

LEPH2016

AMSTERDAM
THE NETHERLANDS
2-5 OCT

The Third International Conference on Law Enforcement & Public Health

CONFERENCE PROGRAM



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“Police and law enforcement in general have often been regarded as antithetical to good public health practice – especially when it comes to harm reduction. Increasingly however, police are now being conceptualised as invaluable partners and necessary collaborators in the creation of an enabling environment for good public health outcomes.”

Melissa Jardine, Centre for Law Enforcement and Public Health

“There is a benefit then for public health outcomes from ensuring that the police are fully cognisant of the impact of their law enforcement work, which is a message that may be enhanced through a public health undertaking to be similarly cognisant of the flow on impact of their work for broader public safety endeavours.”

Andrew Millie & Victoria Herrington at LEPH2014



PROGRAM SUMMARY

MONDAY 3 OCTOBER

DAILY THEMES: Mental health, Crises and catastrophes, Leadership

09.00-09.15 **Welcome to LEPH2016**

09.15-10.30 **PLENARY 1: Mental Health and leadership**

10.30-11.00 **LEPH ORATION**
Crossing at the Intersection: Criminal Justice, Public Health and Political Peril

11.30-13.00 **MAJOR SESSIONS**

M1 Educating police officers by experience experts in psychiatry and addiction

M2 MH17 plane disaster: support for victims, relatives and professionals

M3 When policing is the public health crisis

13.00-17.30 **POSTERS**

13.15-13.45 **S1: SPECIAL LUNCHTIME LECTURE**
It's a rotten job but someone has to do it: why the public health community must tackle organised crime

14.00-15.30 **CONCURRENT SESSIONS (C) and MARKETPLACE OF IDEAS (MoI)**

C1 Much more than just training! Collaborations to improve police response to persons with mental health/ behavioural disorders

C2 Converging criminalization: the human rights impact of law enforcement and health care providers joint efforts to punish women

C3 Law Enforcement Assisted Diversion: a harm reduction and public health approach to drug enforcement

C4 Harm reduction and international drug policing

MoI 1 "Together we are Utrecht": the importance of an integrated approach to radicalisation and polarisation in the local context

MoI 2 Falsified medicines, organized crime and legal responses

MoI 3 A reflection on the 'Disclosure Scheme for Domestic Abuse' Scotland

MoI 4 Crime seen? Inadvertent entry into the criminal justice system as a result of a behaviour associated with epileptic seizure activity

16.00-17.30 **CONCURRENT SESSIONS (C) and MARKETPLACE OF IDEAS (MoI)**

C5 Mental health: Training police and evaluating interventions

C6 Shifting paradigms in approaches to radicalisation

C7 Leadership & partnership

C8 Police as partners in promoting access to abortion in Ghana, Nigeria and Zambia

MoI 5 Getting to LEAD: support for jurisdictions interested in replicating Law Enforcement Assisted Diversion

MoI 6 Collaborative Outcomes Learning Tool for Prevent – a multi-agency approach to understanding and responding to extremism in Scotland

MoI 7 Tactical anthropology for public safety organizations in rapidly diversifying communities

MoI 8 Law enforcement-mental health collaborations to respond to children and families exposed to violence: the Child Development and Community Policing Program (CDCP)

S2: SPECIAL SKILLS TRAINING SESSION
Better policy mapping through science

19.00-21.00 **EXCURSIONS (site visits)**

TUESDAY 4 OCTOBER

DAILY THEMES: Alcohol, Vulnerability, Leadership

09.00-17.30 **POSTERS**

09.00-10.30 **PLENARY 2: Alcohol, Vulnerability & Leadership**

11.00-12.30 **MAJOR SESSIONS**

M4 Leadership on the intersections of law enforcement and public health

M5 Optimising police-academic collaborative research on public health and protection: A Scottish Model

M6 ENALE 1: European Network on Alcohol Law Enforcement special session.
Combating drunkenness and over-serving

12.45-13.15 **S3: SPECIAL LUNCHTIME LECTURE**

Policing vulnerable people – towards a framework for analysis

13.30-15.00 **CONCURRENT SESSIONS (C) and MARKETPLACE OF IDEAS (MoI)**

C9 Refugees and LEPH – what's the relevance?

C10 Vulnerability

C11 The practice of law enforcement and public health in Amsterdam neighbourhoods

C12 The role of prisons in public health

ENALE 2: European Network on Alcohol Law Enforcement special session
Alcohol law enforcement: the Dutch way

Mol 9 Implementing the Police, Ambulance and Clinical Early Response (PACER) team in Geelong: a regional example of police-mental health partnership

Mol 10 How can the introduction of new evaluation criteria of operational police performance help protect the rights of vulnerable communities?

Mol 11 Balancing health and safety

Mol 12 A safe and inclusive internal organization climate in Law Enforcement as a necessity for adequately 'policing' vulnerable communities

15.30-17.00 **CONCURRENT SESSIONS (C) and MARKETPLACE OF IDEAS (MoI)**

C13 Social disruption – the (mini) crisis approach: the connection between public health and safety

C14 Illicit drugs

C15 Amsterdam Vice Case: inter-agency response to a major child abuse case

C16 Prisons

ENALE 3: European Network on Alcohol Law Enforcement special session
Police and night-time economies

Mol 13 Collaboration in threat management between police and mental health care workers

Mol 14 Law Enforcement Assisted Diversion (LEAD): changing police practices

Mol 15 Tackling the harm of binge drinking – a Police Scotland, Community Partnership and Robert Gordon University student approach

Mol 16 Law enforcement and harm reduction: informing, advancing, assisting

17.00-18.00 **NETWORKING SESSION**

Refreshments for all LEPH2016 participants (at conference venue)

19.00 – 21.00 **EXCURSIONS (site visits)**

NOTES

“It takes wisdom and courage to question whether policing practices with regard to socially-marginalized groups, as implemented in so many parts of the world, are the right course of action to take, from a public health perspective”.

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

WEDNESDAY 5 OCTOBER

DAILY THEMES: Infectious diseases, Harm Reduction, Trauma

09.00-10.30 **PLENARY 3: Harm reduction and trauma**

11.00-12.30 **MAJOR SESSIONS**

M7 The phenomenon of trauma: challenges and rewards of law enforcement – mental health partnerships

M8 HIV and harm reduction

M9 Developing effective police responses to reduce the public health burden of intimate partner and family violence

13.15-13.45 **S4: SPECIAL LUNCHTIME LECTURE**
Police dealing with mental health issues in low income settings

13.30-15.00 **CONCURRENT SESSIONS (C) and MARKETPLACE OF IDEAS (MoI)**

C17 Harm reduction and police 1: Problems and Challenges

C18 Violence

C19 Drug consumption rooms as a win-win tool for public order and for the health of people who use drugs

C20 The Amsterdam approach on extreme intimidation and harassment in the home environment

MoI 17 Trauma-focused police responses to children exposed to violence: a national plan for the United States

MoI 18 Family group conference

MoI 19 Cooperation works! Sexual Assault Center Amsterdam-Amstelland: accessible and essential care for all recent victims of sexual assault

MoI 20 Think Tank: How do we best achieve a joined-up police and mental health response to mental health crisis?

15.30-17.00 **CONCURRENT SESSIONS (C) and MARKETPLACE OF IDEAS (MoI)**

C21 Drug courts: are they a solution or a problem?

C22 Mental health 2: Law enforcement and mental health in practice

C23 Harm reduction and police 2: Approaches to solutions

C24 Trauma

17.00-17.30 **PLENARY 4: LEPH2016 CONFERENCE CLOSING SESSION**

“Joined up approaches to violence prevention are also facilitated by Community Safety Partnerships that provide a forum for driving a public health approach to violence prevention with local criminal justice organisations. Elected police commissioners will have a key role in strengthening such local partnership working and supporting partner agencies, including health, in fulfilling their commitments to preventing crime, including violence”

Mark A Bellis et al

“It (Operation Serenity) highlights the value of working together with partners to provide the best possible service to those with mental health problems, thereby helping to reduce the substantial demand on police resources. This is a significant step forward.....”

Simon Hayes, Police and Crime Commissioner

NOTES

CONFERENCE PROGRAM

IMPORTANT INFORMATION

The conference program was correct at the time of printing this handbook. However, changes are likely to have occurred and these will be shown on signage throughout the conference venue.

DAY 2: MONDAY 3 OCTOBER

DAILY THEMES: Mental health, Crises and catastrophes, Leadership

09.00-09.15 **Welcome to LEPH2016** LOCATION: Red Hall

09.15-10.30 **PLENARY 1: Mental Health and Leadership**
LOCATION: Red Hall CHAIR: Warwick Jones, Executive Director, Australian Institute of Police Management

Sara Thornton, Chair, National Police Chiefs' Council, UK
Leadership of police in a time of changing requirements and cost pressures

Michael Brown, College of Policing National Coordinator for Mental Health, UK
A critically necessary partnership: The need for police-health partnerships in dealing with mental health issues

Niels Mulder, Professor of Public Mental Health, Epidemiological and Social Research Centre, Erasmus University Medical Centre, Netherlands
The need for police-health partnerships in dealing with mental health issues: the Dutch approach

10.30-11.00 **LEPH ORATION**
LOCATION: Red Hall CHAIR: Warwick Jones, Executive Director, Australian Institute of Police Management

ORATOR: Allan Rock, President, University of Ottawa
Crossing at the Intersection: Criminal Justice, Public Health and Political Peril

11.00-11.30 **MORNING TEA**

“Policing needs to enlist public health sectors, because it is clear that in many places police cannot manage violence, mental illness, substance abuse and profound social alienation alone. The traditional tools of criminal law and police management cannot prevent these ills, determined as they are by a flood of upstream risk factors that overwhelms the dykes downstream.” **Scott Burris**



11.30-13.00

MAJOR SESSIONS

| M1 | M2 | M3 |
|--|---|--|
| <p>Educating police officers by experience experts in psychiatry and addiction</p> <p>LOCATION: Blue Hall</p> <p>SESSION SUMMARY: When police and experience experts – experts because of their lived experience – come together, and share experiences and see the vulnerabilities and strengths of the other, this creates understanding from both sides, and police officers learn how to deal better with persons who suffer from mental illness, so that on both sides better results are achieved.</p> <p>Inge Boele is an experience expert who gives this training to Dutch police officers tells you about her work and how she uses her own story of psychotic episodes to educate police officers, both at the academy as well as in the work field. It is hoped that a Dutch police officer who has followed her training will explain how it helped them to handle psychiatric and addiction problems in their work. Together they will help you to get an understanding of the value of using experience experts in training police officers in crisis situations around mental health care. This will be complemented by the perspective of a UK police officer addressing similar issues.</p> <p>CHAIR: Joris van t'Hoff, Dutch Police Service</p> <p>Presenters: 1. Inge Boele, Ingetikt, The Netherlands <i>Educating police officers by experience experts in psychiatry and addiction</i></p> <p>2. Paul Jennings, Hampshire Constabulary, England <i>Integrated police and mental health mentoring teams for 'high intensity' patients</i></p> | <p>MH17 plane disaster: support for the relatives of victims</p> <p>LOCATION: Red Hall</p> <p>SESSION SUMMARY: There were 196 Dutch citizens on board with a total of 298 fatalities from 10 countries when MH17 was hit in July 2014 by a missile launched as part of a conflict within the Ukraine, with possible Russian involvement: this was in no-one's worst-case scenario - a civilian airliner in approved air-space. Police officers, members of the Marechaussee (KMA), diverse government officials and welfare agencies had to respond instantly - including the specialist police Disaster Identification Team / LFTO. This was a daunting task with multiple facets that involved many agencies over a long period of time and that also has a strong values element in dealing with the victims and their families and friends with dignity, compassion but also through mundane, practical support.</p> <p>CHAIR: Maurice Punch, Visiting Professor, London School of Economics and Politics, England</p> <p>PANELLISTS: 1. Victor Jammers, member of the Governing Board, Victim Support Netherlands / Slachtofferhulp Nederland <i>The diverse means of supporting relatives of victims in an exceptional case – the MH17 crash</i></p> <p>2. Lute Nieuwerth, Dutch Police Service, East Netherlands <i>The role and function of 'family detectives' following a calamity</i></p> | <p>When policing is the public health crisis</p> <p>LOCATION: Rooms 6/7</p> <p>SESSION SUMMARY: Police abuses are increasingly recognized as systemic failures that actually undermine public order leading some public health experts to cite this violence as a public health crisis. The physical and mental strain and harm that individuals and communities experience – and the stress and blowback faced by law enforcement – challenge public health practitioners to respond. This panel will examine the practices and policies that contribute to this harm, including how health practitioners, community advocates, and law enforcement can work together to respond effectively.</p> <p>CHAIR: Jasmine Tyler, Open Society Foundations, USA</p> <p>PANELLISTS AND PRESENTERS: 1. Neill Franklin, Executive Director, Law Enforcement Against Prohibition, USA <i>Policing: a public health solution</i></p> <p>2. Andrea Ritchie, 2014 Soros Justice Fellow, USA <i>Police violence as a reproductive justice issue</i></p> <p>3. Hannah Cooper, Rollins School of Public Health, Emory University, USA <i>Social and policy drivers of excessive police violence against Black adults and adolescents in the U.S.</i></p> <p>4. Jurema Werneck, member of Criola, (a Black women's NGO), Brazil <i>Look at it through Black women's eyes</i></p> <p>5. Naomi van Stapele, VU University, Amsterdam & Anneke Osse, International Consultant, Police and Human Rights, Nairobi, Kenya <i>Police killings in Kenya from a public health perspective</i></p> |
| <p>13.00-17.30 POSTERS</p> <ol style="list-style-type: none"> Prevention of non-communicable diseases in Argentinean Federal Police Juan Cruz Escardo, Ministry of National Security, Argentina HIV prevention policy and promotion of sexual and reproductive health for security forces officers in Argentina Juan Cruz Escardo, Ministry of National Security, Argentina Violent offenders as a target population for public health mental health care Thijs Fassaert, Public Health Service, Amsterdam A partnership approach to providing on-site HIV services for probationers and parolees: a pilot study from Alabama, USA Bronwen Lichtenstein, University of Alabama, USA No health without justice, no justice without health: building local health and justice partnerships Sunita Sturup-Toft, Public Health England Police referral to community services in Queensland, Australia Liz Greenbank, Infoxchange, Australia Southern Metropolitan Alcohol Diversion Pilot Program Annie Trainor, Australian Community Service Organisation. Hospital referrals of detainees during police custody in Amsterdam, The Netherlands Tina Dorn, Public Health Service Amsterdam | | |
| <p>13.00-14.00 LUNCH</p> | | |
| <p>13.15-13.45 S1: SPECIAL LUNCHTIME LECTURE</p> <p>LOCATION: Blue Hall CHAIR: Steve James, School of Social and Political Sciences, University of Melbourne, Australia</p> <p>PRESENTER: Professor Martin McKee, President, European Public Health Association (EUPHA) <i>It's a rotten job but someone has to do it: why the public health community must tackle organised crime</i></p> | | |

14.00-15.30 CONCURRENT SESSIONS (C) and MARKETPLACE OF IDEAS (MoI)

| C1 | C2 | C3 | C4 |
|--|--|---|--|
| <p>Much more than just training! Collaborations to improve police response to persons with mental health/behavioural disorders</p> | <p>Converging criminalization: the human rights impact of law enforcement and health care providers joint efforts to punish women</p> | <p>Law Enforcement Assisted Diversion: a harm reduction and public health approach to drug enforcement</p> | <p>Harm reduction and international drug policing</p> |
| <p>LOCATION: Red Hall</p> | <p>LOCATION: Rooms 6/7</p> | <p>LOCATION: Blue Hall</p> | <p>LOCATION: Rooms 8/9</p> |
| <p>SESSION SUMMARY: There is a loud call for police reform across the United States. Included in this call is the demand that police agencies implement efforts to improve response to persons experiencing mental and behavioral health crises. While many agencies are implementing crisis intervention or other mental health response training, such as the 40 hour training included in the Crisis Intervention Team model, there is growing recognition that cross system collaborations are critical for meaningful and sustained improvement. This panel will include discussion of efforts at the local and national levels to leverage cross system collaboration to support more effective responses to persons with mental/behavioral health disorders who come in contact with the police.</p> | <p>SESSION SUMMARY: Is criminal justice an appropriate response to concerns in the realm of sexual and reproductive health and rights? The panel will look at the human rights impact of law enforcement converging with public health, focusing on criminalization of pregnancy outcomes, drug use during pregnancy, and access to justice for criminalized women and those left at the margins, including women who use drugs, women living with HIV and sex work. It will take an intersectional approach, providing a range of perspectives and experiences from human rights experts, law enforcement, health care providers and affected women, on the ways in which laws and policies disproportionately impact those in the most marginalized positions. The discussion will conclude with an exploration of how law enforcement can play a positive role in promoting health and human rights and discuss potential collaborative action. Our aim is to forge connections that will continue to inform research and advocacy after the conference.</p> | <p>SESSION SUMMARY: Law Enforcement Assisted Diversion (LEAD) is a community-based diversion approach for people who commit law violations due to behavioral health issues, to improve public safety and public order and reduce illegal behavior. Instead of the normal criminal justice system cycle individuals are referred into a trauma-informed intensive case-management program where the individual receives a wide range of support services, often including transitional and permanent housing and/or drug treatment. This session will feature police and community partners from Seattle and Albany LEAD programs describing the steps to develop and implement LEAD; the law enforcement and public health benefits; evaluations of recidivism, systemic cost savings, and quality of life improvements; and how broad public support was achieved for this de facto decriminalization approach.</p> | <p>SESSION SUMMARY: The significant costs of illegal drug use on public health systems globally, together with the economic and social consequences of criminalization and drug prohibition, means some governments and law enforcement agencies have gradually incorporated harm reduction principles into their national drug strategies. These agencies' actions, each with their own strategic priorities and operational capacities, implies that national, regional, and global policies and practices oriented towards disrupting supplies of illegal of drugs and precursor chemicals remain primarily law enforcement oriented and that these organizations have yet to fully consider the relevance of, let alone embrace, harm reduction principles as they relate to the context of supply reduction. This session of multi-sectoral dialogue will examine how the concept of harm reduction might be re-imagined to make it relevant to an international policing context.</p> |
| <p>CHAIR: Amy Watson, University of Illinois in Chicago, USA</p> | <p>CHAIR: Jaime Todd-Gher, Law and Policy Program, Amnesty International</p> | <p>CHAIR: Marc Krupanski, Open Society Foundations, USA</p> | <p>CHAIR: Jarrett Blaustein, Monash University, Australia</p> |
| <p>PRESENTERS: 1. Amy C Watson, University of Illinois in Chicago, USA & Jennifer Wood, Temple University, USA CIT and the Next Wave: Enhanced Collaborations and Multi-layered models</p> <p>2. Mike Weaver, National Alliance on Mental Illness, USA; Sarah M Greene, Mecklenburg County Trauma and Justice Partnerships, USA; Eddie Levins, Mecklenburg Police Department (ret), USA A Trauma-informed, Recovery Focused Mental Health-Police Partnership in a Mid-size Metropolitan Community</p> <p>3. Jennie Simpson, Substance Abuse and Mental Health Services Administration (SAMHSA), USA Leading through policy innovation: the Substance Abuse and Mental Health Services Agency's (SAMHSA) leadership efforts to address behavioural health and law enforcement collaboration</p> | <p>PRESENTERS: 1. Catalina Perez Correa, Centro de Investigacion y Docencia Economicas, Mexico Impact of drug courts on women</p> <p>2. Dasha Matyushina, Eurasian Harm Reduction Network, Lithuania Access to protection when criminalized women report violence</p> <p>3. Mikhail Golichenko, Canadian HIV/AIDS Legal Network, Canada Human rights implications of denial of health care to pregnant women who use drugs</p> <p>4. Farah Diaz-Tello, National Advocates for Pregnant Women, USA Role of health care providers in reporting to police/court mandated treatment</p> <p>5. Leigh Maddox, Law Enforcement Against Prohibition, USA</p> | <p>DISCUSSANTS: 1. Chief Brendan Cox, Albany Police Department, USA</p> <p>2. Alice Green, Center for Law and Justice, USA</p> <p>3. Keith Brown, Katal Center for Health, Equity and Justice, USA</p> <p>4. Jim Pugel, King County Sherriff's Office, Seattle, USA</p> <p>5. Deanna Nollette, Seattle Police Department, USA</p> <p>6. Lisa Daugaard, Public Defender Association, USA</p> | <p>PRESENTERS: 1. Ann Fordham, International Drug Policy Consortium, England Post UNGASS 2016: the critical need to modernize drug law enforcement</p> <p>2. Melissa Jardine, University of New South Wales & Centre for Law Enforcement and Public Health, Australia Weighing up: disruption and congruity in drug law enforcement strategies</p> <p>3. Leo Beletsky, Northeastern University, USA Harm reduction, policy reform and policing practice: the case for Narcomenudeo implementation in Tijuana, Mexico</p> <p>4. Jarrett Blaustein, Monash University, Australia Reimagining harm reduction for transnational policing</p> <p>5. Lisa Sugiura, University of Portsmouth, England. Responding to the illegal procurement of pharmaceuticals online</p> |

14.00-15.30 CONCURRENT SESSIONS (C) and MARKETPLACE OF IDEAS (MoI)

| Mol 1 | Mol 2 | Mol 3 | Mol 4 |
|--|---|---|---|
| <p>“Together we are Utrecht”: the importance of an integrated approach to radicalisation and polarisation in the local context</p> | <p>Falsified medicines, organized crime and legal responses</p> | <p>A reflection on the ‘Disclosure Scheme for Domestic Abuse’ Scotland</p> | <p>Crime seen? Inadvertent entry into the criminal justice system as a result of a behaviour associated with epileptic seizure activity</p> |
| <p>LOCATION: White room</p> | <p>LOCATION: Black room</p> | <p>LOCATION: Room 5</p> | <p>LOCATION: Room 2</p> |
| <p>FACILITATORS: Joke Brouwer, Head of Social Development, City of Utrecht, The Netherlands</p> <p>Ad Sanders, Deputy District Chief of Police, City of Utrecht, The Netherlands</p> | <p>SESSION SUMMARY: Falsified and substandard medicines are a known public health problem and may cause drug resistance, treatment failure and death. In some low and middle income countries, up to and more than 15% of all drugs sold may be falsified or substandard. Falsified medicines are manufactured and sold by criminal individuals and organizations, exploiting weak national legislation and enforcement, and an unsuspecting and uninformed public.</p> <p>This session will address the growing global criminal trade in falsified medicines. Speakers will address both challenges in OECD and other regions. Discussion will focus on the collaboration and resources needed to strengthen legal frameworks and enforcement to address this deadly, 21st century public health threat.</p> | <p>SESSION SUMMARY: Scotland’s major method to prevent domestic abuse through policing and inter-agency collaboration has come from the introduction of the Disclosure Scheme for Domestic Abuse, often known as ‘Clare’s Law’ (in remembrance of Clare Wood, murdered by her violent ex- partner in 2009). The talk will provide an idea of the disclosure process and a reflection on positives and negatives from a local area perspective. The talk will also discuss the partnership developed between Police Scotland and Women’s Aid in Scotland. We are looking for feedback from police officers on their own thoughts about dealing with domestic violence, and if other parts of Europe are considering Clare’s Law.</p> | <p>SESSION SUMMARY: A general introduction to the condition of epilepsy with short video clips of seizure activity and behaviour that may be misinterpreted, illustrated with case studies; a section on learning disabilities (LD) and the impact on the individual and those e.g. the police who may be in first contact with the individual; and then exercises to demonstrate LD. A list of questions the police should ask, looking beyond what they have seen or what has been reported to them, and finishing with a clip and ask the audience to decide if the person is experiencing a seizure or not.</p> |
| | <p>MODERATOR: David Patterson, International Development Law Organization, The Netherlands</p> <p>CO-HOSTS: International Development Law Organization (IDLO) & the United Nations Interregional Crime and Justice Research Institute (UNICRI)</p> <p>PRESENTERS: 1. Marco Musumeci, Programme Coordinator, UNICRI <i>Organized crime and falsified medicines</i></p> <p>2. Simeon Wilson, Senior Director, Global Security, AstraZeneca <i>Scope of the problem and emerging areas of criminal activity</i></p> <p>3. David Patterson, Senior Legal Expert, Health, IDLO <i>Pilot study in Uganda – challenges in non-OECD countries</i></p> | <p>PRESENTER AND FACILITATOR: Janine Ewen, Grampian Women’s Aid, Aberdeen, Scotland</p> | <p>PRESENTER AND FACILITATOR: Lesslie Young, Epilepsy Scotland</p> |

15.30-16.00

AFTERNOON TEA

16.00-17.30 CONCURRENT SESSIONS (C) and MARKETPLACE OF IDEAS (MoI)

| C5 | C6 | C7 | C8 |
|--|---|--|--|
| Mental health: Training police and evaluating interventions (Proffered papers) | Shifting paradigms in approaches to radicalisation | Leadership & partnership (Proffered papers) | Police as partners in promoting access to abortion in Ghana, Nigeria and Zambia |
| LOCATION: Red Hall | LOCATION: Blue Hall | LOCATION: Rooms 6/7 | LOCATION: Rooms 8/9 |
| SESSION SUMMARY: There are no more critical or poignant situations than a person undergoing a mental health crisis, in public or in a domestic setting. Acute health issues can manifest as behavioural disorders with criminal implications, is situations of great stress and urgency – and risk, both to the individual and to those in the environment and responding to the problem. Given the impossibility of foreseeing every situation which may arise in such crises, training of police in responses and partnerships becomes of utmost importance. The papers in this session offer insights into a range of perspectives on this issue. | SESSION SUMMARY: Radicalisation and terrorism are high on the political agenda of most countries. Recent studies suggest that, contrary to popular belief, individual mental health problems and psychiatric disorders may have a significant role to play in the radicalization process; however, this association is still not well understood. There is a growing interest in public health approaches to understand and prevent radicalization. Opportunities to tackle the problem from a health perspective are increasing, but remain limited. We aim to present a new theoretical framework for an effective approach; recent findings of research into risk factors for mental health and behavioural problems among radicalised individuals; a practical tool for police in early detection and examples of approaches to radicalisation. | SESSION SUMMARY: Community policing rests on partnerships; partnerships are formed and sustained by leadership. This session explores different aspects in different settings of models for integrated responses and how they are best developed and maintained. | SESSION SUMMARY: Law enforcement authorities can be key partners in increasing access to safe abortion. Unsafe abortion is a persistent public health problem, particularly in African countries where safe abortion is unavailable to most women. Abortion is usually criminalized and stigmatized. Hence, police have harassed, bribed and arrested women, health workers and others who help those women. Even where abortion is legal, police may be unaware of the abortion law. Since 2009, Ipas has partnered with law enforcement authorities in several countries to sensitize, train, and cultivate the support of police on abortion issues. In this session, police officers from Ghana, Zambia, and Nigeria will describe how police are trained and supported to improve access to safe abortion and help women get care. A newly-released practical guide for partnering with police on abortion will be described. |
| CHAIR: Gerben Meynen, VU University, Amsterdam | CHAIR: Thijs Fassaert, Public Health Service, Amsterdam | CHAIR: Roberta Julian, Tasmanian Institute of Law Enforcement Studies, Australia | FACILITATOR: Patty Skuster, Ipas, USA |
| PRESENTERS: 1. Nicolette Zingerle, Royal Melbourne Hospital, Australia <i>Law enforcement and mental health programs – initiatives at the interface: a review of the literature</i> 2. Lore Mergaerts, KU Leuven, Belgium <i>Identifying and recognizing mentally vulnerable suspects in a criminal investigation: a difficult task for the police</i> 3. Peter Silverstone & Yasmeen Krameddine, University of Alberta, Canada <i>Evidence-based online mental health interaction and de-escalation training for police officers: preview and preliminary results</i> 4. Jennifer Lavoie, 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> 5. Stuart Thomas, RMIT University, Australia <i>Mental health training for police: what should the focus be?</i> 6. Helen Wells. Keele University, England <i>When persuasion fails: the use and implications of direct and indirect sanctions for 'bad' health choices within healthcare systems</i> | PRESENTERS: 1. Hans Moors, E.M.M.A. (Experts in Media and Social Issues), The Netherlands <i>Why do people kill in Allah's name? And how to develop rock-solid prevention/disengagement/desistance strategies - towards a theoretical framework</i> 2. Anton Weenink, Dutch Police Service, The Netherlands <i>Before radicalisation: follow-up study on behavioural problems and disorders in radicals in police files</i> 3. Holly Young, Arq/Impact, The Netherlands <i>Terra Toolkit for police (European network-based prevention and learning program)</i> 4. Lisa de Haan, City of Amsterdam, The Netherlands <i>Amsterdam's approach to counter radicalisation, polarization and violent extremism</i> 5. Christel Grimbergen, Public Health Service, Amsterdam <i>A practical public health perspective from the Amsterdam approach to radicalisation</i> | PRESENTERS: 1. Anil Anand, Mississauga, Canada <i>Mending broken fences policing: developing the intelligence-led/ community-based policing model and Quality/Quantity/Crime (QQC) Model</i> 2. Jan Fox, REACH Edmonton, Canada <i>REACH Edmonton – an innovative approach to building partnerships to address complex social issues by investing in collaboration</i> 3. Christian Schneider, Federal Office of Police, Switzerland <i>Using scenario techniques to explore resilience in police-public health relationships</i> 4. Daliah Heller, City University of New York, USA <i>US healthcare reform is a vehicle for US criminal justice reform: identifying and capturing the opportunities for change</i> 5. Roberta Julian, Tasmanian Institute of Law Enforcement Studies, Australia <i>Exploring law enforcement and public health (LEPH) as a collective impact initiative</i> | PANELLISTS: 1. Dr Samuel Otu-Nyarko, Assistant Commissioner & Head, Public Health Department, Ghana Police Service 2. Kennedy Mumbi, Zambia Police 3. Ebum Dada Moses, Nigeria Police Force |

16.00-17.30 CONCURRENT SESSIONS (C) and MARKETPLACE OF IDEAS (MoI)

| Mol 5 | Mol 6 | Mol 7 | Mol 8 |
|--|--|--|---|
| Getting to LEAD: support for jurisdictions interested in replicating Law Enforcement Assisted Diversion | Collaborative Outcomes Learning Tool for Prevent – a multi-agency approach to understanding and responding to extremism in Scotland | Tactical anthropology for public safety organizations in rapidly diversifying communities | Law enforcement-mental health collaborations to respond to violence: the Child Development and Community Policing Program (CDCP) |
| LOCATION: White room | LOCATION: Black room | LOCATION: Room 5 | LOCATION: Room 2 |
| SESSION SUMMARY: This session will describe how and why LEAD was adopted in Seattle; how it might be applicable in other jurisdictions; and how the LEAD Support Bureau can assist in replication. Tools that will be discussed include evaluation, core principles, community engagement and police training. | SESSION SUMMARY: This session will discuss the development of, and to showcase an interactive, flexible multi-agency learning resource funded by the Scottish Preventing Violent Extremism Unit, part of the Scottish Government. Developed by Robert Gordon University with a range of partners, the resource not only supports learners recognise potential vulnerabilities to radicalisation but to better understand their role in safeguarding the individual from harm. The resource introduces five fictitious cases from a range of ideologies each centred on a main character. Key surrounding fictional individuals share insight into each main character, expressing their perspectives on identified behaviours. Learning is supported by facilitated discussions, knowledge checks and real life best practice responses by sector specific professionals. Key experts also provide insight into contemporary issues relating to Prevent to support additional learning in this area. | SESSION SUMMARY: The presentation will include a public health and a law enforcement trainer presenting actual examples and skills that can be used by public safety organizations working in diverse communities. Public safety agencies increasingly need to develop tactics, techniques, and practices in tactical anthropology that could help them better meet the needs of marginalized populations within their jurisdictions. The development of Cultural Asset Teams within public safety agencies could provide urgently needed expertise in a variety of areas for these at-risk communities. Specially trained law enforcement staff could conduct rapid needs assessments; key leader engagements; community outreach activities; and other services that could help ensure the safety and wellbeing of all populations within a community. This presentation discusses the rapidly changing demographics of communities; describes the implications of these demographics for law enforcement personnel; presents the concept of tactical anthropology; describes ways to develop and operate cultural asset teams in law enforcement agencies; and analyzes case studies of public safety organizations that have improved services and engaged with the community through tactical anthropology skills in rapidly diversifying and culturally complex areas of operation. | SESSION SUMMARY: While too often around the world, police may have been agents of marginalization, establishing relationships with communities in which they work is the best way for officers to begin and most effectively sustain the process of protecting and serving their communities. In 1991, the Yale Child Study Center at the Yale School of Medicine developed the groundbreaking Child Development-Community Policing (CD-CP) Program in partnership with the New Haven Police Department. In CD-CP communities, police officers play a central part in the intervention, capitalizing on their roles as representatives of control and authority in the face of violent and traumatic events. Mental health professionals are on call 24 hours a day, seven days a week, to respond immediately to police calls involving child victims or witnesses to violence. Working together, police and mental professionals coordinate multi-system interventions that re-establish safety, security and well-being in the immediate wake of violent events. In the CD-CP model, clinicians and officers set the most vulnerable children and families on the path to recovery, interrupting a trajectory that otherwise frequently leads to increased risk of psychiatric problems, academic failure, encounters with the criminal justice system, and perpetuation of the cycle of violence. Panellists will describe the principles and approaches of the CD-CP program, show a brief film, and engage participants in discussion about how the program applies to international communities. |
| FACILITATOR: Marc Krupanski, Open Society Foundations, USA | FACILITATOR: Audrey Gibb, Robert Gordon University, Scotland | PRESENTER AND FACILITATOR: Michele Devlin, University of Northern Iowa, USA | PANELLISTS: 1. Sarah Greene, Program Administrator of Trauma & Justice Partnerships, Mecklenburg County Health Department 2. Eddie Levins, Deputy Chief (retired), Charlotte-Mecklenburg Police Department 3. Steven Marans, Director, Childhood Violent Trauma Center; Professor, Child Study Center, Yale School of Medicine, USA |
| PRESENTERS: Gabriel Sayegh, Katal Center for Health, Equity and Justice, USA Kris Nyrop, Public Defenders' Association, LEAD National Support Director, USA Lorenzo Jones, Katal Center for Health, Equity and Justice, USA | | PRESENTER: Mark Grey, University of Northern Iowa, USA | |

16.00-17.30

S2: SPECIAL SKILLS TRAINING SESSION: Better policy mapping through science

Presented by the Global Law Enforcement and Public Health Research Network

LOCATION: Room 10**FACILITATOR:** Scott Burris, Temple University Beasley School of Law, U.S.A.**SUMMARY:**

This Marketplace presentation pitches the idea that a practice of “policy surveillance” to help end the anomalous treatment of law in policy research and practice. Policy surveillance is the systematic, scientific collection and analysis of laws of public health significance. It is accomplished through the scientific collection and coding of important laws and policies, and supported by the availability of affordable yet sophisticated web-based solutions for data creation and publication. Come and see examples of policy surveillance products (including a drug policy resource developed for the US National Institutes of Health) and test-drive the cutting-edge software for tracking the policies that matter to you.

To see the tool in action, visit www.PDAPS.org or www.LawAtlas.org

To explore the research software, visit www.MonQcle.com

19.00 – 21.00

EXCURSIONS (SITE TOURS)

- On Monday and Tuesday it is likely that a number of excursions or site tours will be offered to conference delegates to programs or places that are related to the LEPH2016 conference themes and program.
- These excursions will be hosted and led by someone involved in the program being visited and there may be a small cost involved.
- Delegates will be expected to get themselves to the starting point for these tours. Instructions will be provided when you sign up.
- Numbers will be limited.

INFORMATION ABOUT THESE TOURS WILL BE DISPLAYED NEAR THE LEPH2016 REGISTRATION AND INFORMATION DESK. YOU WILL ALSO BE ABLE TO SIGN UP AND PAY AT THE DESK.

DAY 3: TUESDAY 4 OCTOBER

DAILY THEMES: Alcohol, Vulnerability, Leadership

09.00-17.30

POSTERS

1. **Prevention of non-communicable diseases in Argentinean Federal Police**
Juan Cruz Escardo, Ministry of National Security, Argentina
2. **HIV prevention policy and promotion of sexual and reproductive health for security forces officers in Argentina**
Juan Cruz Escardo, Ministry of National Security, Argentina
3. **Violent offenders as a target population for public health mental health care**
Thijs Fassaert, Public Health Service, Amsterdam
4. **A partnership approach to providing on-site HIV services for probationers and parolees: a pilot study from Alabama, USA**
Bronwen Lichtenstein, University of Alabama, USA
5. **No health without justice, no justice without health: building local health and justice partnerships**
Sunita Sturup-Toft, Public Health England
6. **Police referral to community services in Queensland, Australia**
Liz Greenbank, Infoxchange, Australia
7. **Southern Metropolitan Alcohol Diversion Pilot Program**
Annie Trainor, Australian Community Service Organisation.
8. **Hospital referrals of detainees during police custody in Amsterdam, The Netherlands**
Tina Dorn, Public Health Service Amsterdam

09.00-10.30

PLENARY 2: Alcohol, Vulnerability, Leadership**LOCATION:** Red Hall**CHAIR:** Pat O'Hare, Visiting Professor in Drug Use and Addiction, John Moores University, England & University of Rosario, Argentina

- **Wim van Dalen**, Director, Dutch Institute for Alcohol Policy (STAP), The Netherlands
Introducing ENALE
- **Mark Bellis, Chair**, WHO Collaborating Centre for Violence Prevention & Centre for Public Health, John Moores University, Liverpool
Alcohol, violence prevention and links between child maltreatment and its health and social consequences across the life course
- **Matt Torigian**, Deputy Minister of Community Safety and Correctional Services, Government of Ontario, Canada
Community safety and well-being: a shared commitment
- **Dawn Wiest**, Associate Director, Action Research and Evaluation, Camden Coalition of Healthcare Providers, USA
Using cross-sector integrated data to unlock key insights into vulnerable populations

10.30-11.00

MORNING TEA

| 11.00-12.30 MAJOR SESSIONS | | |
|---|---|--|
| M4 | M5 | M6 |
| Leadership on the intersections of law enforcement and public health | Optimising police-academic collaborative research on public health and protection: A Scottish Model | ENALE 1: European Network on Alcohol Law Enforcement special session |
| LOCATION: Red Hall | LOCATION: Rooms 6/7 | LOCATION: Blue Hall |
| <p>SESSION SUMMARY: The focus of this session is on bridging the gap between academic insights and practical knowledge with regard to leadership.</p> <p>This session will be based on two recent publications on police leadership:</p> <p>Jenny Fleming ed. (2015) <i>Police Leadership: Rising to the Top</i>.</p> <p>Auke van Dijk, Frank Hoogewoning & Maurice Punch (2015) <i>What Matters in Policing? Change, Values and Leadership in Turbulent Times</i>.</p> <p>In this era of ever more complex policing issues and the changing nature of policing itself, senior police officers face a never-ending challenge to keep up not only with the latest reforms, but also with the latest research. Policing is at a turbulent turning point: the pace of change is accelerating with renewed emphasis on crime reduction yet with austerity. In these works, academic knowledge is juxtaposed with the views of senior police practitioners, who provide their own local knowledge and stories, reflecting on their achievements and challenges in leadership roles. Taken together, these discussions build bridges between the two worlds by encouraging 'shared reflections' that consider the importance of theory and practice for future leaders.</p> <p>CHAIR: Auke van Dijk, Agora Think Tank and Dutch Police Service (Amsterdam) & Jenny Fleming, Criminology, University of Southampton, England</p> <p>PRESENTERS:</p> <p>1. Auke van Dijk Agora Thinktank, Dutch Police Service (Amsterdam) <i>What matters in policing? Change, values and leadership in turbulent times</i></p> <p>2. Jenny Fleming, Criminology, University of Southampton, England <i>Selling Research to Police Leaders</i></p> <p>3. Virginie Gautron, University of Nantes, France <i>Punish and treat: an empirical study of the relationship between health care and criminal justice professionals in France</i></p> | <p>SESSION SUMMARY: Established 10 years ago, the Scottish Institute for Policing Research (SIPR) is a collaboration of 13 universities working in partnership with Police Scotland and the Scottish Police Authority. It has pioneered an approach to researching with the police which is built around 3 overlapping models: the practitioner as researcher; embedded research; and organisational excellence. In this presentation, these different models are examined and illustrated and located within broader debates around evidence-based and evidence-informed policing. The importance of barriers to and facilitators of the use of research evidence in police decision-making and capturing the impact of research are also considered.</p> <p>CHAIR: Nick Fyfe, Scottish Institute for Policing Research, University of Dundee, Scotland & Malcolm Graham, Assistant Chief Commissioner, Police Scotland</p> <p>PRESENTERS:</p> <p>1. Nick Fyfe, Scottish Institute for Policing Research, University of Dundee, Scotland <i>From co-producing to connecting evidence: the SIPR model of police-academic collaboration</i></p> <p>2. David Alexander, Police (Special Operations) Research Group, Aberdeen Centre for Trauma Research, Scotland <i>The Police (Special Operation) Research Group - Police research: 'with' not 'on'</i></p> <p>3. Sam McCluskey, Domestic Abuse, Licensing and Violence Reduction Division, Police Scotland <i>Policing perpetrators: developing a Scottish, evidence-based approach</i></p> <p>4. Midj Falconer, Robert Gordon University, Scotland <i>An exploration of well-being, resilience and vulnerability factors in Scottish police officers and outcomes in response to 'trauma' exposure</i></p> <p>5. Inga Heyman, Robert Gordon University, Scotland <i>Insider-outsider collaborative health and police research: challenges and facilitators</i></p> <p>6. Andrew Brown, Scottish Institute for Policing Research, University of Dundee, Scotland <i>Tulliallan to Texas and the journey from practitioner to expert</i></p> | <p style="background-color: #ff9800; color: white; padding: 5px;">ENALE 1: European Network on Alcohol Law Enforcement special session</p> <p style="background-color: #ff9800; color: white; padding: 5px;">Combating drunkenness and over-serving</p> <p>CHAIR: Joost Mulder, Trimbos Institute, The Netherlands</p> <p>PRESENTERS:</p> <p>1. Patrick Widdell, Superintendent, Swedish Police, Stockholm <i>The need for police-health partnerships in dealing with alcohol harms: the police role in alcohol regulation</i></p> <p>2. Zara Quigg, Centre for Public Health, Liverpool John Moores University, England <i>Drink Less, Enjoy More: a multi-component approach in Liverpool</i></p> <p>3. Lotte Voorham, STAD Project, Trimbos Institute, The Netherlands <i>The implementation of the Swedish STAD model in seven other European countries and settings</i></p>  |
| 12.30-13.30 LUNCH | | |
| S3: SPECIAL LUNCHTIME LECTURE | | |
| Hosted by the Global Law Enforcement and Public Health Research Network | | |
| LOCATION: Blue Hall CHAIR: Jenny Fleming , Criminology, University of Southampton, England | | |
| SPEAKER: Auke van Dijk , Agora Thinktank, Dutch Police Service (Amsterdam) <i>Policing vulnerable people: towards a framework for analysis</i> | | |

13.30-15.00 CONCURRENT SESSIONS (C) and MARKETPLACE OF IDEAS (MoI)

| C9 | C10 | C11 | C12 |
|--|---|---|--|
| Refugees and LEPH – what's the relevance? | Vulnerability (Proffered papers) | The practice of law enforcement and public health in Amsterdam neighbourhoods | The role of prisons in public health |
| LOCATION: Red Hall | LOCATION: Rooms 6/7 | LOCATION: Room 10 | LOCATION: Rooms 8/9 |
| SESSION SUMMARY: Slovak police have used firearms against refugees. While this is certainly extremely brutal, other forms of excessive use of force have occurred and will happen when refugees are seeking to cross borders. During 2015 nearly 3,000 women, children and men drowned in the Mediterranean. Right-wing and populist parties and xenophobic movements have gained unexpected momentum in many EU member states. So what is the relevance of health, policing and the refugee crisis? There is some good news but you have to find it. Police tend to see the repercussions that their profession is facing on the borders, near the asylum shelters, and in the cities where problems with the newcomers have occurred (like in Cologne). | SESSION SUMMARY: The 'discovery of the victim' in policing has meant a renewed and strong focus on vulnerability. With emphases on austerity and accountability, there have been increasing demands on police agencies to prioritise protection of the rights of the vulnerable and rigorously ensure the fairness of procedures in dealing with vulnerable populations. 'Vulnerability' comes in many forms and is often situation and context dependent; the proffered papers making up this session explore a variety of situations of police and criminal justice interacting with different sorts of vulnerability. | SESSION SUMMARY: There is an annual rise in the number of incidents involving people who are not necessarily criminals, but who display disorderly and confused behaviour, thereby causing nuisance in residential areas. Police experience increasing pressure on their capacity, when involvement of health care is often the preferred option. Underlying causes are often escalating health problems which need to be addressed early. This session will share information about the Amsterdam approach to mental disorder and public nuisance, with the invitation to participants to share their own views and practices.; present the organization of the Amsterdam hotlines for issues related to care and nuisance; provide insight into, and reflect on the practice of multi-agency working; across community police officers and community psychiatric nurses in Amsterdam. | SESSION SUMMARY: Given the concentration of ill health and disadvantage in justice-involved populations, all parts of the criminal justice system have a role to play in promoting public health. This is particularly true of prisons, distinguished by the high prevalence of complex health problems among people in their care, and unique opportunities that incarceration affords for identification and treatment of disease and promotion of health. Despite this, there remains a tension between the desire for prison to serve as a deterrent, and the need to both rehabilitate and proactively address unmet health needs. Participants will be challenged to take a global view, and consider the contentious proposition that prisoners are entitled to a higher level of health care than those in the communities from which they came, and to which they will return. |
| CO-CHAIRS: Joachim Kersten , Criminology, Munster Police University (ret), Germany & Steve James , Criminology, University of Melbourne (ret), Australia | CHAIR: Xavier Moonen , Koraal Groep Sittart, Zuyd University, University of Amsterdam | CHAIR: Thijs Fassaert , Public Health Service, Amsterdam & Ronald van Steden , VU University, Amsterdam | CHAIR: Stuart Kinner , Griffith University, Australia |
| PRESENTERS: 1. Joachim Kersten , Munster Police University, Germany <i>The refugee crisis in the EU: an overview of the German situation with an emphasis on health, criminality, and attitudes of the German population.</i> 2. Agnes Lux , UNICEF (United Nations Children's Emergency Fund) <i>The situation of children from an UNICEF perspective</i> 3. Michele Devlin & Mark Grey , University of Northern Iowa, USA <i>Homeland security, public health and refugee community relations: a case study of an Ebola prevention program for West African immigrants in Iowa.</i> 4. Jonas Hansson , UMEA University, Sweden <i>Police officers' coping strategies and general mental health in relation to unaccompanied, asylum-seeking refugee children's forced repatriation.</i> | PRESENTERS: 1. Ain Peil , Ministry of the Interior, Estonia <i>SPIN – using a sports-based intervention program, targeted at at-risk young people with lesser opportunities to break down barriers with police</i> 2. Nazirah Hassan , University of Strathclyde, Scotland <i>The vulnerable among the vulnerable: exploring the dynamic experiences of victimization in juvenile justice institutions</i> 3. Frank Berens , Ministerie van Volksgezondheid, Weizijn en Sport, The Netherlands <i>A comprehensive approach for persons showing confused behaviour</i> 4. Dinara Bakirova , Shah-Aiym Network, Kyrgyzstan <i>Human rights violations and violence by police in Kyrgyzstan: sex worker's perspective</i> 5. Denise Martin , University of the West of Scotland <i>Craft versus Science: the importance of experience in protecting vulnerable populations</i> 6. Merel Schutten , GGD ZHZ Dordrecht, The Netherlands <i>What to do with confused persons? An evaluation of team induction and interfering care</i> | PRESENTERS: 1. Tako Engelfriet , Amsterdam Municipality, The Netherlands <i>Local 'hotlines' for citizens who seek to report concerns and nuisance relating to their residential areas</i> 2. Matty de Wit , Public Health Service, Amsterdam <i>Three profiles of pathways through care of SMI (Serious mental illness) clients with multiple public crisis interventions</i> 3. Michael Willemsen & Frans van Gelderen , Public Health Service, Amsterdam <i>Insight into the practice of multi-agency working on serious mental illness (SMI) across community police officers and community psychiatric nurses in Amsterdam neighborhoods</i> 4. Ronald van Steden , VU University, Amsterdam & Lis Weimar , Dutch Police Service, Amsterdam <i>A 'joined up' approach toward people with Serious Mental Illnesses (SMI)</i> | PRESENTERS: 1. Ernest Drucker , John Jay College, USA <i>Preventing overdose deaths after prison re-entry: a life saving role for law enforcement</i> 2. Heino Stöver , Frankfurt University of Applied Sciences, Germany <i>Public health, harm reduction for and with drug users and imprisonment</i> 3. Anja Dirkwager , Netherlands Institute for the Study of Crime and Law Enforcement <i>Imprisonment and post-prison mental health: a public health challenge</i> 4. Matthew Maycock , MRC/CSO Social and Public Health Sciences Unit, University of Glasgow, Scotland <i>Reflection on developing a public health intervention for prisoners in Scotland: exploring opportunities, challenges and unintended consequences of public health within prisons</i> 5. Dominique de Andrade , Griffith University, Australia <i>International drug policy: implications for modern corrections and public health</i> |

13.30-15.00

ENALE 2: European Network on Alcohol Law Enforcement special session

Alcohol law enforcement: the Dutch way

LOCATION: Blue Hall **CHAIR:** **Joost Mulder**, Trimbos Institute, The Netherlands

PRESENTERS:

1. Wim van Dalen, Director STAP (Dutch Institute on Alcohol Policy) and **Jeroen de Greeff**, Coordinator, Dutch Expertise Centre on Alcohol Law Enforcement

The alcohol law enforcement system in the Netherlands.

2. Michiel van Baardewijk, Chair, Alcohol Law Enforcement Association

Current challenges and new developments after two years of decentralisation of alcohol law enforcement in the Netherlands

3. Bas Zegers, Paediatrician, Eindhoven Hospital

What Dutch hospitals are facing currently regarding young people and drunkenness/intoxication

4. Caroline van Ferneij and **Bas Jansen**, Dutch Police Service, Amersfoort

The use of a helmet camera by the police to film and give feedback to intoxicated offenders in nightlife.



13.30-15.00

CONCURRENT SESSIONS (C) and MARKETPLACE OF IDEAS (MoI)

| Mol 9 | Mol 10 | Mol 11 | Mol 12 |
|---|--|--|--|
| <p>Implementing the Police, Ambulance and Clinical Early Response (PACER) team in Geelong: a regional example of police-mental health partnership</p> | <p>How can the introduction of new evaluation criteria of operational police performance help protect the rights of vulnerable communities?</p> | <p>Balancing health and safety</p> | <p>A safe and inclusive internal organization climate in Law Enforcement as a necessity for adequately 'policing' vulnerable communities</p> |
| <p>LOCATION: White room</p> | <p>LOCATION: Room 5</p> | <p>LOCATION: Black room</p> | <p>LOCATION: Room 2</p> |
| <p>SESSION SUMMARY: Aiming to contribute to best practice in developing police and mental health co-response teams, this presentation offers an overview of the implementation and operation of the Police, Ambulance and Clinical Early Response (PACER) model in the regional city of Geelong, Victoria (Australia). It also provides a valuable opportunity for knowledge exchange on building success and addressing potential challenges to this type of collaboration.</p> | <p>SESSION SUMMARY: In an effort to foster knowledge exchange, the presentation will outline Kyrgyzstan's experience of Ministry of Interior's and public health organizations' joint development of new evaluation criteria for the operational police's performance in order to protect rights of vulnerable communities. After describing the achievements and challenges of the initiative, a facilitated discussion will encourage a knowledge exchange through sharing of best practices, mechanisms and initiatives, as well other valuable knowledge and practical experience in order to find ways to foster an effective partnership between operational police and public health organizations, focusing on protection of rights of vulnerable communities in particular, and practical approaches that are relevant for operational police, drawing from the diverse international background and experience of participants.</p> | <p>SESSION SUMMARY: Positive Health focuses on how people function in everyday life, with possible illnesses or defects. Positive Health describes six dimensions: body function/mental wellbeing/spiritual – existential dimension/quality of life/social and community participation/ daily functioning. Positive Health endorses the need for comprehensive approaches, which also fits seamlessly with changes in the social domain. We connect these six dimensions with community policing, citizen participation and self-reliance.</p> <p>To do this, we demonstrate two approaches:</p> <ol style="list-style-type: none"> 1. A game for 6 players: With this game we connect health with safety issues and other contextual influences. 2. A market: 6 market stalls represent the 6 dimensions of positive health (and safety). The stalls sell products that represent the dimensions . <p>At the end, we have a group discussion about choices, priorities and limited resources for different vulnerable people in society.</p> | <p>SESSION SUMMARY: Creating a safe organizational climate results in a better understanding and performance of the law enforcement in protecting and serving the community/ marginalized communities and a more trustworthy institute as part of a democratic society. This contribution by the Dutch Police is of a presentation and debate on the necessity of a safe internal working climate in Law Enforcement as a precondition for adequately dealing with vulnerable communities. We will give a short presentation about our point of view and next facilitate the discussion/debate with examples of dilemmas.</p> |
| <p>FACILITATOR/PRESENTER: Jessica Saligari, Deakin University, Australia</p> | <p>FACILITATOR/PRESENTER: Gulsara Alieva, Kyrgyz Women Police Organisation, Kyrgyzstan & LEAHN</p> | <p>FACILITATORS: Caroline Dijkstra, Dutch Police Service (Amsterdam)</p> <p>Francisca Flinterman, Public Health Service Amsterdam, Netherlands</p> <p>Hennek Bernhout, Public Health Service Kennemerland, Haarlem, Netherlands</p> | <p>FACILITATOR/PRESENTER: A.W. (Pim) Jansonius, Chief Superintendent. Dutch Police Service (Amsterdam)</p> <p>Annerieke Hoorn, Superintendent, Central Infrastructure Service, Dutch Police Service</p> |

15.00-15.30

AFTERNOON TEA

15.30-17.00 CONCURRENT SESSIONS (C) and MARKETPLACE OF IDEAS (MoI)

| C13 (2 hour session) | C14 | C15 | C16 (2 hour session: 15.30 – 17.30) |
|---|--|--|--|
| Social disruption – the (mini) crisis approach: the connection between public health and safety | Illicit drugs (Proffered papers) | Amsterdam Vice Case: inter-agency response to a major child abuse case | Prisons: (Proffered papers) |
| LOCATION: Rooms 6/7 | LOCATION: Rooms 8/9 | LOCATION: Red Hall | LOCATION: Rooms 8/9 |
| SESSION SUMMARY: The objective of this session is to exchange information about the Dutch approach to social unrest and disturbance based on best practices. Three cases will illustrate best practice in situations at the intersection of public health and safety, where a public debate or disquiet among residents played a role. These are a shooting incident at a shopping mall in Alphen aan de Rijn, illegal occupancy at a campsite at Fort Orange in Hart voor Brabant, and incidents around refugee centers or the arrival of asylum seekers (Nijmegen, Geldermalsen). The director of public health (DPG) in question will present the case, enriched with images. Afterwards there is an opportunity to raise questions and discuss. | SESSION SUMMARY: Growing awareness of the failure of the unidimensional law and order approach to regulation of supply and use of illicit drugs has opened the space for consideration of much more humane and effective approaches, largely coming from the public health sector. This is happening too slowly and in some parts of the world not at all; but increasingly also it is being seen that police have very constructive roles to play in public health approaches to reduce the harm from illicit drugs. | SESSION SUMMARY: A man was arrested in the US in 2010 for possession of child pornography; some material was traced to Netherlands and recognized, leading to a day-care centre in Amsterdam. A child care worker working in three day-care centres in Amsterdam confessed to abusing 83 young children; photos and film of which were placed on internet sites. 500 parents were informed and asked if they would watch the material. This case caused immense concern among many parents with young children in Amsterdam; involved police in broad multi-agency support for the parents and in continually communicating with the public along with the Mayor and City Hall. Some officers working the case experienced psychological and emotional difficulties from days spent viewing the graphic and harrowing material displaying serious crimes against the most vulnerable and defenceless in society. | SESSION SUMMARY: Nowhere is the integral engagement of the criminal justice system with the lives of individuals closer than in prison and other incarcerated settings. There is much that can be done to improve the health and fitness of those within the criminal justice system by appropriate partnerships; and much also through recognition of the ability of prisons to have a broad influence on the public health. These proffered papers provide insight into a wide range of innovative interventions to make the most of these opportunities. |
| CHAIR: Paul van der Velpen, Public Health Service, Amsterdam | CHAIR: Monique Marks, Durban University of Technology, South Africa | CHAIR: Maurice Punch, Visiting Professor, London School of Economics and Politics, England | CHAIR: Stuart Kinner, Griffith University, Australia |
| PRESENTERS: 1. Sjaak de Gouw, Public Health Service, Holland Midden, The Netherlands Social and public health impact of a shooting incident: integrated aftercare 2. Annemieke van der Zijden, DPG Brabant West, The Netherlands Out of the picture? Vulnerable people in forgotten places 3. Moniek Pieters, Public Health Service, Nijmegen, The Netherlands & Marcel Hoff, GGD Gelderland-Zuid, The Netherlands Asylum seekers in emergency shelter: how social impact, public health and security are related | PRESENTERS: 1. Adam Frost, Queensland Police Service, Australia Police and health – a joint approach to community awareness on crystal methamphetamine (Ice) 2. Jaime Arrendondo, UC San Diego, USA Police Education Program to improve the implementation of drug policy reform in Mexico: initial results from a longitudinal assessment 3. Yohan Misero, LBH Masyarakat, Indonesia Indonesia's Compulsory Reporting: the broken bridge between law and health care 4. Christian Schneider, Federal Office of Police, Switzerland What shapes police-public health relationships? Exploring determinants of quality of co-operation between police and addiction services in the implementation of drug policy in Switzerland | PRESENTERS: 1. Henk de Jong, Secretary General Amsterdam at the time of the Vice Case, currently Strategy Director, Dutch Police Service Mayoral response to a major case of abuse of young children raising wide public concern 2. Marjolein Smit, Operational Commander Vice Case; Police Commissioner, Dutch Police Service, Amsterdam Leading the police response to a major criminal case, inter-agency cooperation and relationship with victim's parents 3. Wilco Tuinebreijer, Public Health Service, Amsterdam Public health response to all those affected - victims, families and professionals - by an extreme case of very young child abuse | PRESENTERS: 1. Nasrul Ismail, University of the West of England Should we use legal regulations to influence healthy prison agendas in England? 2. Julia Morgan, Plymouth University, England Improving prison visiting experiences for imprisoned parents and their children 3. Caroline Leeson, Plymouth University, England A hidden population of young carers 4. Annet Slijkhuis, Correctional Offices of The Netherlands The Correctional Offices in the Netherlands: a finding and guiding place for the incapacitated and socially disadvantaged person 5. Dominique de Andrade, Griffith University, Australia Escalating chaotic lifestyle among ex-prisoners: exploring the relationship between emergency health service utilisation and return to custody 6. Eamonn O'Moore, Public Health England Improving international collaborative research on health in prison and other justice settings: introducing the WHO Europe Prison Health Research and Engagement Network (WEPHREN) |

15.30-17.00

ENALE 3: European Network on Alcohol Law Enforcement special session

Police and Night-time Economies

LOCATION: Blue Hall **CHAIR:** Wim van Dalen, STAP, The Netherlands

PRESENTERS:

1. Ellen Leslie, University of Queensland, Australia

Consequences of concurrent and simultaneous stimulant and alcohol use among young adults: hazardous drinking, antisocial behaviour, and contact with police

2. Patrick Widell, Superintendent, Swedish Police, Stockholm

Training of Norwegian police in better alcohol law enforcement

3. Elske Hamerlink, Amsterdam Municipality & **Ella Overkleeft**, Project Manager N8BM, Amsterdam

Squares Project: safer night time economies in collaboration with traders (TBC)



15.30-17.00 CONCURRENT SESSIONS (C) and MARKETPLACE OF IDEAS (MoI)


| Mol 13 | Mol 14 | Mol 15 | Mol 16 |
|--|--|---|--|
| Collaboration in threat management between police and mental health care workers | Law Enforcement Assisted Diversion (LEAD): changing police practices | Tackling the harm of binge drinking – a Police Scotland, Community Partnership and Robert Gordon University student approach | Law enforcement and harm reduction: informing, advancing, assisting |
| LOCATION: White room | LOCATION: Black room | LOCATION: Room 5 | LOCATION: Room 2 |
| <p>SESSION SUMMARY: The aim of the workshop is to increase knowledge on how to prevent further impairment of functioning in high risk individuals and thereby avoid danger of aggression aimed at others. In the past few years a method has been developed that focusses on a) risk assessment, b) a person centered approach, c) cooperation between stakeholders.</p> <p>After a brief introduction, the method will be explained in detail, including the instruments used for risk assessment. Participants of the workshop will be invited to contribute case histories to facilitate a discussion on how to deal with information and privacy, in the collaboration with different stakeholders like police, mental health care or community services. Attention will be paid to possible conflicts of interest that may arise when sharing information.</p> <p>Participants of the workshop will be invited to contribute case histories to facilitate a discussion on how to cooperate in situations of security and care.</p> | <p>SESSION SUMMARY: The Law Enforcement Assisted Diversion (LEAD) program is a community-based diversion approach for people who commit law violations due to behavioral health issues, with the goals of improving public safety and public order and reducing illegal behavior. This session will focus on why law enforcement agencies may be motivated to adopt LEAD and how to engage rank and file officers in doing so. The session will also explore the benefits of cross-system cooperative efforts between law enforcement and public health/social work practitioners. Particular attention will be paid to how front line officers were engaged in adopting and implementing LEAD, police training, and the practical details of how to replicate this approach.</p> | <p>SESSION SUMMARY: This presentation will share insights into the collaborative development of alcohol safety messages over the Christmas period. This was achieved through a partnership approach comprising Police Scotland, Robert Gordon University (RGU) students and the Weekend Partnership, a group of 70 partner agencies involved in promoting the safety and diversity of the city's night time economy. The importance of such a partnership approach and the impetus for development from a community perspective will be examined. The focus, co-development and subsequent management of six student produced videos will be shared. Delegates will have the opportunity to view the videos and discuss with presenters lessons learned, plans for future collaborations and opportunities to develop such resources in their own areas.</p> | <p>SESSION SUMMARY: We have produced many these resources designed to provide objective information and rational guidance regarding police and harm reduction. The information is presented by law enforcement, for law enforcement, which has accounted for broader acceptance to the information than if it were presented by a non-police organization. The resources and productions which will be highlighted aim to relate the various laws, regulations and public policy to the street level. Additionally, a policy template will be discussed which uses best practices and experiences to provide policy guidance to law enforcement agencies to successfully integrate with local harm reduction operations</p> |
| <p>FACILITATOR/PRESENTER: Didier Rammers, Dutch Police Service (Driebergen)</p> <p>Marcel Tiehuis, Dutch Police Service (Driebergen)</p> | <p>FACILITATOR: Marc Krupanski, Open Society Foundations, USA</p> <p>PRESENTERS: Chief Deputy Jim Pugel, King County Sheriff's Office, USA</p> <p>Chief Brendan Cox, Albany Police Department, USA</p> <p>Deanna Nollette, Seattle Police Department, USA</p> | <p>FACILITATOR/PRESENTER: Corina Andrian, Robert Gordon University, Aberdeen, Scotland</p> <p>Adam Johnston, Robert Gordon University, Aberdeen, Scotland</p> | <p>PRESENTER: Mark Spawn, The Spawn Group, USA</p> |

11.00-12.30 MAJOR SESSIONS

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| <p>M7</p> <p>The phenomenon of trauma: challenges and rewards of law enforcement - mental health partnerships</p> <p>LOCATION: Red Hall</p> <p>SESSION SUMMARY: Traumatic dysregulation which follows confrontation with the worst of human nightmares has enormous short and longer-term impacts on both immediate victims and witnesses of violence. There is also a tremendous potential impact on responding professionals – both police officers and mental health professionals – that that can interfere with recognizing and attending to the impact on immediate victims. Responding professionals may need to ignore the full extent and impact of catastrophic events if there is nothing practical they can offer to those affected; they may be left feeling helpless and ineffectual. This presentation will</p> <ul style="list-style-type: none"> • outline basic phenomenon associated with acute traumatic response, peritraumatic and longer-term impact of violence and other overwhelming events; • use personal vignettes from both police and mental health professionals both before and after joining forces in what would become shared efforts to respond more effectively to those impacted by the horrors of traumatic violence and catastrophe • demonstrate ways in which steps involved in the building of collaborative work can address and help to overcome the barriers of isolation and lead to greater experience of professional effectiveness, no longer necessitating turning a blind eye to pain and suffering associated with brutality, violence and destruction. <p>CHAIR: Tina Dorn, Public Health Service, Amsterdam</p> <p>PRESENTER: Steven Marans, Director, Childhood Violent Trauma Center; Professor, Child Study Center, Yale School of Medicine, USA</p> <p>DISCUSSANTS: 1. Sarah Greene, Charlotte Child Development-Community Policing (CD-CP)</p> <p>2. Eddie Levins, Deputy Chief (ret), Charlotte-Mecklenberg Police Department Police</p> | <p>M8</p> <p>HIV and harm reduction</p> <p>LOCATION: Rooms 6/7</p> <p>SESSION SUMMARY: This session brings together a range of experiences of police working in the field of harm reduction, in partnership both with HIV programs and with key affected populations. Over the last two decades, this has been one of the most fruitful and intriguing areas where police collaboration with marginalised communities has been explored.</p> <p>CHAIR: Melissa Jardine, Centre for Law Enforcement and Public Health, Australia</p> <p>PRESENTERS: 1. Ernest Drucker, 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></p> <p>2. Jones Blantari, Ghana Police Service <i>Rights protection and programming for key populations in Ghana: the role of the Ghana Police Service conducting integrated bio-behavioural surveillance survey</i></p> <p>3. Annette Verster, World Health Organization, Switzerland <i>Key populations, HIV and law enforcement</i></p> <p>4. Lars Kütke, Drug Commissioner, Police HQ, Frankfurt, Germany <i>"Frankfurter Weg": an opportunity for all</i></p> | <p>M9</p> <p>Developing effective police responses to reduce the public health burden of intimate partner and family violence</p> <p>LOCATION: Blue Hall</p> <p>SESSION SUMMARY: Family violence is a major public health problem, the majority of the costs associated with health, and particularly mental health, impacts on victims. Unlike many public health problems, family violence does not have a readily available health solution. To reduce family violence and its health-related impacts, a range of responses is required from non-health agencies, including police. This session will integrate three presentations from different perspectives to show how improving police practice can have positive public health effects:</p> <ol style="list-style-type: none"> 1. Discussion of health impacts of family violence and why health organisations might be interested in helping to improve police practice in responding to family violence. 2. A presentation of research from Sweden describing how implementing evidence-based risk assessment for police can assist in helping them to respond to and manage various forms of family violence more effectively, changing outcomes for victims. 3. A presentation of ongoing research from Australia in which a unique project is measuring outcomes not only using police crime statistics but also by examining health outcomes for both victims and perpetrators over time. <p>CHAIR: Troy McEwan, Swinburne University and Forensicare, Australia</p> <p>PRESENTERS: 1. Vanda Fortunato, Macedon Ranges and North West Melbourne Medicare Local, Australia <i>Why a health organisation became interested in policing of family violence</i></p> <p>2. Joakim Petersson, Mid Sweden University, Sweden & Heidi Selenius, Orebo University, Sweden <i>Implementing effective police risk assessment and management for family violence</i></p> <p>3. Stuart Bateson, Victoria Police, Australia & Troy McEwan, Swinburne University, Australia <i>How a partnership between police and forensic mental health services can change outcomes for victims of family violence</i></p> |
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12.30-13.30 LUNCH

13.15-13.45 S4: SPECIAL LUNCHTIME LECTURE

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|  | <p>Police dealing with mental health issues in low income settings</p> <p>LOCATION: Blue Hall SPEAKER: Samuel Otu-Nyarko, Ghana Police Service</p> <p>CHAIR AND COMMENTATOR: Michael Brown OBE, College of Policing, UK</p> |
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13.30-15.00 CONCURRENT SESSIONS (C) and MARKETPLACE OF IDEAS (MoI)

| C17 | C18 | C19 | C20 |
|---|--|--|--|
| <p>Harm reduction and police 1: Problems and Challenges (Proffered papers)</p> | <p>Violence (Proffered papers)</p> | <p>Drug consumption rooms as a win-win tool for public order and for the health of people who use drugs</p> | <p>The Amsterdam approach on extreme intimidation and harassment in the home environment</p> |
| <p>LOCATION: Rooms 6/7</p> | <p>LOCATION: Blue Hall</p> | <p>LOCATION: Rooms 8/9</p> | <p>LOCATION: Red Hall</p> |
| <p>SESSION SUMMARY: The advent of HIV infection and subsequent AIDS among and from people who inject illicit drugs was the driving force for change of policy in dealing with this intersection of immensely complex phenomena – and drove the development of the harm reduction philosophy, which is now globally accepted as the most appropriate and effective approach. The approach has subsequently found acceptance and usefulness in other complex settings. These proffered papers illustrate well the current range of the harm reduction philosophy and its integration with policing.</p> | <p>SESSION SUMMARY: It is only relatively recently in historical terms that violence became seen as a public health issue, and it is only relatively recently that public health approaches have been explored in responding to sexual and domestic violence. It is abundantly clear that these incredibly complex issues, entangled with mental health and alcohol and other drug issues absolutely require powerful coalitions and partnerships to respond effectively. These proffered papers illustrate a range of approaches that have been developed in different settings.</p> | <p>SESSION SUMMARY: Police actions in areas of open drug scenes usually are characterized by repression against consumers and dealers in order to reduce small-scale trade, consumption, littering etc, often followed by short term imprisonment. In the case of existing drug consumption rooms, police are asked to collaborate with local health service providers and to exchange information about health status, acute crises, homelessness and so on in order to improve the health and social situation of the person. The session will highlight experiences, models and pitfalls for drug consumption rooms - police cooperation on the ground in Amsterdam, Frankfurt and Sydney.</p> | <p>SESSION SUMMARY: In 2013 an approach to protect victims of “extreme intimidation and harassment in the home environment” commenced in Amsterdam. Based on the notion of a just and humane government, another principle is that harassers also receive care. The principle of observing the line of protection and support for victims, without having to have their own effective (legal) compulsory coercion is not always easy. The solution varies and is adapted or customized to the individual. This session provides an insight into the cases and the various tools the approach uses to solve such complex situations. The audience’s experiences of sharing information amongst partners in the safety and health care sectors will be discussed, and the ways extreme intimidation is dealt with in their own communities.</p> |
| <p>CHAIR: Scott Burris, Temple University Beasley School of Law, U.S.A.</p> | <p>CHAIR: Inga Heyman, Robert Gordon University, Scotland</p> | <p>CHAIR: Eberhard Schatz, Correlation, The Netherlands & Mark Spawn, The Spawn Group, USA</p> | <p>CHAIR: Ronald van Steden, VU University, Amsterdam</p> |
| <p>PRESENTERS: 1. Wamala Twaibu, Harm Reduction Network, Uganda <i>Human rights violations against people who use drugs in Uganda: the need to engage PWUDs in the fight against HIV</i></p> <p>2. Dinara Bakirova, Shah-Aiyim Network, Kyrgyzstan <i>Arbitrary detentions and police raids as an obstacle in implementing HIV prevention programs with sex workers</i></p> <p>3. Katherine Footer, Johns Hopkins Bloomberg School of Public Health, USA <i>Policing practices as a structural determinant for HIV among sex workers: a systematic review of empirical findings</i></p> <p>4. Javier Cepeda, Johns Hopkins Bloomberg School of Public Health, USA (to be presented by Leo Beletsky) <i>Occupational hazards of drug law enforcement: needlestick injury and its correlates among police officers in Baltimore, Maryland</i></p> <p>5. Konstantinos Farmakidis-Markou, Centre for Life, Greece <i>Criminalization of HIV-transmission in police operations of 2012: human rights violations and public health concerns</i></p> | <p>PRESENTERS: 1. Marc Delsing, Praktikon, Nijmegen, The Netherlands <i>Violence prevention through early risk assessment: development and validation of the Prokid risk assessment tool</i></p> <p>2. Jacki Tapley, University of Portsmouth, England <i>Arrest and restore: adopting a reformative approach as a path to prevention in cases of domestic abuse</i></p> <p>3. Tina Dorn, Public Health Service Amsterdam <i>Characteristics of victims of sexual assault seen by Amsterdam forensic nurses, January 2012 to May 2013</i></p> <p>4. Jocelyn Anderson, West Mercia Rape and Sexual Abuse Support Centre, England <i>Sexual violence: reactive and proactive prevention</i></p> | <p>PRESENTERS FROM VARIOUS SETTINGS: 1. Conrad Kockert, Coordinator DCR De Regenboog Groep, Amsterdam</p> <p>2. Gabi Becker, Integrative Drogenhilfe, Frankfurt, Germany</p> <p>3. Marianne Jauncey, Uniting Medically Supervised Injecting Centre, Australia</p> <p>4. Lars Kütthe, Drug Commissioner, Police HQ, Frankfurt, Germany <i>Co-operation between drug services and police - using the example of drug consumption rooms</i></p> <p>5. Jelle van Veen, Dutch Police Service, Amsterdam</p> | <p>PRESENTERS: 1. Mireille Geldorp, Amsterdam Municipality, Public Order and Safety, The Netherlands <i>A person-oriented approach on extreme intimidation and harassment in home environments.</i></p> <p>2. Ardan Miedema, Public Health Service, Amsterdam <i>Public Health Profiling: profiles of extreme harassers</i></p> <p>3. Jan Pronker, Dutch Police Service (Amsterdam) <i>Putting profiles into practice: merits and limitations of public health profiles from the police perspective.</i></p> <p>4. Michael Willemsen, Public Health Service, Amsterdam <i>Golden rules for dealing with the victims of extreme intimidation and harassment in home environments</i></p> |

13.30-15.00 CONCURRENT SESSIONS (C) and MARKETPLACE OF IDEAS (MoI)

| Mol 17 | Mol 18 | Mol 19 | Mol 20 |
|--|---|--|---|
| Trauma-focused police responses to children exposed to violence: a national plan for the United States | Family group conference | Cooperation works! Sexual Assault Center Amsterdam-Amstelland: accessible and essential care for all recent victims of sexual assault | Think Tank: How do we best achieve a joined-up police and mental health response to mental health crises? |
| LOCATION: White room | LOCATION: Black room | LOCATION: Room 5 | LOCATION: Room 2 |
| <p>SESSION SUMMARY: In US, childhood exposure to violence (CEV) is a problem that has reached epidemic proportions, affecting over 60% of children each year. The long-term negative impacts include physiological hyperarousal, structural brain abnormalities, cognitive deficits, mental health disorders and risk-taking behaviours. In 2012, the Attorney General's Defending Childhood Task Force recommended enhancing the collaboration between law enforcement and mental health service providers to ensure that all children exposed to violence are routinely identified, screened and assessed. The Department of Justice, the International Association of Chiefs of Police (IACP) and the Childhood Violent Trauma Center at Yale collaborated to create a toolkit designed to enhance law enforcement's capacity to respond to CEV. Panellists will describe the tools and resources, as well as the results of a comprehensive national training initiative.</p> | <p>SESSION SUMMARY: The family group conference movement has disseminated from New Zealand all over the world. Its main principles are "let people decide themselves" and "Enlarge the family circle". In The Netherlands over 10.000 family group conferences (FGC) have taken place. When children are about to fall under court-custody, parents can make a detailed plan together with family members, friends and people from their neighbourhood so children can stay with their family. In The Netherlands the model of the family group conference is applied to other social themes, like mental health problems, disabled persons, aged people in isolation, financial and housing problems. The FGC can also be applied to nuisance in the neighbourhood and as restorative justice. All FGCs are systematically evaluated by the participants. This Presentation will provide general information about the family group conference, examples of its application, and discussion about the possible role of local police officers.</p> | <p>SESSION SUMMARY: Since 2012, the police and public health service of Amsterdam have been working together intensively to provide victims of sexual abuse or assault who report to the police with timely and essential care, and the opportunity to optimize their chances of success in the criminal justice system. This cooperation was expanded in January 2016 with multiple partners and housed in the new Sexual Assault Center (Centrum Seksueel Geweld, CSG). In this workshop we want to exchange knowledge and experiences. We will present the method of the Sexual Assault Center; how was the cooperation expanded to include more partners and developed further? Using case studies we will show who our partners are and how we work together. When does our cooperation makes us stronger? And in which cases can it be a weakness, and how did we manage to overcome this? All attendees are explicitly invited to come up with their own solutions and suggestions for improvement or further development.</p> | <p>SESSION SUMMARY: How can we, when a crisis situation occurs, come to a good joined (mental health care and police) and rapid response that preferably takes place on the spot or at least makes sure that mental health care professionals are involved as soon as possible? Options include:</p> <ul style="list-style-type: none"> • Minimizing police involvement to a role in which police only is responsible for safety • Maximizing client involvement (and involvement client's network) • Mental Health Care professionals on the spot (preferably at patients home) • No unnecessary intermediaries, client needs the appropriate care immediately • Ability to function in rural areas (in terms of response time, cost effectiveness, etc) <p>CHAIR: Jeroen Traas, Manager of acute mental health services at Dimence, The Netherlands</p> |
| <p>FACILITATOR: Hilary Hahn, Yale Childhood Violent Trauma Center, USA</p> <p>PRESENTERS AND PANELLISTS: 1. Hilary Hahn, Yale Childhood Violent Trauma Center, USA</p> <p>2. Kelly Burke, International Association of Chiefs of Police, USA</p> <p>3. Naama de la Fontaine, Yale Childhood Violent Trauma Centre, USA</p> | <p>FACILITATOR AND CO-PRESENTER: Gerard van der Zalm, Dutch Police Service (Rotterdam)</p> <p>CO-PRESENTER: Joost Witlox, Manager, Eigen Kracht Centrale, The Netherlands</p> | <p>FACILITATOR: Vera Schuller, Public Health Service Amsterdam</p> <p>PRESENTERS: 1. Jan de Jong, Vice Squad, Dutch Police Service, Amsterdam</p> <p>2. Marijke Eppink, Public Health Service Amsterdam</p> <p>3. Benne Holwerda, Public Organization against Domestic Violence and Child Abuse, GGD Amsterdam</p> <p>4. Vera Schuller, Sexual Assault Center Amsterdam-Amstelland, Netherlands</p> | <p>SPEAKERS: 1. Jeroen Traas, Manager of acute mental health services at Dimence (a Dutch mental health organisation). <i>Introduction to the subject</i></p> <p>2. Inge Boele, Ingetikt, The Netherlands & Experience expert <i>Experiences in crisis situations and the importance of good cooperation between several organizations.</i></p> <p>3. Drs. Elnathan Prinsen – Psychiatrist and manager of the division acute mental health services at Dimence <i>From a mental health perspective: the way mental healthcare in acute situations is organised now and what opportunities and difficulties occur in co-working with police</i></p> <p>4. Paul Jennings, 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></p> <p>Workshop: Group work on finding possible solutions to the problem and requirements to make them work, followed by comments from the expert panel.</p> |

15.00-15.30

AFTERNOON TEA

15.30-17.00 CONCURRENT SESSIONS (C)

| C21 | C22 | C23 | C24 |
|--|--|---|--|
| Drug courts: are they a solution or a problem? | Mental health 2: Law enforcement and mental health in practice (Proffered papers) | Harm reduction and police 2: Approaches to solutions (Proffered papers) | Trauma (Proffered papers) |
| LOCATION: Rooms 6/7 | LOCATION: Room 10 | LOCATION: Blue Hall | LOCATION: Red Hall |
| SESSION SUMMARY: The U.S. government has presented drug courts as an alternative to incarceration, and as a health-based approach to alleviating the effects of its harshly punitive criminal justice laws on drug possession and personal drug use. Critics fault the system for failing to address broader public health challenges by not providing a real alternative to a criminal justice approach to drug use. This session will focus on the effectiveness of drug courts; how they change, or fail to change, the way governments police drug use; their impact on people who use drugs; and the ways drug courts affect the roles of health professionals who seek to treat patients according to the ethics mandated by the medical profession. | SESSION SUMMARY: This session explores the mental health theme further through proffered papers on a range of critical issues and approaches to addressing complex mental health issues in partnership. | SESSION SUMMARY: The advent of HIV infection and subsequent AIDS among and from people who inject illicit drugs was the driving force for change of policy in dealing with this intersection of immensely complex phenomena – and drove the development of the harm reduction philosophy, which is now globally accepted as the most appropriate and effective approach. The approach has subsequently found acceptance and usefulness in other complex settings. These proffered papers illustrate well the current range of the harm reduction philosophy and its integration with policing. | SESSION SUMMARY: The public health perspective brings a very long perspective to the understanding of the genesis of complex issues, with primary causes seen to be acting sometimes over many years or even generations. The impact of violence on those against whom it is perpetrated plays out over many years; but likewise it has its long-term impact on those who must deal with it. Nowhere is it more crucial that the criminal justice and the public health systems work to achieve a unified and integrated approach than in dealing with the traumatic impact of violence and exploitation. |
| MODERATOR: Jasmine Tyler, Open Society Foundations, USA | CHAIR: Stuart Thomas, RMIT University, Australia | CHAIR: Marc Krupanski, Open Society Foundations, USA | CHAIR: Lillian Artz, University of Cape Town, South Africa |
| DISCUSSANTS: 1. Daniel Abrahamson, Legal Counsel, Drug Policy Alliance 2. Andrea James, Families for Justice as Healing, USA 3. John Collins, London School of Economics, England 4. Howard Josepher, LCSW, Exponents, USA 5. Christine Mehta, Physicians for Human Rights, USA | PRESENTERS: 1. Meron Wondemaghen, Southampton, England <i>Policing the mentally ill in the South of England</i> 2. Inga Heyman, Robert Gordon University, Scotland <i>A study of pathways and interface between police, those in mental health distress and emergency health services</i> 3. Samantha Weston, Keele University, England <i>Police approaches and management of situations involving persons with mental ill health</i> 4. Sue-Ann MacDonald, University of Montreal, Canada <i>Discourses and practices in a mental health court</i> 5. Menno Segeren, Public Health Service Amsterdam <i>Public mental health care needs of young adult violent repeat offenders</i> | PRESENTERS: 1. Cinzia Brentari, Harm Reduction International, England <i>Scaling up harm reduction in places of detention: a public health and human rights imperative</i> 2. Simon Howell, University of Capetown & Monique Marks, Durban University of Technology, South Africa <i>Harm reduction efforts in South Africa: tentative steps towards new practices</i> 3. Mark Spawn, The Spawn Group, USA <i>Law enforcement and harm reduction: informing, advancing, assisting</i> 4. Katherine Footer, Johns Hopkins School of Public Health, USA <i>“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</i> 5. Abraham Lincoln Sammanasu Nathan, National AIDS Control Organization, India <i>Strengthening partnership between law enforcement and public health: India</i> | PRESENTERS: 1. Michael Daffern, Swinburne University, Australia <i>The impact of inpatient violence on mental health staff</i> 2. Peter Unwin, University of Worcester, England <i>The health implications of childhood sexual exploitation on parents</i> 3. Kirsty McGregor, University of Worcester, England <i>Victims of child sexual abuse and exploitation: revictimisation, journeys of recovery and criminal justice processes in Warwickshire and West Mercia</i> 4. Jones Blantari, Ghana Police & LEAHN <i>Increasing the uptake of Post Exposure Prophylaxis by rape survivors in Ghana: the role of the Ghana Police Service</i> 5. Ian Hesketh, College of Policing, UK <i>The UK Police Workplace Wellbeing Charter</i> |

17.00-17.30

PLENARY 4: LEPH2016 CONFERENCE CLOSING SESSION

LOCATION: Red Hall

NOTES

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