

Police and Community Led Structural Change: The Asian Century

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Methodologies

- Root Cause Analysis
- Forming the coalition of the willing
- Mobilising around a common vision, mission and objective
- Implementing structural change

Applying Community Lead Mobilisation for Structural Change

Examples of local and and national structural
change initiatives

- Reducing Methamphetamine Use and its harms
in Northern Thailand
- Criminal Justice Reform in the Context of Public
Health in Thailand

Root Cause Analysis



ATS TRAFFICKING IN SE ASIA

Greater Mekong Subregion: primary methamphetamine trafficking routes



Source: CCDAC, 2009

Note: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Shipping ports in the Golden Triangle



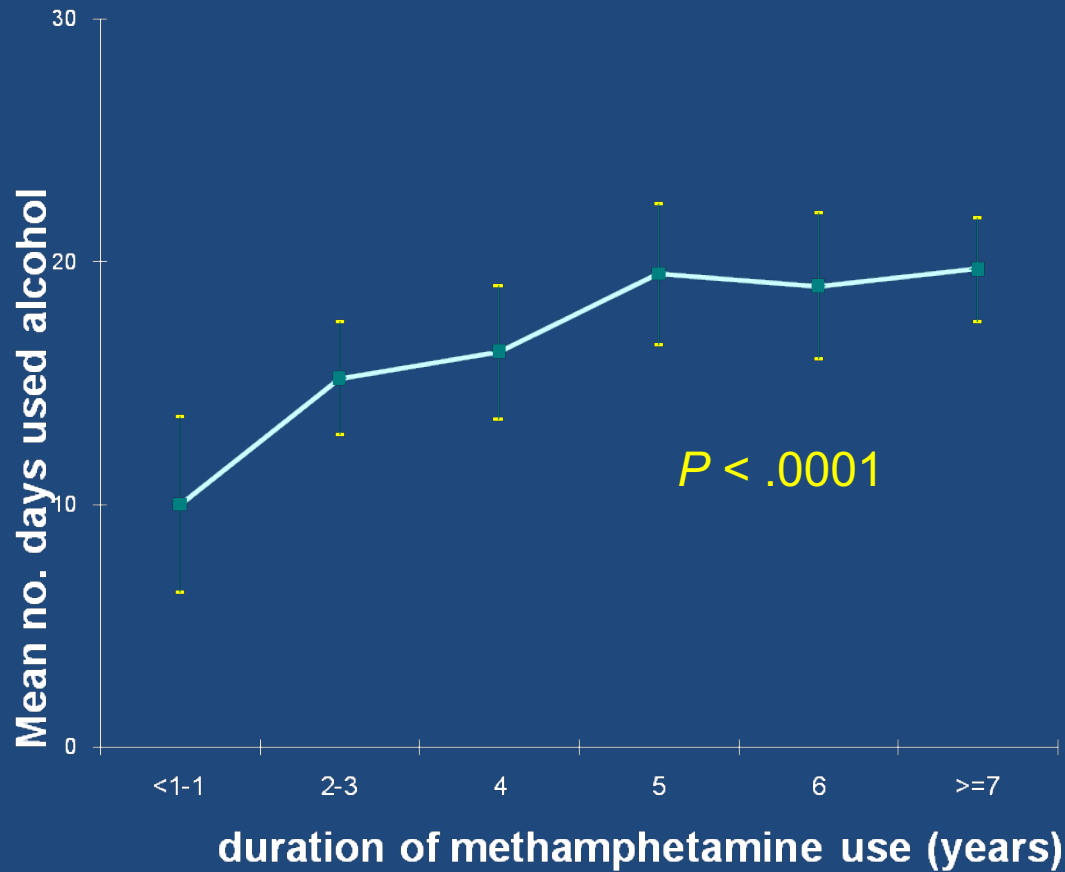


ATS and Public Health

ATS has implications for.....

- STIs
- HIV
- Mental Health
- Alcohol/Tobacco
- Compulsory detention

Duration of amphetamine use (yrs) and frequency alcohol use in last 30 days), Chiang Mai, Thailand, 2005



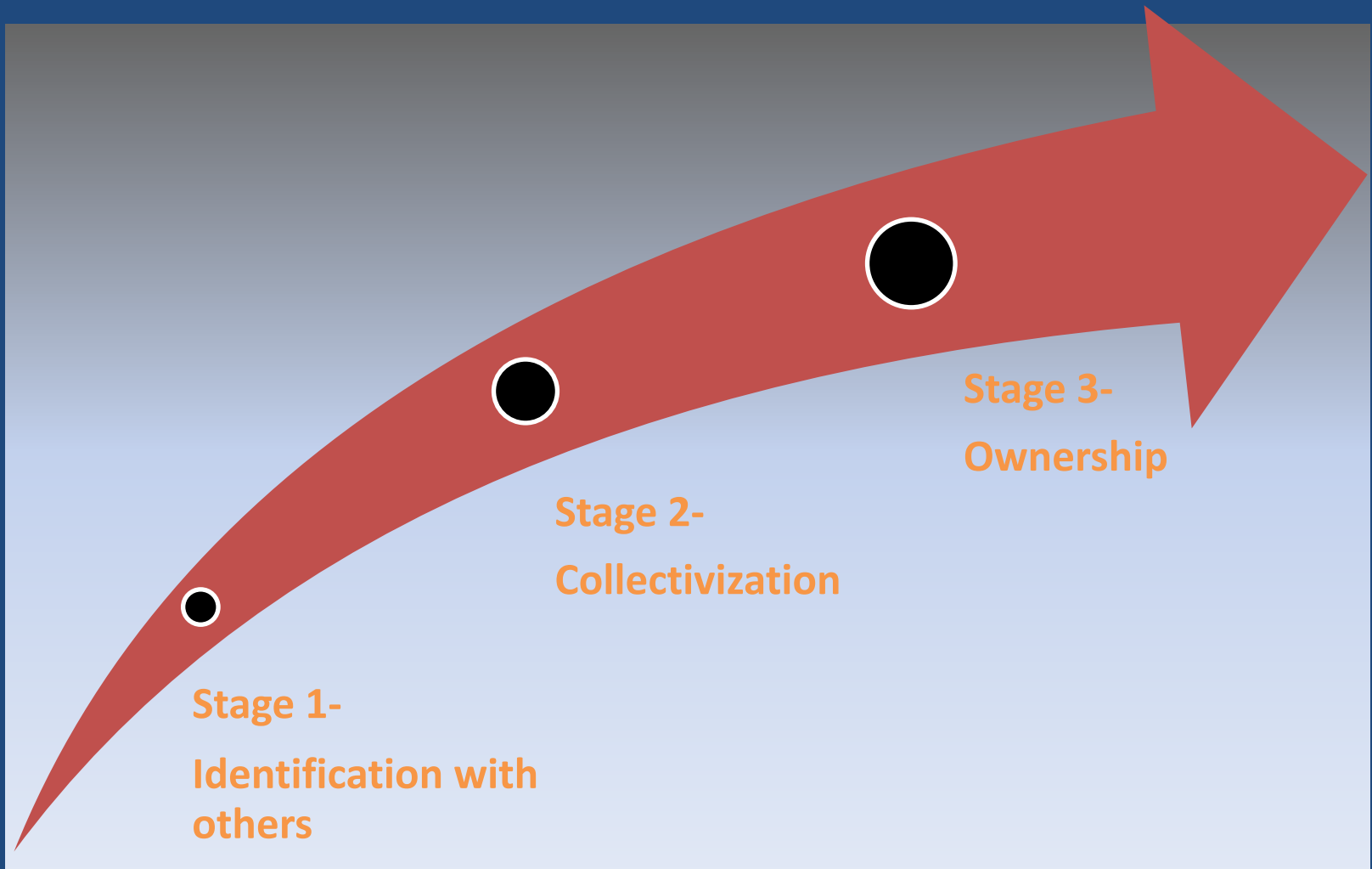
High prevalence
of depression
(CES-D score ≥ 22)

Male = 31%

Female = 45%



THE PROCESS OF COMMUNITY MOBILIZATION



Community Mobilisation at the Local Level

A formation of a coalition of the willing at the district level

- Multisectoral actors from police, health, education, monks, youth networks, local government.....plus a few change agents
- Facilitated by dedicated community research team

Mobilising a Vision

- To reduce the harms associated with methamphetamine use among young people by rebalancing the approach from a law enforcement only approach to one that is underpinned by collaboration between law enforcement and public health...and an approach fundamentally underpinned by human rights

Assessing the systems and structures

- Education System
- Law Enforcement System
- Health System
- Economic and Vocation Systems
- Peer Networks and Peer Norms
- Community Understandings

Fixing the system: Identifying Structural Change Objectives

- Young people suspected of drug possession are automatically expelled or suspended from school
- Solution: Ensure that young people considered “at risk” are supported to stay at school
- How to do it?

Mobilising a working group

- Changing the school policing requires effort
- Getting the right people engaged – Key Actors
- Mobilising them through meetings with experts, education ministry and curriculum advisors

Systems Changed

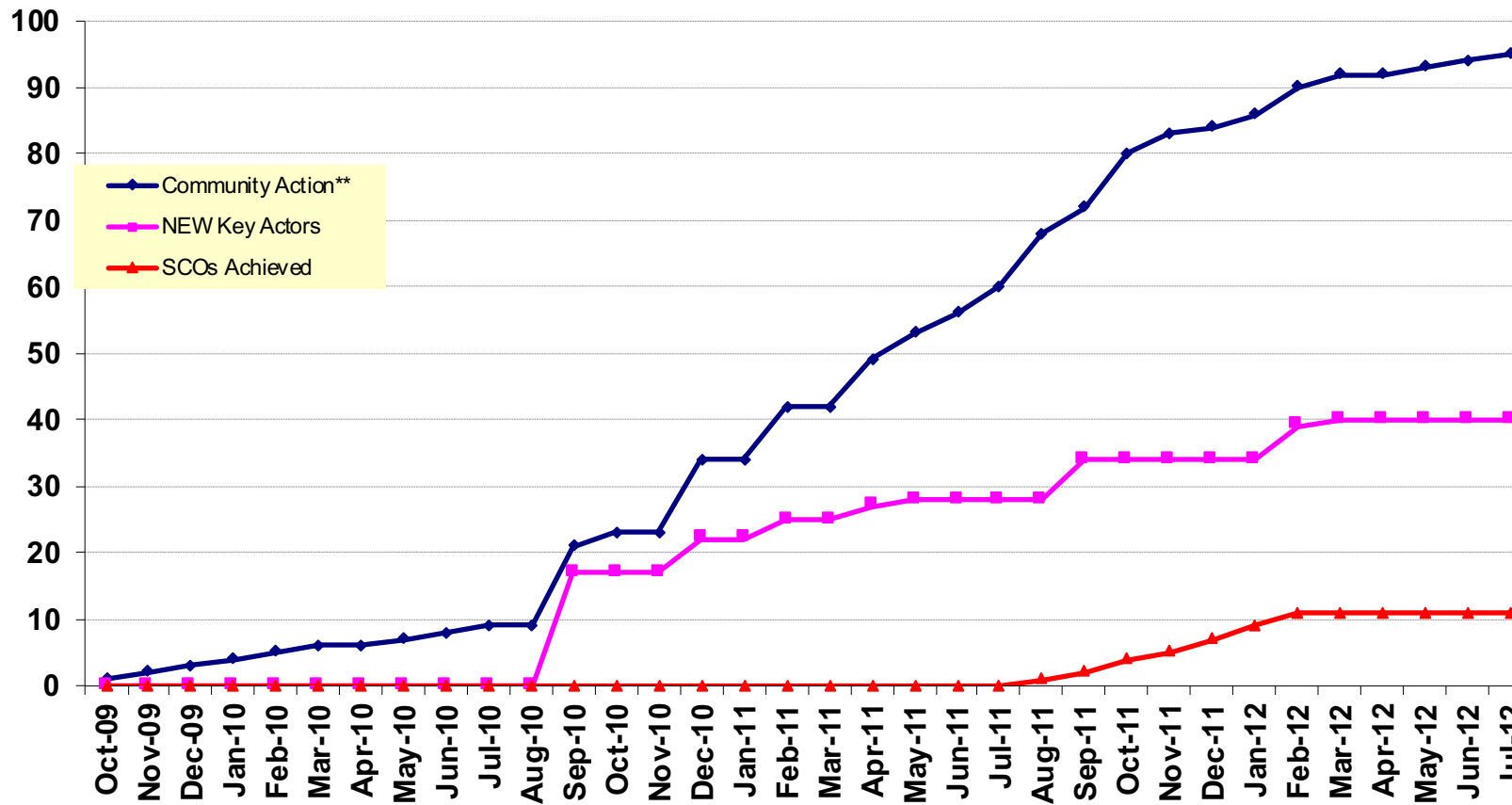
Result:

School policy changed, “at risk groups” kept at school, curriculum around improved youth decision making implemented

Young people in Sankampaeng no longer expelled

Capturing the data

Graph I - Community Mobilization - SanKamPhaeng
Data as of **September 3, 2012**



Data capture heavy

- Healthy Coalition Questionnaire
- Key Informant Interviews
- Meeting notes
- Working Group notes
- Pre Post Structural Change Analysis
- Ethnographic and Community perception analysis.....

Justice Health Initiative

Similar approach to tackle another relevant system.....at a much higher level

- High Level Steering Committee of the Willing and Relevant
- Judges, lawyers, Office of Narcotic Control, Director of Health Centres,

What does it all mean??

- Creating Partnerships at the Intersection of Law Enforcement and Public Health
- RE Enforcing Global Public Health and Security

Towards Public Health Armies?

- Responding to HIV among Key Affected Populations and drug issues in general is a convenient fractal from which to explore the potential for LE and PH collaborations
- How do we internationalise best practices?



LAW ENFORCEMENT



Yes

Submarine

Think about the potential for reshaping

- Operationalising the Intersection of Law Enforcement and Public Health Partnerships
- Collaborative Leadership and Vision
- Strong and vibrant civil societies
- Communication: Formal and Informal

Towards a common language

- Intersection
- Interface
- Standard Operating Procedures
- MOUs
- Nexus
- Joint Operations
- Taskforces

Creating public health armies?

