker, Ernest.</b> John Jay College, USA <i>Local police role in Naloxone distribution and overdose rescue: a bridge to building Law Enforcement's role and support for harm reduction</i>	M8
<b>Engelfriet, Tako.</b> Amsterdam Municipality, The Netherlands <i>Local 'hotlines' for citizens who seek to report concerns and nuisance relating to their residential areas</i>	C11

Presenters	Session
<b>Eppink, Marijke.</b> Public Health Service, Amsterdam. <b>Cooperation works! Sexual Assault Center Amsterdam-Amstelland: accessible and essential care for all recent victims of sexual assault</b>	Mol 19
<b>Escardo, Juan Cruz.</b> Ministry of National Security, Argentina Pais Durand, Natalia. Ministry of National Security, Argentina Copo, Mariano. Ministry of National Security, Argentina Arce, Maria Laura. Ministry of National Security, Argentina <b>Prevention of non communicable diseases in Argentinean Federal Police</b>	Poster
<b>Escardo, Juan Cruz.</b> Ministry of National Security, Argentina Pais, Durand. Ministry of National Security, Argentina Esquibel, Belen. Ministry of National Security, Argentina Maulen, Sergio. Ministry of National Security, Argentina <b>HIV prevention policy and promotion of sexual and reproductive health for security forces (SF) officers in Argentina</b>	Poster
<b>Ewen, Janine.</b> Grampian Women's Aid, Aberdeen, Scotland <b>A reflection on the 'Disclosure Scheme for Domestic Abuse' in Scotland</b>	Mol 3
<b>Falconer, Midj.</b> Robert Gordon University, Scotland <b>An exploration of well-being, resilience and vulnerability factors in Scottish police officers, and outcomes in response to 'trauma' exposure.</b>	M5
<b>Farmakidis-Marcou, Konstantinos.</b> Centre for Life, Greece <b>Criminalization of HIV-transmission in police operations of 2012 in Greece: human rights violations and public health concerns</b>	C17
<b>Fassaert, Thijs.</b> Public Health Service, Amsterdam Segeren, M. Public Health Service, Amsterdam Grimbergen, C. Public Health Service, Amsterdam Tuinbreijer, W.C. Public Health Service, Amsterdam de Wit, M.A.S. Public Health Service, Amsterdam <b>Violent offenders as a target population for public mental health care</b>	Poster
<b>Fleming, Jenny.</b> Criminology, University of Southampton <b>Selling research to police leaders</b>	M4
<b>Flinterman, Francisca.</b> Public Health Service, Amsterdam (Co-facilitator) <b>Dijkstra, Caroline.</b> Dutch Police Service (Amsterdam) (Co-facilitator) <b>Berkhout, Henneke.</b> Public Health Service (GGD), Kennemerland, The Netherlands (Co-facilitator) <b>Balancing health and safety</b>	Mol 11
<b>Footer, Katherine.</b> Johns Hopkins School of Public Health, USA Sherman, Susan. Johns Hopkins School of Public Health, USA <b>Policing practices as a structural determinant for HIV among sex workers: a systematic review of empirical findings</b>	C17
<b>Footer, Katherine.</b> Johns Hopkins School of Public Health, USA <b>"You be safe tonight Mr. Edwards": police practices and its implications for HIV risk among transgender women of color who sell sex in Baltimore, USA</b>	C23
<b>Fordham, Ann.</b> International Drug Policy Consortium, England <b>Post UNGASS 2016: the critical need to modernize drug law enforcement</b>	C4
<b>Fortunato, Vanda.</b> Macedon Ranges and North West Melbourne Medicare Local, Australia <b>Why a health organisation became interested in policing of family violence</b>	M9
<b>Fox, Jan.</b> REACH Edmonton, Canada <b>REACH Edmonton - an innovative approach to building partnerships to address complex social issues by investing in collaboration</b>	C7
<b>Franklin, Neill.</b> Executive Director, Law Enforcement Against Prohibition, (ret) Maryland State Trooper, USA <b>Policing: a public health solution</b>	M3
<b>Frost, Adam.</b> Queensland Police Service, Australia Taylor, Helen. Queensland Health, Australia Mayes, Sarah. Queensland Police Service, Australia Broughton, Joanna. Queensland Police Service, Australia Tinsley, Kirsty. Queensland Health, Australia Podevin, Kate. Queensland Health, Australia <b>Police and health - a joint approach to community awareness on crystal methamphetamine (Ice)</b>	C14
<b>Fyfe, Nick.</b> Scottish Institute for Policing Research, University of Dundee, Scotland <b>From co-producing to connecting evidence: the SIPR model of police-academic collaboration</b>	M5
<b>Gautron, Virginia.</b> University of Nantes, France <b>Punish and treat : an empirical study of the relationship between health care and criminal justice professionals in France</b>	M4

Presenters	Session
<b>Geldorp, Mireille.</b> Amsterdam Municipality, Public Order and Safety, The Netherlands <b><i>A person-oriented approach on extreme intimidation and harassment in home environments</i></b>	C20
<b>Gibb, Audrey.</b> Robert Gordon University, Scotland Fletcher, S. Scottish Preventing Violent Extremism Unit, Scotland Heyman, Inga. Robert Gordon University, Scotland <b><i>Collaborative Outcomes Learning Tool for Prevent - a multi-agency approach to understanding and responding to extremism in Scotland.</i></b>	Mol 6
<b>Golichenko, Mikhail.</b> Canadian HIV/AIDS Legal Network, Canada <b><i>Human rights implications of denial of health care to pregnant women who use drugs</i></b>	C2
<b>Green, Alice.</b> Center for Law and Justice, USA (Discussant) <b><i>Law enforcement assisted diversion: a harm reduction and public health approach to drug enforcement</i></b>	C3
<b>Greenbank, Liz.</b> Infoxchange, Australia <b><i>Police referral to community services in Queensland, Australia</i></b>	Poster
<b>Greene, Sarah.</b> Mecklenburg County Trauma and Justice Partnerships, USA (Co-presenter) <b>Weaver, Mike.</b> National Alliance on Mental Illness, USA. (Co-presenter) <b>Levins, Eddie.</b> Mecklenburg Police Department (ret), USA (Co-presenter) <b><i>A trauma informed recovery focussed mental health-police partnership in a mid-sized metropolitan community</i></b>	C1
<b>Greene, Sarah.</b> Mecklenburg County Trauma and Justice Partnerships, USA <b><i>Law enforcement-mental health collaborations to respond to children and families exposed to violence: the Child Development and Community Policing Program (CDCP)</i></b>	Mol 8
<b>Greene, Sarah.</b> Mecklenburg County Trauma and Justice Partnerships, USA (Discussant) <b><i>The phenomenon of trauma: challenges and rewards of law enforcement - mental health partnerships</i></b>	M7
<b>Grey, Mark.</b> University of North Iowa, USA (Co-presenter) <b>Devlin, Michele.</b> University of Northern Iowa, USA (Co-Presenter) <b><i>Homeland security, public health and refugee community relations: a case study of an Ebola prevention program for West African immigrants in Iowa.</i></b>	C9
<b>Grey, Mark.</b> University of North Iowa, USA (Co-presenter) <b>Devlin, Michele.</b> University of Northern Iowa, USA (Co-Presenter) <b><i>Tactical anthropology for public safety organizations in rapidly diversifying communities</i></b>	Mol 7
<b>Grimbergen, Christel.</b> Public Health Service, Amsterdam <b><i>A practical public health perspective from the Amsterdam approach to radicalisation</i></b>	C6
<b>Hahn, Hilary.</b> Yale Childhood Violent Trauma Center, USA <b><i>Trauma-focused police responses to children exposed to violence: a national plan for the United States</i></b>	Mol 17
<b>Hamerlink, Elske.</b> Amsterdam Municipality (Co-presenter) <b>Overkleef, Ella.</b> Project Manager, N8BM, Amsterdam (Co-presenter) <b><i>Squares Project: safer night time economies in collaboration with traders</i></b>	ENALE 3
<b>Hansson, Jonas.</b> PhD student, Umea University, Sweden Ghazinour, Mehdi. Basic Training Program for Police Officers, Sweden Padyab, Mojgan. Umea University, Sweden. <b><i>Police officers' coping strategies and general mental health in relation to unaccompanied, asylum-seeking refugee children's forced repatriation</i></b>	C9
<b>Hassan, Nazirah.</b> University of Strathclyde, Scotland Kendrick, Andrew. University of Strathclyde, Scotland <b><i>The vulnerable amongst the vulnerable: exploring the dynamic experiences of victimization in juvenile justice institutions</i></b>	C10
<b>Heller, Daliah.</b> City University of New York, USA <b><i>US healthcare reform is a vehicle for US criminal justice reform: identifying and capturing the opportunities for change</i></b>	C7
<b>Hesketh, Ian.</b> Wellbeing Advisor, Organisational Development and International Faculty, College of Policing, UK <b><i>The UK Police Workplace Wellbeing Charter</i></b>	C24
<b>Heyman, Inga.</b> Lecturer, Mental Health Nursing, Robert Gordon University, Scotland <b><i>A study of the pathways and interface between police, those in mental health distress and emergency health services</i></b>	C22
<b>Heyman, Inga.</b> Lecturer, Mental Health Nursing, Robert Gordon University, Scotland <b><i>Insider-outsider collaborative health and police research: challenges and facilitators</i></b>	M5
<b>Hoff, Marcel.</b> General Manager Healthcare, GGD Gelderland-Zuid (Co-presenter) <b>Pieters, Moniek.</b> Public Health Service, Nijmegen. The Netherlands (Co-presenter) <b><i>Asylum seekers in emergency shelters: how social impact, public health and security are related</i></b>	C13
<b>Holwerda, Benne.</b> Public Organization against Domestic Violence and Child Abuse, GGD Amsterdam <b><i>Cooperation works! Sexual Assault Center Amsterdam-Amstelland: accessible and essential care for all recent victims of sexual assault</i></b>	Mol 19
<b>Hoorn, Annerieke.</b> Superintendent, Central Infrastructure Service, Dutch Police Service <b><i>A safe and inclusive internal organization climate in law enforcement as a necessity for adequately 'policing' vulnerable communities</i></b>	Mol 12



Presenters	Session
<b>Howell, Simon.</b> University of Cape Town, South Africa (Co-presenter)	C23
<b>Marks, Monique.</b> Durban University of Technology, South Africa (Co-presenter) <i>Harm-reduction efforts in South Africa: tentative steps towards new practices</i>	
<b>Ismail, Nasrul.</b> University of the West of England Viggiani, N. De. University of the West of England <i>Should we use legal regulations to influence healthy prison agendas in England?</i>	C16
<b>James, Andrea.</b> Families for Justice as Healing, USA (Discussant) <i>Drug courts: are they a solution or a problem?</i>	C21
<b>Jammers, Victor.</b> Governing Board, Victim Support Netherlands (Panellist) <i>The diverse means of supporting relatives of victims in an exceptional case – the MH17 crash</i>	M2
<b>Jansen, Bas.</b> Dutch Police Service, Amersfoort <i>The use of a helmet camera by the police to film and give feedback to intoxicated offenders in nightlife</i>	ENALE 2
<b>Jansonius, A. W. (Pim).</b> Chief Superintendent, Dutch Police Service (Amsterdam) (Co-presenter) <i>A safe and inclusive internal organization climate in law enforcement as a necessity for adequately ‘policing’ vulnerable communities</i>	Mol 12
<b>Jardine, Melissa.</b> University of New South Wales and Centre for Law Enforcement and Public Health, Australia <i>Weighing up: disruption and congruity in drug law enforcement strategies</i>	C4
<b>Jauncey, Marianne.</b> Medical Director, Uniting Medically Supervised Injecting Centre, Sydney, Australia	C19
<b>Jennings, Paul.</b> Hampshire Constabulary, England <i>Integrated police and mental health mentoring teams for ‘high intensity’ patients</i>	M1
<b>Jennings, Paul.</b> Hampshire Constabulary, England <i>From a policing perspective: his experiences with leading the UK’s first ever joint Police/MH patrol vehicle (Street triage)</i>	Mol 20
<b>Johnston, Adam.</b> Robert Gordon University, Scotland (Co-presenter) <b>Andrian, Corina.</b> Robert Gordon University, Scotland (Co-presenter) <i>Tackling the harm of binge drinking: a Police Scotland Community Partnership and Robert Gordon University student approach</i>	Mol 15
<b>Jones, Lorenzo.</b> Katal Center for Health, Equity and Justice, USA <i>Getting to LEAD: support for jurisdictions interested in replicating Law Enforcement Assisted Diversion</i>	Mol 5
<b>Joseph, Howard.</b> LCSW, Exponents, USA (Discussant) <i>Drug courts: are they a solution or a problem?</i>	C21
<b>Julian, Roberta.</b> Tasmanian Institute of Law Enforcement Studies, Australia Bartkowiak-Theron, Isabelle. Tasmanian Institute of Law Enforcement Studies, Australia <i>Exploring law enforcement and public health (LEPH) as a collective impact initiative</i>	C7
<b>Kersten, Joachim.</b> Munster Police University, Germany <i>The refugee crisis in the EU: an overview of the German situation with and emphasis on health, criminality and attitudes of the German population</i>	C9
<b>Kockert, Conrad.</b> Coordinator DCR De Regenboog Groep, The Netherlands	C19
<b>Krupanski, Marc.</b> Open Society Foundations, USA <i>Getting to LEAD: support for jurisdictions interested in replicating Law Enforcement Assisted Diversion (LEAD)</i>	Mol 5
<b>Krupanski, Marc.</b> Open Society Foundations, USA <i>Law Enforcement Assisted Diversion (LEAD): changing policing practices</i>	Mol 14
<b>Krupanski, Marc.</b> Open Society Foundations, USA <i>Harm reduction and police (2): Approaches to solutions</i>	C23
<b>Küthe, Lars.</b> Drug Commissioner, Police HQ, Frankfurt, Germany <i>“Frankfurter Weg”: an opportunity for all</i>	M8
<b>Küthe, Lars.</b> Drug Commissioner, Police HQ, Frankfurt, Germany <i>Cooperation between drug services and police - using the example of drug consumption rooms</i>	C19
<b>Lavoie, Jennifer.</b> Wilfred Laurier University, Canada Sanders, Carrie. Wilfred Laurier University, Canada <i>Policing responses to Canadians living with mental illness: an ethnographic case study of the launch of a standardized EDP electronic form</i>	C5
<b>Leeson, Caroline.</b> Plymouth University, England Morgan, Julie. Plymouth University, England <i>A hidden population of young carers</i>	C16

Presenters	Session
<b>Leslie, Ellen.</b> University of Queensland, Australia Smirnov, Andrew. University of Queensland, Australia Cherney, Adrian. University of Queensland, Australia Wells, Helene. Griffith University, Australia Kemp, Robert. Department of Health, Brisbane, Australia Legosz, Margot. Griffith University, Australia Najman, Jake. University of Queensland, Australia <b><i>Consequences of concurrent and simultaneous stimulant and alcohol use among young adults: hazardous drinking, antisocial behaviour, and contact with police</i></b>	ENALE 3
<b>Levins, Eddie.</b> Mecklenburg Police Department (ret), USA (Co-presenter) <b>Greene, Sarah.</b> Mecklenburg County Trauma and Justice Partnerships, USA (Co-presenter) <b>Weaver, Mike.</b> National Alliance on Mental Illness, USA. (Co-presenter) <b><i>A trauma informed recovery focussed mental health-police partnership in a mid-sized metropolitan community</i></b>	C1
<b>Levins, Eddie.</b> Mecklenburg Police Department (ret), USA (Discussant) <b><i>The phenomenon of trauma: challenges and rewards of law enforcement - mental health partnerships</i></b>	M7
<b>Levins, Eddie.</b> Deputy Chief (retired), Charlotte-Mecklenburg Police Department, USA (Panellist) <b><i>Law enforcement-mental health collaborations to respond to children and families exposed to violence: the Child Development and Community Policing Program (CDCP)</i></b>	Mol 8
<b>Lichtenstein, Bronwen.</b> University of Alabama, USA Barber, Brad. University of Alabama, USA <b><i>A partnership approach to providing on-site HIV services for probationers and parolees: a pilot study from Alabama, USA</i></b>	Poster
<b>Lincoln Sammanasu Nathan, Abraham.</b> National AIDS Control Organization, India Khumukcham, S. National AIDS Control Organization, India Dhingra, Dr National AIDS Control Organization, India Samte, C.K. National AIDS Control Organization, India Kim, H.M. National AIDS Control Organization, India <b><i>Strengthening partnership between Law Enforcement and Public Health: India</i></b>	C23
<b>Lux, Agnes.</b> UNICEF (United Nations Children's Emergency Fund) <b><i>The situation of children from a UNICEF perspective</i></b>	C9
<b>MacDonald, Sue-Ann.</b> University of Montreal, Canada <b><i>Discourses and practices in a mental health court</i></b>	C22
<b>Maddox, Leigh.</b> Law Enforcement Against Prohibition, USA 	C2
<b>Marans, Steven.</b> Director, Childhood Violent Trauma Center; Professor, Child Study Center, Yale School of Medicine, USA (Panellist) <b><i>Law enforcement-mental health collaborations to respond to children and families exposed to violence: the Child Development and Community Policing Program (CDCP)</i></b>	Mol 8
<b>Marans, Steven.</b> Director, Childhood Violent Trauma Center; Professor, Child Study Center, Yale School of Medicine, USA <b><i>The phenomenon of trauma: challenges and rewards of law enforcement - mental health partnerships</i></b>	M7
<b>Marks, Monique.</b> Durban University of Technology, South Africa (Co-presenter) <b>Howell, Simon.</b> University of Cape Town, South Africa (Co-presenter) <b><i>Harm-reduction efforts in South Africa: tentative steps towards new practices</i></b>	C23
<b>Martin, Denise.</b> University of the West of Scotland <b><i>Craft Verses Science: the importance of experience in protecting vulnerable populations</i></b>	C10
<b>Matyushina, Dasha.</b> Eurasian Harm Reduction Network, Lithuania <b><i>Access to protection when criminalised women report violence</i></b>	C2
<b>Maycock, Matthew.</b> MRC/CSO Social and Public Health Sciences Unit, University of Glasgow, Scotland <b><i>Reflections on developing a public health intervention for prisoners in Scotland: exploring opportunities, challenges and unintended consequences of public health within prisons</i></b>	C12
<b>McCluskey, Sam.</b> Domestic Abuse, Licensing and Violence Reduction Division, Police Scotland <b><i>Policing perpetrators: developing a Scottish, evidence-based approach</i></b>	M5
<b>McEwan, Troy.</b> Swinburne University and Forensicare, Australia (Co-presenter) <b>Bateson, Stuart.</b> Victoria Police, Australia (Co-presenter) <b><i>How a partnership between police and forensic mental health services can change outcomes for victims of family violence</i></b>	M9
<b>McGregor, Kirsty.</b> University of Worcester, England Sidaway, Steven. West Mercia and Warwickshire Police, England <b><i>Victims of child sexual abuse and exploitation: revictimisation, journeys of recovery and criminal justice processes in Warwickshire and West Mercia</i></b>	C24
<b>McKee, Martin.</b> President, European Public Health Association <b><i>It's a rotten job but someone has to do it: why the public health community must tackle organised crime</i></b>	Mon Lunch

Presenters	Session
<b>Mehta, Christine.</b> Physicians for Human Rights, USA (Discussant) <b>Drug courts: are they a solution or a problem?</b>	C21
<b>Mergaerts, Lore.</b> KU Leuven, Belgium Van Daele, Dirk. KU Leuven, Belgium Vervaeke, Geert. KU Leuven, Belgium <b>Identifying and recognizing mentally vulnerable suspects in a criminal investigation: a difficult task for the police</b>	C5
<b>Miedema, Ardan.</b> Public Health Service, Amsterdam <b>Public Health Profiling: profiles of extreme harassers</b>	C20
<b>Misero, Yohan.</b> LBH Masyarakat, Indonesia. Wirya, Albert. LBH Masyarakat, Indonesia. <b>Indonesia's Compulsory Report: The broken bridge between law and healthcare</b>	C14
<b>Moors, Hans.</b> E.M.M.A. (Experts in Media and Social Issues), The Netherlands <b>Why do people kill in Allah's name? How to develop rock-solid prevention/disengagement/desistance strategies - towards a theoretical framework</b>	C6
<b>Morgan, Julia.</b> Plymouth University, England Leeson, Caroline. Plymouth University, England <b>Improving prison visiting experiences for imprisoned parents and their children</b>	C16
<b>Moses, Ebum Dada.</b> Nigeria Police Service	C8
<b>Mulder, Niels.</b> Professor of Public Mental Health, Epidemiological and Social Research Centre, Erasmus University Medical Centre, Netherlands <b>The need for police-health partnerships in dealing with mental health issues : the Dutch approach</b>	P1
<b>Mumbi, Kennedy.</b> Zambia Police (Panellist) <b>Police as partners in promoting access to abortion in Ghana, Nigeria and Zambia</b>	C8
<b>Musumeci, Marco.</b> UNICRI <b>Organised crime and falsified medicines</b>	Mol 2
<b>Neave, the Hon Marcia.</b> Former Chair of the Royal Commission into Family Violence, Victoria, Australia <b>Some public health dilemmas - lessons from the Royal Commission into Family Violence</b>	P3
<b>Nieuwerth, Lute.</b> Dutch Police Service, East Netherlands <b>The role and function of 'family detectives' following a calamity</b>	M2
<b>Nollette, Deanna.</b> Seattle Police Department, USA (Discussant) <b>Law enforcement assisted diversion: a harm reduction and public health approach to drug enforcement</b>	C3
<b>Nollette, Deanna.</b> Seattle Police Department, USA <b>Law Enforcement Assisted Diversion (LEAD): changing police practices</b>	Mol 14
<b>Nyrop, Kris.</b> Public Defenders' Association; LEAD National Support Director, USA <b>Getting to LEAD: support for jurisdictions interested in replicating Law Enforcement Assisted Diversion</b>	Mol 5
<b>O'Hare, Pat.</b> Visiting Professor in Drug Use and Addiction, John Moores University, England & at the University of Rosario, Argentina <b>Shifting the emphasis from public order to public health.</b>	P3
<b>O'Moore, Eamonn.</b> Public Health England <b>Improving international collaborative research on health in prison and other justice settings: introducing the WHO Europe Prison Health Research &amp; Engagement Network (WEPHREN).</b>	C16
<b>Otu-Nyarko, Samuel.</b> Assistant Commissioner & Head, Public Health Department, Ghana Police Service (Panellist) <b>Police as partners in promoting access to abortion in Ghana, Nigeria and Zambia</b>	C8
<b>Otu-Nyarko, Samuel.</b> Assistant Commissioner & Head, Public Health Department, Ghana Police Service (Co-presenter) <b>Police dealing with mental health issues in low income settings</b>	Wed lunch
<b>Overkleeft, Ella.</b> Project manager, N8BM, Amsterdam (Co-presenter) <b>Hamerlink, Elske.</b> Amsterdam Municipality (Co-presenter) <b>Squares Project: safer night time economies in collaboration with traders</b>	ENALE 3
<b>Patterson, David.</b> Senior Legal Expert, International Development Law Organisation, The Netherlands <b>Pilot study in Uganda: challenges in non-OECD countries</b>	Mol 2
<b>Peil, Ain.</b> Ministry of the Interior, Estonia Fomotskin, Keit. NGO SPIN, Estonia <b>SPIN - using a sports-based intervention program, targeted at at-risk young people with lesser opportunities to break barriers with the police</b>	C10
<b>Perez Correa, Catalina.</b> Centro de Investigacion y Docencia Economicas, Mexico <b>Impact of drug courts on women</b>	C2

Presenters	Session
<b>Petersson, Joakim.</b> Mid Sweden University, Sweden (Co-presenter) Strand, Susanne. Orebro University, Sweden	M9
<b>Selenius, Heidi.</b> Orebro University, Sweden <i>Implementing effective police risk assessment and management for family violence</i>	
<b>Pieters, Moniek.</b> Public Health Service, Nijmegen, The Netherlands (Co-presenter) <b>Hoff, Marcel.</b> GGD Gelderland-Zuid, The Netherlands (Co-presenter) <i>Asylum seekers in emergency shelters: how social impact, public health and security are related</i>	C13
<b>Prinsen, Elnathan.</b> Psychiatrist and Manager, Division of Ascute Health, Dimence, The Netherlands <i>From a mental health perspective: the way mental health care in acute situations is organised now and what opportunities and difficulties occur in co-working with police</i>	Mol 20
<b>Pronker, Jan.</b> Commissioner, Dutch Police Service (Amsterdam) <i>Putting profiles into practice: merits and limitations of public health profiles from the police perspective</i>	C20
<b>Pugel, Jim.</b> King County Sherriff's Office, Seattle, USA (Discussant) <i>Law enforcement assisted diversion: a harm reduction and public health approach to drug enforcement</i>	C3
<b>Pugel, Jim.</b> King County Sherriff's Office, Seattle, USA <i>Law Enforcement Assisted Diversion (LEAD): changing police practices</i>	Mol 14
<b>Quigg, Zara.</b> Violence and Nightlife Research Manager, Centre for Public Health, Liverpool John Moores University, England <i>Drink Less, Enjoy More: a multi-component approach in Liverpool</i>	M6
<b>Rammers, Didier.</b> Dutch Police Service (Driebergen), The Netherlands (Co-facilitator/presenter) <b>Tiehuis, Marcel.</b> Dutch Police Service (Driebergen), The Netherlands (Co-facilitator/presenter) <i>Collaboration in threat management between police and mental health care workers</i>	Mol 13
<b>Ritchie, Andrea.</b> 2014 Soros Justice Fellow, USA <i>Police violence as a reproductive justice issue</i>	M3
<b>Rock, Allan.</b> President, University of Ottawa <i>Crossing at the Intersection: Criminal Justice, Public Health and Political Peril</i>	Oration
<b>Saligari, Jessica.</b> Deakin University, Australia <i>Implementing the Police, Ambulance and Clinical Early Response (PACER) team in Geelong: a regional example of police-mental health partnership</i>	Mol 9
<b>Sanders, Ad.</b> Deputy District Chief of Police, City of Utrecht, The Netherlands <i>"Together we are Utrecht": the importance of an integrated approach to radicalisation and polarisation in the local context</i>	Mol 1
<b>Sayegh, Gabriel.</b> Katal Center for Health, Equity and Justice, USA <i>Getting to LEAD: support for jurisdictions interested in replicating Law Enforcement Assisted Diversion</i>	Mol 5
<b>Schneider, Christian.</b> Federal Office of Police, Switzerland <i>Using scenario techniques to explore resilience in police – public health relationships</i>	C7
<b>Schneider, Christian.</b> Federal Office of Police, Switzerland <i>What shapes police - public health relationships? Exploring determinants of quality of cooperation between police and addiction services in the implementation of drug policy in Switzerland</i>	C14
<b>Schuller, Vera.</b> Public Health Service Amsterdam <i>Cooperation works! Sexual Assault Center Amsterdam-Amstelland; accessible and essential care for all recent victims of sexual assault</i>	Mol 19
<b>Schutten, Merel.</b> GGD ZHZ Dordrecht, The Netherlands Kleefman, Saskia. GGD ZHZ Dordrecht, The Netherlands <i>What to do with confused persons? An evaluation of team induction &amp; interfering care</i>	C10
<b>Segeren, Menno.</b> Public Health Service, Amsterdam Fassaert, Thijs. Public Health Service, Amsterdam de Wit, Matty. Public Health Service, Amsterdam Popma, Arne. VUmc, Amsterdam <i>Public mental health care needs of young adult violent repeat offenders</i>	C22
<b>Selenius, Heidi.</b> Orebro University, Sweden <i>Implementing effective police risk assessment and management for family violence</i>	M9
<b>Sigiura, Lisa.</b> University of Portsmouth, England <i>Responding to the procurement of pharmaceuticals online</i>	C4
<b>Silverstone, Peter.</b> University of Alberta, Canada <b>Krameddine, Yasmeen.</b> University of Alberta, Canada <i>Evidence based online mental health interaction and de-escalation training for police officers:preview and preliminary results</i>	C5
<b>Simpson, Jennie.</b> Substance Abuse and Mental Health Services Administration (SAMHSA), USA <i>Leading through policy innovation: The Substance Abuse and Mental Health Agency's (SAMHSA) leadership efforts to address behavioural health and law enforcement collaboration</i>	C1

Presenters	Session
<b>Slijkhuis, Annet.</b> Correctional Offices of The Netherlands Groot Schaarsberg, Benno. Correctional Offices of The Netherlands <b><i>The Correctional Offices in the Netherlands: a finding and guiding place for the incapacitated and socially disadvantaged person</i></b>	C16
<b>Smit, Marjolein.</b> Operational Commander Vice Case; Police Commissioner, Dutch Police Service, Amsterdam <b><i>Leading the police response to a major criminal case, inter-agency cooperation and relationship with victim's parents</i></b>	C15
<b>Spawn, Mark.</b> Chief of Police/Retired, Fulton, New York; Director of Research & Training for New York State Association of Chiefs of Police; Consultant with The Spawn Group, USA <b><i>Law enforcement and harm reduction: informing, advancing, assisting</i></b>	C23/ Mol 16
<b>Stöver, Heino.</b> Frankfurt University of Applied Sciences, Germany <b><i>Public health, harm reduction for and with drug users and imprisonment</i></b>	C12
<b>Sturup-Toft, Sunita.</b> Public Health England Colchester, David. Thames Valley Criminal Justice Board, England <b><i>No health without justice, no justice without health: building local health &amp; justice partnerships</i></b>	Poster
<b>Tapley, Jacki.</b> University of Portsmouth, England <b><i>Arrest and restore: adopting a reformative approach as a path to prevention in cases of domestic abuse.</i></b>	C18
<b>Thomas, Stuart.</b> RMIT University, Australia Kestic, Dragana. Victorian Institute of Forensic Mental Health, Australia <b><i>Mental health training for police: what should the focus be?</i></b>	C5
<b>Thornton, Sara.</b> Chair, National Police Chiefs' Council, UK <b><i>Leadership of police in a time of changing requirements and cost pressures</i></b>	P1
<b>Tiehuis, Marcel.</b> Dutch Police Service (Driebergen), The Netherlands (Co-facilitator/presenter) Rammers, Didier. Dutch Police Service (Driebergen), The Netherlands (Co-presenter) <b><i>Collaboration in threat management between police and mental health care workers</i></b>	Mol 13
<b>Torigian, Matt.</b> Deputy Minister of Community Safety and Correctional Services, Government of Ontario, Canada <b><i>Community safety and well-being: a shared commitment</i></b>	P2
<b>Trainor, Annie.</b> Australian Community Service Organisation <b><i>Southern Metropolitan Alcohol Diversion Pilot Program</i></b>	Poster
<b>Trass, Jeroen.</b> Manager, Acute Health Services, Dimence, The Netherlands <b><i>Introductory comments: How do we best achieve a joined-up police and mental health response to mental health crisis?</i></b>	Mol 20
<b>Tuinebreijer, Wilco.</b> Public Health Service, Amsterdam <b><i>Public health response to all those affected - victims, families and professionals - by an extreme case of very young child abuse</i></b>	C15
<b>Twaibu, Wamala.</b> Harm Reduction Network, Uganda <b><i>Human Rights violations against People Who Use Drugs (PWIDs) in Uganda: The need to engage PWIDs in the fight against HIV</i></b>	C17
<b>Tyler, Jasmine.</b> Open Society Foundations, USA (Moderator & discussant) <b><i>Drug Courts: are they the solution or the problem?</i></b>	C21
<b>Unwin, Peter.</b> University of Worcester, England Stephens-Lewis, Kirsty. University of Worcester, England <b><i>The health implications of childhood sexual exploitation on parents</i></b>	C24
<b>van Baardewijk, Michiel.</b> Chair, Alcohol Law Enforcement Association, The Netherlands <b><i>Current challenges and new developments after two years of decentralisation of alcohol law enforcement in The Netherlands</i></b>	ENALE 2
<b>van Dalen, Wim.</b> Director, Dutch Institute for Alcohol Policy (STAP), The Netherlands <b><i>Introducing ENALE</i></b>	P2
<b>van Dalen, Wim.</b> Director STAP (Dutch Institute on Alcohol Policy), The Netherlands (Co-presenter) <b>de Greef, Jeroen.</b> Coordinator, Dutch Expertise Centre on Alcohol Law Enforcement (Co-presenter) <b><i>The alcohol law enforcement system in the Netherlands</i></b>	ENALE 2
<b>van der Velden, Peter.</b> Professor, Law Faculty, Tilburg University, The Netherlands <b><i>Stress and PTSD among police officers: risks, myths and prevention</i></b>	P3
<b>van der Zalm, Gerard.</b> Politie Nederland, Rotterdam (Co-presenter) <b>Witlox, Joost.</b> Manager, Eigen Kracht Centrale, The Netherlands (Co-presenter) <b><i>Eigen kracht conferentie/family group conference</i></b>	Mol 18
<b>van der Zijden, Annemieke.</b> DPG Brabant West, The Netherlands <b><i>Out of the picture? Vulnerable people in forgotten places</i></b>	C13
<b>van Dijk, Auke.</b> Agora Thinktank & Dutch Police Service, Amsterdam <b><i>What matters in policing? Change, values and leadership in turbulent times</i></b>	M4
<b>Van Dijk, Auke.</b> Agora Thinktank & Dutch Police Service, Amsterdam <b><i>Policing vulnerable people: towards a framework for analysis</i></b>	S3

Presenters	Session
<b>van Ferneij, Caroline.</b> Dutch Police Service, Amersfoort <i>The use of a helmet camera by the police to film and give feedback to intoxicated offenders in nightlife</i>	ENALE 2
<b>van Gelderen, Frans.</b> Public Health Service, Amsterdam (Co-presenter) <i>Insight into the practice of multi-agency working on serious mental illness (SMI) across community police officers and community psychiatric nurses in Amsterdam neighbourhoods</i>	C11
<b>van Stapele, Naomi.</b> VU University, Amsterdam, Den Haag, The Netherlands (Co-presenter) <b>Osse, Anneke.</b> International Consultant, Police and Human Rights, Nairobi, Kenya (Co-presenter) <i>Police killings in Kenya from a public health perspective</i>	M3
<b>van Steden, Ronald.</b> Vrije Universiteit, Amsterdam (Co-presenter) <b>Weimer, Lis.</b> Dutch Police Service, Amsterdam (Co-presenter) <i>A 'joined up' approach toward people with Serious Mental Illness (STI)</i>	C11
<b>Van Veen, Jelle.</b> Dutch Police Service, Amsterdam	C19
<b>Verster, Annette.</b> World Health Organization, Switzerland Macdonald, Virginia. WHO HIV Department, Switzerland Rodolph, Michelle. WHO HIV Department, Switzerland Baggaley, Rachel. WHO HIV Department, Switzerland <i>Key populations, HIV and law enforcement</i>	M8
<b>Voorham, Lotte.</b> Coordinator, STAD Project, The Netherlands <i>The implementation of the Swedish STAD model in 7 other European countries and settings</i>	M6
<b>Watson, Amy.</b> Jane Addams College of Social Work, University of Illinois at Chicago, USA (Co-presenter) <b>Wood, Jennifer.</b> Temple University, USA (Co-presenter) <i>CIT and the Next Wave: Enhanced collaborations and multi-layered models</i>	C1
<b>Weaver, Mike.</b> National Alliance on Mental Illness, USA (Co-presenter) Greene, Sarah. Mecklenburg County Trauma and Justice Partnerships, USA (Co-presenter) Levins, Eddie. Mecklenburg Police Department (ret), USA (Co-presenter) <i>A trauma informed recovery focussed mental health-police partnership in a mid-sized metropolitan community</i>	C1
<b>Weenink, Anton.</b> Dutch Police Service, The Netherlands <i>Before radicalization: follow-up study on behavioral problems and disorders in radicals in police files</i>	C6
<b>Weimar, Lis.</b> Dutch Police Service, Amsterdam (Co-presenter) <b>van Stenden, Ronald.</b> Vrije Universiteit, Amsterdam (Co-presenter) <i>Community police officers and community psychiatric nurses in Amsterdam: A 'joined up' approach toward people with Serious Mental Illnesses</i>	C11
<b>Wells, Helen.</b> Keele University, England <i>When persuasion fails: the use and implications of direct and indirect sanctions for 'bad' health choices within healthcare systems</i>	C5
<b>Werneck, Jurema.</b> Member of Criola (a Black Women's NGO), Brazil <i>Look at it through Black women's eyes</i>	M3
<b>Weston, Samantha.</b> Keele University, England <i>Police approaches and management of situations involving persons with mental ill health</i>	C22
<b>Widell, Patrick.</b> Superintendent, Swedish Police, Stockholm <i>The need for police-health partnerships in dealing with alcohol harms: the police role in alcohol regulation</i>	M6
<b>Widell, Patrick.</b> Superintendent, Swedish Police, Stockholm <i>Training of Norwegian police in better alcohol law enforcement</i>	ENALE 3
<b>Wiest, Dawn.</b> Associate Director, Action Research and Evaluation, Camden Coalition of Healthcare Providers, USA <i>Using cross-sector integrated data to unlock key insights into vulnerable populations</i>	P2
<b>Willemsen, Michael.</b> Public Health Service, Amsterdam (Co-presenter) <i>Insight into the practice of multi-agency working on serious mental illness (SMI) across community police officers and community psychiatric nurses in Amsterdam neighbourhoods</i>	C11
<b>Willemsen, Michael.</b> Public Health Service, Amsterdam <i>Golden rules for dealing with the victims of extreme intimidation and harassment in home environments</i>	C20
<b>Wilson, Simeon.</b> Senior Director, Global Security, AstraZeneca, Australia <i>Scope of the problem and emerging areas of criminal activity</i>	Mol 2
<b>Witlox, Joost.</b> Manager, Eigen Kracht Centrale (national organisation of Family Group Conferences), The Netherlands (Co-presenter) <i>Eigen kracht conferentie/family group conference</i>	Mol 18
<b>Wondemaghen, Meron.</b> University of Southampton, England <i>Policing the mentally ill in the South of England</i>	C22

Presenters	Session
<b>Wood, Jennifer.</b> Temple University, USA (Co-presenter)	C1
<b>Watson, Amy.</b> Jane Addams College of Social Work, University of Illinois at Chicago, USA (Co-presenter)	
<b><i>CIT and the Next Wave: Enhanced collaborations and multi-layered models</i></b>	
<b>Young, Holly.</b> Arq/Impact (Dutch National Knowledge and Advice Centre for Psychosocial Care concerning Critical Incidents), The Netherlands	C6
<b><i>Terra toolkit for police (European network based prevention and learning program)</i></b>	
<b>Young, Lesslie.</b> Epilepsy Scotland	Mol 4
<b><i>Crime Seen? Inadvertent entry in to the criminal justice system as a result of a behaviour associated with epileptic seizure activity</i></b>	
<b>Zegers, Bas.</b> Paediatrician, Eindhoven Hospital, The Netherlands	ENALE 2
<b><i>What Dutch hospitals are facing currently regarding young people and drunkenness/intoxication</i></b>	
<b>Zingerle, Nicolette.</b> Royal Melbourne Hospital, Australia	C5
<b><i>Law enforcement and mental health programs - initiatives at the interface: a review of literature</i></b>	

## NOTES

“The police constitute one of a few groups of frontline workers who witness the determinants of health in a localized and textured way. On a daily basis, they encounter addiction, mental illness, homelessness, and co-occurring issues in their ecological contexts.”

**Jennifer D. Wood et al**

“Instead of continuing their traditional focus on combating violent crime, police departments are looking at methods to address other related community concerns such as behavioral health, drugs, environmental issues and gang recruitment, writes Jerry Ratcliffe, a professor of criminal justice at Temple University. He describes this approach as “harm-focused policing.”

**From The Crime Report, August 2016**

“Across the country ..... too many people with mental health problems are being detained in police cells. The solution lies in closer working and sharing of skills and resources between police, mental health and other public services – as we all have a responsibility to help people at their most vulnerable.”

**Dr Lesley Stevens, Consultant Psychiatrist and Southern Health’s (UK) Clinical Director of Mental Health**

