
The Police-Health partnership in Victoria: the view from health (*Law Enforcement and Public Health Conference 2012*)

**Speech notes for
Dr Rosemary Lester**

In attendance for

Professor Chris Brook PSM

Plenary Session - 9:00am – 10:20am, Tuesday, 12 November 2012

**The Carrillo Gantner Theatre, Sidney Myer Asia Centre, Swanston Street,
Carlton (University of Melbourne)**

It is a pleasure to be here this morning, standing in for Professor Chris Brook.

Professor Brook has asked me to pass on his sincere apologies for being unable to attend this morning due to ill health.

The partnership between law enforcement and public health authorities in maintaining and enhancing public health in Victoria is incredibly important, and I commend the organisers of this conference, in particular Professor Nick Crofts, for putting this conference together.

I know that he and others have spent many months planning what I'm sure will be **a very worthwhile and successful event**.

Policing, and law enforcement more broadly, **is critical to public health and safety**.

A comprehensive approach to the promotion and protection of health in the community **cannot avoid the need for law and regulation, and its enforcement.**

I would like to walk you through **a few areas of specific interest to public health authorities**, to give you an idea of **'the view from Health'**.

I will touch briefly on road safety, tobacco control, alcohol and other drugs, infectious disease control, emergency management and mental illness, to highlight the **breadth and strength of the relationship required between health and law enforcement authorities.**

Firstly, and perhaps most notably, while death and injury on our roads sadly still occurs, we have seen in Victoria a gradual and **significant reduction in the road toll** over the past few decades.

Through a concerted and long term partnership effort, Victoria's road users are now amongst the safest in the world.

From enforcement of **the world's first seatbelt-use legislation in 1970**, to a focus on the policing of **speeding, drink driving, and driver distraction** (through mobile phone use, for example), both law enforcement and health authorities can be very **proud of our achievements in reducing injuries and death.**

The burden of road accidents on the community, and on the health system, has clearly been reduced as a result of these efforts.

And today, we see an **extension of the police role in health on the roads**, with the **prohibition on smoking in cars when children are present**.

Enforcing this new legislation sits appropriately and conveniently with other policing duties concerning the conduct of drivers.

This, I believe, is **an example of the continual development of the strong relationship between health and police in public health and safety**.

While on smoking in cars, I note also an emerging area in the tobacco control space will be in **education and enforcement of outdoor smoking bans**, with some Councils moving to ban smoking on beaches and in parks, for example.

Early indications are that at least some Councils see this as work similar in character to local laws enforcement, and hence favour the use of local laws officers for this new area of enforcement work.

However, as with other local laws such as those restricting drinking of alcohol in designated public places, it is possible that **police may indeed be called upon to enforce smoking bans in some circumstances**.

It is worth also exploring **the police role in alcohol law enforcement**. This is extensive, and includes:

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

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

This **long standing cooperation** is also mirrored in the management of responses to illegal drug-use.

Consistent with the broad **harm minimisation philosophy** pursued by successive governments under the National Drug Strategy, this is expressed in diverse ways, including:

- approaches to policing drug-use and possession charges, including **diverting small personal-use and first time offenders to education and/or treatment**, and
- **building understanding on how to best manage needle and syringe programs** in the community.

But, in terms of one of our biggest cultural and health issues, alcohol, the view from Health is to **continue to develop a partnership with law enforcement authorities that can effect cultural and behaviour change**, just as Victoria has managed with road safety.

Key to the success of the partnership in this area will be a continued focus, I believe, on a few main areas:

1. ***Violence, anti-social behaviour and drink-driving*** - Police are very much at the front line here. In 2011-12 police took Victorians into custody over 14 000 times for drunkenness and issued over 12 000 on the spot fines. Alcohol-related violence very quickly becomes a health issue, and health has an enduring interest in preventing violence not just in pubs and on the streets, but also in the home.
2. ***Effective liquor regulation*** - Health has a strong interest in an effective system of liquor regulation, and is interested in a system that encourages responsible behaviour by both licensees and consumers. Police and local government already have well-defined roles in relation to liquor regulation and we can continue to strengthen this aspect of the relationship.
3. ***Changing drinking culture*** - in the end, passing laws and policing violence on the streets needs to feed into a change in cultural attitudes to drinking. There are many opportunities for partnership between health, police and local government here. We believe that discussions need to focus not just on

violence but on health and well-being, tapping into people's existing motivations to make health-related behavioural changes. Significant improvements to alcohol and drug education are under way in Victorian schools, however schools are not the only setting for community education and health promotion. Workplaces, local government community services, even police cells offer opportunities for better delivered advice, information, screening and referral. There is more we can do to make this happen on the ground.

It is also worth noting the **important work that goes on in relation to the police response to drug overdoses**. In assuring people their health needs will be addressed and that they won't "get into trouble" for calling an ambulance in these situations, clearly **many lives can be saved**.

Similarly, much work has gone on in recent years on **the police response to those with mental illness in the community**, where there may be perceptions of harm to others, or self-harm.

A range of innovative trials at Southern Health, Eastern Health, Alfred Health and Northern Health have explored new ways for police and mental health services to work together.

The lessons learned from these trials will inform broader work to support mental health services to work with police and people experiencing a mental health crisis.

Moving on, and coordinated out of my own office, is the **public health relationship with police and other authorities in emergency management.**

We have seen many examples of this partnership in action in recent years, through our joint response to managing communicable disease issues such as the detection of the Murray Valley encephalitis virus in the Murray Valley in early 2011. As significant flooding had occurred at this time, particularly around the north west, with large areas remaining flooded for many weeks, a taskforce was established, co-ordinated by Victoria Police, which enabled an effective response to be mounted. Previously in the aftermath of the Victorian 'Black Saturday' bushfires of February 2009, a committed working relationship with our police partners and others was essential in ensuring public health and safety.

It is vitally important for police and other essential services to be fully engaged in preparation for a severe influenza pandemic. The Department also successfully partners with police in planning for major events such as the 2006 Commonwealth Games.

The relationship between police and public health authorities in each of these cases was stretched under extraordinary circumstances.

For those interested in delving further into this area, I would encourage you all to come to the session on the intersection between public health and police in major events and disasters, which will feature **a presentation from Mr Julian Meagher**, of my office.

Finally, to pre-empt a session I am chairing tomorrow afternoon, the issue of managing persons with HIV who place others at risk has been **a tension between the public health approach and a criminal law approach** since HIV was first recognised.

In Victoria, as in other jurisdictions, **there are provisions in public health legislation** under which persons with HIV who are alleged to have placed others at risk are managed.

These provisions fit within a public health framework, as articulated by both the national and state guidelines.

The public health aim here is long term behavioural change, which on the whole, we believe, is better achieved through the application of health, psychological and social interventions rather than punishments delivered through the Criminal Justice system, which should be reserved for extreme cases where the public health approach has failed.

An appropriate relationship with Victoria Police, including a formal MOU, has been essential for the clarification of roles, expectations and when appropriate, the exchange of information in a legally robust framework, in order to advance the common good.

In summary, the partnership approach we have with our police in Victoria has been fruitful and productive across the many dimensions that is public health and is essential in maintaining health across our community.